THE VALUE OF PSYCHO-EDUCATIONAL SUPPORT GROUPS IN PRIMARY HEALTHCARE CLINICS

by

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DECLARATION

I, Gerhardus Albertus Geyser, hereby declare that the work presented in this dissertation is originally my own work and has never been submitted for any evaluation in any other institution. Proper citation and referencing has been done where information from other sources has been used.

Signature……

Gerhardus Albertus Geyser

Date……

DEDICATIONS

To our ‘angel child’ looking down at us from heaven (15-07-2013 – 05-10-2013).

To our daughter, Leamari Geyser, that means the world to us.

To all the primary healthcare workers in South Africa, thank you for your hard work to keep our nation healthy.

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"Gloria in excelsis Deo"

SUMMARY

Mental healthcare representatives from the Department of Health approached the University of Pretoria to provide students with the opportunity to establish psycho-educational support groups for mental healthcare patients at various local clinics. This opportunity forms part of the Department of Psychology's community psychology practical training. The study makes use of programme evaluation as part of applied research to evaluate the relevance of psycho-educational support groups, as a method to strengthen mental health services to patients and to enhance their well-being.

The implementation of psycho-educational support groups in this research includes the exploration and evaluation of the process of implementation and effectiveness of these groups as a possible supplement to individual therapy, not as a replacement.

The foundation of this evaluation consists of two main objectives:

1. To determine the students' views regarding the value and the process of implementing the psycho-educational support for the patients in the various clinics.

2. To determine the views of the personnel of the various clinics regarding the value of psycho-educational support groups conducted in their clinics.

The social ecological perspective is used as theoretical basis for the implementation of the psycho-educational support groups, it refers to the mutual transactions between people and the social environment in which they function on a daily basis, and how individuals adapt to their changing environment in order to survive or ensure their own well-being.

The evaluation of the psycho-educational support groups also forms part of a larger, action-research process and uses qualitative semi-structured interviews as data collection method and thematic analysis to analyse the data.

The research results indicated that that psycho-educational support groups had a constructive impact on the patients who participated in these groups, despite the views and opinions of a number of the students and psychologists that indicated that some of

the session had no value. Within the boundaries of action research and planning for future implementation, this study provided a platform for further research on the topic of psycho-educational support groups in primary healthcare, especially mental health. The value of the study was that it highlighted the potential value of psycho-educational support groups in primary healthcare clinics. It also outlined many variables that need to be taken into account when implementing these groups in the future. Using these suggestions, the implementation of psycho-educational support groups can improve to increase not only the value of the support they provide to the patients, but also the overall functioning of the clinics.

Key Words

Primary healthcare

Mental healthcare

Mental disorders

Healthcare worker

Psycho-educational support groups

Support groups

Counselling Groups

Community psychology

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CHAPTER 1 – BACKGROUND

"Health consists of having the same diseases as one's neighbours" ***– Quentin Crisp***

1.1 Introduction

> "South Africa, like many countries, is moving towards a system of community care for people with mental health problems. This is set against a backdrop of under-resourced and overburdened services" (Bradshaw, Mairs & Richards, 2006, p.16).

According to Bradshaw *et al.* (2006) South Africa is moving toward community-based care and support for people with mental health problems. Like any other type of change, this shift towards community care comes with its own problems and constraints, such as under-resourced and overburdened services. As new methods to support these under-resourced and overburdened services are developed and implemented, this study will set out to evaluate one of these methods, namely psycho-educational support groups. As background and motivation for this study, a short overview will be given of primary healthcare and, more specifically, mental healthcare, and the role that psychology plays in the current and ever-changing healthcare system. A short motivation is also presented for the implementation of psycho-educational support groups as a method to support these under-resourced and overburdened services, to ultimately provide support to mental health patients who utilise the services offered by primary healthcare clinics.

1.2 Primary healthcare

The phrase 'primary healthcare' can be traced back to the early 1920s (De Maeseneer, De Sutter, Van de Geuchte, Willems & Billings, 2007). It referred to the first contact between the patient and the healthcare system. It was only during the 1970s that 'primary healthcare' came to refer to a service where any individual member of the community could access affordable healthcare provided by means of state subsidy. In general, the aim of primary healthcare is to achieve health for all and includes the following key objectives:

- All individuals should have equal access to healthcare, including the poor.
- People should participate in their own healthcare.
- Healthcare should include the promotion of good health, prevention of disease, curing of disease and assistance to patients to reach full recovery.
- Healthcare should reach patients where they live or work.
- Healthcare must be affordable and sustainable.
- Healthcare must suit the healthcare needs of every community and be acceptable to the community.
- Primary care should be the first level of contact between patients and the healthcare system and should refer patients to higher levels of care when required (Zweigental, Puoane, Reynolds, London, Coetzee *et al*., 2009).

At this point, it is important to understand how primary healthcare fits into the larger healthcare system and how mental healthcare fits into primary healthcare. As stated by Zweigental *et al.* (2009), the healthcare system provides different levels of care for patients with diverse needs. Primary healthcare services are therefore made available to patients as close as possible to where they live or work and are generally the first entry point into the larger healthcare system.

As soon as patients require more sophisticated and advanced healthcare services that are not available at primary healthcare facilities, they are referred to a more specialised level of care, namely secondary healthcare services. Secondary healthcare services include medical specialists and healthcare professionals such as urologists, cardiologists and dermatologists that treat patients for a short time and for conditions such as serious illness or extreme injuries (Zweigental *et al*., 2009).

Tertiary healthcare services are known as specialised consultative services that are not available at primary or secondary healthcare facilities. Tertiary healthcare services, more specialised services, are generally retained for in-patients referred by primary or other secondary healthcare workers. Tertiary healthcare services include specialised services such as neurosurgery, cardiac surgery, treatment for severe burns (plastic surgery), advanced neonatal care or psychiatric in-patient care. When patients

show improvement on tertiary level, they are referred back to primary healthcare services, which they then attend until they are healthy again (Zweigental *et al*., 2009).

According to De Maeseneer *et al.* (2007), primary healthcare addresses any physical or psychological illness or problem without being prejudiced towards a patient's gender, race, social class or religion. Primary healthcare therefore includes the identification of an illness or problem, its treatment and its future prevention (De Maeseneer *et al.,* 2007). Another important comment made by De Maeseneer *et al.* (2007) is that primary healthcare should address not only the needs of the individual patient, but also the needs of the community of which the individual forms part of. The needs of the community are visible in the social aspects that may have an influence on the individual patient.

According to Pillay (2001), one serious problem facing primary healthcare in South Africa is the shortage of healthcare workers. Pillay (2001) argues that before 1994, primary healthcare was based on the ideology of "white domination", where other race groups had limited access to primary healthcare facilities based on location, money and availability of these facilities. After 1994, individuals from all race groups were given more opportunities to access both primary and private healthcare services. Access to healthcare was also provided through mobile primary healthcare clinics that visit rural areas or arrangements to provide transport for patients to be able to visit primary healthcare clinics.

Community changes resulted in a dramatic reduction in employment opportunities for white South Africans. This limited their access to private healthcare services. At the same time, other race groups obtained access to private healthcare services, but some were still limited to primary healthcare services. The limitations to private healthcare services resulted in individuals who were forced rather to make use of primary healthcare services. The focus therefore shifted to improving primary healthcare services for all those who need to make use of them.

This increased need for primary healthcare services raised the need for more healthcare workers, especially in mental healthcare services. The lack of healthcare

workers is evidenced in the statistics. Bradshaw *et al.* (2006) indicated that there was only one healthcare worker for every 1 135 patients in South Africa in 2006. Comparing these statistics to those of other countries clearly indicates that South Africa is experiencing problems in its primary healthcare services. In 2006, USA statistics showed that there was one healthcare worker for every 80 patients and in England there was one healthcare worker for every 190 patients (Bradshaw *et al.,* 2006). These statistics highlight the appalling shortage of healthcare workers in the South African healthcare system. Even though many efforts have been made to improve these statistics, these shortages are still real in the health care system.

1.3 Mental healthcare

According to Zweigental *et al.* (2009), mental healthcare is known to be one of the most neglected areas of concern in the healthcare system. It is only in recent years that focus has been placed on fully understanding and enhancing the psychological well-being of individuals and what causes individuals to experience mental health problems. Zweigental *et al.* (2009) further state that the prevention of mental health problems should involve interventions, such as social support groups, that address social issues with which individuals are faced with. These social issues may include poverty, unemployment, food insecurity, substance abuse or any trauma that an individual may have experienced.

According to Hershenson, Power and Waldo (1996), it is important to first understand the evolution of the mental health movement before attempting to understand the different methods used to treat patients with mental health problems. The evolution of the international mental health movement can, according to Hershenson *et al.* (1996), be divided into six stages. During each stage, a different method of treatment was used:

- Pre-modern stage

> “From the days of ancient Greece and Rome through the Middle Ages, the prevalent conception of mental illness in Western culture was that it represented divine or demonic punishment for transgressions” (Hershenson *et al.,* 1996, p.7).

It is assumed that mental illness, during this era, was seen as a form of punishment for misbehaviour. It was believed that these acts of misbehaviour had to be 'treated' by means of beating, chaining, torture, or exclusion in order to either cleanse or punish people's 'sins'.

The thoughts of Hippocrates, a Greek physician, became prominent during this period. He proposed that the root of mental illness was based in natural medical causes and that it should be treated with kindness, rather than cruelty. Some infirmaries adopted his approach with scepticism, but these services were only available to those who were wealthy. However, through several centuries, treatment remained more punitive than therapeutic (Hershenson *et al.,* 1996).

- 1875-1940: The beginnings

It was during the late nineteenth and early twentieth centuries that the more modern approach, as we know it today, to mental health problems originated. It was, however, still believed that there was little or nothing that could be done to improve the conditions of individuals who were mentally disturbed. Community-based treatment, such as support groups for individuals with mental health problems, was almost unknown during this period and only minor cases were reported that presented new approaches exploring emotional or social causes of mental illness. Therefore, mental illness was rather seen as intrapsychic and influenced by factors within the person. Treatment still occurred in an isolated environment such as a mental institution. Only at the turn of the twentieth century did people start to investigate social conditions critically as a possible causative factor of mental illness (Hershenson *et al.,* 1996).

- 1941-1950:The awakening period

The Second World War brought about a new awakening in the field of mental health. The development of psychiatric evaluation and mental hygiene clinics at recruitment centres, in order to determine whether a person was fit for war, alerted authorities to the seriousness and extent of mental health problems. It was during this war that legislation was promulgated to launch the National Institute of Mental Health. At

the end of the World War 2 - owing to their participation in the war - soldiers showed visible emotional problems. Consequently new treatment methods had to be developed, other than psychotherapy, in order to deal with relatively large groups of patients. The mental health society realised that emotional problems stemmed not only from inside the individual, but also from external stressors. This forced mental healthcare services to study the feasibility of group therapy. Unfortunately, as Hershenson *et al.* (1996) state, most of these institutions still lacked the facilities, personnel and financial resources to deal with a large number of mental healthcare patients.

- 1951-1965: Growth period

For Hershenson *et al.* (1996), this period signified an increase in the training of mental healthcare workers, expenditure relating to mental health services, construction and staffing of new community mental healthcare centres, and redefining mental health concepts. During this period the idea of deinstitutionalisation of patients became more prominent; however, it was not implemented until the late 1960's.

- 1966-1980: Consolidation and Reassessment

During this phase the institutional environment was no longer a requirement for treating mental healthcare patients. More patients were treated in their own communities. Another cornerstone that marked this period was the readiness of private and non-profit insurance companies to provide medical cover for mental healthcare patients. In response to the development of psychoactive medication, patients were able to recuperate at home, as mental illness was no longer regarded as incurable.

- 1981 - present: Current and emerging Issues

The final phase is mostly recognisable by greater awareness of the role that prevention plays in the promotion of positive mental health. This includes aspects such as the promotion of a positive lifestyle, restructuring the environment to reduce stress, coping with everyday crises and decision-making.

These trends were mainly observed in the Western world. Bradshaw *et al.* (2006) highlighted similarities in the South African mental healthcare field. Mental healthcare historically focused on patients with serious mental illnesses. However, the evolution and later understanding of mental healthcare through the different phases indicated that the treatment of mental health problems no longer required patients to be treated exclusively in an institutional environment. Other types of treatment may also be used to treat patients successfully in their own communities. The focus was not only on illness but also on wellness for all individuals in a given community (Hershenson *et al.,* 1996).

Using group therapy or social support groups as a method of prevention or treatment only became prominent between 1941 and 1950, as indicated by Hershenson *et al.* (1996). By comparing the historical timeframes of mental healthcare and group therapy, it is evident that group therapy is a relatively new concept and falls within the ambit of a new area in psychology.

By focusing on psycho-educational support groups, this study encourages change towards community-based intervention by enabling mental healthcare patients to enhance the quality of their lives and to engage successfully in their daily activities.

1.4 Role of psychology in healthcare

Traditional psychology, as seen in the South African context, mainly focused on individual level factors that might have an influence on the behaviour of an individual (Duncan, Bowman, Naidoo, Pillay & Roos, 2007). Identifying and treating these factors, within the boundaries of the medical model, was therefore the main objective, hence the practice of treating patients in an institutional environment, as described above. Duncan *et al.* (2007) further state that current psychology includes the idea that individual behaviour should be evaluated in the social context in which it occurs, which may have a significant impact on the individual. Internal and external factors are therefore considered in understanding human behaviour.

The practices of current psychology can be utilised and further developed in a country such as South Africa with the increased use of primary healthcare services and

more specifically mental healthcare services. Brouard (2005) is of the opinion that the levels of psychiatric and psychological problems in South Africa are especially high and access to treatment services is limited or completely unavailable. The limitation and unavailability of these services are more visible in the rural areas that contain a significant part of the South African population. Brouard (2005) therefore suggests that the involvement of the community can play a vital role in addressing this problem. Community-based intervention is one way of moving away from the traditional way of treating patients in the institutional environment, as mentioned by Bradshaw *et al.* (2005). According to McDonnell and Lynch (2004) the concept of psycho-educational support groups is one of the many different community-based interventions that can be used to address under-resourced and overburdened services in a non-traditional approach. This, in turn, affects the way patients are treated and helped within the primary healthcare system, and more specifically, in the mental healthcare system.

In addition, the Department of Health has included support groups as a standard service offered to the public as of March 2000 (Department of Health, 2000). According to the national norms and standards for primary healthcare, support groups should be available to all patients that make use of primary healthcare services, especially with reference to the following regulations:

- Community and home-based activities – Staff need to encourage patients and caregivers to participate in any community-based support groups, additional to treatment within the primary healthcare clinic.
- Referral – In a primary healthcare clinic, staff need to be aware of opportunites to refer patients to peer support groups.
- Organising the service at community level – Primary healthcare clinics are encouraged to commit to the inclusion of the following services as part of their everyday community-based services: day care facilities for children with multiple severe disabilities, support groups, self-help groups, protected workshops, home-based care, sport opportunities and instructions for people with disabilities.

1.5 Aim of this research

> "Program evaluation derives from the common sense idea that social programs should have demonstrable benefits" (Berk & Rossi, 1999, p.1).

Mental healthcare representatives from the Department of Health approached the University of Pretoria to provide students with the opportunity to establish psycho-educational support groups for mental healthcare patients at various local clinics. This opportunity forms part of the Department of Psychology's community psychology practical training. The study makes use of programme evaluation as part of applied research to evaluate the relevance of psycho-educational support groups, as a method to strengthen mental health services to patients and to enhance their well-being.

Research is often classified as either basic or applied (De Vos, Strydom, Fouche & Delport, 2005). Basic research entails the answering of questions that might have an influence on the way that people think. Basic research, therefore, provides a foundation for the creation of knowledge on a specific aspect of the subject of the research. Applied research, on the other hand, aims to resolve specific problems that may arise when the already established body of knowledge regarding a specific aspect is being challenged (De Vos *et al.,* 2005). This study falls within the ambit of applied research in that it attempts to evaluate the process of implementing psycho-educational support groups as an alternative support system in the mental healthcare model. The implementation of psycho-educational support groups in this research includes the exploration and evaluation of the process of implementation and effectiveness of these groups as a possible supplement to individual therapy, not as a replacement.

According to Babbie, in De Vos *et al.* (2005), "evaluation research can, in its simplest sense, be regarded as the process of determining whether a social intervention has produced the intended result" (p.108). Programme evaluation, according to Rossi, Freeman and Lipsey (2004), makes use of social research methods to investigate social intervention programmes in a systematic manner.

The aim of this study is to evaluate the process of implementation of the psycho-educational support groups and their value in primary healthcare clinics.

The foundation of this evaluation consists of two main objectives:

- To determine the students' views regarding the value and the process of implementing the psycho-educational support for the patients in the various clinics.
- To determine the views of the personnel of the various clinics regarding the value of psycho-educational support groups conducted in their clinics.

1.6 Definition of concepts

Important concepts in this research study are defined below.

- Primary healthcare

De Maeseneer *et al.* (2007) define primary healthcare as:

"Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally acceptable to individuals and families in the community by means acceptable to them at a cost that the community and the country can afford" (p. 13).

- Mental healthcare

Mental healthcare can be seen as a health service or resource that offers mental health services to mentally ill patients or patients who experience symptoms that may lead or be related to a condition often described as mental illness or mental disorders. It creates an environment where patients can go to receive medication, counselling, group therapy and educational programme assistance to enhance their coping skills (Barker, 2003).

- Mental disorders

Mental disorders can be seen as intense emotional or thought instability that can influence an individual's health and safety negatively (Busfield, 2011). Some of the mental disorders addressed in the psycho-educational support groups included schizophrenia, depression, mental disorders as a result of drug abuse and mental disorders as a result of traumatic life events.

- Healthcare worker

According to Bradshaw *et al.* (2006) "Healthcare worker" is the general term used when referring to any professional, paraprofessional or technical employee of a system or clinic that provides for the diagnosis, treatment and overall health of patients. In this study, the term often refers to the nursing staff, psychiatric nurses, psychologists and the medical doctors attending to the patient.

- Psycho-educational support groups

Psycho-educational support groups generally range from discussion groups to self-help groups with an educational focus on psychological aspects. Group sessions can be held at many locations, for example organisational institutions, businesses, schools, universities, community centres or even clinics. Groups may include any age group and can range from preventative groups to educational groups (Brown, 2011).

Specifically, the psycho-educational support groups discussed in this study focus on education (psychological matters where patients can learn from one another about specific themes). For Brown (2011), education-orientated groups are formed around the notion of a common purpose, to educate individuals to enhance their functioning within their community. The focus is on increasing members' knowledge about a specific subject or topic. Discussions in the group revolve mostly around sharing ideas and opinions of the group members and ways to use these to cope in their own community.

Mental healthcare around the world, more specifically in South Africa, is the latest field in the healthcare domain to combine the practices of psycho-educational support

groups and patients' education into a dominant psychotherapeutic treatment modality (Redman, 2004).

- Community psychology

Community psychology can be explained as a distinct branch of psychology, but no single definition can perfectly capture the complexities of its theory and praxis. An important factor defining community psychology can be found in its practices, in which whole communities, and not only individuals, are considered possible clients (Seedat, Duncan & Lazarus, 2001).

1.7 Chapter summary

This chapter provides an overview of the development of primary healthcare and mental healthcare as a subdivision of primary healthcare. It describes the problems experienced by healthcare workers and the reason why there is a need for support for patients who make use of services offered by primary healthcare clinics. Psycho-educational support groups are suggested as a community intervention method to support mentally ill patients that experience problems with daily functioning. This research aims to evaluate the value and relevance of implementing psycho-educational support groups as an alternative supportive treatment strategy particularly to evaluate the process of the implementation of these groups to make future implementation more effective.

Chapter 2 expands on the idea of psycho-educational support groups as a community intervention implemented by students from the University of Pretoria, in collaboration with the Department of Health. Because of the nature of this study, which falls within the sphere of community psychology, it is important to know what community psychology is and how psycho-educational support groups and community psychology complement each other.

The focus of chapter 3 is on the theoretical foundation for the study. This chapter provides an overview of the theoretical models relevant to community psychology and psycho-educational support groups. The main focus is on socio-ecological systems and the larger social environment that influence human behaviour.

Chapter 4 focuses on the methodology of the study. The methods of this study are documented in terms of sample, data collection and data analysis. Relevant methods are discussed within the boundaries of qualitative research and the reason why semi-structured interviews and a focus group discussion are the methods of preference for collecting the data. The evaluation of the psycho-educational support groups also forms part of a larger, action-research process and in this chapter it is made clear how this study fits into the larger action-research process.

Chapter 5 provides a discussion on the results of the study, based on data analysis by means of thematic analysis.

Chapter 6 presents a full discussion of the results of this study. Recommendations are made, based on the results, with regard to future implementation of psycho-educational support groups and the value these hold for primary healthcare and the patients who make use of their services.

CHAPTER 2 – PSYCHO-EDUCATIONAL SUPPORT GROUPS AND COMMUNITY PSYCHOLOGY

"What does not destroy me makes me stronger" ***– Friedrich Nietzsche***

2.1 Introduction

In this chapter, psycho-educational support groups are introduced as a method that serves as an additional support system to patients' already established support systems in primary healthcare clinics. These support groups may hold value not only for the patients, but also for the healthcare workers in these clinics, as they may reduce the ratio of healthcare workers to patients, which is alarmingly high, according to Bradshaw *et al.* (2006). At this point, it is imperative to note that this study is not attempting to indicate that therapy, such as group therapy, psychotherapy and drug therapy, should be replaced by psycho-educational support groups. Psycho-educational support groups must simply be seen as a method to support the above-mentioned mental healthcare techniques in the outpatient context in clinics. This approach can be seen as part of community psychology. A broad discussion of community psychology is therefore also given in this chapter.

This chapter also provides an overview of the different type of groups currently available to assist healthcare workers within the primary healthcare and more specifically the mental healthcare environment: support groups, counselling groups and psycho-educational support groups. Although all of these groups share similar characteristics, the main focus of this research will be on psycho-educational support groups.

2.2 Support groups

According to Nichols and Jenkinson (2006), the power of support groups is centred on the idea of bringing together individuals who share a common denominator, with the goal of providing them with mutual help.

Nichols and Jenkinson (2006) further state that support groups provide the following advantages to group members:

- They reduce the amount of isolation that an individual might experience, by means of contact and interaction with other group members.
- They provide group members with the opportunity to confide in each other, which, in turn, allows for emotional expression and discussion.
- They allow diverse discourses to alter the perception and outlook of group members to a more positive and balanced mode.
- They create opportunities for improving coping skills by learning from the experiences of other group members.

Nichols and Jenkinson (2006) are of the opinion that early epidemiological studies in the field of support groups indicate that poor levels of support from an individual's family, friends or community members can be linked to poor mental health. They do not, in themselves, postulate that an individual with a deprived support system will develop mental health problems; it can, however, be seen as a risk factor that makes an individual more vulnerable to mental health problems.

Another important aspect of support groups in mental healthcare services is the therapeutic value that support groups offer group members. According to Yalom and Leszcz (2005), the therapeutic value of support groups can be categorised according to eleven therapeutic values. These values include:

- Universality

Universality refers to the realisation that the problems or stressors that group members experience are not unique or rare; they may also be experienced by others in the group. This realisation, that group members are not alone, may bring about immense relief and could minimise significant feelings of anxiety, embarrassment, shame, sadness, fear, helplessness or feeling alone (Yalom & Leszcz, 2005).

- Instillation of hope

Hope, according to Yalom and Leszcz (2005), can be seen as a fundamental element in all areas of rehabilitation and self-efficacy of the group member's life. As group members progress in the group setting, they begin to believe in the rehabilitation of the group and, in turn, add to their own beliefs of hope for their own future. Until there is hope, the motivation to take part in the group process is minimised (Yalom & Leszcz, 2005).

- Imparting information

Acquiring new information in the group setting can be of significant value to group members who are looking for medical care, rehabilitation, counselling and/or support. Imparting information includes educational instructions, advice, suggestions and guidance from the clinic, personnel or group members. Groups such as the psycho-educational support groups in this study provide specific information about issues that are important to the group members. Explanation or clarification of aspects of the patient's problem or issue reduces the uncertainty and confusion about stigmas associated with it and promotes understanding of the full extent of the problem or issue at hand (Yalom & Leszcz, 2005).

- Altruism

Support groups provide opportunities for individuals to help other group members who experience similar problems or issues. Group members benefit from the support and advice that they provide and receive. This 'give-and-take' relationship creates a spirit of altruism. The newly learned behaviour of giving also encourages group members to feel more independent (Yalom & Leszcz, 2005).

- Imitative behaviour

Yalom and Leszcz (2005) are of the opinion that a patient can learn a great deal from observing and listening to a counsellor or therapist in an individual-therapy context. However, in a support group or group-therapy context, patients can learn from observing and listening to one another. By doing so, patients may feel that they can also achieve

the successes that other group members achieved during the course of the group process.

- Group cohesion

It is important for the success of a group that it achieves its desired outcomes, and this is enabled by the creation of an environment that is characterised by trust, warmth, empathy, understanding and acceptance. In some cases where psycho-educational support groups are implemented it is not always easy to create group cohesion, as some groups are short-term groups or open groups where new members are accepted at all times and members come and go. However, in such situations, group cohesion may still be experienced to a degree, as group members may know one another owing to the fact that they live in the same community. Therefore, sharing of information in any group setting may create some form of cohesion (Yalom & Leszcz, 2005).

- Interpersonal learning

Interpersonal learning closely relates to interpersonal relationships and corrective emotional experiences. The relationships that group members form in the group setting create an environment in which they can be themselves and experience feelings of acceptance and support. Interpersonal learning involves understanding of how one is perceived by other people, by building relationships with them. In order to be therapeutically valuable, this realisation - of how one is perceived by others - must be converted into corrective emotional experiences. An individual must realise that destructive behaviour and thoughts in the past can be corrected by changing current behaviour and thoughts. Support groups, such as psycho-educational support groups, may help group members, through interpersonal learning, to recognise their own problems and shortcomings and to be able to address them appropriately. The successful attainment of interpersonal learning also depends on the level of functioning of the patient. Some patients may not reach the desired level of interpersonal learning because of the severity of their mental health state.

- Development of socialising techniques

The development of socialising techniques allows group members to replace poor or maladaptive cognitive thoughts and behaviour with new ways to conceptualise their world and to cope with everyday life. The involvement of group members in psycho-educational support groups can increase the opportunities that are available to develop new socialising techniques.

- Catharsis

Catharsis can be identified as an emotional incident of liberation, or a sense of enlightenment for an individual. This emotional experience may be due to current events or past events. The individual has a changing experience that requires a cognitive element involving consideration and processing of the specific emotional occurrence. Affiliation of group members in support groups enhances the occurrence of catharsis, because of the support and cohesion that the group and group members provide. The expression of emotions in a group improves the unity in that group.

- Existential factors

In order for an individual's self-identity to develop or to be altered for the better, the presence of existential factors is required. Existential factors relevant to group therapy or in any support group setting include acknowledgement that life is at times unfair; that sometimes there is no escape from life's difficulties; that no matter how close individuals are in a group, they must still face life on their own, and the realisation that they must take responsibility for how they live their own lives. Recognising that mortality, isolation, responsibilities and difficult choices are unavoidable realities can promote personal growth.

Yalom and Leszcz (2005) further state that the occurrence and impact of these values differ from group to group, and that not all group members will experience the therapeutic values in the same way or to the same degree.

2.3 Psycho-educational support groups

The purpose of psycho-educational support groups is to serve as an educational component that focuses its attention on individuals who are faced with difficult life conditions that have or may have an effect on their daily functioning (Brown, 2011). These conditions may include aspects such as unemployment, HIV/AIDS, teen pregnancy, lack of essential life skills or any other aspects that might influence the mental or physical health of an individual. As Nichols *et al.* (2006) state, these aspects do not necessarily imply the presence or development of mental problems; they must merely be seen as risk factors that should be addressed in order to ensure the psychological well-being of an individual. Brown (2011) further states that psycho-education is about personal learning; this includes acquiring information about the situations in which individuals find themselves, learning and developing the skills required to address their needs and ultimately to cope with whatever situation they are faced with.

The current treatment model used in primary healthcare is a one-to-one relationship between mental healthcare workers and their patients (McDonnell *et al.,* 2004). The high ratio of patients to healthcare workers makes it almost impossible to attend to all the needs of these patients (Bradshaw *et al.* 2006). According to Brown (2011), psycho-educational support groups may be a useful in this regard, as one group can include more members than a counselling group.

The implementation of psycho-educational support groups in various clinics, as mentioned in Chapter 1, creates an infrastructure to assist healthcare workers in alleviating the work load and to provide additional help to patients. The implementation of these groups intends to address four critical requirements:

- It is an approach that can reduce the workload of healthcare workers and thus address the problem of overburdened and under-resourced healthcare workers.
- By reducing the workload, healthcare workers are enabled to focus on those individuals experiencing more serious mental illness and on prevention of mental illness in future.

- Patients who participate in these groups can develop the necessary skills to cope with daily stressors, which assists in alleviating the problems they are experiencing.

- Participation in psycho-educational support groups may provide support for mental health patients. They may realise that there are other individuals in their own community who experience the same problems. The groups therefore allow them to learn how to deal with difficult situations.

2.3.1 Advantages of psycho-educational support groups

Since psycho-educational support groups are based on the principles of group therapy, they may offer certain advantages to the primary healthcare system and to those who make use of these services (Dennill, King & Swanepoel, 1999). These advantages may have a positive effect on the patients, healthcare workers and the overall functioning of the clinics involved. According to Dennill *et al.* (1999), the advantages of community-based interventions such as psycho-educational support groups include the following:

- They provide healthcare workers with a more detailed overview of the needs of patients in a specific clinic.

- The involvement of other group members provides support to patients and offers them the opportunity to participate actively in their own development. It also allows them to experience progressively how they develop on their path to recovery.

- It allows patients to develop more confidence and a sense of independence. This independence often includes the acknowledgement that they can do something about their own situation and that they are not alone. They realise that there are other people who struggle with the same problems they do and that there are people who are willing to help them in their recovery.

- The interaction that patients have with the healthcare workers involved in the psycho-educational support groups allows the patients to see the healthcare workers as ‘partners’ rather than as authorities in powerful positions.

Through the involvement of community members, such as the students who facilitate the psycho-educational support groups, limited resources can therefore be used more effectively to address the needs of these patients.

2.3.2 Psycho-educational groups versus counselling/therapy groups

Hershenson *et al.* (1996) state that the aim of counselling is to promote healthy development, by supporting individuals who seek help to cope with the daily problems of living. Although there are similarities between group counselling and psycho-educational support groups, there are specific differences that distinguish the two. Brown (2011) outlines the following differences between the groups (Table 2.1):

Table 2.1: Differences between group counselling and psycho-educational support groups (Brown, 2011)

Psycho-educational groups:	**Counselling/Therapy Groups:**
Emphasise didactic approach and instruction	Emphasise experiential approach and feelings
Mostly planned and structured activities	Mostly unstructured activities; however, some activities may be structured
Group members define goals	Goals usually defined by facilitator in co-operation with group members
Leader operates as facilitator	Leader guides, intervenes, projects
Main focus is on education and prevention	Focus on self-awareness, remediation
No screening of members	Screening and orientation to group
Depending on the methods that are used to implement the group, it can be very large (e.g. 50)	Usually limited to 5 to 10 members

Self-disclosure accepted, but not encouraged – nor is it the focus	Self-disclosure is accepted
Privacy and confidentiality not primary concern or emphasis	Privacy and confidentiality critical, basic elements
Depending on the topic of discussion, sessions may be limited to one	Usually consists of several sessions
Task functions emphasised	Maintenance functions emphasised over task

As indicated by Brown (2011) in Table 2.1, there are a number of aspects that distinguish psycho-educational support groups from group counselling. Only a few of these aspects will be discussed, based on their relevance to the psycho-educational support groups in this study:

- Size

Because of the nature of the problem with which primary healthcare workers are faced, the size of psycho-educational support groups is of critical importance. According to Parsons and Wicks (1994), “manpower economy is probably the most widely accepted reason for working with groups” (p. 116). Brown (2011) is of the opinion that psycho-educational support groups may relieve some of the pressure that healthcare workers face, as a larger number of patients can be accommodated.

- Duration of the group

The number of psycho-educational support group sessions can vary considerably - from one session lasting two hours, to on-going session, depending on the needs of members.

- Responsibilities of the leader

The main responsibility of the facilitator of a psycho-educational support group is to structure the group and to select the activities for the group. The prevailing climate in

the psycho-educational support group helps the group members to contribute to the learning that takes place in the group. Dedicated individuals with the necessary knowledge, outside the context of the group, may be used to facilitate the group. In this study, students acted as leaders of the group discussions.

- Severity of the problem

An important difference between psycho-educational support groups and counselling groups, according to Brown (2011), is that not all psycho-educational groups are problem-focused. Although some counselling groups focus on prevention, they often assume that there are underlying problems to be addressed or to be prevented. For example, counselling groups with pregnant mothers may focus on problems associated with pregnancy, whereas psycho-educational support groups may focus on educating people on what to expect during pregnancy, how to take care of the baby after birth or what to do when the baby is ill, and on supporting one another emotionally.

2.3.3 Ethical issues in psycho-educational support groups

Brown (2011) states that certain ethical issues must be addressed when implementing psycho-educational support groups:

- Orientation

Confusion and uncertainty that may exist among potential group members can be reduced by providing them with as much information about the group as possible, prior to the establishment of the group. Potential group members should be well informed about what to expect during the group sessions, to allow them to make informed decisions about participation.

- Screening

In some cases, it is necessary to screen members to determine their suitability for the groups. Such screening may be necessary when it comes to groups that will deal with personal aspects such as social skills, life skills or other personal factors, where group

members share the same situational issues. In the implementation of the psycho-educational support groups in this study, the psychologist is mainly responsible for screening the group members.

- Confidentiality

Psycho-educational support groups generally do not address issues that present serious confidentiality constraints. However, group members should still be assured that the group, and whatever is said within the group, will be treated as confidential. Whenever serious confidentiality issues arise in the group, it is the responsibility of the group leader to address these. Brown (2004) considers confidentiality to be more important when it comes to counselling or group therapy.

- Leaving the group

Opportunities should be created for group members to leave the group in a beneficial manner, taking into account the feelings of both the members who leave the group and members staying in the group.

- Equitable treatment

Recognising and respecting the diversity of group members is an important factor in group therapy and support groups, as they ensure that group members participate freely, without feeling offended. Differences that should be recognised and respected include aspects such as gender, religion, race, lifestyle choices and age.

- Use of techniques

Group leaders should ensure that they are trained in the techniques they want to use. Trying out new techniques without having the necessary training may jeopardise the function of the psycho-educational support group. The primary concern is that group members should not be placed in an environment that may prevent their development.

- Developmental goals

When goals for a group are consistent with individual members' goals, their ability to learn or develop is increased. The group leader will also experience a greater level of satisfaction with the group. On occasion, the goals for psycho-educational support groups are set according to the purpose of the group, such as personal skills development.

In order to understand support group processes and group dynamics, specifically relevant to the psycho-educational support group context in this research, it is important to view these within a framework that provides a theoretical basis. In the context of this research, community psychology best provides a theoretical framework and practical sets of guidelines that offer an extensive range of mental healthcare services, including support groups. These services may be offered to varied populations in different settings, including the primary healthcare setting where knowledge can be generated in various useful ways (Naidoo, 2000). For this reason, it is important to have full understanding of what community psychology incorporates in its ideology and views.

2.4 Community psychology

Community psychology has developed from a variety of clinical practices and with the aim to include three critical areas:

- Prevention over treatment
- To target the social system rather than the individual
- Focus on participation in social-change initiatives.

Community psychology places the emphasis on social issues, social institutions and other settings that may have an influence on groups and organisations, and on the individuals within them. The goal is to optimise the well-being of communities and individuals with original and alternative interventions that are designed in collaboration with the affected community members (Duffy & Wong, 2000).

Seedat *et al.* (2001) provide a more inclusive definition of community psychology that is in line with the aim of this study. According to Seedat *et al.* (2001), community psychology tends to be acknowledged and defined by its philosophy, ideological assumptions and the approaches it encompasses. According to this definition, community psychology:

- Focuses on extending mental health services to all individuals in a given community, particularly those individuals seen as historically underserviced and oppressed.

- Intends to transform the manner in which the origins and development of psychosocial problems are conceptualised and understood by focusing on the individual and his/her context; that is, any factors that might have an influence on the individual in his/her own community.

- Attempts to provide an appropriate analysis that takes into account social issues and that addresses environmental stressors.

- Brings about methods to change the thoughts of psychologically based services to include prevention programmes.

Seedat *et al.* (2001) further state that community psychology takes into account the whole community as the focus for intervention and not just its individual members. However, it is important to understand that what Seedat *et al.* (2001) imply here is that the individuals in a given community are still of importance, but that they form part of the bigger system called the community. Therefore, the individual community members have an effect on the community they are a part of, just as much as the community has an effect on its individual members. For this reason, Seedat *et al.* (2001) state that community psychology emphasises the interaction between individuals and their environments, and that the origin of and resolution to several problems lie within this interaction.

2.4.1 Value of community psychology for mental health

According to Kloos, Hill, Dalton, Elias and Wandersman (2012), any community psychology research project requires adherence to two vital questions:

1. What is the good life?

2. What is the good society?

Answers to these questions, according to Kloos *et al.* (2012), have an influence on the choice of dependent or outcome variables in research, on the goals of a community programme or intervention and on the methods of that intervention. Psycho-educational support groups, in their simplest sense, attempt to adhere to the formula of these two questions, educating group members to provide them with the necessary skills for them to live a good life and to establish their individual roles in society. With this in mind, a community psychology research project - such as psycho-educational support groups - answers the above question through the group members. By establishing the needs of the group members, researchers can adapt their research questions and develop community intervention accordingly. Rudkin (2003) states that, in order to be more preventative in nature, community psychology should partially reject some of the principles of the medical model, which only focuses on the deficiencies of people. Instead, it is necessary to identify individuals' strengths as a way to promote positive health. By engaging in community research to find out what it means to be psychologically healthy and by focusing on individual strengths of people, the question of what a good life and a good society are could be answered.

Although not the aim of this study, it is important to understand the level of functioning of the patients that took part in the psycho-educational support groups in this study. Understanding the level of functioning of these patients may allow the various clinics to provide patients with the necessary tools to live a good life and to establish their individual roles in society. However, without any form of intervention evaluation, such as this study, it would be almost impossible to determine the specific needs of these patients. Mental health can severely affect a patient's functioning, not only in his/her personal

environment, but also in the larger society. The severity of mental illness experienced by some patients may be more extreme than in others. Some patients may experience lower levels of mental illness or problems than others and some may only require information on how to deal with their illness or problem. Some patients may have experienced relaps and some may have integrated well into their community. Boyer *et al.* (2013) are of the opinion that relapsed patients are not only a major challenge for the care givers, such as clinics, but may also be a significant economic or social burden to their families and society. From a study that Boyer *et al.* (2013) have done, they concluded that 53% of the patients in their study had some kind of relapse and 47% had no relapse. The assumption that can be made is that different patients have different needs. Good health is not the same for all patients. Being aware of who is included in the psycho-educational support groups and their overall level of mental health functioning may provide insight into the level of activities that need to be presented. This in turn may have an effect on the outcome of the psycho-educational support groups.

2.4.1.1 The importance of values in community research projects

According to Kloos *et al.* (2012), community psychology strives to maintain certain standards. These standards can be interpreted as moral values, which are essential when engaging in community projects. According to Rudkin (2003), every conversation regarding community psychology that focuses on social change is directed and sustained by values. The reason for this is that social change entails a vision about what the outcome of an intervention should or should not be. The danger in this is that researchers, as human beings, most often incorporate their own subjectivity into research projects in which they engage. What they want to see as the result of the intervention does not always correspond to what is really needed by the community members involved and a research project can only be successful if there is a clear link between the research project and what the community members want. Kloos *et al.* (2012) highlight seven core values that are important in the field of community psychology and when engaging in community-based projects. These values support the perception that community projects are guided by human subjectivity.

- Individual wellness

Kloos *et al.* (2012) indicate that individual wellness refers to an individual's physical and psychological health. It includes the existence of social and emotional coping skills to maintain a good and healthy lifestyle. Symptoms that manifest themselves in the form of psychological distress are often seen as dependent variables that require some form of intervention. In turn, such intervention aims at establishing equilibrium between physical and psychological health, by focusing the attention on social and emotional coping skills. The application of this value of individual wellness in practice has led, according to Kloos *et al.* (2012), to the development of community programmes that are concerned with the prevention of maladaptive behaviour, the development of competencies or skills for coping, social support and self-help or mutual groups, and intervention programmes in a non-traditional medical manner, such as psycho-educational support groups.

- Sense of community

According to Kloos *et al.* (2012), 'sense of community' refers to the awareness that is created in an individual when he or she feels part of a certain group, that is, the perception of belonging to a community. This evaluates what each individual can contribute to that community and in turn what that community can contribute to the wellness of the individual. In this study, a sense of community is created by the cohesion that develops in the groups and between the group members.

- Social justice

Prilleltensky in Kloos *et al.* (2012) defines this value as the "fair, equitable allocation of resources, opportunities, obligations, and bargaining power in society as a whole" (p.16). By applying this in practice, research needs to take into account the social and economic factors that have an effect on the wellness of an individual. Another important aspect that is crucial to this value is the support of policies to make the necessary resources available to all members of the community or society. Mental healthcare patients in the primary healthcare context are often individuals who are

marginalised by society. They do not share the same opportunities available to other community members, who make use of private healthcare facilities. This project therefore tries to improve their quality of life by empowering group members to deal with their daily problems and to give them a voice in their own community.

- Citizen participation

This value involves collaborative processes in decision-making that may have an effect on both the community as a whole and its individual members. It therefore empowers community members to engage in decision-making processes that affect their own future. Empowering community members participating in the psycho-educational support groups to identify their own problems, thus allowing them to find ways to resolve these on their own is, according to Kloos *et al.* (2012), a fundamental part of community psychology.

- Collaboration and community strengths

Community psychology professionals clearly bring their own unique knowledge to the community they are studying, but they also rely on the identification of life experiences, wisdom and resources of the community members. A collaborative approach is therefore used where knowledge and resources of both professionals and community members are used in order to set clear goals and decide on future solutions (Kloos *et al.*, 2012). Group members who have the necessary skills and knowledge to start a vegetable garden may help other group members to start their own vegetable gardens.

- Respect for human diversity

This value acknowledges the diversity in a community with regard to gender, ethnic or racial membership, sexual orientation, ability or disability, socio-economic status and age. In order to understand community members and where they come from, Kloos *et al.* (2012) state that it is important to have respect for their diversity. Not all group members grew up or experienced life in the same way, therefore group members are all different

and these differences need to be taken into account when implementing psycho-educational support groups.

- Empirical grounding

According to Kloos *et al.* (2012), community psychology is especially intolerant of theory that lacks empirical basis in community life, and of research that ignores the community context in which it occurs. The value that empirical research holds for community psychology differentiates it from other fields in psychology. For community psychology, empirical grounding no longer means doing experiments or quantitative research, but rather qualitative research that provides an understanding of community life as seen and experienced by the members. In order to draw valuable conclusions without any bias, researchers must accept the fact that no research is value-free and that the conclusions are shaped by theory, concepts and findings. This research makes use of semi-structured qualitative interviews and a focus group discussion, allowing information to be gathered in a way that represents the true nature of how students and healthcare workers observe the needs of the patients who make use of the clinics.

2.4.2 Community programme evaluation

For Duncan *et al*. (2007) the phrase 'social programme' refers to a social intervention where a number of individuals are working together on a number of activities to improve the living conditions of a specific community and its members. Over the past few years, South Africa has experienced increased spending on educational and social programmes. This increase in available funds led to a number of social programmes being evaluated in order to determine whether they provide appropriate services and support to individuals, organisations and communities (Duncan *et al*., 2007).

According to Rudkin (2003), programme evaluation can be divided into two different types, depending on the aim of the evaluation. Process evaluation evaluates the progress of the programme from the beginning to the end, with the active involvement of the evaluator during the implementation of the programme. Outcome evaluation takes place at the end of the programme and assesses the programme's success in meeting

its goals. This study, which focuses on the value of the psycho-educational support groups implemented by the students, forms part of process evaluation and incorporates some aspects of outcome evaluation from the perspective of the implementers (students) and programme staff (psychologists).

Over the past two decades programme evaluation, in South Africa, has been associated with developmental work that is generally conducted in an educational environment (Duncan *et al*., 2007). Duncan *et al.* (2007) further state that since 1994, programme evaluation has gradually focused more on the success of programmes that provide community and social services. The reason for this is that, where government or donor funding is provided for social change, programme evaluation is usually included in the accountability requirements. However, this is not the only reason for doing programme evaluation.

According to Chelimsky (1997), programme evaluation should be done for one or more of the following reasons:

- Programme improvement

Programme evaluation is sometimes seen as synonymous with programme improvement. The purpose is to shape or reform an existing programme to yield better or desired results. Programme planners or programme managers are mostly interested in these results to optimise the effectiveness of the programme with regard to the programme concepts, design, implementation, impact or efficiency.

- Accountability

The use of social resources, such as funding, is justified on the grounds that these programmes can make beneficial contributions to communities and society. Individuals responsible for this type of social investment expect programme managers to manage resources effectively and produce the intended benefits in order to be able to make well thought-through decisions about the future of these programmes (Chelimsky, 1997; Duncan *et al.,* 2007).

- Knowledge generation

Chelimsky (1997) states that not all programme evaluations are intended to guide decision-making, some are conducted to describe the nature and effects of an intervention for a broader purpose and audience, hence providing them with knowledge regarding certain aspects of the evaluated programme. An example provided by Chelimsky (1997) is to try out a promising concept such as integrated services for children with mental health problems. Evaluations that fall within knowledge generation are intended to contibute to the social science knowledge base. Reporting on these types of evaluation is most likely to occure through scholarly journals, conferences and professional outlets (Chelimsky, 1997).

- Political or public relations

Chelimsky (1997) is of the opinion that a programme evaluation may have little to do with gaining information about measuring the performance of a programme. For Chelimskey (1997) a programme evaluation may also be done to impress funders or political decision-makers. Occasionally, an evaluation can be done to provide a public context in order to mask a decision that has already been made behind the scenes.

In addition to the above reasons for doing programme evaluation, Cohen, Chavez and Chehimi (2010) state that programme evaluation is done to identify a programme's strengths and weaknesses. This is done in order to modify a programme's goals, objectives, and intervention activities if implemented again in future. Based on the outcome of the evaluation, the goals, objectives and intervention activities of the psycho-educational support groups may be changed to address the patients' needs better.

Limited evaluation seems to have been done in the field of psycho-educational support groups (Lavoie, Ducharme, Levesque, Herbert, Vezina, Gendron, Preville, St-Laurent & Voyer, 2005). Lavoie *et al.* (2005) state that the lack of programme evaluation of psycho-educational support groups is problematic because it has resulted in lack of empirical information that is critical to explain how the intervention or programme can be improved or organised better, or whether it is worth implementing on a permanent basis.

Hayes and Morgan (2005) did an evaluation of psycho-educational support groups in the American context. Teachers realised that a need existed among adolescents for support to help them cope with everyday stress. Programme managers identified seven schools to participate in this research. The principal of every school almost immediately agreed to take part in the study, indicating the need for support to teachers and school counsellors, helping them to provide support to adolescents. At the end of the study, the results showed that almost 72% of the school children indicated that the programme helped them to use their own abilities to cope better with everyday stressors. The overall conclusion made by Hayes and Morgan (2005) was that they had obtained sufficient empirical evidence to indicate that the programme was highly effective, that it should be implemented on a regular basis and that it should be expanded to other schools.

The study done by Hayes and Morgan (2005) is an indication that psycho-educational support groups may be used to provide support to individuals within the primary healthcare environment. However, Rudkin (2003) indicates that not all psycho-educational support groups achieved the intended results and that the success of these groups depends on various factors, such as the involvement of the group members, the nature of the topic addressed in the groups and resources available to implement the groups.

2.5 Chapter summary

In reviewing the advantages of psycho-educational support groups, it may be said that it is worthwhile to pursue programme evaluation, more specifically the evaluation of the process of implementing the psycho-educational support groups implemented by the Honours students to help enhance patient well-being. Psycho-educational support groups are also discussed within the boundaries of community psychology, with the focus on what value they have for primary healthcare and, more specifically, mental healthcare.

CHAPTER 3 – THEORETICAL FOUNDATION FOR PSYCHO-EDUCATIONAL SUPPORT GROUPS

"Human beings are a lot like crabgrass. Each blade of crabgrass sticks up in the air, appearing to be a plant all by itself. But when you pull it up, you discover that all the blades of crabgrass in a particular piece of lawn share the same roots and the same nourishment system" – Fran Peavey

3.1 Introduction

A close examination of the definition of community psychology provided by Seedat *et al.* (2001) in Chapter 2 shows that the focus is placed on extending mental health to all individuals in a given community and takes into account social issues and environmental stressors that may have an influence on individuals. In addition to examining these influences, it also focuses on how psychosocial problems are conceptualised and understood. Orford (2008) is of the opinion that individuals should be understood and helped within their own natural environment and with their unique social systems in mind – the 'person-in-context relationship'.

Orford (2008) further states that no single theory exists in community psychology that explains all possible aspects related to the 'person-in-context' relationship, although it is badly needed. This chapter will attempt to incorporate various theoretical concepts that are important to the field of community psychology (person-in-context relationship) and the promotion of mental health in order to explain the need for implementing psycho-educational support groups as a system of care and support to the patients who use the clinics.

Two concepts can be linked to the definition of community psychology as defined by Seedat *et al.* (2001), to understand and explain how factors and processes an individual can control, and also those beyond the individual's control, can shape human behaviour. Both these concepts belong to the social ecological perspective as developed by Bronfenbrenner (1979):

- Social ecological systems
- Biosphere - extension to an individual's macrosystem.

3.2 Social ecological systems

According to Visser (2007), the social ecological perspective is derived from the work of Charles Darwin. Darwin assumed that the development of species is the result of how they adapt to change within their own environments. Plants and animals survive in a particular environment because of the occurrence of necessary environmental elements (soil, water and temperature). If change occurs in this environment, such as drought and climate change, these life forms need to adapt in order to survive. In this study, the social ecological perspective refers to the mutual transactions between people and the social environment in which they function on a daily basis, and how individuals adapt to their changing environment in order to survive or ensure their own well-being.

Two theorists made a significant contribution to understanding human behaviour from the social ecological perspective. The ecological model of Bronfenbrenner (1979) and the ecological analogy developed by Kelly (2006) both made a significant contribution to understanding human behaviour in the social environment.

3.2.1 Bronfenbrenner's ecological model

In 1979, Urie Bronfenbrenner developed a model of the social environment called the ecological model (Bronfenbrenner, 1979). According to Rudkin (2003), the ecological model postulates that individuals live and develop within nested social systems: individuals form part of a family, a family forms part of a community, a combination of communities form part of a country (Rudkin, 2003). According to Ashford and LeCroy

(2010), these individuals participate in a number of social systems that have an influence on their development. For this reason, it is important to understand how social systems work and how they influence each other and the individuals who form part of the system (Ashford & LeCroy, 2010).

In more recent years Bronfenbrenner acknowledged the effects of biological aspects that influence human development and how individuals' interaction within their social environment can be influenced by their biological well-being and development (Bronfenbrenner, 2005). The inclusion of biological factors is called the bio-ecological theory and is an extension to his already established social ecological theory for human development (Bronfenbrenner, 2005). A major contributor within the bio-ecological theory is the acknowledgement of subjective feelings and experiences of an individual, which assumes that both objective and subjective elements are present during the course of human development. Feelings and experiences may relate to an individual or his/her family, friends and any other close connections and are emotionally driven. Throughout this discussion, subjective feelings and experiences of an individual will be mentioned often, especially with regard to the patients and clinics involved in this study. The bio-ecological theory will not be discussed as a separate entity but rather as part of the social ecological influences of human development relating to this study.

3.2.1.1 Social systems

According to Zastro and Kirst-Ashman (2013), a system can be seen as a set of components that are interconnected in order to make up a functional whole. Therefore, one cannot attempt to solve any problem within a system without taking into account the effect it will have on its components (Ashford & LeCroy, 2010). Primary healthcare as a functional whole encompasses smaller subsystems such as mental health services, dentistry, physiotherapy, occupational therapy and general medical services. For the primary healthcare service to provide a balanced service to its patients, it needs to maintain stability. The stability of such a system is called homeostasis (Zastro *et al.*, 2013). "Homeostasis is the tendency for a system to maintain a relatively stable, constant state of balance" (Zastro *et al*., 2013, p.21). When something disturbs the balance of the

system, it will automatically attempt to readjust and recover its stability. The implementation of psycho-educational support groups as a system of care will attempt to help patients to readjust and recover a form of stability with regard to how they handle everyday life stressors. In turn, this will stabilise the primary healthcare system by supporting it in its shortage of healthcare workers.

In order to illustrate the concept of nested social systems, Bronfenbrenner (1979) developed a social systems model that consists of four main levels of social settings, as represented in Figure 3.1.

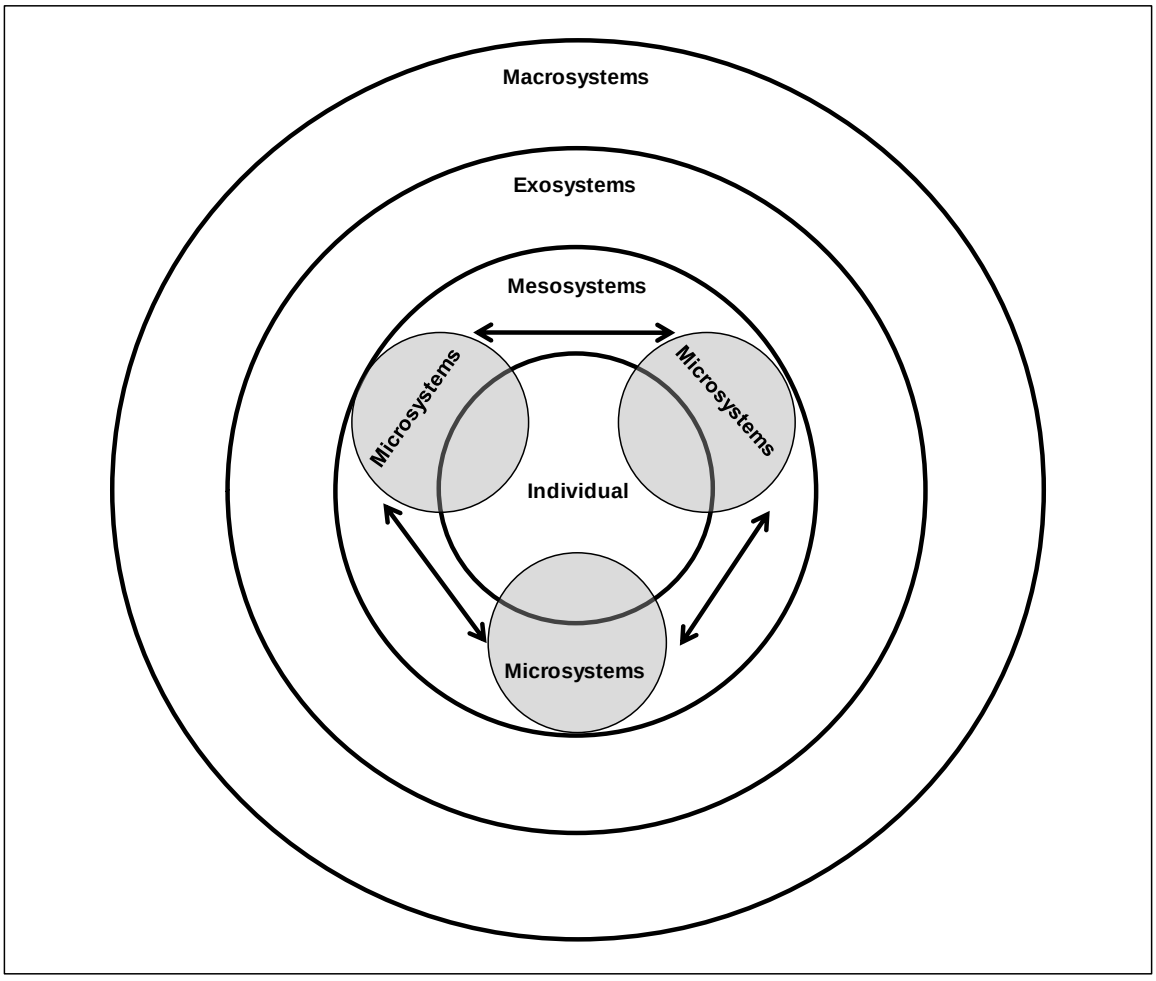

Figure 3.1: Social setting as defined by Bronfenbrenner (Rudkin, 2003)

- Microsystem

The microsystem consists of an individual's direct settings, such as family, classroom, friendship network or workplace. These settings are in direct contact with an individual. Because of this direct contact, the microsystem is the system that is most regularly studied in social environments (Rudkin, 2007). According to Maton and Salem (1995), the relationship between individuals and the microsystem takes place through interpersonal relationships with other individuals. By introducing psycho-educational support groups at primary healthcare clinics, a microsystem is created for patients to interact with others who share the same situational problems and stressors. The additional microsystem therefore serves as a support system to the patient's current microsystems.

- Mesosystem

The mesosystem can be seen as the linkage between an individual's different microsystems. The development and personal growth of an individual can be enhanced if there is a strong association between the individual's different microsystems (Ambrosino, Heffernan, Shuttlesworth & Ambrosino, 2008). The implementation of psycho-educational support groups provides patients with an opportunity to enhance the association and connection between their existing microsystems.

- Exosystem

The exosystem can be seen as formal and informal structures to which an individual is not directly linked, but which do have an effect on the individual (Ambrosino *et al.* 2008; Bronfenbrenner 1979; Rudkin 2003). Bronfenbrenner (1979) describes the exosystem as aspects that influence an individual on a community level, such as medical, educational and social resources, within a given community. The exosystems influence the individual, but the individual does not have control over this (Visser, 2007). The availability of primary healthcare facilities create an environment with formal and informal structures for patients. By introducing the psycho-educational support groups, it creates an additional support educational structure for the patients.

- Macrosystem

The macrosystem consists of social, cultural, economic and governmental institutions of which an individual is part of, but which are located beyond the individual's local community. Kloos *et al.* (2012) state that macrosystems influence individuals by means of policies, governmental and economic decisions, ideological views, and belief systems. These then establish a context within which the other systems function and create a blueprint from which settings and institutions are constructed. For this reason it is important to explore the macrosystem in more detail, as the patients who make use of the psycho-educational support groups in this study all have a local community where ideological views and belief systems are in place. Bronfenbrenner (1979) calls this extension to an individual's macrosystem the biosphere.

3.2.1.2 Biosphere

According to Levine, Perkins and Perkins (2005), another larger system exists, called the biosphere, also developed by Bronfenbrenner (1979), which refers to the larger inhabited social environment, as illustrated in Figure 3.2, and which is an extension to an individual's macrosystem. Because of the important role that the macrosystem plays in an individual's life, especially the patients that make use of the psycho-educational support groups in this research, it is significant enough to explore the biosphere (extension to macrosystem) in more detail.

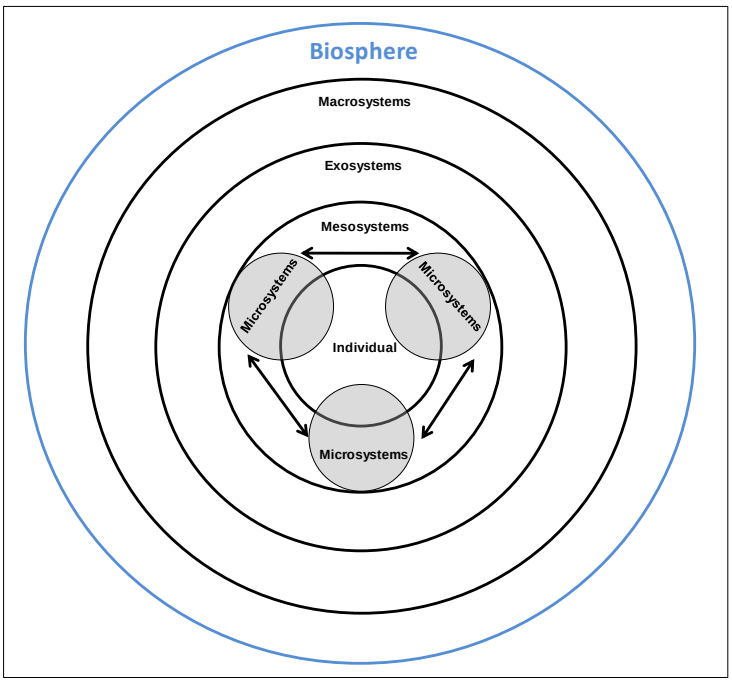

Figure 3.2: Larger social biosphere (Levine *et al*., 2005)

According to Rudkin (2003), a variety of terms that refer to the field beyond the individual is currently used in community psychology. For the purpose of this discussion, the term 'larger environment' will be used to refer to the field beyond the individual. However, in this case, environment does not signify trees, rivers and the air that an individual breathes, but rather the social environment that has a significant impact on an individual. The intangible influences that have an effect on the individual makes it difficult to ascertain a solid theoretical basis that includes the larger social environment. Intangible influences include aspects such as crime, cultural traditions, economic situations, political forces, and the background of an individual. The pollution in areas in which people live may lead to health problems, unpredictable economic changes may lead to job losses and discrimination based on gender and race may limit career opportunities (Ambrosino *et al.,* 2008). These factors as part of the macrosystem influence decision-making on various other levels, including the individual level. For example, if the crime rate goes up, policies are revised on macrosystem level by governmental agencies to take action to reduce the crime rate. If policies fail to lower the crime rate, it may have an influence on the daily functioning of an individual in a given community.

When applying the systems model to a situation such as the implementation of psycho-educational support groups, Homan (2011) is of the opinion that it could help one to understand the current situation and create a foundation from which interventions can be planned:

- It can aid the researcher to understand that difficulties experienced by individuals are the result of interaction or lack of interaction with other individuals in the same system or another system. It can also lead to understanding how individuals process these interactions or deal with them.

- The systems model can aid the researcher working with individuals or groups to use their interactions with others in a different way, in order to regain and maintain a better balance and achieve personal growth.

- It may help individuals to process inputs such as skills development differently to ultimately achieve personal growth and maybe behave differently in their natural environment.

- It shows that the situations with which individuals are faced are dynamic and not static, and that they can use opportunities such as learning new life skills to guide their own development in the right direction. They are thus able to change their situation themselves, not having someone else create this change.

- It may help to evaluate the interrelationships that individuals have with their outside environment and discover various ways and methods for new interventions.

- It may enable the researcher to realise that the larger system can be changed or altered by feedback from the demands of the smaller subsystems.

Homan (2008) states that these factors may guide interventions to discover opportunities for beneficial change, including assisting individuals to change their own conditions, as well as the conditions around them.

3.2.2 Kelly's ecological analogy

According to Kloos *et al.* (2012), Kelly's ecological analogy takes a more present-day approach to the social ecological perspective. Rudkin (2003) is of the opinion that the ecological analogy was developed to help plan community intervention. Kelly identified four essential ecological principles to help guide community interventions (Kloos *et al.,* 2012; Rudkin, 2003):

- Interdependence

Kelly's ecological analogy (Kloos *et al.* 2012) states that systems are interdependent and that change in one part of the system influences other systems. Therefore, if one ecological system experiences a shift, it is possible that the other systems also experience some kind of shift. The implementation of psycho-educational support groups as a support system for patients may have a positive influence on their existing yet inadequately functioning social system. That is, whether their current social system is sufficient or not, it may have a positive impact by adding a supportive social system. By depending more on group members or other individuals who share the same problems, patients may be less dependent on healthcare workers at the clinics for support.

- Cycling of resources

Kelly's second principle is cycling of resources (Kloos *et al.,* 2012). Implementing psycho-educational support groups that enable patients to gain life skills may cycle through to other parts of their lives. Rudkin (2003) is of the opinion that, in human social environments, there are numerous relevant resources, such as shared values and beliefs of individuals. Shared values and beliefs can assist the patients who take part in the psycho-educational support groups to foster mutual care for one another, in order to support one another in resolving problems that they may experience.

- Adaptation

According to Kloos *et al.* (2012), adaptation infers that individuals must be able to adapt to change that takes place in their environment. In implementing psycho-educational support groups in various clinics, the clinics must be able to adapt to this new method of support for their patients. Zastrow *et al.* (2013) are of the opinion that adaptation requires effort from the individual. An individual must make an effort to adapt to his or her environment in order to survive. The provision of medication from the clinics, together with support that these individuals get from the psycho-educational support groups, may allow these patients to adapt more easily.

- Succession

According to Rudkin (2003), succession suggests that systems are not inactive, they are in a constant state of change and many of the changes that occur in a system are predictable.

When applying Kelly's ecological principles to the implementation of interventions such as the psycho-educational support groups in various clinics, it can be said that (Kloos *et al.,* 2012):

- The purpose of the psycho-educational support groups is to strengthen individual adaptation of their members (patients).
- Meeting with other group members who share the same problems and talking about them encourages interdependence.
- The exchange of resources (cycling of resources), such as social support and information, provides individuals with some form of encouragement to deal with their problems as they discover that there are other people with the same problem.

3.2.3 Open and closed systems

Kelly (2006) postulates that the success of an intervention such as the implementation of psycho-educational support groups as an additional microsystem can be seen as effective when:

1. The intervention stimulates the efficient use of all structures, such as personal and social resources
2. The social setting is easily accessible and readily available to individuals.

In addition, the success of community interventions also depends on how amenable a community is to change (Ambrosino *et al.* 2008). Every system has boundaries and it is the task of community researchers to establish how permeable these boundaries are. Payne (2014) is of the opinion that systems have boundaries within which physical and mental energy is exchanged internally more readily than these energies are exchanged across different boundaries. Based on this, Ambrosino *et al.* (2008) argue that a system can be seen as either open or closed:

- Open systems

A system can be regarded as open when it allows for new energy and input to enter in response to its interaction with the larger environment. Healthy open systems with clear boundaries are more likely to reach synergy, owing to their members' compliance in accepting these new energies and inputs. In open systems, energy is exchanged across different boundaries, which makes it easier for the members to accept new energies and inputs (Payne, 2014). According to Schopler and Galinsky (1993), support groups such as the psycho-educational groups in this study are usually open systems, as they draw energy and input from individuals outside their own boundaries for support.

- Closed systems

Although all social systems can be seen as open systems, some systems usually have strict boundaries and are firmly knit within and therefore regarded as closed

systems. Payne (2014) states that no interchange occurs across different boundaries, which makes it difficult for someone to penetrate and study or observe these systems. These systems are usually isolated and therefore rarely allow new energies and inputs to infiltrate them.

3.2.4 Groups as systems

Payne (2014) identifies three types of support system that healthcare workers make use of in practice: informal or natural systems, formal systems and societal systems. Informal or natural support systems include support from family, friends, co-workers and all other people close to an individual. The idea is for these persons to provide support on a daily basis at home, at work and on social level. Formal support systems include support from organised community groups and are planned and implemented by individuals in a specific profession, based on a target population. Societal support systems include hospitals, schools and other institutions. Individuals in a specific institution serve as support agents.

Psycho-educational support groups in this study serve as formal support systems owing to the involvement of the Honours students as community members entering a specific setting and organising planned interventions. The ideal would be to draw energy and input from all three types of support systems, to ensure the overall well-being of the patients who take part in the groups. Energy and input can be drawn from the clinics as societal support in the form of referrals to the psycho-educational support groups, formal support from on-going psycho-educational support groups implemented at these clinics, and informal or natural support from family members, co-workers, friends and group members.

Zastrow (2010) is of the opinion that any professional individual working with a formal support group, with a person-in-context focus, should adhere to five goals:

1. Enhance the problem-solving, coping, and development capacities of people

The focus of social practices, such as the psycho-educational support groups, and their value for primary healthcare should be on the well-being of the ‘person’ within his or

her micro-level environment; in other words the well-being of the patients who make use of the psycho-educational support groups. To accomplish this, supportive services should be rendered to individuals who are incapable of solving some of their own problems or who cannot meet their own needs. The focus of the psycho-educational support groups is on education, rather than therapy, as stated in Chapter 2. Psycho-educational support groups aim to provide patients with techniques to solve their own problems and enhance their well-being to meet their own needs.

2. Link people with systems that provide them with resources, services and opportunities

The focus of social practices should also be on the relationship between individuals and the different systems with which they interact on a daily basis. The psycho-educational support groups in this study serve only as agents in accomplishing this goal. Skills and techniques used in the groups may be used as social tools to be able to communicate and interact with individuals in other systems, such as the home environment.

3. Promote the effectiveness and humane operation of systems that provide people with resources and services

Attention should be focused on designing programmes to meet the specific social needs of individuals. This is done by improving the delivery system through communication and co-ordination among relevant role players. Before the implementation of the psycho-educational support groups, the Honours students performed a thorough needs analysis in the clinics to determine the exact needs of patients, before they decided on what aspects to include in the groups. This was done to promote the effectiveness of the groups.

4. Develop and improve social policy

With this goal, social programme developers seek to adopt effective new statutes or policies. By determining the value of the psycho-educational support groups and the advantages they hold for patients who make use of them in the primary healthcare

context, the groups can be implemented on a permanent basis to contribute to the development of new social policy in the primary healthcare setting.

5. Promote human and community well-being

The main goal of any social intervention should be the promotion of the interaction between the individual and his or her community and the well-being of both. This includes eliminating poverty, oppression and exclusion in a given community. The main contribution of the psycho-educational support groups is to promote and develop the social and educational skills of individuals in a given community to ensure their well-being and survival in their own community. The implementation of the psycho-educational support groups may empower patients to interact with their larger community and to re-engage with their own social structure.

3.3 Chapter summary

The focus of this chapter is on how individuals can be helped in their own natural social environment, based on their interaction with other individuals and with their own social environment. The systems perspective provides information on how individuals are in constant interaction with others and how interventions can be utilised to enhance or restore these interactions. Besides the fact that individuals are in constant interaction with others, their actions can also be determined by the larger social environment that includes intangible social influences. The implementation of psycho-educational support groups in various clinics may help patients to enhance or restore their social skills in order to communicate and interact better with other individuals in their own social system, as well as in other systems. They cannot change their social, economic and cultural backgrounds in their larger social environments, but they can use techniques and skills learned in the groups to reach the desired equilibrium of well-being. Moreover, the primary healthcare service can benefit from determining the value of these groups to serve as a supportive microsystem. This may reduce the perception of under-resourced and overburdened services in the primary healthcare services in South Africa.

CHAPTER 4 – METHODOLOGY

"In the arena of human life the honours and rewards fall to those who show their good qualities in action" ***– Aristotle***

4.1 Introduction

The implementation of this study can be described in terms of four consecutive phases. These phases are derived from the action research approach. This study does not represent the whole action research process, but provides feedback in the form of programme evaluation for the larger action research process. The study completes the action research cycle used to develop psycho-educational support groups. The first two phases of the larger action research process describes the development and implementation of the psycho-educational support groups. The focus of this study is on the last two phases, which involve feedback and evaluation of the process of implementing these groups in various clinics. Aspects related to the methodology of this study will be discussed in this chapter. These aspects include sampling, data collection, analysis of the data, dissemination of results and reflection. Attention is paid to reliability and validity of the data and ethical considerations in implementing this study.

4.2 Action research

Swart and Bowman (2007) are of the opinion that community psychology research is mostly action-orientated. It embraces a certain set of values, principles and political positions throughout the process. For this reason, Nelson and Prilleltensky (2010) articulate that community research is not value-free, but rather value-driven, as discussed in Chapter 2. Nelson and Prilleltensky (2010) further state that research must attempt to promote social justice by accepting accountability for disadvantaged groups such as individuals who make use of primary healthcare facilities.

This research forms part of a larger action research process. This study completes the action research process started by the Honours students through the implementation of the psycho-educational support groups. It provides feedback on the action research process.

For Rudkin (2003), one of the most successful ways of conducting community research is by means of action research, as it sometimes challenges the *status quo* of a community that is resistant to change. The term 'action research' is derived from earlier works of Kurt Lewin. Lewin suggested that researchers do not learn much about the world by studying it in an objective manner. One learns more through engaging in a process to make a difference in a community. Knowledge is gained through continuous cycles of planning, acting, observing the outcome and using this outcome to plan new action (Rudkin, 2003).

Figure 4.1 provides a visual representation of the action research process followed in this study. The evaluation process, which is the focus of the current research, is highlighted.

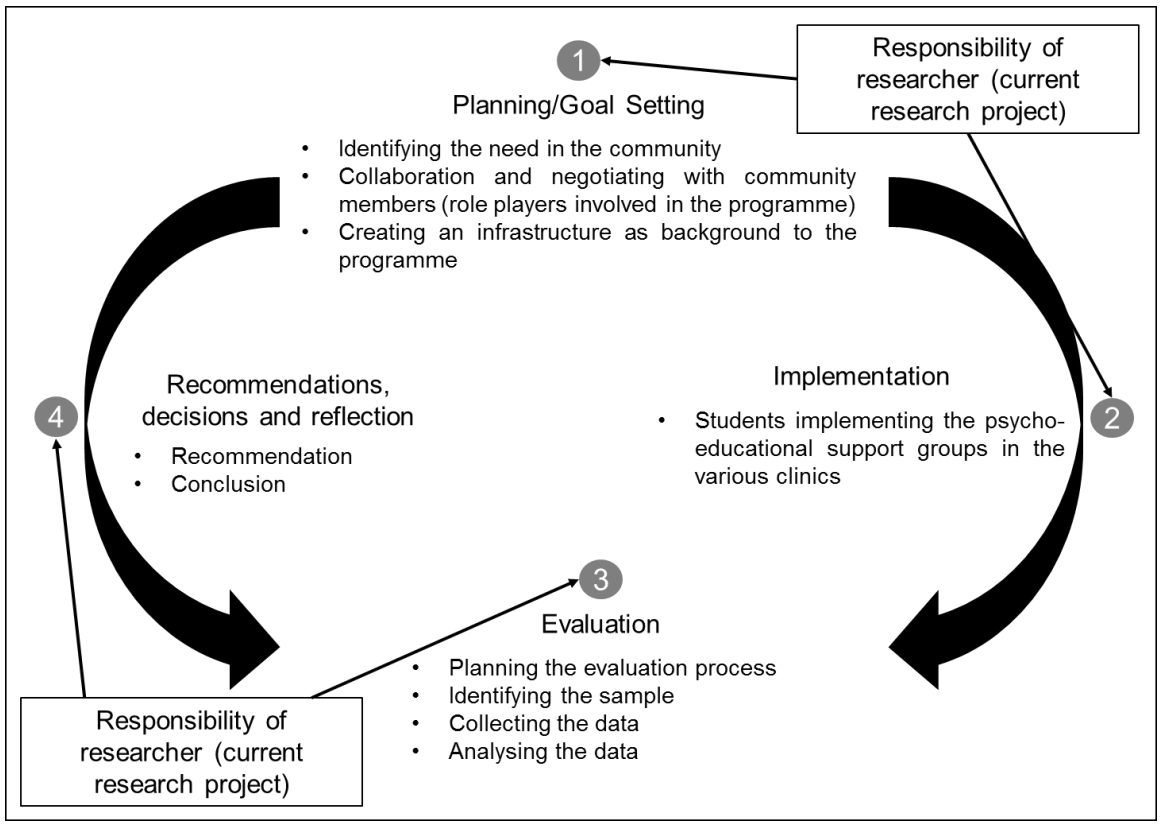

Figure 4.1: Adapted action research process

The first two phases of the action research process were completed with the participation of the Honours students in collaboration with the Department of Health.

During the first two phases, the students conducted a needs analysis to obtain the required information to implement the intervention succesfully. In the last two phases, programme evaluation was carried out, evaluating the value and process of implementing the psycho-educational support groups, and recommendations, based on the results of the programme evaluation, were presented to guide further action.

McNiff, Lomax and Whitehead (2010) are of the opinion that a good research project includes all the dimensions of the problem-solving process in a specific system. This includes understanding of the action taken, determining the effectiveness of the action taken and using it to improve future similar projects. The action research process followed to implement the support groups is given as background for the evaluation.

4.2.1 Phase 1: Planning phase

The planning phase includes the identification of the needs of the community and of exactly what the focus of the psycho-educational support groups should be. By defining the problem through conducting a needs analysis, students can continue to the implementation phase - implementing the psycho-educational support groups. However, before the implementation can take place, an infrastructure should be established in order to determine the responsibilities of each role player.

4.2.1.1 Identifying the need in the community

The primary need in the community has already been identified by the Department of Health, which approached the University of Pretoria's Department of Psychology. The Department of Health observed a need to implement psycho-educational support groups in various clinics in and around the Pretoria area. Every clinic has its own infrastructure and differs in terms of the services it renders to its patients. It was the responsibility of the Honours students to identify the specific need in a clinic to determine the focus of the psycho-educational support groups in that clinic. Based on the information the students gathered from the need analysis, they were able to establish the specific needs of each individual clinic. Information during the needs analysis phase were gathered by talking directly with the healthcare workers within each clinic. Conversations with the healthcare

workers revolved around the patients in each clinic, the type of illnesses or mental disorders treated, demographic characteristics of patients, current available treatment and lack of current treatment within each clinic. Students also engaged directly with patients to find out what their needs are and what they require from the clinic. McMillan and Schumacher (2001) are of the opinion that, through a needs analysis, a researcher can determine the current shortages and problems experienced by a system. This, in turn, can be compared to the desired outcomes of an intervention to determine what needs to be done. Therefore, the needs analysis created the basis from which the students could work to develop the psycho-educational support groups.

The role of the students during the needs analysis was to determine how the clinics functioned on a daily basis, the type of services offered by the clinics and where they could provide support to healthcare workers. They also studied the demographic nature of the patients who make use of the clinics, and determined the main needs of the patients who were to participate in the psycho-educational support groups.

Another aim of the needs analysis was to create awareness of the psycho-educational support groups among the staff members of the various clinics, as well as among the patients who make use of the clinics. The aim was to encourage staff members of the clinic to refer patients that could benefit from the groups.

Themes that were identified as needs in the various clinics included strategies to cope with feelings of loneliness, communication skills, HIV awareness, coping with stress, parenting skills for single teenage mothers, sexual abuse, substance abuse and domestic violence experienced by patients who make use of the services of the clinics. As part of evaluating the programme, all needs were included and taken into account. The focus of the evaluation will therefore not be on an individual clinic but rather on the process of implementation and the value of the groups in all clinics as a whole.

4.2.1.2 Collaboration and negotiation with community members

Stringer (1999) is of the opinion that some research projects are impossible to conduct without the involvement of community role players. The success of a community

project therefore depends on the complete co-operation of everybody involved in the project.

An important partner in the implementation of the psycho-educational support groups is the Department of Health, as it must give permission for the psycho-educational support groups to be implemented in the clinics. Personnel and Honours students from the Department of Psychology are important partners, as students are responsible for the implementation of the groups and personnel provide them with guidance. Personnel from the various clinics play an important role during the needs analysis as referral agents. They also have to assist and supervise students during the implementation of the psycho-educational support groups. These personnel include psychologists, psychiatric nurses, doctors, nurses, dentists, physiotherapists, occupational therapists and health promoters.

4.2.1.3 Planning of the infrastructure

Figure 4.2 illustrates the structure of role players involved in the project and the place of this study in the structure. As previously mentioned, the Department of Health, in partnership with the University of Pretoria's Department of Psychology, is responsible for implementing psycho-educational support groups in various clinics in and around the Pretoria region. A mental health care worker in each clinic is responsible for the supervision of the Honours students during the implementation phase. Students work in collaboration with these healthcare workers throughout the implementation. A lecturer at the Department of Psychology is responsible for providing students with the necessary theoretical background and support. The lecturer also communicates with the Head of Mental Healthcare at the Department of Health with regard to administrative aspects.

The responsibility of the researcher is to conduct a programme evaluation to determine the value of the psycho-educational support groups implemented by the Honours students. To achieve this goal, the researcher must be in contact with the Honours students and the healthcare workers that assist the Honours students in the implementation of the psycho-educational support groups. The researcher also liaises with the lecturer at the Department of Psychology, who acts as a study leader for the programme evaluation.

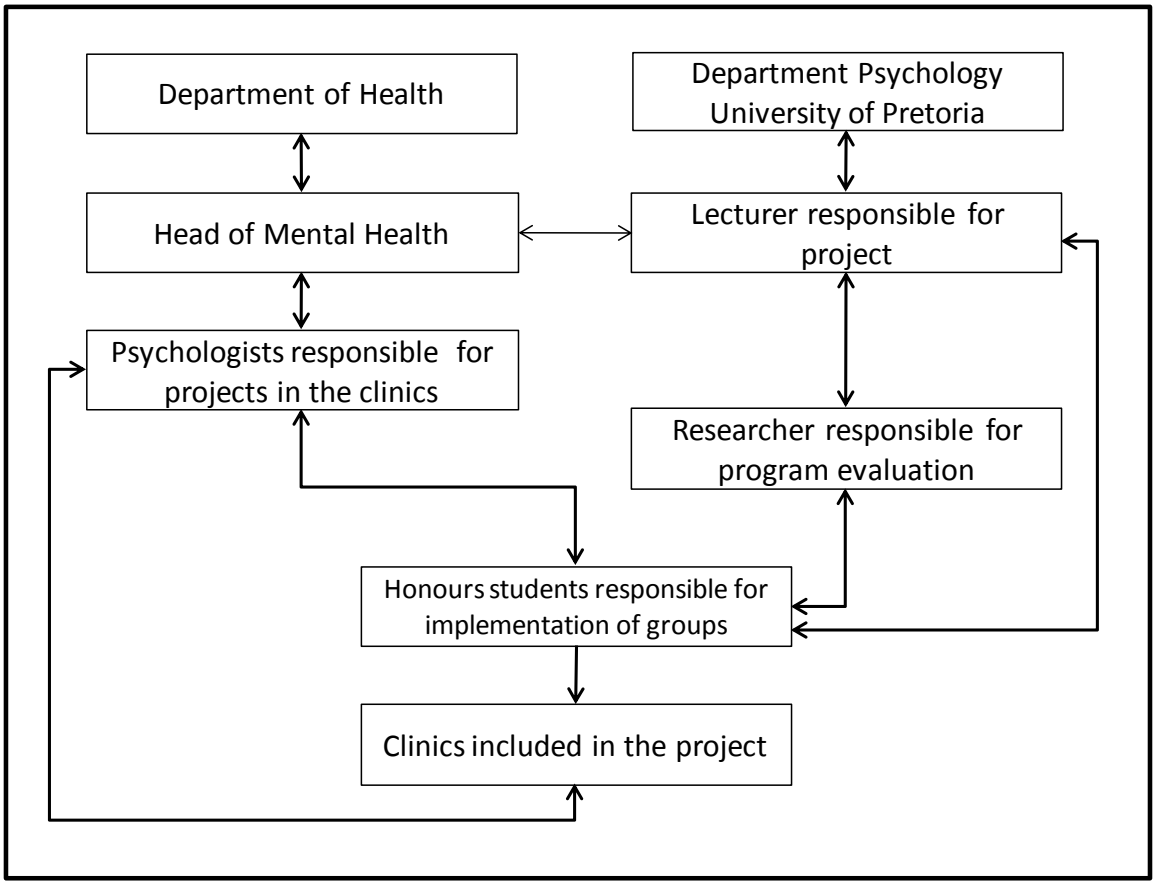

Figure 4.2: Flowchart of relevant role players

4.2.2 Phase 2: Implementation

This phase consists of the implementation of the psycho-educational support groups in the various clinics by the Honours students.

4.2.2.1 The intervention programme

Based on the needs analysis, the students developed the focus areas, topics and activities of the psycho-educational support groups. Once a week students travelled to the various clinics to facilitate the psycho-educational support groups. The length of the sessions was based on the subject matter addressed in the specific psycho-educational support group session.

After each session at the clinics, the students met at the University of Pretoria's Department of Psychology to participate in weekly feedback sessions. These weekly sessions also served as debriefing sessions, during which students received emotional support and guidance in order to facilitate the next session.

- The students implemented between eight and twelve group sessions over a one-year period (excluding the time used to conduct a needs analysis and official university holidays).
- Group members (patients) were not pre-selected before the initial implementation of the psycho-educational support groups.
- The content and discussions of the groups were predetermined by the students, based on a needs analysis conducted in each clinic. Some of the topics addressed in the groups included HIV/Aids prevention (or dealing with HIV/Aids if diagnosed), substance abuse/drug abuse, alcoholism, life skills training and parenting tips for young mothers.

Research methodology used in the evaluation of the psycho-educational support groups:

4.2.3 Phase 3: Evaluation

The evaluation of the process and value of the psycho-educational support groups was the core focus of the current research. The implementation of this research project was planned as follows:

4.2.3.1 Planning of the evaluation process

There are various reasons for evaluating a programme. For Stringer (1999) the most important reason for conducting an evaluation is to determine if the goals of a programme are met. In the context of this study, the programme evaluation is done in order to determine whether the psycho-educational support groups provide sufficient support to healthcare workers and patients throughout the implementation of these groups in the primary healthcare environment additional to the current therapeutic techniques used.

Because the content of the different groups implemented in the various clinics differed, an outcome evaluation of the groups could not be done. The aim is thus not to focus on the outcome of a specific group. The focus is rather on the value of implementing psycho-educational support groups for the entire primary healthcare system and the benefit they may derive from the implementation and the results of this research.

The first step in an evaluation process is to identify the involvement of the different stakeholders (Stringer, 1999). This can be divided into two parts:

- The first part is to determine who will benefit from the intervention. As mentioned earlier, the main beneficiary of this study is the primary healthcare system as a whole through the enhancement of current therapeutic programmes available in these clinics. Psycho-educational support groups are proposed as a support function to enhance the current available options offered in the clinics. Other beneficiaries include the patients of the clinics, providing them with life skills and other skills to cope successfully with daily stressors.

- The second part of the evaluation process is to determine who will read the report. In this study the report will be made available to the Department of Health, clinic management and health care service providers.

The following matters were taken into account in planning this research:

- How will the evaluation be done?
- Who will be included in the sample?
- How will the data be collected?
- How will the data be analysed?

Each of these aspects will be discussed in detail, as it is important for producing the most reliable results.

4.2.3.2 Sample selection

For this research, purposive sampling was used. Nieuwenhuis (2007) states that, with purposive sampling, the sample is selected according to pre-determined criteria that are relevant to a specific research problem. In this study, Honours students and personnel of the clinics are selected based on their involvement with and relevance to the implementation of the psycho-educational support groups in the clinics. Smith and Eatoug (2007) state that the rich data gathered from the small number of participants in itself represents significant aspects of the general population at stake. Therefore, the size of the sample depends on the number of individuals who are available and share similar experiences.

It should be taken into account that the patients who took part in the psycho-educational support groups were not included in the evaluation of these groups. The motivation for not including the patients is based on the goal of the evaluation: to evaluate the process and value of the psycho-educational support groups on the overall functioning of the clinics involved. There were two reasons for not doing an outcome evaluation that involves the patients. In the first place the psycho-educational support groups were initially open groups, with the option to convert them to closed groups. Therefore, anybody could have attended these group sessions and left whenever they wanted to. A pre- and post-evaluation design was therefore not possible because patients did not attend all the sessions. Because the groups were open groups, the Honours students did not have a register that patients had to sign to indicate that they attended these groups.

In the second place the content of each group, the process of implementation and each clinic setting differed. It was not possible to give an overall evaluation of the groups in various clinics.

The focus of this research was therefore on the value of psycho-educational support groups as part of the primary healthcare environment and determining whether they were a viable addition to existing therapeutic programmes.

- Honours students

Honours students were selected to participate in this study, because they were responsible for implementation of the entire intervention. They interacted directly with the patients during the implementation of the psycho-educational support groups.

The students who were interviewed were busy with their Honours degrees and implemented the groups in various clinics. Six students participated in the implementation of the psycho-educational support group in three clinics. One of these students did not want to participate in this research study. Therefore, only five students were interviewed for the purpose of evaluating the process of implementing the psycho-educational support groups.

- Clinical psychologists

Clinics responsible for implementing the psycho-educational support groups were selected based on the requirement of having an on-site psychologist available to supervise the students. The psychologist should have demonstrated interest to have psycho-educational support groups implemented at their clinics. The psychologists from these clinics supervised the Honours students. Five clinical psychologists who acted as supervisors for the students were asked to participate in a focus group discussion.

The original plan was to conduct semi-structured interviews with the psychologists who were involved in the psycho-educational support groups in the clinics. Because of difficulties in arranging appointments with the psychologists for semi-structured interviews, it was decided to conduct a focus group discussion when all of them were available. The focus group discussion was scheduled to follow an annual Department of Health meeting that these psychologists had to attend.

4.2.3.3 Data collection

According to Coyle (2007), qualitative research consists of collecting non-numerical data in order to provide rich descriptions and potential explanations of how people make sense of their environment and how they experience particular events.

In order to determine the value of the psycho-educational support groups, semi-structured interviews were conducted with the Honours students. A focus group discussion with clinical psychologists was conducted to determine how they made sense of and experienced the implementation of the psycho-educational support groups. According to Whitley (2002), pre-set questions are used as guidelines to focus on the specific topic in semi-structured interviews and focus group discussions. Therefore, specific questions were formulated beforehand as a guide. This method gives the researcher the opportunity to collect the data in a systematic manner, but also to obtain in-depth information. The advantage of semi-structured interviews and focus groups discussions is that the researcher can follow up on interesting and important issues that arise during the interview (Smith & Eatoug, 2007). The discussion guides for both the semi-structured interviews with students and for the focus group discussion with clinical psychologists may be found in Appendix A.

Programme evaluation, according to Rossi *et al.* (2004), may be regarded as a process of gathering and interpreting information that attempts to answer specific questions about the performance and effectiveness of a programme.

In order to design a well thought-through discussion guide, Rossi *et al.* (2004) state that there are five aspects that must be considered in order to cover all aspects of the programme evaluation. Questions were included in the discussion guide to gain a holistic view of the implementation of the psycho-educational support groups (Table 4.1).

Table 4.1: Issues addressed in discussion guide design

Programme issues (Aspects used for developing the discussion guide)	Students (Questions that were included in the discussion guide)	Personnel (Questions that were included in the discussion guide)
1. Questions about the need for programme services: • What are the nature and magnitude of the problem to be addressed? • What are the characteristics of the population in need? • What are the needs of the population? • What services are needed? • How much service is needed, over what period? • What service delivery arrangements are needed to improve those services to the population?	• Students addressed these issues by conducting a thorough needs analysis in each of the clinics • How students planned the needs analysis • Students to explain outcome of needs analysis	• Personnel assisted students during the needs analysis • Personnel to discuss how they experienced students during needs analysis • Discuss aspects of needs analysis
2. Questions about the programme conceptualisation or design: • What clients should be served? • What services should be provided? • What are the best delivery systems for the services? • How can the programme identify, recruit, and sustain the intended clients? • How should the programme be organised? • What resources are required and appropriate for the programme? • Involvement of role players?	• Students addressed these issues by conducting a thorough needs analysis in each of the clinics • Everyone's role in the programme • After implementation, what do they think could have been done better during planning phase?	• What was their role as support services to students • What could have been done better, from their side, with regard to planning and implementation?
3. Questions about programme operations and service delivery: • Are administrative and service objectives being met? • Are the intended services being delivered to the intended persons? • Are there needy but unserved persons the programme is not reaching? • Once in service, do sufficient numbers of clients complete service? • Are the clients satisfied with the services? • Are administrative, organisational, and personnel functions handled well?	• What type of groups did they implement? • Were these open or closed groups, and how did this affect the implementation of the groups? • Students to explain groups with regard to their processes, timeframes of implementation, number of sessiosn, patients in groups, facilities available and personnel of clinics	• How they experienced the students during the group sessions • What they think of the processes, timeframes, number of sessions, type of patients and facilities that relate to the groups
4. Questions about programme outcomes: • Are the outcome goals and objectives being achieved? • Do the services have beneficial effects on the recipients? • Do the services have adverse side effects on the recipients? • Are some recipients affected more by the services than others? • Is the problem or situation the services are intended to address made better?	• What topics they addressed in groups – were these helpful to patients? • What impact the groups had on the patients • What impact the groups had on the daily functioning of the clinics • How they experienced the group sessions	• What they observed as the impact the groups had on the patients • What impact they think the groups had on the daily functioning of the clinics
5. Questions about programme cost and efficiency: • Are resources used efficiently? • Is the cost reasonable in relation to the magnitude of the benefits? • Would alternative approaches yield equivalent benefits at less cost?	• How they used the resources available to them – lecturer, psychologist and clinics • What their opinion is regarding guidance received • What their opinion is regarding feedback sessions they had with the lecturer, psychologist and clinics	• Their opinion of the resources available to the students • How they experienced students during the feedback sessions • What their recommendations are with regard to future implementation of groups

	• What their recommendations are about future implementation of groups	

4.2.3.4 Data analysis

Lyons (2007) states that the methods used in qualitative research do not always provide quick and easy answers to questions. The knowledge produced from qualitative research is driven by a process that is unique to a specific context. Therefore, when it comes to analysing the data, the specific context in which the research was done should be taken into account.

In order to produce results that are unique to the primary healthcare context, the discussions with students and the psychologists regarding the implementation of the psycho-educational support groups were analysed by means of thematic analysis. Please see Appendix C for themes created from the analysis. Transcripts of each respondent is available on request to the researcher. According to Braun and Clarke (2006), thematic analysis is a method used to identify, analyse and report on patterns or themes within data. It is a method to organise and make sense of “extended sequences of talk” that cannot be analysed by means of quantitative statistical methods (Braun & Clarke, 2006).

Braun and Clarke (2006) are of the opinion that at least six phases should be followed in order to conduct thematic analysis successfully. The following phases relate to the steps of how to conduct thematic analysis:

- Get to know the data

When data are collected through semi-structured interviews and focus group discussions, the researcher must have prior knowledge of the context of the study. The researcher of this specific research study participated in previous implementation of the same psycho-educational support groups. This allowed the researcher to read through the data in an ‘active manner’, making it easier to identify specific meanings and possible patterns in the comments. From this the researcher could create a general list of ideas about the content of the data and what was interesting about it.

With the background of participating in prior psycho-educational support groups, the researcher had a better understanding while performing the following tasks:

- Personally conduct the semi-structured interviews and focus group discussion
- Do the translations
- Do the data analysis

While doing the data analysis and keeping in mind that the researcher had extensive knowledge of the implementation of the psycho-educational support groups, the following aspects were also done by the researcher:

- Generate initial codes

After creating a list of general ideas, the researcher then produces codes from the data. Coding suggests that the researcher organises the data into meaningful groups. During the analysis of this research, the researcher produced various codes that determined the basic themes for this research.

- Searching for themes

Coding, in the previous phase, can either be ‘data-driven’ or ‘theory-driven’. When the coding is ‘theory-driven’, the researcher approaches the data and identifies themes with prior questions in mind. If the coding is ‘data-driven’, themes will depend on what the researcher finds in the data. For the purpose of this research, themes were identified based on ‘data-driven’ codes. By searching for themes, the researcher sorts the different codes into potential themes. Therefore, different codes are pooled together to form predominant themes.

- Reviewing the themes

In reviewing the themes, the researcher may find that there are sometimes not enough data (codes) to support some of the themes, or various themes may be integrated to form one theme. In order to ensure the reliability of the themes, there are two levels of review. On the first level, the researcher needs to read through the collated extracts

supporting each theme to see whether they form a coherent pattern. On the second level, the researcher determines the validity of each theme in relation to all of the data sets. Thus, the themes are a reflection of the meaning of the data sets as a whole.

- Defining and naming the themes

During this phase, the researcher identifies which aspects of the data are captured by each theme. This indicates that the researcher identifies what is important, what each theme signifies, and why. The themes should then be named briefly so that the reader is given a direct sense of what each theme is about.

- Producing the report

Reporting on the identified themes suggests telling the complex story of the data in such a way that the reader is convinced of the merit and validity of the analysis. The report should be written in a logical and non-repetitive manner so that it reflects the content of the data.

The results of the analysis of the evaluation of the psycho-educational support groups will form part of Chapter 5 of this research study.

4.2.4 Phase 4: Decision-making and reflection phase

According to Rubin and Rubin (2011), researchers who are involved with community research should engage in reflection based on the progress that they have made with their research project. Reflection is done to decide whether the intended objectives, set out at the beginning of the project, have been met. On completion of the research, researchers should reflect on what went wrong, what went right, and what can be done better next time.

Relevant role-players involved in a project should also reflect on whether it addressed the needs of the community (Rubin & Rubin, 2011). Role-players in this study included the Honours students and personnel of the various clinics. Their reflection forms part of the discussion, gained from the semi-structured interviews and the focus group

discussion. The researcher asked them to reflect on the success of the psycho-educational support groups throughout the process of implementing these groups. They were also asked to reflect on problems they encountered during the implementation phase.

Rubin and Rubin (2011) further state that reflection at the end of the research, based on the entire research process, is important for the future success of action taken. Evaluation in this research study is reflected by means of recommendations and conclusions about the value of psycho-educational support groups for future implementation as well as future research projects. Recommendations and conclusions will be addressed in Chapter 6 of this research study.

4.3 Reliability of this study

In quantitative research, researchers use objectivity, reliability, and statistical generalisation as criteria to determine the validity of a research study. However, in qualitative research, these criteria differ. In qualitative research, the researcher inevitably influences the production of knowledge (Yardley, 2008). Attempting to limit the influence of the researcher makes it difficult to preserve the benefits of qualitative research, such as disclosure of the subjective experiences of research participants. Therefore, qualitative research studies attempt to exploit the benefits of actively engaging with research participants, allowing the research participants to influence the topic and data (Coyle, 2007; Yardley, 2008).

For a qualitative study to be regarded as trustworthy it should, according to Coyle (2007), embody four essential concepts:

- Sensitivity to context

Sensitivity to the context indicates that the researcher should make clear what the context of the study is and that the research results may not be applicable to another context.

- Commitment and rigour

Commitment to the research indicates how committed the researcher is to the research study, and rigour indicates doing a thorough analysis of the data and discussing all aspects of the research study.

- Transparency and coherence

Transparency relates to how well the researcher details every aspect of the research process, while coherence refers to the quality of the research narrative and to how good the fit is between research questions and the methods used.

- Impact and importance

Impact and importance refer to how important the topic is, and what impact the results will have on solving the research problem.

4.4 Validity of this study

According to Flick (2014), validity in qualitative research can be conceptualised by whether researchers truly see what they think they see. In order to provide a valid and truthful version of the results in this study, the researcher adhered to three basic principles as set out by Flick (2014):

- The correctness of the content of the interviews and focus group discussion

The correctness of the content implies that the researcher has to ensure that he understands correctly what was said by the interviewee. The researcher ensured that the transcribed scripts represented each respondent's exact comments about their experience of the psycho-educational support groups. The transcribed scripts are available to all role players who were involved in this study, allowing the researcher to observe the principle of reflection, as set out in the action research approach.

- Provide enough opportunities for talk

The idea of providing sufficient opportunities for talk allows research respondents to say as much as they want to about a specific topic, without the guidance of the researcher. During the semi-structured interviews and focus group discussion in this research, the researcher allowed the respondents to answer all questions or discussion items regarding the psycho-educational support groups without guiding or forcing them into a specific direction of talk. The researcher opened a discussion with a question or statement and allowed the respondents to respond to it in their own unique way.

- Cross-validation

Although Flick (2014) is of the opinion that cross-validation is not necessary in each research project, it does increase the validity of the data. During the interpretation of the transcribed scripts for this study, the researcher gave another interpreter the opportunity to go through the data to determine whether the results were a true reflection of what the data suggested.

4.5 Ethical considerations

The primary research participants were the Honours students and the personnel of the clinics. According to Levine *et al.* (2005), community researchers should consider four ethical considerations when conducting research:

- Choice of goals

When planning an intervention, community researchers should closely define what their goals are and what they wish to change in a community. The choices that researchers make may have a significant effect on the lives of the community members or those that participated in the psycho-educational support groups.

- Target population

The most visible needs in a community may not always provide the most effective points for intervention. Community researchers should therefore be aware of what causes

a problem in the community in the first place and plan the intervention accordingly. A thorough needs analysis of the problem may reveal aspects that are important to consider when planning an intervention within each of the respective primary healthcare clinics. It is essential for students to conduct a needs analysis to establish what the real problems are with which patients are faced.

- Means of intervention

The students should consider the effects that the implementation of the psycho-educational support groups may have on the patients. Is participation voluntary or compulsory? Will the intervention have significant side-effects on the patients? The students should therefore clearly define the direct and indirect benefits of the intervention in order to eliminate possible negative side-effects, such as invasion of privacy or labelling.

- Consequences of the intervention

Community researchers should also be attentive to the negative effects of an intervention. These negative effects, if any, may provide important information regarding the process of the intervention. From an action research perspective, this may help researchers to ensure that these negative effects are reduced or eliminated in future implementations.

Ethical issues applicable to research participants in this study include anonymity of research participants, confidentiality of data obtained from students and personnel in the research report, and informed consent (Whitley, 2002):

- Confidentiality and anonymity

Research participants have the right to privacy and it is the responsibility of the researcher to ensure that all data obtained from research participants are kept confidential and anonymous. Before the interview, Honours students and personnel are informed that the information that they provide will be kept confidential and only the

researcher and relevant role players, such as the Department of Health and the University of Pretoria, will have access to the results.

- Informed consent

Each participant in this research was informed about the study through a brief explanation of the aim of the study and information on ethical aspects that might affect them. They signed informed consent forms stating that they agreed to voluntary participation and could withdraw from the research, should they want to, at any time during the research process (Appendix B).

4.6 Chapter summary

This chapter provided a discussion on the methods used to implement the psycho-educational support groups as part of an action research process. The evaluation formed part of this action research process. The chapter focused on the methodology used to evaluate the process of implementing the psycho-educational support groups according to key stakeholders. The process was evaluated by focussing on the trustworthiness of the data as a reflection on the action research process.

CHAPTER 5 – RESULTS

"The house is a bridge that tries to build a sense of community between different people to show them as people that can learn from one another and feel what the other's inner part is like" ***– J Dalton***

5.1 Introduction

This chapter provides an overview of the results from the semi-structured interviews with students and a focus group discussion with psychologists from the various primary healthcare clinics where the psycho-educational support groups were implemented. The data were analysed through thematic analysis where main themes were identified with different sub-themes and supporting verbatim quotations.

Rossi et al. (1999) state that programme evaluation is an attempt to gather information and to interpret it in order to answer a single question or a set of questions about unknown aspects that might have an influence on the success of a programme. In this research it is done to explore the process of implementation and the value that the psycho-educational support groups presented by students may hold for primary mental healthcare.

From the results from this study, four predominant themes were identified: Pre-implementation (planning) of the psycho-educational support groups, the implementation of the psycho-educational support groups, the value of the psycho-educational groups for patients and the value of the psycho-educational support groups for the clinics.

To determine if the implementation of psycho-educational support groups have value for primary mental healthcare clinics, the results of this study will be discussed below. The value that these groups have for the primary mental healthcare services will be discussed, as well as aspects of the planning and implementation of the groups that could influence their success.

The results of the semi-structured interviews conducted with students who participated in the implementation of the psycho-educational support groups and the

focus group discussion held with psychologists of the clinics involved are presented separately. Their views will be integrated in Chapter 6. Please note that transcripts were done in the original language of the respondent and can be translated upon request to the researcher.

5.1.1 Analysis of the feedback from students – semi-structured interviews

5.1.1.1 Theme 1: Pre-implementation

The students mentioned various aspects of the pre-implementation phase that suggest that the planning of a project, such as the implementation of psycho-educational support groups in this study, is vital for success and of value to clinics and their patients.

- ***Sub theme 1.1: Expectations of students about the implementation of the psycho-educational support groups***

The students indicated that it was vital for them to be fully briefed about what was expected of them before they started with the needs analysis in the clinics. According to the students, they were not entirely sure about what their role would be in the implementation of the psycho-educational support group and what was expected of them to implement the intervention successfully. During the process of implementation of the intervention and with continuous training, students became more aware of what was expected of them.

Some students, did however, speak to other students who had implemented psycho-educational support groups during previous years. These students only gave them an indication of what they did during previous implementations. Therefore, students were unsure about what to expect, as this was their first exposure to patients and practical work in a clinic setting.

> *"Weet jy ek het nie veel verwagtinge gehad nie, kyk een van my vriende het my vertel van laas-jaar. Hy het dit ook laas-jaar gehad en hy het ook vir my gesê ek moet dit vat, en hy het my vertel wat hulle gedoen het. Ek het nie vreeslike, hoe kan ek sê, positiewe verwagtinge gehad dat dit gaan uitwerk en so aan nie."*

Although most students indicated that they did not know what to expect from the psycho-educational support groups, a combination of attitudes was evident among them about the implementation of the psycho-educational support groups, mostly positive, and they had a sense of excitement. This is indicative of the possibility of making a success of such a programme.

- ***Sub theme 1.2: Planning of the psycho-educational support groups***

During the planning phase of the psycho-educational support groups, students had to conduct a needs analysis in order to determine the exact needs that existed in each clinic. Based on the specific needs in the clinics, students had to make some practical decisions in order to move to the implementation phase of the psycho-educational support groups. The students indicated that they experienced lack of time to do the planning of the psycho-educational support groups.

> *"Voordat jy enige iets in aksie stel moet jy deeglik beplan en alle aspekte in ag neem, wat ookal kennis jy kan opdoen oor wat ons gaan implementer ..."local knowledge" ... dis action research wat jy net in werking stel. Dis wat ek sal sê, maar daar was nie genoeg tyd om dit deeglik te doen nie."*

> *"Ek sal sê vir ons om die projek 100% reg te kan beplan en implementeer sal daar nog aan gewerk moet word. Daar sal bietjie meer tyd in die beplanning moet ingaan. Alhoewel dit was goed, want dit was iets nuuts en jy't baie geleer en om oor te dink, maar as dit nou die perfekte groepe was dan sou ek sê ons het meer tyd nodig gehad om te beplan en meer tyd gehad om aspekte wat belangrik is in werking te stel voordat ons die groepe geïmplementeer het."*

- ***Sub theme 1.3: Support from supervisors (pre-implementation)***

Students indicated that they required more support from their supervisor during the pre-implementation phase with regard to what was expected of them before they started with the planning and later implementation of the psycho-educational support groups.

"Ek het gedink daar gaan meer leiding wees ten opsigte van wat ons moet doen en hoe dit gaan werk en ja ek dink daai stukkie was bietjie anders as wat ons verwag het."

Students also indicated that some logistical arrangement should have been made by the university and the clinics, such as making sure that the necessary resources were available at the clinic. Most students also agreed that the supervisor should have liaised with each clinic to determine if it would be willing to support the implementation of psycho-educational support groups.

"Ek dink die universiteit moet dalk net seker maak daar is regtig 'n behoefte in daai gemeenskap en ook die universiteit moet seker maak daar is 'n kontak-persoon wat regtig kan help en altyd daar is. Hulle moet ook seker maak dat die klinieke wat betrokke gaan wees spasie het voordat hulle ons daar plaas. As dit net 'n kliniek is met 'n wagarea gaan dit nie regtig help om groepe te implementeer nie."

Although a few students indicated that they needed more support, other students felt that the support they received was sufficient.

"Ja, en die universiteit se verteenwoordigers het altyd 'n ander perspektief en dan kon hulle ook vir jou sê, ja maar jy mis dalk nou hierdie klein detail."

"Ons het bietjie met die kliniese sielkundige gepraat vir 'n paar sessies maar ek meen, ek voel net die praktiese sessies het ons baie gehelp wat ons gehad het om terugvoer te gee want jy kan nie vir iemand sê wat om te verwag of wat gaan gebeur nie. Jy kan nie vir iemand sê hoe om 'n vraag te vra nie, selfs hoe om die vraag te antwoord nie, dit werk nie so nie. Die sessies wat ons met die universiteit se verteenwoordigers gehad het, het ons baie met hierdie aspekte gehelp, selfs nog voor ons die groepe begin implementeer het en net beplanning gedoen het."

- ***Sub theme 1.4: Support from the clinics (pre-implementation)***

Support from the clinics suggests the involvement and interest of psychologists within the clinic towards the students and the reason they are there. Students indicated

that the support they got from the clinics with regard to planning the implementation of the psycho-educational support groups mainly depended on the involvement and attitude of the psychologists at the clinics.

> *"Aanvanklik het ons met die sielkundige kontak gehad en ons het gedink ons gaan met die sielkundige self werk en toe ons daar kom het sy haarself net aan ons voorgestel en ons moes toe net verder met die psigiatriese verpleegster gewerk het. Ons het saam met die verpleegster gewerk die heeltyd en ek dink dit is waar die probleem ingekom het aangesien die verpleegster nie altyd behulpsaam was nie."*

> *"Ek dink van die klinieke se kant af kon daar defnitief meer ondersteuning gewees het!"*

> *"Jy sukkel vir vier maande lank om net 'n plekkie te kry waar jy nou bymekaar kan kom en dan as jy `n plekkie soos 'n kantoor of kamer gekry het, het jy nog steeds nie 'n ordentlike kontakpersoon by die kliniek nie. Dan val als in mekaar."*

The majority of students indicated that more support from the psychologists at the clinics would have helped them achieve their goal of successfully implementing the psycho-educational support groups. At times they felt as if they were an inconvenience to some of the psychologists. Only a few students indicated that they had sufficient support from the psychologists at the clinics and that it made the planning and implementation phase easier.

5.1.1.2 Theme 2: Implementation of groups

This part of the analysis focuses specifically on the physical implementation of the psycho-educational support groups. In order to evaluate the effectiveness and value of a programme, Rossi *et al.* (2004) are of the opinion that the success of a programme depends on how well it is implemented. The successful implementation of a programme depends on how well it is managed throughout the implementation, if all relevant resources were used and if the topics covered in the programme are relevant to the members (Rossi *et al.,* 2004).

- ***Sub theme 2.1: Relevant resources needed***

Students from one of the clinics indicated that they did not have enough resources during the implementation phase and that it affected the outcome of the psycho-educational support groups.

> *"Ons het nie eers 'n kamer gehad waar ons die groepe geïmplementeer het nie, ons was aangesê dat ons nie die personeel mag pla terwyl hulle werk nie, dit was baie moeilik gewees en ons kon net nooit op 'n punt kom waar ons kon sê ons is nou op koers nie."*

Other students indicated that they had enough resources available to them and that they had no problem with the implementation of the psycho-educational support groups. They felt strongly about the success of the psycho-educational groups. It seems as if students who had more resources available were more positive about their groups.

> *"Weet jy ons het 'n baie goeie kliniek gehad, ek moet sê ons fasiliteite was regtig baie goed gewees. Ek meen ons het 'n kamer gehad, daar was aircon en ons het 'n ketel van ons huis af gebring wat ons gebruik het en so aan maar ons het 'n ordentlike kamer gehad en later het die pasiënte ook die kliniek se stoof begin gebruik. Die patiënte was baie opgewonde en bly oor die groep."*

> *"Ons het baie fasiliteite gehad en ons kon alles gebruik en so, ons het nie probleme gehad nie."*

- ***Sub theme 2.2: Support from supervisors (Implementation)***

Students indicated that they had trouble making contact with the group members because of lack of experience on how to respond to their questions and comments. In order to gain the trust of the group members, they relied on the expertise, support and advice of their supervisors. The supervisors also had to help them to deal with difficult situations they experienced during the implementation phase.

"Ek meen, jy is 'n 'outsider' en die pasiënte aanvaar jou nie sommer so nie. Die terugvoer sessies wat ons by die universteit gehad het, was 'n plek waar ons idees en raad vir almal gegee het binne die groep, dit is hoe ons dit hanteer het."

The students regarded the support they received from their supervisors as key to the success of the implementation of the groups. The feedback sessions they had with the supervisor helped them to reflect on what they had to do in the group setting and to plan ahead to make it a success.

"Dit was regtig die waardevolste van die hele module, net om te leer hoe om die praktiese komponent te hanteer. Dit het ons baie gehelp en ons het ook die geleentheid gehad om mekaar te help en ons bydrae te lewer ten opsigte van 'n ander groep se situasie en hulle kon nou weer vir ons ondersteuning bied omdat ons so gesukkel het juis met ons kliniek."

"Dit het ons gehelp dat ons supervisor met ons gepraat het, net bietjie terugvoering te gee van ons kant af - dit is waarheen die projek gaan en die terugvoersessies kon ons dalk net in die regte rigting gestuur het. Die terugvoersessies het ons geleer om te reflekteer op aspekte oor die implementering van die groepe; nie net om te dink nie maar hoe om te doen."

- ***Sub theme 2.3: Support from clinics (implementation)***

The students regarded the support from the psychologists and staff members at the different clinics as essential in the success of the groups. Their support provided a backup to address difficult situations in the group.

"En as dit nie vir die sosiale werker in ons kliniek was nie sou dit nie 'n sukses gewees het nie. As dit nie vir haar was nie dan sou ons glad nie meer die geleentheid gehad het nie en dan sou dit alles geflop het. Dit is hoe ek voel. As ons nog meer personeellede gehad het wat agter ons gestaan het en die groep ondersteun het, sou dit baie beter gewees het."

"Ons kliniekverteenwoordiger kon die pasiënte regtig kry om te verstaan wat ons sê en sy het daai persoonlikheid gehad om hulle op te hef en opgewonde te kry oor wat ons vir hulle vertel het."

"By een van die ander groepe was daar nie samewerking van die kliniek af nie en hulle kon dit nie doen nie. Hulle het gesukkel om dit in werking te stel en ek dink ons het die beste kliniek gehad want die psychologists was van die begin af daar vir ons."

However, most students felt that they could have had more support from the psychologists at the various clinics to implement the psycho-educational support groups successfully.

"Ek sou nie sê meer leiding nie, ek dink net meer ondersteuning, want op die ou einde is die doel van hierdie projek om die support groups te begin en dit moet kan aangaan as ons loop en ek dink sonder die regte ondersteuning vanaf die klinieke is daar nie 'n manier wat die support group gaan aangaan nie. Die sosiale werker het ons bietjie ondersteun maar ek meen ons het nie ander personeel daar gehad wat met ons gepraat het of wat met ons gekommunikeer het nie."

- ***Sub theme 2.4: Relevance of topics discussed in groups, change of focus***

During the initial implementation phase, students realised that some of the topics they wanted to address in the psycho-educational support groups did not address the needs of some of the patients. They realised that they should have conducted a more thorough needs analysis. To address the real needs of the patients, it is necessary to implement successful groups, therefore it is crucial to conduct a thorough needs analysis.

"Dit is baie belangrik om 100% seker te maak watter onderwerpe aangespreek gaan word in die groepe, want dit sal die sukses van die groepe bepaal. Ek dink ons en die pasiënte het mekaar nie lekker verstaan nie. Dit is eintlik die ding waarmee ons die meeste gesukkel het is bywoning van die groepie. Baie mense het gesê hulle gaan kom en dan kom hulle nie, miskien was dit omdat ons nie die regte onderwerpe aangespreek het waarin hulle sou belangstel nie."

5.1.1.3 Theme 3: Value for patients

The students reported several advantages that the groups had for the patients that participated. The observed value of the groups can be categorised under the general impact they had, the impact on patients' social skills, the impact on their quality of life, the educational value and the support they received.

- **Sub theme 3.1: *General impact on patients***

Some students indicated that the psycho-educational support groups had a positive impact on the patients. The patients attended the sessions and were eager to participate. The students reported that they observed some change in the behaviour and attitudes of the patients.

> *"Ek dink nie ek kan presies sê wat die impak was nie want mens kan dit seker nie regtig meet nie, maar ek dink daar is wel 'n verandering wat gesien kan word."*

> *"Ons was 'n groot motivering gewees vir die* pasiënt *om te sê hy het hulp nodig."*

> *"Die mense was honger daarvoor, hulle het teruggekom en teruggekom en teruggekom."*

> *"Ons het klaar 'n verandering daar gemaak want van die mense het terug gekom en mense wou meer weet."*

Students were also surprised by the success they had with some of the groups, despite some negative sentiment they had about the implementation of the groups.

> *"Dan sê daardie persoon iets en dan sê daardie een iets, en dan staan jy daar dan dink jy hoe het ons ooit gedink dat hierdie ding nie gaan werk nie, hoe het ons ooit gedink dat ons nie gaan weet wat om vir hulle te sê nie."*

- **Sub theme 3.2: *Impact on patients' social skills***

The students are of the opinion that the groups contributed to the improvement of the social skills of the patients and interaction with other individuals. As the group sessions progressed, the patients started interacting more with one another and friendships started to form.

> *"Dit het 'n goeie impak gehad op party mense, want kyk in die begin was daar twee pasiënte gewees, hulle was dood-skaam. Hoe meer ons met hulle gepraat het hoe meer het hierdie mense begin om nie meer so skaam te wees nie."*

> *"Hulle het begin om vir mekaar raad te gee, hulle het begin om heeltyd besluite te neem wat hulle vir mekaar gaan sê want hulle het mekaar so begin help en ek dink dit is goed."*

- **Sub theme 3.3: *Impact on patients' quality of life***

Students mentioned that they noticed that the psycho-educational support groups had an impact on the daily functioning of the patients, making their lives easier.

> *"Baie van die mense kon nie bak nie, hulle het dit by die ander mense geleer en ek meen dit is iets wat hulle verder self kan doen of as hulle verder 'n ander geleentheid kan kry is dit iets wat hulle vir hulle**self kan doen.**"*

- **Sub theme 3.4: *Provision of general information to patients***

Providing general information to patients is closely related to improving patients' quality of life. Providing patients with general information about health-related aspects allows them to make more informed choices and decisions about their own health.

> "*Ek dink die inligting wat ons verskaf het, het hulle baie van die basiese goed nie eers geweet nie. So, net om daai inligting te kan hê het al klaar gehelp om meer ingeligte keuses te maak."*

Students noted that some of the patients became aware of certain behavioural choices that might be harmful to their own health. Students felt that they provided the patients with enough general information to create awareness among them of how to change certain behaviour.

> *"Een pasiënt het gesê dat hy dit nou nooit weer sal doen nie, hy het dit nie eers geweet nie, hy gaan dit nou vir almal vertel wat hy sien. Ja ek dink die inligting was waardevol vir die pasiënte."*

> *"Dit het defnitief 'n impak op hulle gehad, dit wys vir 'n mens jy het iets wat jy kan gebruik. Miskien het hulle dit nie geweet nie, ek dink nie hulle het ook so daaraan gedink nie. Dit het hulle gehelp om 'n ander uitkyk op die lewe te hê."*

- **Sub theme 3.5: *Provision of a support system within their community***

Students indicated that some of the successful psycho-educational support groups made patients aware that they were not alone; other individuals also experienced the same problems and difficulties. This allowed patients to form strong bonds with one another.

> *"Hulle het begin besef dat daar ander pasiënte is wat ook sukkel met die probleem waarmee hulle sukkel. Ek dink dit het hulle moed gegee om hulle eie probleme te konfronteer en te besef dat hulle dit nie alleen hoef te hanteer nie en dat as hulle na die groepe toe kom kan hulle dit saam met ander pasiënte hanteer."*

5.1.1.4 Theme 4: Value for clinics

The students are of the opinion that the groups may be valuable to primary healthcare clinics. The value depends on the need for support groups and level of support clinics can provide for patients; they can relieve some of the work load, and create a support network additional to the services normally provided at the clinics.

- **Sub theme 4.1:** ***Valuable if there is a need in the clinics and the clinics are able to help***

Students are of the opinion that the psycho-educational support groups mostly address specific problems experienced by the patients. However, they believe that the psycho-educational support groups can only be valuable if the clinics are able to address the more serious problems identified within the support groups further.

> *"Ek dink daar is leemtes wat op so 'n manier gevul kan word. Ek dink 'n mens moet net baie mooi seker maak wat is die perke, veral as jy nou 'n intervensie soos substansie-afhanklikheid aanspreek, dan moet daar iemand wees by die kliniek wat meer ernstige sake kan aanspreek en ondersteuning aan hulle kan bied, anders gaan dit nie help om so 'n intervensie in plek te stel nie."*

- **Sub theme 4.2: Relieve the workload within the clinic**

Students indicated that the implementation of the psycho-educational support groups may reduce the workload experienced within the clinics. The psycho-educational support groups may help the group members to become self-empowered so that fewer patients are dependent on the support of the primary healthcare workers. This may relieve the workload of the healthcare workers, as they will see fewer patients and can focus on more serious problems. This may have an overall positive effect on the daily functioning of the clinic. For example, one of the students indicated that the psychologist at the clinic had to educate patients on how to work out a routine regarding parenting skills. The psycho-educational support group in that clinic took over this role of educator, allowing the psychologist to focus on other patients.

The potential benefit of the support groups for the clinic's functioning is illustrated in the following quotations from the students:

> *"Jy weet, jy help die groep en hulle word self-empower om hulle eie probleme te kan hanteer. Dit beteken minder probleme vir die kliniek, minder medikasie in die langtermyn en minder mense wat hulle op `n daaglikse basis sien."*

"Daar is nie baie personeel lede by die kliniek self nie, so om iets soos die support groups voltyds te implementeer is dalk moeilik by party klinieke. As jy dan studente kan gebruik daarvoor is dit 'n baie goeie idee, hulle kry die praktiese ervaring en daar word 'n diens gelewer by die kliniek. Ek dink dit kan 'n groot verskil maak, as daar net die regte en nodige sisteme in plek is."

"Die ding is meeste van die personeel in die klinieke het gelyk of hulle moeg was om te sukkel met die baie pasiënte, maar ek dink dit was maar 'n ding van daar is te veel mense om aandag aan te gee. Hulle was nie bang om te help of iets nie, hulle was lus om te help en hulle het gesê die support groups is iets wat hulle kan help om eerder te fokus op ander pasiënte wat hulle hulp meer nodig gehad het."

- **Sub theme 4.3: *Creating awareness of support groups***

Students are all of the opinion that if the pre-implementation and implementation phase of the psycho-educational support groups were done in an effective way and the real needs of the patients were addressed, it can have an enormous impact on both the patient's wellbeing and the overall daily functioning of the clinics. This is indicated in the following quotations:

"Ek bedoel, ons het dit gesien by ons kliniek waar ons van die min groepe was wat regtig suksesvol was met ons groepe. Die susters het ons vertel daar het pasiënte hulle kom vra oor waar en wanneer die groepe daar gaan wees want hulle het by ander pasiënte daarvan gehoor en hulle wou ook deel word van die groepe."

"As sulke groepe meer gereeld geïmplementeer word sal dit 'n verskuiwing veroorsaak na 'n tipe van groepsterapie in plaas van een-tot-een terapie. Dit sal die klinieke se werk baie makliker maak, maar dan moet die groepe doen wat dit veronderstel is om te doen en regtig praat met die behoeftes van die pasiënte."

5.1.2 Analysis of the data from psychologists - focus group discussion

The analysis of the feedback from the psychologists who were responsible for supervising the students in the different clinics took the same format as the analysis of

the feedback received from the students. The analysis is also based on the four themes and sub-themes identified at the beginning of this chapter.

5.1.2.1 Theme 1: Pre-implementation

- ***Sub theme 1.2: Planning of the psycho-educational support groups***

The psychologists of the various clinics thought the needs assessment done by the students was a good start for the project. The needs analysis gave them an understanding of the functioning of the clinics and the way in which the staff members and the patients interacted. It also helped them to know what the patients expected from the psycho-educational support groups.

> *"They informed the patients and staff members about the groups they intend to start. Just by talking to them, they already got a sense of what is going on in the clinic. So I think it was a good way to start it, to talk to everyone who's there to see for example the psychiatrist. This allowed them to formally introduce the groups and find out what the patients want to have before deciding what to discuss and do in the groups and it worked. So the needs analysis is extremely important."*

The psychologists are all of the opinion that before the initial implementation of the psycho-educational support groups, students had to identify the basic need in each clinic as a starting point. They do however feel that, based on their experience of going through the process of supervising the students and the implementation of the psycho-educational support groups, it is impossible for most of the groups to decide on one topic at the beginning of the implementation phase and to stick with it to the end. It has to be a process of evaluation and shifting the focus from one topic to another in order to accommodate the needs of the patients throughout the implementation phase. One of the psychologists stated:

> *"I believe that the success of the groups in my clinic has been based on the fact that the students decided on the topics as they went along. Every week there would*

be a discussion and the students would pick out what is most pertinent for the group members and then work with that for the next session".

Psychologists suggested that the planning of the groups should start earlier during the year, as it would give the students more time to get to know the staff and patients of the clinics better and to promote the psycho-educational support groups in the clinics. One of the psychologists who participated in the focus group discussion mentioned the importance of continuity in the project. Students need to consult with the staff and previous students to find out what the previous group of students did and if it worked at the clinic.

"New students entering the clinic need to find out what the old group of students implemented so that they can continue with it, if it is relevant to the patients."

- ***Sub theme 1.4: Support from the clinics (pre-implementation)***

Psychologists said that they could have been more supporting towards the students during the planning phase to conduct a thorough needs analysis and identify the true needs of the patients.

"In terms of accommodating them and giving them a little bit more guidance when identifying the need within the clinic, I think this could be something to look at, as we are responsible for them within our clinics, maybe we could direct them more towards what we already know about the patients."

"I think there could be a better 'jumping off session' at the beginning of the event with the introduction of the students, which might actually facilitate participation of the rest of the clinic staff. If the facility managers are on board, the students might receive more cooperation at the clinics in identifying the need."

- ***Sub theme 1.5: Expectations of patients***

Psychologists of the various clinics pointed out that it is important for the students to create the correct perception of what the psycho-educational support groups are about

during the promotion (needs analysis) of the groups in the various clinics. This could help to direct the pateints' expectations of the groups. Some patients had different expectations of the groups and could have been disappointed if their expectations were not fulfilled.

> *"When you tell the patients that the group is coming they are excited! They are excited to receive information that you want to share with them. Black patients were excited because white people from Pretoria are coming! That's what the group said that white students from Pretoria are coming to help us. They will give us this and this and this."*

> *"What the patients have learned and took out of the group was what they've been given and they were doing gardening and they've got vegetables from the garden and they had lunch that is all. So they expected to get vegetables and that is what they got. If patients expect to receive valuable information the students have to make sure that is what they will give to the patients, otherwise the groups will not work."*

> *"If the students come and they want to talk about the importance of self-esteem. For some patients, they didn't see that as relevant because it is not directly speaking to their needs. They don't see that as directly related to their mental wellbeing. Unlike, if the topic is about adherence to medication that is more directed towards them, it deals with their everyday day-to-day mental health, it would have been better. So some of the topics were relevant, some were indirectly relevant but at the end they all work together for the benefit of the patients, although some patients didn't see it as an important topic. So, yes students need to be able to clarify to both staff members of the clinics and patients what they are going to do in the groups."*

5.1.2.2 Theme 2: Implementation of groups

- ***Sub theme 2.1: Relevant resources needed***

Psychologists from the various clinics did not believe that more resources were needed to make a success of the psycho-educational support groups. They felt that mental healthcare workers (the role that students took) should be able to make a success of the groups based on their knowledge and they should not solely rely on additional resources as a formula for success.

> *"I know that some students indicated that they need more resources available to accomplish their goal. I suppose more resources can help but then again we get along with little or even no resources, we just have to deal with it. So I do not believe that more resources would have an effect on the success of the groups, but it would help them. They just need to find creative ways of overcoming this problem."*

One of the psychologists indicated that the resources needed depended on what the students wanted to accomplish with the groups. Some students needed to make use of some of the clinic's resources in order to accomplish their goal (for example the baking and gardening group). However, the psychologists stressed that there was a process that needed to be followed to obtain resources or to get permission to use clinic resources and that takes time. They advised students to choose a topic that requires little or even no resources. That could increase the chances of success with the psycho-educational support groups.

> *"About the use of clinic facilities like if it's a stove or whatever, there is a big 'hoo-ha' because the right channels weren't followed to get permission. We address the issue by sending out a letter this year saying that the students will be coming and people should be conscious about it and make a point to be helpful."*

- ***Sub theme 2.3: Support from clinics (implementation)***

The psychologists indicated that more support would have helped the students with the implementation of the groups. They had limited time available to spend with the students. They recommended that more support could come from the other staff members at the clinics.

> *"In terms of accommodating the students and advising them, I think this could be something to look at. I was fortunate enough that I could sit in on sessions with them as well, just guiding the students as well, but ideally it would be nice to have more support from other healthcare workers."*

However, as one of the psychologists indicated, students had to plan and implement the psycho-educational support groups on their own with the least amount of support. This provided them with a learning environment where they could learn how to handle difficult situations and plan for these kinds of obstacles.

> *"I sometimes fear that we're there from the onset already. Already steering them in a direction based on our thinking. I'd use the word 'learned helplessness' and that already becomes kind of like a stigma. So I don't know how else to bridge that. We don't want to leave them to their own devices either. But I think that there is the danger of that in a way as well."*

Psychologists also noted that in some clinics no support at all was given to students by the healthcare workers. This, according to the psychologists, needs to change, as the students are there to assist not only the patients but also the staff members of the clinics. It will be beneficial to both the patients and the staff members.

> *"However, the other staff was just uninvolved with mental health at all. They did not care about the students and this had a huge impact on the success of the support groups. They need to be more involved and supportive towards the students."*

- ***Sub theme 2.4: Relevance of topics discussed in groups***

The general notion that came out of the focus group session with psychologists of the clinics was that some of the students experienced difficulty with addressing the specific needs of the group members. Some of the students had to adjust their focus as the groups progressed.

> *"As things went on they would adjust, which may be a good thing because it makes the focus in the group more specific."*

> *"Putting that into practice was harder than they thought it would be because if the group members wanted to receive more the students had to do a whole change of mind set of now we need to work together to accommodate your specific need as a group member."*

One of the psychologists did indicate that students had problems changing the focus of topics discussed. However, it is necessary to make these changes as it will allow the students to focus on more relevant topics.

> *"The students did try to adjust here and there even though what they were expecting and what they found in the clinic was different. I found that it was difficult for them to make this shift of focus, but I suppose this comes with experience."*

5.1.2.3 Theme 3: Value for patients

- **Sub theme 3.1: *General impact on patients***

One of the psychologists indicated that after the students had left, some of the patients continued with similar support groups. Other patients asked the staff where the students were and when the next psycho-educational support group would start. According to the psychologists, the value of the psycho-educational support groups was the fact that patients returned to the clinic for more sessions because they realised that they could benefit from it.

"The groups are very valuable! I think they are! They're very valuable. Mine is still there, they still come. I believe that the students had a positive impact on the patients that participated. Even if they touched one patient it will still be valuable."

The psychologists indicated that in general the psycho-educational support groups had a huge impact on the patients that participated. However, as mentioned by the students, some psychologists felt that the psycho-educational support groups only had an impact on patients who wanted to join the groups. Other patients who did not join the groups, but were there to see a doctor, did not benefit. The psychologists also indicated that the psycho-educational support groups had a greater impact on patients who participated in closed groups rather than open groups where the student met with new patients every week.

"In general there is a vibe in the clinic among the patients. They feel that there is hope for them, somebody that can help them. But I must say that this was only visible among those patients that came to the group on a regular basis and formed part of a closed group.

- **Sub theme 3.2: *Impact on patients' social skills***

Psychologists noticed a sense of community starting to evolve among the patients who attended the psycho-educational support groups. The patients started to interact more with one another.

"It's our little group. It becomes a big thing for the patients. They had discussions on who they would allow in the group, they had big discussions about it."

"Because it is a group that has this sense of friendship, from last year somehow they have become one group. So it's no longer about 'let's just go to the group and bye bye at the end of the group and let's go home', now they became good friends."

- **Sub theme 3.3: *Impact on patients' quality of life***

Psychologists indicated that the psycho-educational support groups had an impact on some of the patients' quality of life. Groups that focused on practical aspects, such as starting a vegetable garden, had more impact on the patients' quality of life than in groups that focused on providing general information to patients.

> *"Patients say that they did this (planting vegetables), the money we get from the vegetables allows us to buy bread because we sold this and this", which means a lot more for them than the students coming to only give them information."*

However, some psychologists regarded the general information students provided as valuable as well. The focus and aim of the psycho-educational support groups, according to some of the psychologists, are not to provide work and opportunities to generate revenue to the patients, but rather to serve as a support system to the overburdened mental healthcare services provided at the clinics.

> *"I understand that providing them with something like a vegetable garden can be more valuable than information, but we must keep in mind that we are not there to create work for the patients. We are there to help them with mental health issues, and I don't know about the rest of you but within my clinic the topics the students addressed helped them to think twice next time they are in a situation and that is what we are trying to do, help them improve their quality of life."*

- **Sub theme 3.5: *Provide a support system within their community***

Psychologists of the various clinics indicated that, if implemented correctly and with the right focus, the psycho-educational support groups could have a positive impact on the patients within the clinic environment but also within the larger community of which the patients are part. Patients will be aware of other patients in their community who also took part in the groups. Through the connections they made in these groups they might be able to form their own support system in the community.

"It sort of creates a way for them to cope, not on their own but with the support of somebody else within their community."

"Yes definitely, the groups are valuable because a lot of these patients are coming from families or homes where the family or community members don't understand them. They can't really speak about their illness or difficulties, so when they get to the clinics there are other patients that understand what they are experiencing or going through. This can then also be applicable to the larger community. If they know of somebody that also participated in the groups, they will be able to go to that person for support."

One of the psychologists highlighted the potential of support groups by referring to a patient's experience in another setting. This signifies the importance of experiencing universality in a group setting.

"I'm just thinking about a client of mine that wasn't involved with these specific groups, it was with one of my outreach clinics. Her husband had left her and we were working with the impact it had on her. She then discovered this women's group far from her home but they did exercises together and they would talk about stuff together and complain about their husbands and give each other advice and within two sessions, I'm telling you she was fine, just two weeks and she just suddenly found out that there are other like her, and she didn't feel that alone anymore."

Through the implementation of the psycho-educational support groups, patients became friends. They supported one another outside the boundaries of the clinics. This created a sustainable social network of support for some of the members.

"Yes I believe that they will support each other even outside the group. For instance the other lady was in an accident for which they come together and want to visit the group members. So they still support each other outside the boundaries of the group."

"They're supporting each other, if one member is missing or didn't come for that week, they developed this thing of saying, let's just go check out for ourselves if that person is ok. They might decide on two people to check up on that person. So the group on its own is somehow sustaining itself. The friendships have grown and I believe that it had an impact on the patients."

5.1.2.4 Theme 4: Value for clinics

- **Sub theme 4.1: *Reason why patients join the groups***

Psychologists, like the students, indicated that the reason why patients visit the clinic has an impact on their interest in joining the group or not. When patients visit the clinic for purely medical reasons they will most likely not care about participating in the psycho-educational support groups, but if they are there for mental health issues that the psycho-educational support groups can address, it may be of great value to the patients. The groups were in any case not really meant to address the problem of the primary healthcare patients, rather the mental healthcare patients.

"I don't believe that it had such a huge impact on patients that come to visit the clinic for medical reasons. I am talking about the patients in the waiting room with serious illness. They want to speak to a doctor, not students. They don't care about the support groups, they want medical care and medicine."

- **Sub theme 4.2: *Valuable if there is a need and it fits into the clinic's mission***

The groups can be effective if they speak directly to the needs of the patients. The clinic staff will then support the students to implement the groups and it may result in being effective for the patients. One psychologist expressed the opinion as follows:

" Well one of the sisters mentioned that sometimes the students gave talks to the general patients (not mental health patients) who just had their group there and

she wanted the students to go to other departments and maybe repeat the talk there as she believes it is very valuable and something that is a burning issue throughout the entire clinic, for example information on ARV medication. So some of the staff at the clinic do see the need for it and the advantages for the students to be there, so it's a matter of getting these things done and getting the rest of the clinic on board."

The issue that students are faced with is to convince the staff at each clinic of the importance of the groups. The psychologists are of the opinion that staff members may then be more supportive and help the students.

"The problem that students are faced with is getting the staff of the clinic on board, if the staff realise that the support groups will be of any value to them as staff, I believe that they will give their full support to the students. I mean, I will also participate in something that will make my work easier."

- **Sub theme 4.3: Relief of the workload in clinic**

Psychologists argued that the implementation of the psycho-educational support groups may potentially have a pronounced effect on the stress that staff members at the clinic experience. Instead of attending to the individual needs of each patient, the group can collectively attend to some of the needs experienced by patients. This ultimately gives the staff members the opportunity to focus on more serious problems experienced by patients and even to help patients to the point where they can help themselves to solve a problem.

"The support groups create less work for the nurse or the staff member to have to deal with it. If it gets handled in the group the sister won't have to do her own visit because the patients feel empowered enough to go and talk to the family about the problems they've got, rather than waiting for someone to come and fix it for them."

"Yes I think there is an alleviation of a burden in that sense, whether it's group-related or in an individual way but I think there is definitely a benefit for the implementation of the support groups."

- **Sub theme 4.4: *Creating awareness of support groups***

Psychologists indicated that the implementation of the psycho-educational support groups does indeed create awareness in the clinics. Even though it might not have an immediate impact, it does create awareness of such groups and patients may decide in future (based on what they hear from other patients) to participate in the groups.

"There's a buzz, which I also believe the group helps create in the clinics; the patients realise that there is more to just the medicine they take, there is advice for them."

It may also in future eliminate the stigma about primary healthcare clinics being only a 'place of medicine'. The psychologists would rather promote the clinics as a support system in the community that encourages individual well-being. This may allow community members to take ownership of the well-being of other community members.

"Maybe it's become a thing of saying well patients come to the clinic and they don't just see it as this place where help is given but also a place where we can contribute to the clinic. When the community starts taking ownership more of the clinic as an entity, as part of the community and not just a westernised medicine centre, but that more happens here than just healing people."

One of the psychologists also indicated that the implementation of the psycho-educational support groups created awareness of an extra support system within the clinics. This may help future implementations to be more successful and be of more value to the clinics.

"The after-effects of the students having been there, I think creates a bigger awareness eventually in any case which might help future groups get started, just the fact that people started getting used to the idea that something's happening on

a Tuesday morning. You know, there is more to mental health than mental problems."

5.2 Chapter summary

This chapter provided an overview of the results of the data analysis in terms of the main themes and sub-themes that were identified. A more in-depth discussion of the results of the implementation process and the value of the psycho-educational support groups will be given in Chapter 6. The overall notion that emerged from the data indicates that the value of the implementation of the psycho-educational support groups for primary healthcare clinics depends on four basic principles; how the psycho-educational support groups are planned and implemented, the value they hold for the patients that participate and the value they hold for the overall functioning of the individual clinics. In summary, Figure 5.1 provides an overview of how the themes and sub-themes fit together. If the pre-implementation (planning) and implementation of the psycho-educational support groups are done effectively, the value for primary healthcare clinics may be two-fold. Firstly, as indicated in Figure 5.1, it may be valuable to the patients of the clinics and secondly, it may be valuable for the overall functioning of the clinics involved.

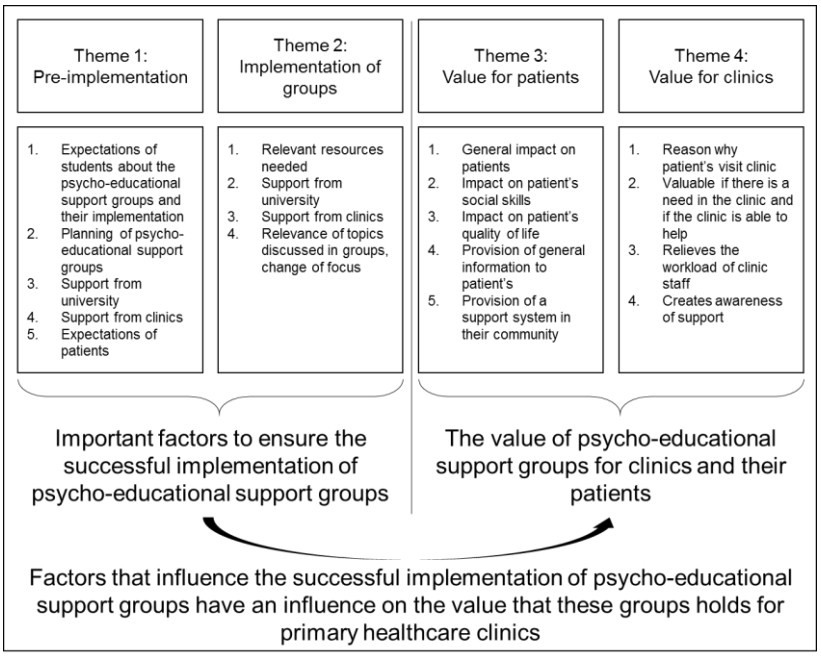

Figure 5.1: Summary of results

CHAPTER 6 – DISCUSSION AND CONCLUSION

"The beginning of knowledge is the discovery of something we do not understand." – Frank Herbert (1920 – 1986)

6.1 Introduction

This chapter provides an overview of the research process and research findings in the context of reflection as part of the action research process. The aim is to reflect on the results of this study to provide a platform for further planning. The chapter then concludes with limitations of this study.

6.2 Overview of research

This study set out to assess the implementation process and determine the value of psycho-educational support groups in primary healthcare clinics by means of a qualitative research design. The motivation for using a qualitative research design was to gain rich and in-depth information about how psycho-educational support groups can be utilised in the primary healthcare environment. Two groups of stakeholders (students that implemented the psycho-educational support groups and psychologists of the clinic responsible for supervising the students) were invited to take part in this research to determine their views and perspective regarding the value of the psycho-educational support groups for:

- Patients that made use of the primary healthcare clinics and participated in the psycho-educational support groups; and
- The clinics where the psycho-educational support groups were implemented.

Based on the completion of the psycho-educational support groups and the information gathered during the semi-structured interviews conducted with the students who implemented the psycho-educational support groups, the following aspects became clear:

- The students implemented between eight and twelve group sessions over a one-year period (excluding the time used to conduct a needs analysis and official university holidays).
- Group members (patients) were not pre-selected before the initial implementation of the psycho-educational support groups.
- The content and discussions of the groups were predetermined by the students based on a needs analysis conducted in each clinic. Some of the topics addressed in the groups included HIV/Aids prevention (or dealing with HIV/Aids if diagnosed by patients), substance abuse/drug abuse, alcoholism, life skills training, and parenting tips for young mothers.

Six clinical psychologists from the three clinics involved in this study took part in a focus group discussion to evaluate the implementation of the psycho-educational support groups.

Qualitative data were analysed using thematic analysis. Four main themes were identified. The value of the groups for patients was identified in terms of the impact they had on patients, social skills gained, improved quality of life for patients and knowledge generation inside the groups. The value of the groups for clinics was identified in terms of the needs in the clinics, awareness that is created through the groups and the relief of workload of clinic staff. The assessment of the implementation process highlighted aspects crucial to the effective implementation of the groups. These aspects include appropriate planning, support from the supervisor and clinic staff, relevant resources, effectiveness of the topics to address the needs of the patients and the openness of the clinics to support an additional approach to assist patients.

The research results show that both the students and psychologists had a positive opinion about the implementation of psycho-educational support groups. Their responses contributed to the understanding of the value that such groups may have for primary healthcare clinics and the patients who participate in these groups. The significance of the research results will now be discussed.

6.3 Discussion of the research results

6.3.1 Appropriate variables that played a role in the implementation process

Brown (2011) is of the opinion that the planning of psycho-educational support groups and the physical implementation of these groups have an impact on their success. The more thoroughly the groups are planned and the more successfully they are implemented, the more valuable these groups may be. The findings of the research suggested that certain aspects need to be taken into account when planning and implementing psycho-educational support groups in the clinics.

6.3.1.1 Planning of the psycho-educational support groups

Based on the discussion with students and psychologists, the following aspects should be taken into account when planning psycho-educational support groups in this context:

1. The aim and goal of the psycho-educational support groups need to be understood by all role players involved before implementation can take place. It is the responsibility of each person to understand what his/her role is. The results of this study confirmed that regular pre-implementation sessions were held with students, role players at the university and representatives from the different clinics to assist with the planning of the psycho-educational support groups. This contributed to the success of the implementation of the groups.

2. Enough time should be available to conduct a thorough needs analysis to establish the true nature of the needs of the patients in the clinics. Students should also be flexible to adjust the intervention if new needs come to the fore. This will assist them to address the real needs of the patients.

3. Staff at the various clinics should be informed about the implementation of the psycho-educational support groups before students arrive at the clinics; students indicated that the staff did not know about the students and the implementation of

the psycho-educational support groups. This, according to the students, would have made it easier to conduct the needs analysis instead of taking time first to inform the staff about the psycho-educational support groups and why they were at the clinics.

4. There should be mutual understanding between the students and the staff at clinics about what resources will be available to them to conduct the psycho-educational support groups. This is an important aspect for planning the implementation, as both students and staff of the clinics need to know exactly what they will be able to work with and how to use it to the advantage of the groups.

5. During the promotion of the psycho-educational support groups, specifically to the patients at the clinics, the aim and reason for the groups must be made clear and it must be pointed out what will be expected of them in the groups. Psychologists who took part in the focus group discussion indicated that the aim of the psycho-educational support groups was not effectively communicated to some of the patients. Some patients had the impression that the students were there to help them with food, money, clothes and orther resources.

Two prominent aspects were identified to increase the potential success of the physical implementation of the psycho-educational support groups:

- Regular feedback sessions with all individuals involved in the process of implementing the psycho-educational support groups. In this study regular sessions eliminated the potential pitfalls that might have had an impact on the successful implementation of the groups. Although both students and psychologists indicated that these feedback sessions were vital during the planning phase, students felt that the information they got from these sessions was insufficient. They would have liked to receive more guidance on what was expected of them. Psychologists from the different clinics had a different opinion. They felt that it was a learning experience for the students in which they had to

experience both the difficulties and felicities associated with the planning of the psycho-educational support groups.

- Involvement of the psychologists (psychologists that were responsible for the students in die various clinics) during the needs analysis led to better insight into the different needs of the patients that visit the clinics.

6.3.1.2 Implementation of the psycho-educational support groups

A few aspects were identified as imperative for the successful implementation of the psycho-educational support groups.

6.3.1.2.1 Availability of resources

Two scenarios became apparent from the interviews with regard to the availability of resources:

1. Students had enough available resources

Students who indicated that they had enough resources available to implement the psycho-educational support groups were of the opinion that the groups made a significant contribution to the clinics and the patients who took part in the groups. These students indicated that they had a quiet room with no distractions, enough funds to purchase material needed to facilitate each session, active participation of clinic staff to lend an extra hand and sometimes act as translators, as well as the availability of refreshments such as coffee, tea or cold drinks. The students further believed that the enthusiasm and active participation of staff members played a pivotal role in obtaining the necessary resources to implement the psycho-educational support groups successfully.

2. Students did not have enough resources

Students who indicated that they did not have enough resources available to implement the psycho-educational support groups felt that the groups had no value for the clinics or for the patients who participated in these groups. These students are of the

opinion that the psycho-educational support groups can only be valuable if the obstacles associated with the implementation of the psycho-educational support groups should be eliminated.

To ensure the successful implementation of the psycho-educational support groups, the following obstacles are particularly important to overcome:

- A suitable room/venue that is quiet and where they are not disturbed during the implementation of the psycho-educational support groups is necessary. According to these students, waiting rooms or a hallway in the clinics does not work, as there are too many disturbances and people easily get distracted by other individuals who use the waiting rooms or hallways.

- Arrangements need to be made for the availability of refreshments such as coffee or tea and stationery such as pens and paper before the onset of the groups. These students indicated that it was not their responsibility to buy these resources from their own money. Clinics need to make these resources available to them. Funds need to be available before the onset of the implementation of the psycho-educational support groups to buy some of the resources needed.

- Management infrastructure needs to be in place that has permission to make these funds available before the implementation of the psycho-educational support groups.

6.3.1.2.2 Support from relevant role players

Another aspect that is important for the implementation of the psycho-educational support groups, as indicated by both students and psychologists who took part in this study, is support from the relevant role players involved in the implementation of the psycho-educational support groups. Support can be seen as two fold:

1. Support from the project/programme managers

As initiator of the implementation of the psycho-educational support groups in various primary healthcare clinics, the supervisors need to provide support in terms of funding, expertise and guidance to the students on how to implement the groups and how to handle difficult situations that might arise in the groups.

Both students and psychologists indicated that the support that was given by the university during the implementation of the support groups made a significant contribution to the success of the groups. Students, as well as psychologists from the various clinics, admitted that it is imperative that support be provided by individuals who are more experienced in implementing various psycho-educational support groups.

One of the ways in which the university provided support to the students was by means of weekly feedback sessions. During these feedback sessions students had the opportunity to discuss and reflect on the previous session they had conducted at their respective clinics. For students, these feedback sessions made a positive contribution to the successful implementation of the psycho-educational support groups.

2. Support from the clinics

The results of this study suggested that the success of the implementation of psycho-educational support groups in the clinics is influenced by the involvement and attitude of the staff at the various clinics. Both students and psychologists felt that the support needed from the clinics staff should include:

- Referrals – Both students and staff thought that all clinic staff can play an active part in referring patients to the group when they believe that such patients can benefit from the psycho-educational support groups.

- Arrangements within the clinic – Clinic staff should assist with all arrangements such as the venue, refreshments and stationery (if these resources are indeed available).

- Translations during group sessions – The availability of a translator would have made a substantial contribution to explaining matters to the patients and students' understanding of some of the patients. Psychologists also admitted that the language barrier had a significant impact on the success of the psycho-educational support groups.

- Attending to serious cases – Some students indicated that they had patients in their groups that experienced serious problems, such as substance abuse. They were unable to help these patients. The students felt that the staff at the clinics should be available to assist these patients. However, the students indicated that the staff at the clinic was unable or not available to assist these patients. There is a need for better cooperation between students and staff in the clinics. During the implementation of a session a medically trained staff member should be available to assist with these patients.

6.3.2 Value of psycho-educational support groups for patients

Following the implementation of the psycho-educational support groups, both students and psychologists were asked to reflect on what they think the value of these psycho-educational support groups had been for the patients. They mentioned the value of the groups as follows:

6.3.2.1 General impact it had on patients

The students indicated that they could see some changes in the way the patients interacted with them and the rest of the group. If the group setting could continue for a longer period, these changes would have been more obvious. For this reason, the suggestion was made that the psycho-educational support groups should be sustainable and that community members should be trained to continue with their implementation.

According to Cowls and Hale (2005) the sustainability of psycho-educational support groups or any support group is imperative to the wellbeing of those who depend

on it. Research done by Cowls and Hale (2005) indicate that group members returned and asked them to repeat or continue with the psycho-educational support groups. After much consolidation with the relevant role players, they decided to continue with the implementation of the groups they had started, but experienced difficulty as they did not know where to start. They then asked the group members who previously participated what they thought about the content of the groups and what they had learnt. These group members were unable to provide exact details about what it meant to them and how it influenced their lives. The conclusion drawn from their observation was that all group members took part in the psycho-educational support groups during acute admission to a psychiatric institution and that, depending on the aim of the psycho-educational support groups, short-term participation did not always provide the desired outcomes or results as set out by the facilitators. In this study it also became clear that some patients could not tell what the value of the psycho-educational support groups was.

From their research, Cowls and Hale (2005) determined that for psycho-educational support groups to have a more specific and noticeable effect on group members, the following questions needed to be answered:

- Why do patients attend the groups?
- What do they value in the groups?
- When in the course of the psycho-educational support groups are patients ready to process and utilise the information from the groups?

Those responsible for the implementation of the psycho-educational support groups need to make sure why patients come to the group. The research results from this study show that the students did not have enough time to complete a full needs analysis; they rather focused on promotion of the psycho-educational support group. Students admitted that the psycho-educational support groups would have worked better if they had a summary at the end of each session to obtain the views of the patients on what worked and what not, or what the patients found valuable from the content of discussions.

6.3.2.2 Impact on patients' social skills

Improvement in patients' social skills became more noticeable as the psycho-educational support groups progressed. Friendships were formed between group members during and especially at the end of the groups. To be accepted and cared for by other members in a social group is important for an individual's self-esteem (Yalom & Leszcz, 2005). Both students and psychologists indicated that the patients started to form their own small 'unit' in the groups. This allowed the patients not only to be supported by other group members, but also to act as support to the other group members.

6.3.2.3 Impact on patients' quality of life

The following therapeutic values, as identified by Yalom and Leszcz (2005), became noticeable during the implementation of the psycho-educational support groups, specifically with regard to the impact the groups had on the patients' quality of life:

- Universality

Both students and psychologists indicated that universality was visible during the psycho-educational support group sessions. One of students mentioned that a patient came to her and said "I don't feel that bad anymore and that guy that has the same problem as I do has it worse than me, I feel so sorry for him." The implementation of the psycho-educational support groups made patients realise that they were not alone and that there were other patients who experienced the same problem or who were in the same situation.

- Installation of hope

Students indicated that at the onset of the groups, patients did not show signs of hope for their own future. Both students and psychologists indicated that what patients had learnt in some of the sessions was seen as valuable and changed the way they saw the world or that they would attempt to do something different in future. Staff members in some of the clinics mentioned to the psychologists who took part in the focus group meeting that patients asked them when the students would be back, because they wanted

to attend more sessions or they did not know what to do and the students would be able to help.

It was evident that in most of the psycho-educational support groups, patients obtained new information that was of significant value to them. It changed the way they thought of their own mental health. In the psycho-educational support groups the patients received educational instruction with regard to their unique situation, advice on how to act or react to their situation and suggestions on how to change their own behaviour or thoughts. The students who implemented the groups therefore provided the patients with guidance that in another situation they would have received from staff members of the clinics. The implementation of the psycho-educational support groups reduced uncertainty and confusion about the issues and questions that patients had to deal with on a daily basis.

- Imitative behaviour

Both students and psychologists indicated that patients learned from merely observing and listening to one another. A noticeable change was seen in the attitude of patients, motivating each other to attend the next session. Students in particular indicated that the bond between the patients created an environment where a group member's success created a sense of motivation among other patients to achieve the same success. However, in the open group sessions the sense of motivation was not observed. Both students and psychologists were of the opinion that imitative behaviour as a therapeutic value can only be achieved over a longer period. In future, closed psycho-educational support groups should be implemented.

- Development of socialisation techniques

The results of this study indicate that during the implementation of the psycho-educational support groups it became obvious that patients adopted different socialisation techniques. Both students and psychologists noticed that patients made some attempts to replace poor or maladaptive cognitive thoughts and behaviour with new ways to conceptualise their world and to cope with everyday life. Especially for mental health

patients this is an achievement, since they are often withdrawn and have difficulty relating to others and dealing with their daily issues (Busfield, 2011).

6.4 Limitations of this study

There were a few limitations that made it difficult to conduct this research project:

- The researcher experienced difficulty in obtaining permission from the Department of Health to visit each clinic and to conduct semi-structured interviews with the psychologists responsible for supervising the students. Two years after the official request had been made to Department of Health, no permission had been given yet. The psychologists then agreed to meet for a focus group discussion during one of their official meetings in a private setting, away from the clinics.

- In order to gain full understanding of the impact of the psycho-educational support groups, other staff members of the clinics and patients who participated in the groups should be included as possible research subjects in future research projects. This will be the next step in the evaluation of the psycho-educational support groups.

- Sample bias needs to be taken into account, as this research made use of only a small sample that was conveniently available through a programme presented at the University of Pretoria's Department of Psychology.

- The design of this research was qualitative in nature. It produced some in-depth knowledge about the experiences and observations of the facilitators of the groups. A larger representative sample of participants in a quantitative research study could give more comprehensive data on the effectiveness of the groups in the clinics, though, this was not the aim of this exploratory research.

- Long-term outcomes need to be fully explored, as this research only focused on the implementation of a one-year intervention.

6.5 Chapter summary

In summary, the results from this study indicated that psycho-educational support groups had a constructive impact on the patients who participated in these groups, despite the views and opinions of a number of the students and psychologists that indicated that some of the session had no value. Within the boundaries of action research and planning for future implementation, this study provided a platform for further research on the topic of psycho-educational support groups in primary healthcare, especially mental health. The value of the study was that it highlighted the potential value of psycho-educational support groups in primary healthcare clinics. It also outlined many variables that need to be taken into account when implementing these groups in the future. Using these suggestions, the implementation of psycho-educational support groups can improve to increase not only the value of the support they provide to the patients, but also the overall functioning of the clinics. The resuts of this research are based on the views of the students and psychologists. The next step would be to conduct further research based on the views and opinions of the patients as part of the larger action research process.

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Appendix A

University of Pretoria

In-depth Interview with Students

University of Pretoria (Department of Psychology)

General Information

Interviewing method	*In-depth interviews (Students) / Indiepte onderhoude (Studente)*

Section A: Overall perceptions

1. Just to start off this interview, you participated in a project that includes the implementation of psycho-educational support groups in various clinics as part of a practical training course for community psychology./*Net om die onderhoud te begin, jy het deelgeneem aan 'n projek wat psigo-opleidings groepe in verskeie klinieke aanbied as deel van 'n praktiese komponent vir gemeenskap sielkunde.*

   - Why did you decide to take the community psychology module, as it is an elective module that forms part of the Honours degree in Psychology?/*Hoekom het jy besluit om die gemeenskapsielkunde module te vat as n keuse vak wat deel uitmaak van die Honneurs graad in Sielkunde?*

   - Before you started with the module, what were your personal expectations with regards to the practical component?/*Voor jy met die module begin het, wat was jou persoonlike verwagtinge van die praktiese komponent?*

Section B – Planning of psycho-educational support groups

2. Explain to me what topic you addressed in your clinics. What type of groups did you implement?/*Wat was die onderwerp wat julle hanteer het in julle kliniek? Watter tipe groepe het julle geïmplementeer?*
   (Interviewer note: Type of problem, developmental issues.)

3. How did you decide on this specific topic?/*Hoe het julle besluit op die spesifieke onderwerp?*
   (Interviewer note: If student does not mention needs analysis, ask question 4, if student mentions needs analysis probe further.)

4. Did you do a needs analysis in the clinic before you decided on a topic to address?/*Het julle 'n behoeftebepaling gedoen in die kliniek voor julle besluit het op die onderwerp wat julle hanteer het?*

   - If **yes**, tell me about your needs analysis. (Process of needs analysis)/*Indien **Ja**, vertel my van julle behoefte bepaling (die proses van behoeftebepaling)*

   - If **no**, why didn't you do a needs analysis – what were the reasons for not doing a needs analysis (for example, got involved in an already existing programme)? *Indien **nee**, hoekom het julle nie 'n behoeftebepaling gedoen nie – wat was die redes?*

5. Was the group you implemented an open or closed group?/*Was die groepe wat julle geïmplementeer het oop of geslote groepe?*
   (Interviewer note: If student does not know what an open or closed group is, explain to him/her.)
   Open groups – groups that allow individuals to become part of the group at any time after the first session.

Closed groups – groups that do not allow individuals to become part of the group after the first session.

6. As I understand it two students were allocated to a clinic./*Soos ek verstaan, was julle twee student per kliniek.*
    - How did you decide what the role of each person would be?/*Hoe het julle besluit wat die rol van elke persoon sou wees?*
    - What was your individual role in the implementation of the groups? / *Wat was jou persoonlike rol in die implementering van die groepe?*

7. What guidance did you receive from the following role players during the planning of the psycho-educational support groups?/*Watter tipe leiding het julle gedurende die beplanning van die psigo-opleidingsgroepe vanaf die volgende rolspelers ontvang?*
    - Course supervisors at university responsible for community psychology course./*Kursustoesighouers by die universiteit verantwoordelik vir die gemeenskapsielkundemodule.*
    - Clinics where you implemented your groups./*Die klinieke waar julle die groepe geïmlementeer het.*

8. Would you have liked to have more guidance during the planning of the groups? Why and how?/*Sou jy meer leiding wou gehad het? Hoe en hoekom?*
   (Interviewer note: Probe on different role players: university supervisors and clinic supervisors/personnel.)

Section C – Implementation of the psycho-educational support groups

9. Tell me about the implementation of your group with regard to:/*Vertel my meer van die implementering van die groepe met betrekking tot:*
    - Progress of the groups/*Die verloop van die groepe.*
    - Timeframe/*Beskikbare tyd om dit te implementeer.*
    - Number of sessions/*Getal sessies wat julle geïmplementeer het.*

- Clients or patients/*Die kliënte of pasiënte.*
- Facilities available to implement the groups/*Die fasiliteite tot julle beskikking*
- Personnel of the clinics / *Personeel van die klinieke*

10. According to you, what do you think is the impact that the groups had on the clients/patients who were included in your groups?/*Volgens jou, wat dink jy is die impak van die groepe wat julle geïmplementeer het op die kliënte/pasiënte van die klinieke?*
    - Positive and negative effects?/*Positiewe en negatiewe effekte?*

11. According to you, what do you think is the impact that the groups had on the functioning of the clinics (and on the personnel of the clinic)?/*Volgens jou, wat dink jy was die impak van die groepe wat julle geïmplementeer het op die funksionering van die klinieke (en die personeel van die klinieke)?*
    - Positive and negative effects?/*Positiewe en negatiewe effekte?*

12. Did you experience any problems during the implementation of your groups?/*Het julle enige probleme ervaar gedurende die implementering van die groepe?*
    (Interviewer note: Probe on how they went about resolving the problems.)

Section D – Clinics involved in the project

13. Describe your experience of working in the clinics, with regard to:/*Beskryf asb vir my jou ondervinding van die klinieke, ten opsigte van:*
- Personnel/*Personeel.*
- Functioning of the clinics/*Funksionering van die klinieke.*
- Receptiveness in the clinics/*Toeganklikheid en hoe hulle julle aanvaar het.*

14. Do you think that the psycho-educational support groups contributed positively to the functioning of the clinic; why or why not?/*Dink jy die psigo-opleidingsgroepe het 'n positiewe bydrae gemaak tot die funksionering van die klinieke?*
(Interviewer note: Probe on effectiveness of the groups in the various clinics.)

Section E – Students

15. Focusing on your own experience, how did you experience the whole process of implementing the psycho-educational support groups?/*Deur te fokus op jou eie ervarings, hoe het jy die proses ervaar om die psigo-opleidingsgroepe te implementeer?*
    - What did you learn from the project?/*Wat het jy geleer uit die projek?*

16. Did you attend any supervision sessions during the implementation of the groups, in order to talk about the groups and what had happened while implementing the groups?/*Het julle enige terugvoersessies gehad om te kon praat oor die implementering van die groepe?*
    - If **yes**, how did you experience it and did it help you resolve personal issues that might have surfaced?/Indien **ja,** *hoe het jy dit ervaar en het dit gehelp om enige persoonlike sake uit te klaar ten opsigte van die groepe?*
    - If **no**, why not? / Indien **nee**, *hoekom nie?*

17. What did you think about the supervision sessions?/*Wat het jy gedink van die terugvoer sessies?*
(Interviewer note: If students indicated that they had bereavement sessions.)

Section F – Conclusion

18. Lastly, what would be your suggestion(s) on ways to improve psycho-educational support groups in the future, and do you have any recommendations for future

groups?/*Laastens, watter aanbeveling kan jy maak ten opsigte van die implementering van toekomstige psigo-opleidings groepe?*

CLOSING

Thank you once again for taking part. Enjoy the rest of your day

University of Pretoria

Focus Group Discussion Guide

University of Pretoria (Department of Psychology)

General Information

Interviewing method	*Focus Group (Personnel) / Fokusgroep (Personeel)*

Section A: Overall perceptions

1. Just to start off this focus group meeting, all of you were involved as a supervisor/mentor in the implementation of psycho-educational support groups in your clinic as part of a practical training course for community psychology students from the University of Pretoria./*Net om die fokus groepvergadering te begin, julle was almal deel van 'n projek waar psigo-opleidingsgroepe in julle onderskeie klinieke aangebied is as deel van studente aan die Universiteit van Pretoria se praktiese komponent vir gemeenskapsielkunde.*

    - As a background and introduction to this discussion, please tell me more about the clinic in which you work/*Vir agtergrond en as inleiding tot hierdie bespreking, vertel my asb meer van die klinieke waar julle werk.*
        - Type of services the clinic offers/*Tipe dienste wat die kliniek aanbied*
        - Clinic – Size, location (large city, small town etc)/*Kliniek – grootte, area (groot stad, klein dorp)*

- Patients – Who they are, where they come from, number of patients served in a day/*Pasiënte – Wie hulle is, waar hulle vandaan kom, getal pasiënte per dag*

(Interviewer note: This question is to determine uniformity among the different clinics in term of services they provide to patients, size of clinics and number of patients seen per day. Probe fully on these aspects, as it will be useful in explaining the demographic characteristics of the clinics and can help to make the link between what is offered and the need for services additional to current services offered at the clinic.)

2. In general, what is your view on psycho-educational support groups as a method of addressing mental health issues?/*In die algemeen, wat is julle sienings oor die gebruik van psigo-opleidingsgroepe as 'n metode om geestestoestande te hanteer?*

(Interviewer note: To determine what respondents think about psycho-educational support groups in general outside the context of this project, whether they are for or against the practice of psycho-educational support groups. Links with the next question about how open they are to the implementation of psycho-educational support groups as a support system for current services offered to patients.)

3. What was your initial reaction when you heard about the psycho-educational support groups that were to be implemented in your specific clinic?/*Wat was julle aanvanklike reaksie toe julle gehoor het van die psigo-opleidingsgroepe wat aangebied gaan word in julle spesifieke klinieke?*

(Interviewer note: Probe for positive or negative reaction. Why positive or why negative? This is to determine the state of mind and openness of healthcare workers to the psycho-educational support groups specifically presented in their clinics.)

Section B – Planning of psycho-educational support groups

Before we address the value of psycho-educational support groups, it is important to first discuss the process of implementing these groups, as it will provide information about their success/failure in your clinic.

4. As part of the implementation of the psycho-educational support groups students had to conduct a thorough needs analysis to determine what topic they should address in your clinic./*As deel van die implementering van die psigo-opleidingsgroepe het studente 'n deeglike behoeftebepaling gedoen oor wat hulle moes hanteer.*

   (Interviewer note: This question links with a previous question asked of the students on conducting a needs analysis and how they decided on the topic they addressed in the various clinics.)

5. As far as you can remember, please discuss the needs analysis process in terms of your involvement:/*Van wat julle kan onthou, bespreek asseblief die behoeftebepaling met verwysing na julle betrokkenheid by:*
   a. Guidance and assistance you provided to the students/*Onderstening en leiding wat julle aan die studente gebied het.*
   b. Time the students spent in the clinics to conduct a thorough needs analysis/*Tyd wat die studente in die klinieke spandeer het om die behoeftebepaling uit te voer.*
   c. Openness of the personnel in the clinics to assist the students with the needs analysis/*Toeganklikheid van die personeel in die klinieke om die studente by te staan gedurende die behoeftebepaling.*
   d. Access to patients of the clinics to conduct the needs analysis successfully./*Toeganklikheid van pasiënte in die klinieke vir die studente om die behoeftebepaling suksesvol uit te voer.*

6. Do you think that the needs analysis that the students did in your clinic and the topic they chose is a reflection of what you believed was the greatest need in your clinic?/Volgens julle, *dink julle dat die behoeftebepaling en die onderwerp wat die studente gekies het 'n refleksie is van wat julle dink die grootste behoefte in julle klinieke is?*

   *If **yes**: Explain why you think it is a reflection of the greatest need in your clinic.*

   *If **no**: Explain why you think it is not a reflection of the greatest need in your clinic.*

(Interviewer note: This is to determine the amount of interaction the supervisor had with the students. This is important, as it will highlight the importance of conducting a thorough needs analysis before implementing psycho-educational support groups. Students can often be seen as 'outsiders', whereas healthcare workers in a clinic know more about the needs in the clinics.)

Section C – Implementation of psycho-educational support groups

With regard to the initial implementation of the psycho-educational support groups:

7. Tell me about the implementation of psycho-educational support groups with regard to:/*Vertel my meer van die implementering van die groepe met betrekking tot:*
   - Progress of the groups/*Die verloop van die groepe.*
   - Timeframe/*Beskikbare tyd om dit te implementeer.*
   - Number of sessions that the students used to implement the groups/*Getal sessies wat die student gebruik het om die psigo-opleidingsgroepe te implementeer.*
   - Clients/patients that participated in the groups/*Die kliënte of pasiënte wat deelgeneem het aan die groepe.*
   - Some of the students mentioned that they would have liked to have more suitable facilities available to implement the groups – what are your thoughts on this – e.g. closed rooms? / *Die fasiliteite tot julle beskikking - sommige studente het genoem dat hulle meer toeganklike fasiliteite nodig gehad het, bv. geslote lokale.*
   - Other personnel of the clinics during the implementation of the psycho-educational support groups/*Personeel van die klinieke gedurende die implementering van die psigo-opleidings groepe.*
   - Content of the groups - Activities students presented during the psycho-educational support groups/Inhoud van die psigo-opleidingsgroepe - *Aktiwiteite wat studente gedurende die implementering van die psigo-opleidingsgroepe aangebied het.*

   (Interviewer note: This question can help to determine what aspects outside the control of the students could help or hinder the value/success/failure of the psycho-educational support groups.)

8. According to you, what do you think is the impact that the groups had on the patients who were included in your groups? Explain/*Volgens jou, wat dink jy is die impak van die groepe wat julle geïmplementeer het op die kliënte/pasiënte van die klinieke? Verduidelik.*

9. Positive and negative effects?/*Positiewe en negatiewe effekte?*

10. Could you see any impact it had on the patients – Yes/No? Explain./*Het julle 'n verskil gesien in die pasiënte – Ja/Nee? Verduidelik.*
    (Interviewer note: To determine what impact the implementation of the psycho-educational support group had on the patients who make use of the clinics. Probe fully, as this is an important aspect in evaluating the effects and value of the psycho-educational support groups for patients.)

11. According to you, what do you think is the impact that the groups had on the daily functioning of the clinic included in your groups (and on all personnel of the clinic)?/*Volgens jou, wat dink jy is die impak van die groepe wat julle geïmplementeer het op die funksionering van die klinieke (en die personeel van die klinieke)?*

12. Positive and negative effects?/*Positiewe en negatiewe effekte?*

13. Do you think that the psycho-educational support groups contribute positively to the functioning of the clinic, why or why?/*Dink jy die psigo-opleidings groepe het 'n positiewe bydra gemaak tot die funksionering van die klinieke?*
    (Interviewer note: To determine what impact the implementation of the psycho-educational support group had on the daily functioning of the clinics. Probe fully, as this is an important aspect in evaluating the effects and value of the psycho-educational support groups for the clinics themselves.)

14. Did you experience any problems during the implementation of your groups with regard to students, clinics etc?/*Het julle enige problem ervaar gedurende die implementering van die groepe met betrekking tot die studente, klinieke ens?*
(Interviewer note: This is important for future implementation of psycho-educational support groups, to eliminate pitfalls. Probe on how they went about resolving these problems.)
(Interviewer note: Probe on effectiveness of the groups in the various clinics.)

Section D – Students involved in the project

Now I would like to focus specifically on the students who participated in the implementation of the psycho-educational support groups.

15. Describe to me your experience working with the students, with regard to:/*Beskryf asb vir my jou ondervinding van samewerking met die studente, ten opsigte van:*
Their enthusiasm for implementing the groups./ *Hulle entoesiasme om die groepe te implementeer.*
Communication between students and healthcare workers./ *Kommunikasie tussen die student en die gesondheidsorgwerkers.*

Section E – Conclusion

16. Lastly, what would your suggestion(s) be on ways to improve psycho-educational support groups in the future, and do you have any recommendations for future groups?/*Laastens, watter aanbeveling kan jy maak ten opsigte van die implementering van toekomstige psigo-opleidings groepe?*

CLOSING

Thank you once again for taking part. Enjoy the rest of your day

Appendix B

University of Pretoria
Pretoria 0002 Tel (012) 4204111

Faculty of Humanities

INVITATION TO PARTICIPATE IN RESEARCH

The value of psycho-educational support groups in primary healthcare clinics

I hereby invite you to participate in a research project conducted by Rayno Geyser in collaboration with the University of Pretoria, to share your experiences about the psycho-educational groups that were presented at various primary healthcare clinics.

The goal of this research is to establish the value of psycho-educational support groups in primary healthcare clinics. The relevance of the study is to understand the value and importance of the role that psycho-educational support groups play in the development of interventions in primary healthcare clinics in South Africa and also in the upliftment of community members that make use of these clinics.

WHAT IS REQUIRED OF THE PARTICIPANTS?

Participants will be asked to participate by sharing their experiences and explaining the process involved in implementing the programme.

Participants must please note that:

- Participation is voluntary and you may decide to withdraw at any time during the research process.

- The information that will be shared in the interviews will be treated as confidential and the collected data will not be shared outside the research context. If it is necessary to share the information with anyone outside the research context, written consent will be requested from the participants.
- Anonymity of the participants will be assured as the researcher will not make use of real names; rather pseudonyms or letters will be used if necessary.
- Research results will be published in the format of a mini-dissertation and concept article without identifying the participants.
- Research data will not be destroyed at the end of the study, it will be stored for a minimum period of 15 years for the purpose of archiving. If it is necessary in the future to make use of the data, written consent will be asked from the participants.
- Research participants and other clinic staff involved may have access to the final report if they so choose.
- Participation in this research will not be harmful to the participant in any way.

For any questions relevant to the study, the following persons can be contacted:

Rayno Geyser – 079 876 8073

Professor Maretha Visser – (012) 420 2549

University of Pretoria
Pretoria 0002 Tel (012) 4204111

Faculty of Humanities

LETTER OF CONSENT

I, …….

hereby acknowledge that Rayno Geyser has informed me of the content and the procedure of the research being conducted in collaboration with the University of Pretoria. I understand the scope of the research and that I may ask the researcher to clarify any questions I have. I understand that no data will be shared outside the research context and that all information will be treated as confidential. The research context consists of the researcher and a supervising psychologist at the University of Pretoria. I acknowledge the goals of the research, which have been made clear to me and that I will have access to the final results of this research, if I choose so. I understand that I will remain anonymous and that I may decide to withdraw from the research project at any time.

I agree to participate in this research and declare that my participation voluntary.

_____ _____

Date Signature

Appendix C

Main Theme 1: Pre-implementation	
Relevant sub theme	**Supporting Verbatims**
1. Expectations of students about the psycho-educational support groups and the implementation of it	'Toe die dosent vir die klas gese het die is die eerste….half tipe hands on experience wat ons sou opdoen'
	'…..en ons sal direk met mense werk in die klieniese setting'
	'Ons het gemeenskap sielkunde in ons 3de jaar ook gehad so ek het geweet waaroor dit gaan'
	'Om vir meesters aansoek te doen moet jy bietjie praktiese ondervinding he'
	'Was maar meestal oor dat ons nog niks praktiese ervaring gehad het voor die tyd nie, maar ook...uhm…ek wil ook kyk of ek dit kan doen'
	'Ek sal `n beter prentjie kry...jy weet...van hoe is die wereld'
	'Uhm...ek dink...ek weet eintlik nie, as ek so terug dink van...uhm....dan's dit moeilik om te onderskei.....'
	'Jy leer die goeters soos teorie...dis vir jou gegee maar jy kry nie geleentheid om dit toe te pas nie'
	'Ek het nie mooi geweet wat om te verwag nie om vir jou die waarheid te se'
	'Ek het geweet ons gaan met mense werk maar ek het nie geweet mooi hoe dit gaan werk nie'
	'Ek't nie vreeslike....hoe kan ek se....uhm....positiewe verwagtinge gehad laat'
	'….moenie te veel hoop kry dat dit gaan uitwerk of nie'
	'Toe ons nou meer bloodgestel word aan die sielkundige daar en die sisters daar en goed, toe se hulle vir ons dit is eintlik die doel om `n groep te stig'
	'Weg te beweeg van die.....persoon wat in beheer is en vir hulle te se wat om te doen, hulle kry hulle eie antwoorde'
	'I think also...the....some of them...you know they come with the mentality of solution orientate '
2. Planning of psycho-educational support groups	'Ons tyd was baie goed. Ons het dit oorspronklik op `n woensdag gehad en toe skyf ons dit na `n dinsdag toe want dan is die psigiater daar gewees'

	'Ek sal se vir ons om die projek 100% reg te kan implementeer sal daar nog aan gewerk moet word. Daar sal bietjie langer in die beplanning moet in gaan. Ek sal se dit moet nie net op ons soos....alhoewel dit was goed want dit was iets nuuts en jy't baie geleer en om oor te dink, maar as dit nou die perfekte wat ookal was dan sou ek se meer tyd nodig gehad om te beplan en meer tyd meer tyd gehad om goeters in werking te stel'
	'ek sou se dat ons genoeg sessies gehad het....Ons het min of meer so dertien of veertien sessies in gewerk en onthou ons het nog twee of drie of vier sessies het ons gemis want ons het of `n toets gehad of so ons kon nie altyd daar uitkom nie'
	'ek dink ons was maar ewe verantwoordelik vir alles want omdat dit so nuut is en dit is eintlik net julle twee'
	'Ja....en ook dit is so ver, jy kan nie....as dit nader was sou dit makliker gewees het om elke dag te ry en binne `n week kon jy alles uitgesorteer kry, maar ons kan nie twee, drie keer `n week al die pad soontoe ry nie, dit is `n bietjie ver'
	'aan die begin het ons maar net gekom....jy weet...met `n onderwerp, die eenetjie wat ons gedink het sal die beste werk en toe naderhand toe hoor ons van die groepe wat sal hulle wil hoor'
	'Ons het ook vraelyste op gestel maar toe sien ons dit gaan nie werk om hulle uit de deel nie. Ons sal moet of kleiner groepies kry om mee te praat'
	'Ja want die....uhm....reelings om dit net te begin....jy weet.....vat nogal lank. Ek sou se in die eerste week moes hulle al...jy weet ons al die dinge begin reel het....want dit vat `n bietjie tyd'
	'uhm....ons het twaalf sessies gehad as ek dit nou reg het....jy weet....so dit was genoeg om `n idée te gee van...jy weet...hierdie is die tipe goed wat nou gebeur.....jy weet....'
	'amper soos `n needs assessment gedoen net om te hoor wat is die probleem in....'

	'ons het nooit `n formal needs assessment met hulle gedoen nie...en...uhm....jy weet....alles van hulle was, hulle almal het uit gekom hulle het een of ander skill of iets wat hulle gehad het en hulle almal het finansiele probleme gehad en kommunikasie probleme...en so aan en....uhm.....ons het toe besluit....jy weet ons wil vir hulle vertel waaroor die groep gaan'
	'Weet jy.....die tyd was vir my fine gewees, ek het nie `n probleem met die tyd gehad nie, al probleem wat ek het is....wat ek vir Jacques hulle wat hulle volgende jaar moet doen.....hulle moet so vroeg as moontlik begin'
	'voordat jy enige iets in aksie stel moet jy thorough deur al die.....deur almal se geskrewe of gespreke.....of whatever knowledge.....local knowledge....dis action research.....en dit net in werking stel.....dis wat ek sal se '
	'Ons het elke week gehoor wat hulle wou gehoor het en dan het ons die sessies daaroor gedoen'
	'jy weet dit was goed gereel en so aan'
	'.....you know.....invited patients to come into the group and inform them about the group we intend to start. So I think it was a good way to start it, to talk to everyone who's coming to see the psychiatrist and also in the.....in the process formally before we decide. So it was.....it worked'
	'Uhmm...I think...I probably would have like it if they have gone out to the community as well and maybe put out their {feeders} there a bit. '
	'Well with my students they more or less initially.....in the beginning we sat down and we identified what we think would also contribute...would.....benefit the group that'
	'.....Im not sure if it was.....if I should use the word adjusting but there were a lot of things that uhmm ok they specified what they wanted '

	'I think.....the thought there.....actually ideally the students would really.....I think.....how I understand it just be there to start the group off in the one year in any case and then it should go on on its own. Obviously that's not been happening in practice because we only have so many psychologists, and I understand why it's starting a bit later also in terms of....I've got to do a whole year of....of being involved with the University on that level....but I mean.....uhm helping them develop those skills about facilitating and just listening.....uhm.....I think that why its a bit later but I think also in terms of.....like you say the needs assessment can already start then.....that's different than facilitating the group.....so....definitely.....uhm....that suggestion makes sense to me. Maybe even go out....maybe make that process a bit longer already.....uhm.....not just one session of needs assessment but build it over time so that when it starts it already got a firm foundation '
	'Ja and it also take time for the patients to get used to the new students because they are there and then this year a new group of students come and then....once they get.....when they just get used to them then they leave.....the group of students and even whatever they started with this group.....if they have started gardening project whatever its not even there yet and they are leaving and the new group comes and they say no were selling clothes now and whatever they've started with the other students.....you see'
	'Mostly even to build the....the cohesion among the group members it needs a little bit of time to.....to that kind of report between them'
	'Its.....its a support group and there need to be continuance in the....in the sense that you know.....people do still come even.....with ours as well people do still need....uhm...even if you are not there and it takes quite a while to implement it and therefore it needs a.....some kind of.....a little bit of time so it cant be too short. People need to come into the groups so.....'
	'But how the students handled it was that every week there would like be a discussion and you would sort of pick out what's most pertinent for the group members and then work with that. '

3. Support from University (Pre implementation)	'Uhm...ek het gedink ons gaan wel geplaas word by die kliniek soos wat ons nou ge....gedoen het op die ou einde maar ek het gedink daar gaan meer leiding wees ten opsigte van wat ons moet doen en hoe dit werk en ja ek dink daai stukkie was bietjie anders as wat ons verwag het.'
	'Ons het...Jacques Labuschagne. Hy't vir ons....hy't baie baie gehelp....Hy't....Hy't nie regtig presies vir ons gese wat om te doen nie. Kyk Prof het ook nie presies vir ons gese....Sy't vir ons gese dit is wat daar is en julle moet in die gemeenskap ingaan en `n groep stig. '
	'Defnitief die Universiteit het baie by gedra maar die kliniek het ook baie by gedra '
	'Uhm....ek dink Prof Visser het `n klas daaroor aangebied en ek dink iemand wat ons baie gehelp het is Jacques. Ja...wat ons....die groupies nou gelei het. Regtig...sonder hom sou alles in mekaar getuimel het.'
	'Uhm.....ons het nogal baie gekry van Jacques af, ek moet se, hy't nogal.....'
	'Ja en hulle het altyd `n ander perspektief en dan kon hulle ook vir jou se ja maar jy mis dalk nou hierdie klein detail...dan's dit `n AaHa moment '
	'Ek dink die Universiteit moet dalk net seker maar daar is regtig `n behoefte in daai gemeenskap en ook...`n kontak persoon reel wat regtig kan help en ook seker maar daar...daar's spasie by die kliniek...uhm....voordat hulle ons daar plaas. '
	'Ok weet jy ons het....uhm....Jacques wat die kliniese sielkundige is. Hy't bietjie met ons gepraat en....vir ons net....jy weet....net `n paar sessies met ons gehad en so aan....maar ek meen ek voel net.....die praktiese sessies, dit help want....uhm....kyk jy kan nie....jy kan nie vir iemand se wat om te verwag, wat gaan gebeur, jy kan nie vir iemand se hoe om `n vraag te vra....hoe om die vraag te antwoord nie....dit werk nie so nie. '
4. Support from Clinics (Pre implementation)	'spesifiek vir my by ons kliniek is....ons sielkundige was nie vir my....sy was nie vir my....sy was veronderstel om ons....ons kontak persoon te wees met die kliniek en sy was nie vir my baie betrokke gewees daar nie.'
	'Kyk ons het baie baie....ons kliniek. Ek dink ons kliniek was awesome want almal was deel. '

	'aanvanklik het ons met die sielkundige...ons het gedink ons gaan met die sielkundige self werk en toe ons daar kom het sy haarself net aan ons voorgestel en verder met die psigiatriese verpleegster gewerk...en ons het saam met hom gewerk die heeltyd....en...ek dink dit is waar die probleem in gekom het '
	'Ek dink van die klinieke se kant af defnitief!'
	'Ons het gereel dat hy dit ook in al sy sessies se wie hy kan dink baat vind van die groep en dit mooi aan hulle verduidelik '
	'Ek dink...want dan sukkel jy vier maande lank om net `n plekkie te kry waar jy nou bymekaar kan kom....en dan...uhm....het jy nog steeds nie `n ordentlike kontak mens nie. Dan val als in mekaar'
	'Uhm....nogal baie hoor, almal was....baie graag...uhm.....wou baie graag help maar ek moet se om eerlik te wees ek weet nie of dit was oordat hulle wou help en of.....ja'
	'Ja I think at my clinic as well it was very difficult having...uhm....the mental health nurses being involved in the groups consistently because of the workload that they've got to deal with as well...so that was difficult '
	'uhm...but in terms of accommodating them...accommodating the students and advising them, I think this could be something to look at....they were there so they had the support as well.....uhm....I was fortunate enough that I could sit in on sessions with them as well....uhm.....just looking on guiding the students as well, but ideally it would be nice to have more support other than mental health as well '
	'I sometimes fear that....uhm....the fact that we're there from the onset already with.....uhm.....already primes them in a direction that they're thinking...I mean....uhm....I'd use the word like learned helplessness and that already becomes kind of like a thing. So I don't know how else to bridge that. We don't want to leave them to their own devices either. But I think that there is the danger of that in a way as well '

	'.....at clinics about the use of clinic facilities like if it's a stove...uhm...or what ever and then there is a big hoo-haa because the right channels weren't followed to get permission and what not.....uhm....how to address that I mean we could....we sent out a letter this year saying that the...the students will be coming and people should be aware and whether we got the letter or not...uhm....is the question all in all...but I think there could be a better jumping off at the beginning of the event and the introduction of the students which might actually facilitate participation of the rest of the clinic because if the facility managers is on board '
5. Expectations of patients	'.....that...uhm....when you tell them that the group is coming they like.....Jippee! They want to receive. White people from Pretoria coming! That's what the group said that white students from Pretoria coming. They will give us this and this and this. And.....you see. And at the end....uhm....of the year when we do kind of a closing and evaluation and you ask them what they benefited from the group that where you hear that whatever topics that we talked about was not important at all.'
	'What they have learned...what they've.....what they've taken from the group was what they've been given and they were doing gardening and they've got vegetables from the garden and they had lunch that were sorted and that all '
	'Some of the topics.....you know I also.....they had some levy....the students....to bring their.....to have the opportunity to bring their own topics and how they are going to present it to the groups...I mean some of the topics were relevant but...in.....in....indirectly they were relevant but for...maybe for mental health patients they were not as direct enough for instance if they come and they want to talk about self-esteem....the importance of self-esteem. For some they didn't see that as relevant because it is not directly.....they don't see that as directly related to their mental well being unlike....uhm.....if the topic is about adherence to medication that is more direct....it deals with their everyday day to day mental health....uhm....so some of the topics yes were relevant some were indirectly relevant but

	they all work together....for the benefit of the....uhm..... '

Main Theme 2: Implementation of groups	
Relevant sub theme	**Supporting Verbatims**
1. Relevant resources needed	'So bietjie meer tyd sou beter gewees het as jy regtig wil weet... ok jy gaan jy gaan `n impak hierso he en jy weet jy gaan `n verskil maak en as jy resources moet he gaan dit vir `n goeie ding wees want daar gaan op die ou einde resultate wees. '
	'as ons meer tyd gehad het en bietjie meer resources en se nou maar ons gaan terug en weer hierdie jaar doen, dan sal dit maklik wees om net op te tel....vir die studente wat dit nou moet doen....maklik wees om net op te tel en van dag een af daardie questionnaires in aksie in te stel en so aan want daar is defnitief baie potensiaal '
	'Kyk.....daar was recourses. Die government het vir ons geld gegee vir koffie, tee en daai goeters maar ek bedoel soos penne, boeke daai tipe van goed wat hulle.....ek weet almal kan nie skryf nie maar dan kan ons net vorms en ons kan vir hulle se wat die vraag is en hulle kan `n kruisie maak in `n blokkie.....dis nie rocket science om dit te doen nie so. '
	'Ja daar is so groot wag area...uhm....ons het met die mense daar ook gesels'
	'want dit was in die wag area waar hulle sou gaan na die sielkundige toe. So mense het gekom en gegaan soos wat hulle wou en....ons het register geneem maar net om te kyk hoeveel mense het op gedaag.'

	'Nogal baie....ons het....ons het geen probleme gehad met infrastruktuur daar nie, daar was selfs `n dvd speler wat ons kon gebruik.....ons het toe nou nie...maar jy weet dit was daar '
	'Ja....ja ek sou se jy gaan nie `n probleem daarso het om goeters....aan te bied.....jy weet.... '
	'Daar was ook nie fasiliteite vir ons om te gebruik nie. '
	'Weet jy ons het....ons het `n baie goeie kliniek gehadek moet se ons fasiliteite was regtig baie goed gewees....ek meen ons het `n kamer gehad, daar was aircon en ek meen ons het....ons het...uhm.....ons het nou `n ketel van ons....Enrico het `n ketel van sy huis af gebring wat ons nou gebruik het en so aan en....uhm....nee ons het `n ordentlike kamer gehad en later....later het hulle ook die kliniek se stoof begin gebruik. '
	'ons het baie fasiliteite gehad en ons kon die goeters gebruik en so '
	'ek meen ons het....ons het `n spesifieke kantoor of plek wat vir ons was en die eendag toe ons daar aankom het hulle eenvoudig net ons goed geskuif. Dis nie vir ons gese, of vir ons gevra nie....dis net gedoen en ons moes dit nou maar net self agterkom...en....ja weet jy sulke goeters maak my nogal baie kwaad want ek meen ons is.....ons doen vir hulle `n guns en ek meen....dit is nie....dis nie net vir ons nie....ek meen ons wil daai mense help en ek voel net dit kan nie net van ons kant af kom nie dit moet van hulle.....hulle moet ook help '
	'en....uhm ek dink net in die geval van ons het die kliniek se stoof gebruik en toe het hulle later gekla hulle wil nie he ons moet `n besigheid uit die kliniek hardloop '
	'ag ek weet nie....sal hulle miskien meer die projek support en bietjie meer van die goedjies gekoop het of so tipe iets...ja nee ek dink dit sou defnitief bietjie van `n verskil gemaak het. '
	'Ons mag nie die goed gebruik nie. Hulle het dit nooit met ons bespreek nie maar nou ja....maar ek dink nog steeds die fasiliteite en so aan was baie goed gewees vir die gebruik en so aan.... '
2. Support from University (Implementation)	'ek meen jy is `n outsider en die mense aanvaar jou nie sommer so nie.....so ek meen.....dis maar net idees wat jy van almal vir almal gee....dit is hoe ons dit hanteer het'

	'Jacques het ons gehelp om elke week met ons te praat en net bietjie terugvoering te kry van ons af....dit is waarheen die projek gaan en dan het hy ons net dalk....uhm...”gemodify”.....skies my engels maar in die regte direction in om net vir ons te wys dit is waareen julle suppose is om te gaan. Hy’t ons gehelp om te reflekteer op goed. Nie net om te dink.... '
	'jy moet nou vir hierdie mense se wat om te doen nie....meer soos....want ek het...eerste ding wat ek besef het is toe ons daar in gestap het was hulle dadelik soos gestress....veral met die parenting een wat hulle na ons kyk en dink hoe gaan julle vir ons enige iets vertel van parenting....julle is nog kinderjies.....julle is nog bloed jonk en toe ek van daai.....oeeee.....hulle sien my as hierdie persoon wat nog nooit `n moeilike dag in my lewe gehad het nie...afgeklim het en net hoor hier en is.....ek wil julle net leer ken....toe is hulle dadelik....toe maak hulle net oop. So hy het ons ook gehelp om dit raak te sien.'
	'Uhm...nee ek dink was regtig die waardevolste van die hele module...is daai....net om te leer hoe om die praktiese component...hy’t baie raad gehad....en ook...uhm...hy’t ons die geleentheid gegee om mekaar te help...so.....ons kon bydrae lewer in `n ander groep se situasie en hulle kon nou weer vir ons ondersteuning bied omdat ons so gesukkel het juis met ons kliniek'
	'Jacques het ons gehelp om die teorie te implementeer practise. So ons sal bymekaar kom op `n twee weeklikse basis, elke tweede week....uhm...dan gaan hy nou vra...ok wat het julle nou besluit? Dink julle nie dit is beter as ons dit so doen nie of dink julle...wat is julle spesifieke....hoekom doen julle dit so...uhm....net `n ander perspektief bygesit en as ons...uhm....vrae gehad het oor enige iets dank on hy ons help'
	'Ja ons het idees rond geruil....dan se hulle...jy weet probeer byvoorbeeld....uhm....dit...wel die eenetjie het....die een groep wou `n oond koop en toe...uhm....het hulle nou gese...jy weet...nee hulle sukkel om die mense se bydra te kry....en hulle wil vir hulle hemde maak en jy weet....ja baie was

	maar by daai groep se ding betrokke en gehelp met advies daar '
	'Ja bietjie daai inisiatief en nie net te wag dat iemand daai lepeltjie in jou mond sit nie…'
	'Ek dink in die terugvoer sessies groei mens die meeste. Juis omdat daar iemand is om dit vir jou in konteks te plaas....uhm...en net te kan verst....as ons so gesukkel het en iemand ander kan net vir jou se, ja maar dit is so..dis....dis half normaal om bietjie te sukkel, jy kan nie net daar instap en alles werk 100% nie. Dan motiveer dit jou weer bietjie. So ek dink dit was die waardevolste vir my. '
	'Soos die mense het gese....jy weet....hoe hulle goed hanteer het....en ja dit het nogal gehelp en ek weet Jacques het...uhm.....Jacques het baie goed van hoe om mense uit te lok....jy weet....uhm....baie probing goed '
	'So ons het die eerste sessie....het hy maar vir ons `n paar....jy weet.....paar tipe goedjies gegee van hoe jy.....jy moet oop wees en jy moet luister en wat wat wat en...uhm....daarna het ons nie vreeslik baie opleiding gehad nie, maar ons het elke keer, na elke week wat jy by die kliniek was, as daar `n probleem was dan gee jy dit vir die klas en die klas en die klas help jou net....en ek meen dit is belangrik want partykeer is mens baie set in jou ways en jy sien net sekere dinge en as jy vir die klas se, dan gee iemand vir jou miskien die idée....weet jy miskien moet jy dit so hanteer en sulke goeters.....maar daar is nie.....daar is nie vreeslike baie praktiese opleiding nie maar ek voel nie daar is veel wat hulle vir jou kan doen nie '
	'en ons het nie finansiering nie, ek meen daar is....daar is fondse maar ek meen jy kry dit eers na die tyd, jy kry dit nie voor die tyd nie, so dit beteken niks nie. So ons het toe....uhm..... '
	'Die debriefing sessies met haar [NAME OF CLINIC STAFF MEMBER]. Baie baie baie waardevol. Verskriklik waardevol '

	'Uhm.....`n bietjie.....dalk van die Universiteit se kant af....net jy weet...uhm....ma ek sou eintlik so erg se met die praktiese deel nie, die praktiese deel het ons baie leiding gekry.....die teoretiese deel was nogal min leiding gegee voor'
3. Support from Clinics (Implementation)	'Ek sou nie se meer leiding nie, ek dink net meer ondersteuning want op die ou einde van die dag is.....die ding is die main goal van hierdie projek is.....ons moes die support groups begin en dit moet aangaan as ons loop en.....daar's nie `n manier wat die support group gaan aangaan met die ondersteuning wat ons van die kliniek af gehad het nie.....ek meen....kyk die.....soos die social worker het met sy.....bietjie vir ons probeer help en so aan....maar ek meen ons het nie ander mense daar gehad wat wat met ons gepraat het of wat ons mee gekommunikeer nie.. '
	'So ek sal nie se ons het hulle nie.....nie heeltemaal hulle support gehad nie, maar ons het dit defnitief nie 100% gehad nie '
	'Die ding is net ons het....ons het nie `n sielkundige gehad by ons groep wat nou...jy mee betrokke kon wees nie en ek weet dit is nou nie...uhm....haar skuld nie, sy het nou....die groep het gevra om te skyf en ek meen.....jy doen wat die groep wil he '
	'en as dit nie vir die social worker was nie....sy't vir hulle op gestaan en sy't ons gehelp want sy't gese jy weet.....sy sal kyk dat ons dit nie een keer `n week kan gebruik nie en jy weet....ek voel net sy....as dit nie vir haar was nie dan sou ons glad n ie meer daai geleentheid gehad het nie dan sou dit alles geflop het en dit is hoe ek voel as ons.....as ons nog meer personeel lede wat agter ons gestaan het en die groep gehelp het '
	'Die social worker...sy was ook baie.....sy was baie behulpsaam gewees so...sy was ook so nou en dan daar en dan....uhm....twee fisioterapeute het ons ook net so nou en dan mee gesels, maar die res van die mense het ons nie.....glad nie mee...met personeel gepraat nie. Net so nou en dan die sleutel by die management gaan haal of so iets. So ja...redelik ontvanklik en daar was nie....probleme of so aan nie. So.....as daar iets was het hulle dit nooit persoonlik met pons bespreek nie'

	'ons het nie die kliniek se ondersteuning heeltemal gehad nie '
	'kyk die een groep, hulle....hulle....hulle nou lucky gehad ek meen hulle het `n ordentlike sielkundige daar gehad en...jy weet en alles is vir hulle baie goed uit een gesit en so aan '
	'ja daar is niks ander ondersteuning nie so elke een moet maar so halfies halfies doen en ek dink dit hang ook maar af van jou sterkpunteas jy meer die een is wat gemaklik is om te praat met menses al jy half die een wees wat die groep aan die gang kry tot dat die ander een meer gemaklik voel om by te dra '
	'Die suster wat die head is van die kliniek...sy't...sy was by twee of drie sessies. Die psigiater het ook...wat nie regtig deel is...Hy't ook een sessie kom in sit en {NAME OF CLINIC STAFF MEMBER}, sy was by `n paar sessies en.....jis ek kan nie glo ek het haar naam vergeet nie.....sy was vir ons die translator. Sy't.....ek sou se dit was eers {NAME OF CLINIC STAFF MEMBER} dan was dit {NAME OF CLINIC STAFF MEMBER}. {NAME OF CLINIC STAFF MEMBER} was so nou en dan daar maar almal was deel. {NAME OF CLINIC STAFF MEMBER-Translator} was great help want sy kon nie.....sy kon hulle regtig kry om te verstaan wat ons se en sy het daai persoonlikheid gehad om hulle op te hef '
	'So jy sal se kommunikasie is `n belangrike aspek en dan ook...beter ondersteuning van die klinieke se kant af.'
	'Ja hulle het...uhm....ons het....van die nurses het ons....uhm...vir ons vertaal...jy weet....na die mense toe wat nogal gehelp het want nie almal het engels verstaan nie en uhm.....die sielkundige was ook elke keer het sy ook saam ons gesit en dan as daar kwessies begin op kom wat so bietjie moeilik is dan weet....dan se sy nee reg ons....kom kry my na die tyd en dan reel hulle`n afspraak en goed. So eintlik....en ek dink nogal baie hulp daar gekry. '
	'Defnitief....Ek dink defnitief dit het `n rol...want dit het ons gemakliker laat voel aan die begin en hulle het ook maar hulle eie goed gehad wat hulle bygedra het tot die implementering van die groepe. Dit het die groepe ook gemakliker laat voel want die groepe het gesien...weet jy wat die susters

	aanvaar hulle, die sielkundige aanvaar hulle....so ons [patients] kan hulle [students] net so wel aanvaar...of net luister en ek weet '
	'Hulle groep....daar was nie samewerking van die kliniek af nie en hulle kon dit nie doen nie. Hulle het gesukkel om dit in werking te stel en ek dink ons...ons het die beste kliniek gehad want hulle [personell] was van die begin af daar...van die begin af '
	'Uhm....net meer leiding van die sielkundige....spesifiek die sielkundige....want ek dink as die sielkundige net kon by wees en net....dieselfde doen as wat Jacques vir ons hier doen...maar daar, in daai konteks dan sou dit wonderlik gewerk het, en net by te wees en te kon sien wat is die problem en net eintlik iemand te he na wie ons toe kan gaan by die kliniek self...want as ons problem ervaar moes ons terug kom hierna toe en met Jacques daaroor praat omdat daar nie juis iemand is by die kliniek...om dit aan te spreek nie. So ek dink as die sielkundige net....half.....daai rol kan vervul sou dit wonderlik gewees het'
	'Ok....uhm....in die begin het ons baie gesukkel om die groep gevestig te kry...uhm....die psigiatriese verpleegster mannetjie het.....hy't probeer om mense bymekaar te kry maar hy was nie so suksesvol '
	'Ja...maar dan is daar niemand om dit verder te vat nie….in die klinieke. Ja '
	'Een het ons baie gehelp waar hy kon.....uhm.....maar die sielkundige was bietjie afwesig...ek dink `n maand voor ons sessies op gehou het het Jacques haar weer gebel en gese luister dit werk nie, jy gaan moet help. Toe het sy ons so een keer by die Wimpy gekry en voorsgestel dat ons dalk `n ander groep begin, maar dit is basies al....al leiding wat ons van haar gekry het .'
	'Uhm....ek dink so...ek dink dit het hulle.....uhm....meer op gemak gestel....jy weet....want ons was...dit was vir my eintlik bietjie baie informeel'

	'Baie....ons het ten minste elke keer....uhm....en translator gehad....vertaaler....die sielkundige....baie kere het van die nurses ook nou maar daar kom sit.'
	'Weet jy ons het bietjie gesukkel....ons het aan die begin...het ons.....ons sielkundige by die kliniek was nie van wat wonderlik gewees nie en.... '
	'Ek dink net die bywoning van die pasiente en dan leiding uit die kliniek self '
	'uhm...the students were working quite well together with the health promoter in the clinic '
	'Sort of provide them with the support and advice and to.....uhm.....and make sense of what some of the things that's happening within the group.....uhm.....cause of some dynamics that happened that sometimes they'll come ask me what was that '
	'However, in the previous clinic the other staff were just uninvolved with mental health at all '
4. Relevance of topics discussed in groups, change focus	'As thing went on they would adjust. '
	'putting that into practice was.....was harder than they thought it would be because now....it...the group members wanted to receive more instead of working hard.....we...we had to do a whole change of mindset that no we need to work together to obtain your need'
	'However, they did try to adjust here and there even though what they were expecting and what they found in the clinic was different especially the one the one that I spent the whole day with them in.....Uhm they tried to ajust with...uhm.....the groups and within the clinics. '

Main Theme 3: Value for patients	
Relevant sub theme	**Supporting Verbatims**
1. General impact on patients	'ek dink nie ek kan presies se wat die impak was nie want mens kan dit seker nie regtig meet nie '
	'Weet jy, ek dink dit is...uhm.....spesifiek in ons....met ons groep, is....dit is.....daai mense...dit is vrouens wat regtig wil……'
	'So julle was wel `n motivering gewees vir hom om te se hy het hulp nodig.... '

	'Die mense was honger daarvoor....hulle het terug gekom en terug gekom en terug gekom '
	'want ek se in die gemeenskap, dit voel nie of jy `n verskil maak nie....ek sien nie.....ek sien nie verandering.....dis nie asof jy iets doen en jy ok wow hier is verandering.... '
	'maar ons het klaar `n verandering daar gemaak want van die mense het terug gekom en mense wou weet..... '
	'Defnitief. Daar is....ek sou se daar is defnitief....hulle is defnitief honger vir kennis oor seker sake. Daai mensies is defnitief honger vir kennis maar hulle moet dit op `n manier aan hulle bloot gestel kry wat vir....vir hulle meer gaan sin maak en ek dink as `n mens kon en jy kon mense uit die gemeenskap uit vat want dit is iets wat Andre [other student] wou gedoen het, ek weet nie of hy vir jou gese het nie. '
	'They're very valuable! I think they are! They're very valuable. Mine is still there, they still come '
2. Impact on patient's social skills	'maar wat ek vir jou kan se is dit het `n goeie impak gehad op party mense want kyk in die begin was daar...daar's so Miriam een....een gewees en daar was ook so ander een....Francis.....hulle was dood skaam. Ons groep was meer ouer mense....daar was een keer iemand wat 18 was die res was almal ouer....dood dood dood skaam en hoe meer die mense hulle ook....jy weet aangedring het en goetjies, hoe meer het hierdie mensies begin om nie meer meer so skaam te wees nie'
	'So ek dink die groep se impak op die groep het baie goed...was baie goed in terme om mense uit hulle shells uit te kry en om....want toe begin hulle sommer.....hoe meer ons hulle net laat nie daar staan en se dit is wat julle moet doen nie, en net vir hulle se weet jy wat praat onder julle self en dan go hulle en dan se daai ene iets en dan se daai ene iets....en dan staan jy daar dan dink jy hoe't ons ooit gedink dat hierdie ding nie gaan werk nie, hoe't ons ooit gedink laat ons nie vir hulle nie gaan weet wat om te se nie.'

	'Want dan se daai persoon iets en dan se daai persoon iets en dan gee daai een vir daai een raad of daai een....net heeltyd besluit wat hulle vir mekaar gaan se want hulle het mekaar so begin help en ek dink dit is goed want dalk bly hierdie een net lang daai een en dank an hulle net sommer `n koppie teetjie en net sommer praat oor wat hulle geleer het '
	'Ek sou se jy weet.....meestal was dit dat die...uhm.....`n kans om net uit die huis uit te kom want baie van hulle kon ek sien hulle waardeer dit net om hier te wees, soos die een ou....uhm....hy was....ek dink net verstandelik gestrem.....maar hy was nogal goed....en net elke keer gekom en hy was....jy weet....uhm.....net baie bly om net saam met die mense te sit.... :Ja.....ja ek dink dit is eenetjie wat ek sal se dit moet aangaan of iets....soos dit moet aangaan daar ja'
	'Ja, die informasie deurgee....jy weet.....ons het eers later begin goed word daarin. So die eintlik mense leer deel het...uhm.....sou ek se het nie so `n groot impak gehad op.....eerder as die mense bymekaar kry om te praat nie '
	'maar ek dink daai vrouens het....hulle het as `n groep...het hulle baie meer vriende gemaak....baie meer connections gemaak en ek meen....hulle het hulle self...baie skills geleer'
	'Eintlik nogal....uhm....was nogal baie hoor.....van die mense het...uhm.....heeltemal stil gesit en niks gese nie.....jy weet....en dan was hulle elke week daar. Van die ander was nou weer...uhm....meer vol energie en het erg baie gepraat....daai het ook bygelas en geantwoord op daai vrae.....eintlik het hulle.....almal het so half mekaar daar uitgehelp op daai '
	'Ja.....ja ek dink dit is maar.....isolasie is hulle grootste probleem maar eintlik gewees '
	'Ek dink dit kan nogal....uhm....die ding is dit moet op die regte tye wees want soos ek se die klinieke is partymaal toe....uhm.....dit het regtig so half `n sin van gemeenskap gemaak tussen die mense, hulle het.....ek.....ek dink ten minste nou daar is `n klomp...uhm.....vriende kringe so half gestig, ten minste net kennise. Ek dink dit het ook gehelp om die mense net bietjie meer gemaklik te maak. Aan

	die begin het hulle maar net gesit en gewag....jy weet.... '
	'So....hulle, kyk hulle was reeds `n groep gewees maar ek dink met die support group het hulle net bietjie meer hegte bande gevorm. '
	'en ek meen hulle het hierdie mense gehad....as hulle nou probleme het....weet ek voel net hulle het al reeds vroeg in die groep sterk bande gewys want hulle het gese as iemand siek is en hulle hoor nie van die persoon nie dan sal hulle na die huis toe gaan....hule sal kyk wat gaan aan....hulle sal daar wees vir mekaar so....dis `n vorm van ondersteuning ek meen in alle gevalle '
	'Even that sense of identity as a group becomes a big part of your identity. “We need this time of the week and it’s our little group” and it becomes a big thing. “Who are we going to allow in the group with us”.....and they have big discussions '
	'because it is a group that has this....from last year somehow they have become one. So it’s no longer...uhm....”lets just go to the group and bye bye at the end of the group and let’s go home” Now it’s become.....they become friends '
3. Impact on patient's quality of life	'soos in terme van rol play en toe ons die peranting ding gedoen het het ons so chart gehad ook en toe...Maandag.....Dinsdag.....Woensdag en dan soos jy moet.....jy moet roetine stel vernaam vir ADHD kindertjies....stel `n roetine daar laat.....laat dit want as jy dertig dae iets doen....as jy vir dertig dae elke dag dit doen dan die een-en-dertigste dag dan gaan jy dit net automaties doen '
	'Baie van die mense kon nie bak nie, hulle het dit by die ander mense geleer en ek meen dit is iets wat hulle....hulle verder self kan doen of as hulle verder `n ander geleentheid kan kry '
	'you know describe what’s happening to them and see that they are not alone.....it’s not you know.....it’s happening to other people as well so....just in that scenario and I think what’s been said about starting friendships...I think it’s very valuable'

	'uhm...my contribution to the garden project and also what we discussed in the group is important '
	'We did this, the money we are spending and we're buying the bread because we sold this and this".....which means a lot more for them and the students coming from Tukkies. Dont know, did that answer your question '
	'And it's also true that you eventually see them feeling that they matter '
4. Provided general information to patient's	'Ek dink die inligting wat ons verskaf het...uhm....hulle het baie van die basiese goed nie eers geweet nie so net om daai inligting te he al klaar help hulle om meer informed keuses te maak '
	'Haai ek sal dit nou nooit weer doen nie....ek het dit nie eers geweet nie, ek gaan dit nou vir almal vertel wat ek sien. Ja ek dink die inligting '
	'Baie mense het nie `n begrip van die wetenskaplike terme nie. So om dit half te kan sien en vir hulle te kan verduidelik dit is hoe dit gebeur is baie effektief '
	'Ons was saam `n ander groep ook by hulle kliniek gewees en die eerste ding wat ons agter gekom het is die terme is onverstaanbaar. Die mense weet nie eintlik waarvan hulle praat nie. So ons het juis daarop gefokus om dit baie verstaanbaar te hou '
	'Dit was regtig...ek dink dit was regtig baie effektief gewees want van die mense in die groep het....het selfs gese ons moet dit breer vat.....hulle soek `n billboard van hierdie goed en dit het regtig.....ek dink hulle het baie daaruit geleer'
	'Dit het defnitief `n impak op hulle gehad....jy weet dit gee jou net....wys vir `n mense ek meen jy het iets.....jy kan....jy het iets wat jy kan gebruik...miskien het hulle nie geweet...ek dink nie hulle het ook so daaraan gedink nie '
5. Provides support system in their community	'Its sort of creates a way for them to cope and....uhm....not on their own but with somebody else?'
	'Ja definitely also very valuable! Uhm.....because a lot of these patients are coming from.....or mental healthcare users are coming from families or homes where.....you know the families don't understand them....uhm....they cant really speak

	about their illness or difficulties so when they get to the clinics '
	'Ja....they support each other even outside the group for instance the other lady was in an accident for which they come together and want to visit the group members in Kalafong. So they still support each other outside..... '
	'They're supporting each other....they.....they....if one member is missing or didn't come for that week...they....they...they now developed this thing lets just go check out for ourselves...they always decide....decide two people to check up on that person. So the group on its own somehow it's sustaining itself. The friendships have grown and....so the...am I answering your question....what was the question '
	'How we learned we can be there for each other. That I'm not the only one who's going through this kind of stuff, that there...uhm...which I think is the process in any case '
	'Maybe back to your previous question, I'm just thinking that....A client of mine wasn't involved with this specific group.....Uhm....I think one of my outreach clinics.....and she....her husband had left her we were working with kind of impact on that and then she discovered this women's group far from her home but they did exercises together and they would talk about stuff together and complain about their husbands and give each other advice....and.....two sessions.....I'm telling you she was fine....just two weeks there.....and she just suddenly found there are other like '

Main Theme 4: Value for clinics	
Relevant sub theme	**Supporting Verbatims**

1. Depends on reason why clients come to clinic	'Uhm.....Ek....ek dink die groepe kan waardevol wees vir klinieke, maar dit hang af van hoekom daardie persoon na die kliniek toe kom, sou ek se. As daardie persoon na die kliniek toe kom om met iemand te praat juis net om te praat dan sal dit defnitief baie baie uithelp, maar as daardie persoon kom vir medikasie of `n suster se expertise of `n sielkundige se expertise dan is dit `n heeltemal `n ander storie.... '
	'ek weet nie wat om vir jou te se of ons regtig `n impak gehad het op die kliniek...osn sal so hoop maar ek weet nie'
	'Uhm.....Ek....ek dink die groepe kan waardevol wees vir klinieke, maar dit hang af van hoekom daardie persoon na die kliniek toe kom, sou ek se. As daardie persoon na die kliniek toe kom om met iemand te praat juis net om te praat dan sal dit defnitief baie baie uithelp, maar as daardie persoon kom vir medikasie of `n suster se expertise of `n sielkundige se expertise dan is dit `n heeltemal `n ander storie.... '
2. Valuable if there is a need in the clinic and the clinic is able to help	'Uhm...ek dink omdat die groep so klein was en omdat dit nou eintlik parolees was, nie eintlik nie, ma daar is wel `n probleem veral met substans afhanklikheid. Een van die groepslede het al die eerste dag gese hy wil nou af kom van die dwelms af en iemand gaan hom moet help, hy gaan dit moet los. Hy gaan moet af gaan daarvan af, en die kliniek self kon hom nie help met dit nie. So ek dink daar is `n probleem. Dit help nie die groep spreek dit aan en die kliniek kan hom nie eintlik help nie. '
	'Hy wou mense uit die kliniek uit....want die eendag het hierdie een vroutjie wat altyd in ons groep.....sy't op `n power trip gegaan, sy't een sessie vir ons geleer en die volgende week is sy daar en sy's terug en sy.....so dit was interresant gewees, so as jy hulle kan oplei daarso in die kliniek...hulle self oplei met net weeklikse...en ek weet dit is nou weer mannekrag en dit en dat.....maar mense moet uit die.....uit die kliniek uit kom..... '
	'Hulle het nie die fasiliteite om hom te kan help nie '
	'Ek dink daar is leemtes wat op so `n manier gevul kan word. Ek dink `n mens moet net baie mooi

	seker maak wat is die perke, veral as jy nou `n intervensie soos substans afhanklikheid dan moet daar iemand wees wat half die kliniek moet daai kan support bied. Anders gaan dit nie help om so `n intervesiete in plek te sit nie'
	'Ek dink....uhm....eintlik op die meeste sou dit so bietjie waardevol gewees het....uhm.....vir sekere dinge soos relaps.....want ek weet daar was `n klomp alkoholiste gewees.....jy weet.....snaaks genoeg was hulle van die entoesiastiese mense daar gewees. Hulle het dit nogal geniet. Dit kan die klinieke help om al hierdie mense in een groep te kan help'
	'Well one of the sisters was.....well it was just mentioned because she saw that ...uhm...sometimes they were given talks to the general patients who just had their little group there and she wanted them to go to other....you know....departments and maybe...uhm.....repeats the....to give the talk there.....ARV....to give a talk about other things they were talking about with the general patients at mental health....so ja I think they do see the need for it and the advantages for the students to be there...so it's a matter of getting these things '
3. Relief the workload of clinic staff	'Weet jy....dit weet ek nie, want vir ons is net...op die ou einde van die dag die ideal sal wees...jy weet as jy....jy help die groep en hulle word self-empower en...jy weet...hanteer hulle eie probleme....minder probleme vir die kliniek, minder medikasie, minder mense wat hulle sien en so aan maar soos ek se ons het nie '
	'So ek dink defnitief dit.....dit kan...want ek dink dit kan...uhm.....daar is nie baie personeel lede by die kliniek self nie, so om so iets voltyds te implementeer is dalk moeilik by party klinieke en as jy dan studente kan gebruik daarvoor en....en hulle kry die praktiese ervaring en daar word `n diens gelewer by die kliniek self dink ek dit kan `n groot verskil maak, as daar net die regte en nodige sisteme in plek is.'

	'Uhm....hulle het....die ding is meeste van hulle....jy weet....het gelyk of hulle moeg was om te sukkel maar met die mense....jy weet...maar ek dink dit was maar `n ding van daar is te veel mense om voor te kyk...maar....uhm.....ja hulle was nie bang om te help of iets nie....jy weet hulle was lus om te help en hulle het gese dit is iets wat hulle kan help om eerder te fokus op ander pasiente wat hulle hulp meer nodig gehad het'
	'ek sou se as jy individueel mensies kon gesien het dan sou dit beter gewees het want in die groep word hulle maar ook beinvloed deur die ander mense en ek dink dit is normaal van ons mense ook en ek dink dat as jy alleen met daai persoon one-on-one moes praat en se wat...wat dink jy kan in die gemeenskap.....as ons nou se nou maar ons kan op hierdie ding verbeter dank an ons hulle vra oor daai spesifieke ding en van elke persoon uniek een dink kry en dit kombineer, integreer en kyk...dit is die main ding waarop ons moet fokus en van daar af beweeg....sou ek se '
	'Maybe if your saying....you can see the effect on the.....on the individual members lives so indirectly it becomes less work for the nurse or the staff member to have to deal with it. If it gets handled in the group the sister won't have to do her own visit because the patient feels empowered enough to go and talk to the family about the problems they've got rather than waiting for someone to come an fix it for them '
	'So yes I think there is an alleviation of a burden in that sense...uhm...whether its group related or in an individual way but I think there is definitely a...a benefit for the implementation.... .'
4. Creates awareness of support	'uhm...there's a buzz. Which I also believe the group helps create there's.....there's more again to...to help them just the medicine people takes '
	'having the group might be an indication to show the other people that are not so well that there is a place that you can come '
	'and....and.....find.....I don't know....it's....it's....because there are some people that walked in asking about the group. So maybe that what an advantage is '

	'Maybe it's become a thing of saying well people then come to the clinic they don't just see it as this place where help is given and also where we can contribute to the clinic. When the community starts taking ownership more of....of the clinic as an entity....part of the community not just westernised medicine centre but that more happens here than just '
	'I think maybe that's why....my suggestion of having someone who's there in any case that can say that's where we were last year....whether it's written or whatever.....like there's some kind of feedback to the new students to say this is what we found obviously like in the danger of priming someone to see what we have already seen is there but at the end of the day it could be advantages to the group. The group that stays behind.'
	'the after effects of the students having been there....uhm....I think it creates a bigger awareness eventually in any case which might help future groups get started in any case....uhm.....just the fact that people started getting used to the idea that something's happening on a Tuesday morning...that.... you know there is more to mental health than mental problems '