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The perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders at the Community Oriented Substance Use Programme (COSUP)

by

Shalyne Sithabile Mateko

(16105452)

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Full names of student: Shalyne Sithabile Mateko

Student number: 16105452

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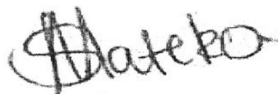
Signature:……..  **Date: 24/04/2024**

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ABSTRACT

The perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders at the Community Oriented Substance Use Programme (COSUP)

RESEARCHER: Shalyne Sithabile Mateko

SUPERVISOR: Prof. Dr C.L. Carbonatto

DEGREE: MSW (Healthcare)

INSTITUTION: University of Pretoria

Co-occurring opioid use and mental health disorders are a prevalent problem in South Africa. However, little is known about social workers' perceptions of these co-occurring disorders. As such the goal of this study was to explore and describe the perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders at the Community Oriented Substance Use Programme (COSUP).

The study adopted the qualitative research approach and served both exploratory and descriptive purposes. The research design was a case study, particularly an instrumental case study design. A purposive sampling approach was used to recruit four participants at COSUP, Tshwane, who provided their perceptions on working with service users with co-occurring opioid and mental health disorders. The data was collected using virtual interviews via Microsoft Teams, with the guide of an interview guide. Data was analysed using thematic analysis.

The findings indicate that co-occurring opioid use and mental health disorders are a cause of concern, influenced by traumatic childhood experiences, an already existing mental health disorder and socio-economic issues, such as the easy accessibility of substances, unemployment, and homelessness. Furthermore, the study found that social workers provide psychosocial services such as assessments, counselling, referrals and skills development. Social workers face challenges related to the lack of resources, infrastructure, and a lack of integration of services.

The study concluded that social workers face challenges which hinder effective service provision to service users with co-occurring opioid use and mental health disorders. The study recommends strengthened multisectoral collaborations that prioritise co-occurring opioid use and mental health disorders to ensure increased funding and resources for effective service delivery.

KEY WORDS

Community Oriented Substance Use Programme (COSUP)

Mental health disorders

Opioids

Perceptions

Psychosocial

Service users

Social workers

Substance use

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CHAPTER 1: GENERAL INTRODUCTION

1.1 INTRODUCTION

Mental health is a significant public health concern worldwide as mental health disorders contribute to the burden of diseases (World Health Organisation (WHO), 2017:7). The prevalence of mental illnesses is estimated at 450 million people affected either by a psychological or behavioural disorder worldwide (WHO, 2017:7). Mental, neurological drug misuse disorders are prevalent throughout the world, impacting every neighbourhood and age group at all income levels. While these illnesses account for 14% of the worldwide disease burden, the vast majority of those affected – 75% in certain low-income countries do not have access to reliable treatment (WHO, 2021:8). Numerous factors, including alcoholism and drug misuse, have been identified as contributory factors to the prevalence of mental illnesses in South Africa. Many people who misuse drugs and other substances also have mental health problems, such as bipolar disorder, depression, and Schizophrenia, among others (Gloeck, Hugo, Khambule, Kroucamp, Lalla, Mohale, Marcus, Shelly & Scheibe, 2020:1). Also, people with mental health challenges may use alcohol and drugs to ease the symptoms of the illness. This study will describe and explore social workers' perceptions regarding service users with co-occurrence of opioid use and mental health disorders at the Community Oriented Substance Use Programme (COSUP).

1.2. DEFINITION OF KEY CONCEPTS

The study's fundamental concepts are defined below:

1.2.1. Community Oriented Substance Use Programme (COSUP)

COSUP is a non-profit organisation founded in 2016 by the University of Pretoria's Department of Family Medicine. The organisation was established to respond to the increase in illegal substance misuse. It aims to reduce the harms associated with substance misuse (Gloeck et al., 2020:1). In this study, the participants are social workers currently employed at COSUP. They work with service users with co-occurrence of opioid use and mental health disorders.

1.2.2. Dual diagnosis/ co-occurring disorder

Dual diagnosis arises when two distinct conditions or illnesses develop in the same individual concurrently or with a temporal interval between the start of one and the beginning of the other (The National Institute on Drug Abuse in the United States of America (NIDA, USA), 2010:10). This study will mainly focus on participants with co-occurring opioid use and mental health disorder.

1.2.3. Mental health disorders

Mental disorders denote the various psychological disorders that affect one's frame of mind, intellect, and behaviour. Mental disorders include Schizophrenia, depression, bipolar, eating disorders, anxiety disorders and addictive disorders (WHO, 2017:4). In South Africa, diagnosis for mental health disorders is based on the criteria established by the Diagnostic and Statistical Manual of Mental Disorders Text Revision (DSM-5-TR) (APA, 2022:4). The study will only focus on opioid use and mental health disorders.

1.2.4. Opioids

"Opioids refers to all substances, natural and synthetic (such as pethidine), that act on the mu-opioid receptors in the brain and the Mu opioid agonists are primarily responsible for euphoria, sedation, and analgesia" (South African Addiction Medicine Society (SAAMS), 2015:4). "Opioid is a generic term applied to alkaloids from the opium poppy (opiates), they are synthetic analogues (mainly prescription or pharmaceutical opioids) and compounds synthesised in the body" (United Nations, 2017:65). Whoonga, dope, junk, hairy, and smack are some names given to street opioids in South Africa (Department of Social Development (DSD), 2019:48). In this study, opioids refer to substances such as Heroin and nyaope.

1.2.5. Perceptions

Perception is a "psychological process where sensory signals that reach the brain are selected, organised and interpreted so that we can make sense of and attach meaning to experiences" (Weiten & Hassim, 2016:113). In this study, perception denotes how social workers at COSUP comprehend and create meaning in their encounters when working with service users with co-occurrence of opioid use and mental health disorders.

1.2.6. Service users

Service users refer to people with social and mental health needs who receive health and social care services from professionals. They also participate in the intervention process (National Health Services, 2019:2). In this research, service users refer to people with co-occurrence opioid use and mental health disorders either diagnosed by a medical doctor or showing signs and who are getting psychosocial services from COSUP and receiving methadone for the treatment for withdrawal symptoms as part of harm reduction.

1.2.7. Social workers

A social worker is " a professional who utilises the science of assisting others in achieving an effective degree of psychosocial functioning and effective societal reforms to improve the well-being of all individuals" (Barker, 2014:408). In this study, a social worker is a qualified employee registered with the South African Council for Social Service Professionals,

employed by COSUP, and works with people with a dual diagnosis of opioid use and mental health disorder.

1.2.8. Substance use

Substance abuse is the excessive use of illicit substances that deviate from acceptable medical or social usage, which might result in physiological and psychosocial dependency if sustained (Hines & Marchall, 2018:623). Substance abuse includes the misuse of legal compounds like Heroin, over-the-counter medicines, solvents, and illicit narcotics (DSD, 2019:47). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) defines substance use disorder as a pattern of symptoms generated by illegal drug use that a person maintains to use regardless of its detrimental repercussions. Based on years of studies, the DSM-5-TR identifies eleven categories that can result from substance use disorder abuse, which are divided into four subgroups: impaired control, social impairment, risky use and physiological dependency, social issues, and questionable behaviour (American Psychiatric Association (APA), 2022:456). In this study, the researcher defines substance use as the illegal use of illicit drugs, which hinders a person's daily functioning.

1.3 THEORETICAL FRAMEWORK

The biopsychosocial approach and the harm reduction theory are the theoretical frameworks underpinning this study.

1.3.1. The biopsychosocial approach

This model is a tool for understanding diseases and illnesses in the medical field. George Engel founded the biopsychosocial model in 1977 due to criticising the Bio-Medical model that focused on the natural element of disease without concentrating on the other aspects. Engel (1981:1) postulated that it is critical to consider the illnesses' biological, social, and psychological factors because they all affect people's experience and perception of their sickness. This approach is widely used in social work and mental health fields of practice in South Africa.

1.3.2 The biopsychosocial approach to opioid use

The biomedical approach viewed addiction as the expression of disruptions in detectable biochemical or neuroscientific processes in the affected individual, hence focusing only on the biological aspect (Skewes & Gonzalez, 2013:67).

It emphasised the biomedical factors of addiction whilst separating the mind and the body, proposing they have less influence on substance misuse. Whereas the biopsychosocial model recognises both biological, psychological, and social factors as essential components that contribute to substance misuse and incorporate them into prevention and intervention processes (Skewes & Gonzalez, 2013:67). The biopsychosocial model is widely advised to identify and minimise the consequences of problematic substance misuse in patients with substance misuse and other co-occurring disorders (Matteliano, Marie, Oliver & Coggins, 2014:391-405; Skewes and Gonzalez, 2013:67). Additionally, the biopsychosocial approach encourages an integrated and comprehensive approach in understanding the co-occurrence of opioid use and mental health disorders. The biopsychosocial approach allows for the consideration of various aspects that might increase the risk of substance misuse. The model's biological, psychological, and socio-cultural dimensions are discussed below.

1.3.2.1 Biological component

The biological aspect emphasises the effect of genes and neurological systems (Engel, 1981:101). Studies indicate various explanations, including brain structural defects and genetic and hormonal disorders (Bombaci, 2014:3), as well as genetic predisposition. Many theories exist to describe this genetic propensity, including the Reward Deficiency Syndrome, which claims that certain people are conceived with an abnormal reward system in the brain, making them more prone to the rewarding effects of addictive substances (Febo, Blum, Badgaiyan, Baron, Thanos, Colon-Perez, Demortrovics & Gold, 2017:669). Furthermore, neuroimaging investigations have repeatedly shown alterations in these neural circuits after substance misuse. Skewes and Gonzalez (2013:5) emphasise that the dopamine reward system reinforces substance misuse behaviours and other aspects. In addition, substance addiction has a hereditary foundation, as evidenced by twin studies on twins, families and adopted children and, most significantly, epigenetic experiments. Based on investigations connecting dopamine agonists to mania, several investigations relate genetic indications to a hyperactive dopamine system triggered by anxiety, thus, the efficiency of mood stabilisers in altering neuronal communication. Biological factors are influenced by psychological, cultural, and social aspects such as stress and childhood traumas.

1.3.2.2 Psychological component

The psychological aspect primarily incorporates conceptions of behaviour, emotions, and cognitive factors (Lee, Cataldo, Coppola, Corazza, & Esposito, 2021:5; Skewes & Gonzalez, 2013). Importantly, operant conditioning is vital in comprehending the recurrent misuse of substances in this dimension. It is a learning mechanism in which behaviour recurrence is altered in response to its results. In terms of addiction, substance use produces pleasure as a positive reward, increasing the chance of repeated use. Similarly, as a dysfunctional coping strategy, it relieves negative feelings amid undesirable occurrences. It alleviates withdrawal symptoms via a negative reinforcement loop that leads to a destructive use pattern and relapses (Lee et al., 2021:5; Skewes & Gonzalez, 2013:3).

Additionally, psychosocial factors like depression, pain, and unfavourable childhood circumstances are related to emotional distress that leads to self-medication (Lee et al., 2021:5). People with negative experiences such as rape, assault and injuries may experience persistent emotional dysregulation, anxiousness, and panic. They misuse substances because they find it an effective strategy to manage these unpleasant emotions. To substantiate this, in qualitative research conducted in the South African provinces, underemployment and unfavourable living conditions were outlined as key contributors to the vulnerability to instigating and ongoing use of nyaope (Mokwena & Huma, 2014:256; Mokwena & Morojele, 2014:374).

1.3.2.3 Socio-cultural component

Studies have shown that social norms, affordability, convenience, legitimacy, expectations, societal acceptance, exposure, targeted methods, and cultural views influence substance dependence. As the social learning theories explain, peer influence and modelling of adults' behaviours might promote substance misuse (Skewes & Gonzalez, 2013). The participants in a study by Tyree, Mosery, Closson, Mabude, du Toit, Bangsberg, Safren, Mayer, Smit, Mimiaga and Grelotti (2020:4) conducted among high scholars using whoonga in Durban pointed out that they started due to peer pressure from schoolmates and from observing their elders doing it. An individual's interpersonal relationships can also influence substance use disorders. People who misuse substances, for instance, have limited social support and poor relations, which might hinder therapy and rehabilitation. Developing excellent and healthy interactions, instead, can protect them from harmful social pressures and help them stay sober (Pettersen, Landheim, Skeie, Biong, Brodahl, Oute & Davidson, 2019:5; Lee et al., 2021:5). Moreover, some groups and societies, notably underprivileged ones, are targeted more aggressively with alcohol and cigarette marketing and have more access to illegal substances. As a result, one's social environment influences their chances of being involved in substance misuse.

Spiritual factors and their significance on people's physiological well-being have become more universally acknowledged during the last decade (Pettersen et al., 2019: 8). Integrating spiritual considerations into clinical treatment helps healthcare practitioners better comprehend their patients and promote a beneficial effect on their health. A study conducted in 2006 found that spiritual practice-based intervention strategies reduced patients' anxiety, distress, and negative emotions, as well as improved spirituality and competence (Gerra et al., 2021:572).

Based on the above literature, the components that enhance a person's risk of addiction are diverse. However, they all fit into the biopsychosocial model of addiction. This approach presents a comprehensive understanding of addiction that recognises substance use disorders' complexity and directs towards multidimensional and integrated treatment. Lastly, the more people understand the biopsychosocial model, the better they comprehend addiction and treat the users with empathy and respect for their dignity. Also, work towards promoting their well-being through implementing effective therapies and prevention initiatives.

1.3.3 The biopsychosocial approach to mental health disorders

1.3.3.1 Biological component

On the biological component, studies indicate various explanations, including brain structural defects and genetic and hormonal disorders (Bombaci, 2014:3). Based on investigations connecting dopamine agonists to mania, a hyperactive dopamine system is triggered by anxiety, thus, the efficiency of mood stabilisers in altering neuronal communication. Biological factors can be influenced by psychological, cultural, and social aspects such as stress and childhood traumas.

1.3.3.2 Psychological and socio-cultural components

Culture tends to have a mitigating effect on the signs of bipolar disorder. A contextual study conducted in different countries across various continents revealed that traditions that construct an incentive setting by strongly emphasising people's quest for pleasure and offering opportunities for that were significant to greater incidence of Bipolar I Disorder (Bombaci, 2014:3). Psychodynamic theories emerged a decade ago emphasising on the mind's interactions with cognitive, behavioural, and emotional influences. These ideas originated from the idea that the subconscious elements of a person's mind may be in tension, resulting in suppression (Gerra et al., 2021:572; Panda, 2019:1). To manage repressed experiences and establish mental stability, a person must overcome childhood negative experiences conflict. Failure to address such issues leads to mental illnesses (Panda, 2019:1). Similarly, the behavioural approach contends that maladaptive behaviours such as anxiety and depression

are attributable to learning when people interact with their environments. Also, it investigates the social pressures that people encounter in everyday life. Ethnomedicine is a discipline of healthcare that seeks to discover the origins of diseases according to cultural beliefs and values (Gerra et al., 2021:572). Bombaci (2014:3) indicates that disparities in people's concentration on themselves and their standing within the socio-cultural hierarchies are associated with the origin, prevalence, and progression of depression.

According to the information above, the biopsychosocial framework is a profitable method of controlling and treating mental health disorders since it tackles the problems from various perspectives. It acknowledges both pharmacological, psychological, and socio-cultural components. Thus, it seeks to alleviate the symptoms while addressing the disorders' social, biological, and psychological origin. Focusing on the theory's psychological components can help people gain control of their emotions and enhance their mental well-being.

1.3.4 Harm reduction approach

Harm reduction is an approach that promotes the establishment of policies and practices that focus on decreasing the socio-economic and health-related harm caused by drug misuse and alcohol (DSD, 2013:12). It is an initiative of social justice based on a belief in and consideration of the rights of people who misuse substances. The philosophy encompasses safe-to-use, controlled use, abstaining, meeting users where they are and treating the circumstances of use and the usage itself (Gloeck et al., 2020:1). There is no general definition or formula for implementing harm reduction since it requires programs and policies meant to benefit individuals who use drugs to reflect distinct individual and community requirements.

Harm reduction aims to improve public health and safety conditions by giving persons who are misusing substances a variety of rehabilitative, preventative, and supporting services, with the overall goal of normative inclusion (Gloeck et al., 2020:1). For instance, reducing the spreading of HIV and other blood-borne diseases by using sterilised needles and syringes, keeping all these illnesses in check. Due to the most harmful effects of injecting rather than smoking Heroin and the highest HIV rates in the country, South Africa has been reduced by implementing harm reduction, for instance, promoting smoking instead of injecting Heroin (Morgan, Daniels & Subraney, 2019:2).

However, Jiang, Guy, Dunphy, Pickens and Jones (2021:9) highlighted various factors that hinder the medication process for substance misuse, such as stereotyping, lack of or limited medical insurance benefits, shortages of government funding for opioid substitution treatment, and little research and information about where to get the medication.

1.4 PROBLEM STATEMENT AND RATIONALE

Mental health problems are widespread among heroin users, with global estimates ranging from 40% to 85% (Morgan et al., 2019:7). Heroin is an opioid and the most often misused substance in South Africa. The demand for its treatment has been increasing since 2010 (Morgan et al., 2019:1). The use of Heroin in South Africa is resulting in risks such as HIV, hepatitis C and co-occurring other mental disorders like bipolar and depression. However, in South Africa, there have been limited statistical reports on the demographics of heroin users and the success of therapy for those who use public facilities for treatment (Morgan et al.,2019:1). Even though numerous studies have given great attention to the burden of dual diagnosis, very little is known about its impacts and treatment of co-occurrence of opioid use and mental health disorders from the social workers' point of view.

Generally, dual diagnosis has sparked attention in recent years, and a study into diverse forms of it is required to develop effective treatments. Hence, this study intends to bridge this gap in research by exploring social workers' perceptions regarding service users with co-occurrence of opioid use and mental health disorders. The findings and recommendations from this study can help improve interventions and support service users with co-occurrence of opioid use and mental health disorders, as well as support the social workers in treating them. This research seeks to answer the question, "***What are the perceptions of social workers working with service users with co-occurring opioid use and mental health disorders at the Community Oriented Substance Use Programme (COSUP)?"***

1.5 GOALS AND OBJECTIVES

The study aims to "explore and describe the perceptions of social workers regarding service users with co-occurring opioid use and mental health disorders at COSUP."

To achieve this goal, the following objectives should be attained:

- To explore and describe the social workers' knowledge and experiences of service users with co-occurring opioid use and mental health disorders at COSUP
- To explore and describe the forms of social work services and interventions rendered to service users with co-occurring opioid use and mental health disorders.
- To explore and describe challenges social workers face when rendering biopsychosocial services to service users with co-occurring opioid use and mental health disorders.

- To explore and describe the psychosocial support services available for social workers who are rendering assistance and supporting service users with co-occurring opioid use and mental health disorders at COSUP.
- To recommend strategies social workers can use to support service users affected by co-occurring opioid use and mental health disorders.

1.6. RESEARCH METHODS AND METHODOLOGY

This research study used a qualitative research approach. The approach seeks to understand a phenomenon from the perspective of the research participants (Litchman, 2017:7). This approach enabled the researcher to understand social workers' perceptions of service users with co-occurring opioid use and mental health disorders.

The study had both exploratory and descriptive purposes. The research explored and described social workers' perceptions in working with service users with co-occurring opioid use and mental health disorders. The study was applied in nature. A case study research design, particularly instrumental case study design, was used to obtain the perceptions of working with service users with co-occurring opioid and mental health disorders from various social workers (Rubin & Babbie, 2013:250).

This study used a purposeful sampling approach. This approach enabled the researcher to include only social workers working at different COSUP sites in the City of Tshwane, who would provide their perceptions based on their perceptions of working with service users with co-occurring opioid use and mental health disorders (Alston & Bowles, 2012:90).

The data were collected using semi-structured telephonic interviews via Microsoft Teams. Thereafter, the data was analysed using thematic analysis. This study adhered to ethical considerations such as no deception, confidentiality, voluntary participation and informed consent, actions and competence of the researcher, publication, and release of the findings.

1.7 CHAPTER OUTLINE

This research report is divided into four chapters.

Chapter 1: General introduction to the research study

This chapter outlines the context of the study, covering the following: introduction, theoretical framework, policies applicable to the study, problem statement and the goal and objectives

Chapter 2: Literature Review

This chapter explores the co-occurrence of heroin use and bipolar disorder. It covers the following topics: mental health in South Africa, substance use, causes, effects and treatment of heroin use disorder and causes, treatment, and results of bipolar disorder. The other sections also discuss the co-occurrence of substance use and mental health disorders, harm reduction, community-oriented substance use programme (COSUP) and the experiences and perceptions of social workers offering services to people with co-occurring substance use and mental health disorders.

Chapter 3: Research methods and empirical findings and interpretation

This chapter comprehensively describes the research methods implemented and conveys the study's empirical findings. It describes the research methods used throughout the study, including research approach, type of research, research design, data collection methods, pilot study and ethical considerations. It further explains the thematic analysis used to analyse the data, the pilot study and how data quality was ensured.

Chapter 4: Key findings, conclusions, and recommendations

The study's main conclusions, as inferred from the key findings, are the foundation of this last chapter. Key findings emerging from the themes are discussed. Future research recommendations and study limitations are highlighted.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The co-occurrence of opioid use and mental health disorders presents a major global problem due to the complex interaction between the biological, psychological and social factors. In South Africa, specifically, substance use is prevalent in South African communities due to easy accessibility, poor living conditions and using opioids to treat physical and emotional distress (Mokwena & Huma, 2014:256; Stowe, Scheibe, Shelly & Marks, 2020:8). In addition, the mental health sector is underfunded and under sourced (Booysen, Poyo & Grant, 2021:5). Given these circumstances, it becomes a challenge to diagnose, and treat the co-occurring opioid use and mental health disorder.

This chapter provides a detailed overview of the reviewed literature on co-occurring opioid use and mental health disorders. It discusses the aetiology, effects and treatment of opioid use and mental health disorders as well as co-occurring. The biopsychosocial model and harm reduction approach will be discussed concerning opioid use and mental health disorders. Also, the experiences and perceptions of social workers working with service users with co-occurring opioid use and mental health disorders, particularly their role, problems they encounter, and services offered.

2.2 THE STATE OF MENTAL HEALTH IN SOUTH AFRICA

Mental health refers to the person's psychosocial and emotional well-being. A considerable diagnostic impairment in a person's thinking, psychological instability, or conduct characterises a mental illness (Lee, Cataldo, Coppola, Corazza, & Esposito, 2021:2). Mental illnesses are frequently connected with stress or deterioration in the critical domain of functionality. Research has shown that South Africa is among countries with the poorest mental well-being worldwide. For instance, a survey done by the South African College of Applied Psychology (2018) concluded that in every six South Africans, one is diagnosed with a mental health disorder. However, notwithstanding the critical need, South Africa's mental healthcare services are entirely unprepared to bear the pressure imposed upon them. Only 16% out of 45% of patients with mental health disorders obtain treatment. There is a shortage of clinical psychologists in many treatment centres to assist with therapy for people with mental illnesses in South Africa (Booysen et al., 2021:5). In addition, most provinces like Northern Cape have limited approved non-governmental organisations that offer support in society, yet community interventions are very effective in combating mental health diseases. Mental illness has a detrimental influence on people's well-being, raising the likelihood of

unemployment, social marginalisation, co-occurring physical conditions, substance misuse, shorter life lifespan, and deprivation of their freedom. Consequently, the increase in substance misuse in the country leads to many co-occurring mental health and substance use disorders, as these two have a solid causal relationship (Lee et al., 2021:2).

2.3 SUBSTANCE USE DISORDERS

Lee et al. (2021:2) state that substance misuse is related to the unregulated and detrimental use of addictive drugs. This is linked to a loss of inhibition over social actions and increased behavioural risk-taking patterns. In addition, it can be defined as the misuse and abuse of legal substances such as heroin, alcohol, prescription medication, solvents, inhalants, and over-the-counter medicine, as well as other illicit drugs (DSD, 2013:13). Substance misuse can result in addiction, an urge, or stimulation that motivates a person to find fulfilment, either from addictive drugs or other disorders (Bacciardi, Maremmani, Rovai, Rugani, Pani, Pacini, Dell' Osso & Akiskal, 2013:30).

Drug addiction is a behavioural condition caused by the repeated use of addictive chemicals. South Africa is the largest market for illegal drugs in Sub-Saharan Africa. Due to its tremendous wealth in Africa, it has become an attractive 'developing market' for illicit substances (Morgan et al., 2019:2). As a result, substance misuse is part of South Africa's top challenges. It has been a cause of concern for violence, crime, and mental health challenges for the previous two decades (Isaac, 2019:1). The emergence of new foreign cultural trends within the more privileged parts of the population has all been linked to an increase in substance misuse and addiction, as well as a rise in violence and crime (Petzer, Ramlagan, Johnson & Mafuya, 2011:2). This study will focus on different types of opioids mostly abused in South Africa.

2.3.1 The prevalence of substance use

Substance misuse has become a worldwide concern; in the United States of America, approximately 60.1% of people aged twelve years and above abused at least one illicit substance in 2019 (Substance Abuse and Mental Health Services Administration (SAMHSA), 2020:2). In South Africa, 10.3% of people who are 15 years and above are known to have alcoholism, while 8.6 % are estimated to use illegal substances (Lee et al., 2021:2). Cannabis is the most used illicit substance, followed by Mandrax, stimulants like methamphetamine, and opiates (Myers, Koch, Johnson & Harker, 2022:2). Additionally, research done by the Substance Abuse Mental Health Administration (2020:2), shows that a significant number of South Africans meet the diagnostic criteria for substance use disorders. For instance, in a

household assessment that health care workers did in the City of Tshwane on drug misuse, 49% of the assessed households had at least one person who requires treatment for substance misuse (South African Community Epidemiology Network on Drug Use [SACENDU], 2019:68). The most used substances were alcohol, Cannabis, and heroin. Therefore, one can conclude that South Africa is amongst the countries with the most significant burdens of disease related to substance use.

Although there is an increase in cases of illicit substance use, previous studies have proved that published research has failed to present the urgent need for drug misuse study among South Africans (Isaac, 2019:1). Hence, there is an urgent need for international research on drug misuse in South Africa, most studies so far have focused solely on local municipalities and small towns (Isaac, 2019:1; Mokwena, 2015:251). Therefore, this proves that South Africa lacks a systematic national investigation of drug misuse.

2.3.2 Opioid use disorder

Opioids are a family of substances produced organically from the opium poppy plant and cause different effects, such as pain alleviation. Opioids can be prescribed medicine, such as pain relievers, or they can be illegal narcotics, like heroin (Morgan et al., 2019:1). Opioid misuse is described as taking prescribed opioids for non-medical purposes or for extended doses than recommended by a specialist which has found related to increased incidences of Depression, anxiety, and bipolar disorders. Opioid misuse has become rampant in South Africa, leading to many deaths due to overdose, mainly through self-medicating, especially pain medication and cough syrup. Despite the prevalence of opioid use, there are limited actual statistics on the extent of the issue (Morgan et al., 2019:1; South African Addiction Medicine Society (SAAMS), 2015:2). Unmanageable cravings and a failure to stop using opioids despite harmful consequences to interpersonal relations and finances, are signs of heroin use disorder and addiction. Consequently, South Africa is implementing harm reduction by promoting smoking heroin, nyaope and unga rather than injecting it to reduce the risk of blood-borne infections.

2.3.2.1 The global prevalence of opioid use

Nearly 70% of the worldwide burden of substance misuse-related illnesses is attributed to opioid use, especially heroin use, among members of the population with neglected financial, psychosocial, and other needs (Scheibe, Marks, Shelly, Gerardy, Domingo & Hugo, 2018:801). In addition, the overdose of opioids is among the significant causes of substance misuse-related deaths worldwide, causing respiratory failure and hypoxia, which can be catastrophic (Stowe et al., 2020:10). Most people use different opioids as a way of coping with

anxiety, fears, and other forms of emotional distress. In the United States of America, many families and communities are still facing challenges due to the burden of opioid overdose. In 2020, there were approximately 92,452 people who died because of overdose, which is a 30% increase from 2019, and 12,6% of that number were using heroin (Jiang et al., 2021:1). The reason behind the escalation in overdose cases, is the illegal production of synthetic opioids like heroin. According to one survey conducted by Jiang et al. (2021:8), 75% of users globally had mental health problems like Depression, schizophrenia, and bipolar disorder. The expansion of illicit synthetic opioid production is not only in the USA but also spreading very fast in different continents, leading to many deaths.

2.3.2.2 The prevalence of opioid use in Africa

The incidence of opioid usage in Africa is challenging to determine since many countries lack adequate and accurate data-gathering programs, and others do not participate in global research on substance misuse (Western African Commission on Drugs 9 [WACOD], 2014:40). However, the few studies available from the United Nations on Drugs and Crime (UNODC, 2015:10), show that opioids abuse is escalating in African countries. Heroin which was historically infrequent in Sub-Saharan Africa has become widely accessible due to its smuggling through the expansion of the African routes (Tyree et al., , 2020:2). Empirical data from (WACOD, 2014:39), found that in Tanzania, Kenya and Senegal, opioids have become prominent substances of abuse with a well-established market throughout the area. Just like in South Africa, heroin in Kenya and Tanzania is mostly taken together with marijuana. Based on the World Drug Report, unprecedented outbreaks of HIV infections are emerging in Sub-Saharan Africa due to the sharing of needles during the injection of opioids (Tyree et al., 2020:3). For instance, in South Africa, Gauteng has the highest rate of injectable substance misuse, with over 31% of people in rehabilitation admitting to frequent intravenous use.

2.3.2.3 The prevalence of opioid use in South Africa

In a report that was published by the South African Community Epidemiology Network on Drug Use (SACENDU, 2019:2), opioid use disorder has been a significant concern for the past decades. It was reported that 20% of patients in Gauteng and 10% in KwaZulu Natal province take nyaope as their primary drug or second option drug of use. In other provinces of South Africa like Limpopo and Northwest, heroin use has been stable since 2016, but in the Western Cape, it increased by 6% in 2019 (SACENDU, 2019:2). The exact number of street nyaope users is unknown in South Africa; however, there is an estimated population of approximately 75 000 people who are involved in the use of nyaope on the streets (Stowe et al., 2020:8). This remains a considerable burden because the injection is linked to the spreading of diseases like hepatitis A and HIV/AIDS. South Africa is located in one of the illicit substance

trafficking pathways in Africa. The increased opioid production and high supply from Afghanistan have resulted in the accessibility to affordable and high-quality heroin that costs about R30 per packet in Cape Town (Weich, 2010:74).

There is limited research on the prevalence and implications of co-occurring disorders among opioid users who are receiving treatment in South Africa (Dannatt, Cloette, Kidd & Weich, 2014:77). Mokwena (2015:251) argued that there is a scarcity of formal research regarding nyaope, unga and heroine; however, the information available about the drug is only from media such as television, interviews, and documentaries. Therefore, there is a scarcity of published literature that ideally approximates the true magnitude of the opioid use problem in South Africa (Isaac, 2019:2). This calls for more research on this matter as these studies are vital for guiding the innovation and development of prevention strategies, and intervention approaches and to reduce opioid use and related implications.

2.4 TYPES OF OPIOIDS MOSTLY ABUSED IN SOUTH AFRICA

The most used opioids in South Africa are heroin and nyaope, also called unga. These substances will be discussed below concerning their ingredients and consumption.

2.4.1 Heroin

Heroin is an opioid substance that is derived from morphine that is commonly found in the United States of America and Asia. It is administered into the body through injecting, snorting, or smoking. Heroin is the most widely used illicit drug in many African countries, including South Africa (Stover & Schaffer, 2014:2). Heroin is a potent and highly addictive street illegal drug, also known as whoonga or nyaope, depending on the areas of South Africa (Isaac, 2019:5). The most used methods of heroin intake are smoking, whilst mixed with Cannabis depending on its type. However, heroin injection is the most lethal method because of its dangers of overdosing, spreading communicable diseases like HIV, intense withdrawal symptoms and high crime rates. The chasing method is when the users heat heroin in a foil and inhale the smoke that comes out (Stover & Schaffer, 2014:2). The impact of heroin use is better when smoking than injecting (Petzer, Ramlagan, Johnson & Mafuya, 2011:2; Morgan et al., 2019:2).

2.4.2. Nyaope

Due to the legislative campaigns on illegal drug addiction, existing illicit substances are being re-introduced under new names to avoid detection by police (Mthembi, Mwenesongole & Cole,

2018:115). Nyaope is another type of opioid most abused in the streets of South Africa. Other Street names for nyaope are whoonga, unga, ntashe, and mgwinya, depending on the provinces. Nyaope is a potent concoction of cheap heroin consumed with marijuana produced in the streets (Mthembi et al., 2018:115). Also, it is made of different types of medications like Antiretroviral drugs, cleaning detergents and other substances like rat poison and heroin (Morgan et al., 2019:1; DSD, 2017:20). Some melt it in foil paper and inject it, which is more harmful and exposes them to bloodborne infections like HIV (Mokwena & Morojele, 2014:374). In South Africa, the consumption of nyaope has surged in the past few years, mainly among youth, especially males. As a result, these young guys frequently resort to thievery, lose their jobs, and drop out of school. Nyaope users, usually from low-income families, frequently resort to criminal behaviour to sort out their drug habit, including stealing anything expensive they can get their hands on (Mthembi et al., 2018:116). In addition, pregnant women are not exempt from nyaope use, which negatively affects unborn babies (Mthembi et al., 2018:115).

2.5 PSYCHOSOCIAL CAUSES OF OPIOID USE DISORDER

Some contrasting models attempt to clarify the behavioural aspect as the leading cause of substance misuse. Other authors stated that dependence on substances is a choice guided by fundamental concepts of choices and motivations and controlled by desires and objectives, founded on traditional theories of learning from reward (Frank & Nagel, 2017:130; Henden, Melberg & Rogeberg, 2013:18). Whilst other scholars asserted that addiction to substances is firmly founded in neurobiological changes implying a core impairment in making choices, personality, and emotional control (Volkow, Koob & McLellan, 2016:364). Owing to the second theory, addiction entails a shift from consensual to obsessive substance misuse. However, the biopsychosocial model of addiction asserts that substance misuse is influenced by a combination of biological, psychological, and social factors (Gerra et al., 2021:562).

2.5.1 Poor living conditions

In qualitative research conducted in Gauteng, Mpumalanga, and Northwest provinces, underemployment and unfavourable living conditions were outlined as key contributors to the vulnerability to instigating and ongoing use of nyaope (Mokwena & Huma, 2014:256; Mokwena & Morojele, 2014:374). The participants use nyaope as a coping mechanism to escape from the pressure resulting from poverty. Much of the literature cited in this study point to South Africa's widespread and easy access to illicit drugs (Isaac, 2019:2; Mokwena & Huma, 2014:256; Mokwena & Morojele, 2014:374). People from marginalised communities and backgrounds, living under poor conditions, experience stress and become prone to

addiction. In a study conducted by (Jiang et al., 2021:9), it was concluded that socio-economic factors aggravate opioid use. In addition, people with challenges such as being unable to afford insurance, lack of support at work and inequality reported opioid use, substantiating what many researchers discovered (Isaac, 2019:2; Mokwena & Huma, 2014: 256; Mokwena & Morojele, 2014:374).

Heroin is a powerful physical and psychological pain reliever that assists many individuals in coping with the harsh living conditions, misery, and embarrassment associated with homelessness (Stowe et al., 2020:10). Also, there is a significant connection between opioid addiction and traumatic childhood experiences. Children from low-income families who experienced challenges growing up, such as health issues, little or no source of income, traumatic events, and substance misuse, are more likely to get involved in drug use if their families did not get any intervention regarding these issues (UNODC, 2015:22).

2.5.2 Accessibility of opioids on the streets

A study conducted by Isaac (2019:7) proved that even high school learners could access nyaope easily from tuck shops and other local businesses like taverns. Furthermore, the study's findings revealed that the majority of teenagers admitted to using drugs after observing their parents, neighbours, and older brothers do so. Tyree et al. (2020:4) found that most high school learners using whoonga in Durban started due to peer pressure from schoolmates. Therefore, it can be concluded that heroin is readily available even to children in high schools, and many people use it due to the influence of people around them. For instance, in that study by Tyree et al. (2020:4), one learner mentioned that he started using because someone lied that he was smoking marijuana mixed with heroin. Also, peer pressure is highlighted as a significant factor that contributes to substance misuse among high school learners in South Africa. However, it has been proved that children from supportive families overcome peer pressure (UNODC, 2015:22). As a result, initiatives addressing potential risks and resilience to misuse of substances must include the high schools and their social environments in their prevention and treatment programs (Gerra et al., 2021:562). In addition, the expansion of informal settlements in South Africa is a risk factor for heroin use. There is limited law enforcement in such settlements and poor police patrols; therefore, people can freely sell drugs, even to teenagers (UNODC, 2015:22).

2.5.3 Self-medication

There has been a growing emphasis on perceiving drug dependence as a type of "self-medication" to relieve pain, with little attention to its extreme pathologies. Gerra et al.

(2021:563) indicated that the self-medication hypothesis was first published in the 1980s, when health professionals discovered that heroin was being misused to cope with various types of innate emotional turmoil, such as anger and Depression. According to the 'self-medication' hypothesis, individuals may inject opioids to adjust their mood by reducing discomfort (Bacciardi et al., 2013:30; Maremmani, 2019:3). They misuse substances to sustain or enhance pleasure instead of relieving their depressive mood.

2.6 EFFECTS OF OPIOID USE

Opioid use disorder negatively affects the well-being of the users, their families, and their communities. This section will describe the impact of opioid use on communities, users, and their families.

2.6.1 Effects of opioid use on the individual

The long-term effects of opioids have been connected to several psychological and health complications (Isaac, 2019:7). It has been discovered that approximately 50% of people with bipolar disorder have a background of drug misuse or dependence (Maremmani et al., 2012:1). In a cohort study which was conducted by Khan, Cloete, Harvey and Weich (2014:84) to assess the difference between heroin users after four years of medical detoxification therapy and non-heroin users, the users showed a higher rate of mood disorders than non-users. This indicates that even after successful withdrawal and treatment, they can continue experiencing co-occurring mental illnesses such as bipolar disorder, schizophrenia, anxiety, and depression.

Moreover, opioid addiction may lead to significant health problems such as hypertension, cardiac arrests, cancer, and neurological complications. Similarly, some people may be in and out of hospitals with health problems like terrible headaches, excessive heartbeats, sweating, difficulty sleeping, paranoia and nausea (Nutt, 2012:118). Also, opioids such as heroin and nyaope can lead to overdose, which can cause death or fatal harm to the body (National Institute of Drug Abuse (NIDA), 2020:3). Substance misuse may also result in visible physical changes idn the body, such as losing weight. According to Nutt (2012:118) and Falardeau, Contreras, Gariepy and Laprise (2022:54,55), opioid abuse and the combined use of opioids and other substances such as amphetamines can change the structure and functioning of a nervous system, leading to long-term psychological impacts, including Depression, delusions, violent behaviour and anxiety. Furthermore, he mentioned that smoking or inhaling substances could weaken the heart and lungs, leading to chronic respiratory infections and illnesses (Nutt, 2012:118). Consumption of opioids slows a person's breathing by binding to

central nervous system receptors that control respiration (Venter, 2014:2). These drugs may cause painfully slow breathing or excessive snoring by lowering the respiratory rate. If a person takes a significant amount of an opioid or takes it with other substances, such as alcohol, they may cease respiration completely, resulting in death (NIDA, 2020:3).

As an addictive drug, Nyaope comes with severe withdrawal symptoms like intense headaches, muscle pains and severe stomachaches that the users compare with an explosion (Mokwena, 2015:251). Consequently, it becomes more difficult for people to withdraw from using nyaope without medication for withdrawal symptoms (Venter, 2014:2). People with nyaope addiction are used for cheap labour in the streets and townships because they are always looking for money to satisfy their cravings. In addition, heroin addiction may result in fatal health complications like chronic physiological and neuropsychological impairments that are permanent (Weich, 2010:75).

In South Africa, opioids have taken control of young people, resulting in them dropping out of school and losing their employment because they now only focus on finding more doses. They quit work and school and spend most of their time loitering in the streets, smoking nyaope and planning on how to get more supplies. As a result, they become prone to poverty through the loss of opportunities to be financially independent and well-employed in the future. Therefore, they end up committing crimes to sustain their addiction and other needs (Ephraim, 2014:8; Venter: 2014:2). In addition, since they spend most of their time on the street, the users have little time for personal hygiene or grooming which makes them prone to other illnesses. There is a very high death rate among opioid users, predicted to be between 1 and 4% every year or 13 times that of their non-user peers. The increased death rates are because of brutality, suicide, communicable diseases like HIV and other problems related to using other substances (Venter, 2014:2).

2.6.2 Effects of opioid use on relationships and communities

Due to Nyaope's low prices and easy availability, it is effortless for young children to access it. Other users are chased away from their families because they steal property and other goods from family and neighbours and sell them to feed their heroin cravings (Ephraim, 2014:8). The social effects of opioid use entail the disintegration of social interactions as societies battle with the proliferation of drug sellers in their community and the rising percentage of youth who are hooked into misuse of drugs and failing to withdraw (Mokwena, 2015:252). Heroin misuse disorder is a severe problem with long-term consequences. Parents with this disease may demonstrate unusual parenting, which has significant negative repercussions for their children, particularly during a crucial stage of development, such as

prenatal, early childhood and adolescence (Lee et al., 2021:1). In addition, several studies widely reported that substance misuse impairs parenting abilities in ways such as increased conflicts between parents and children, lack of parental involvement, and limited supervision of children. In the study conducted by (Tyree et al., 2020:4), they pointed out that children from supportive families with close supervision are less likely to succumb to peer pressure and substance misuse. However, the factors perpetuating paternal substance misuse and its health-related outcomes remain unclear.

South Africa's economy is burdened tremendously due to the continuous rise in opioid addiction. It is adding up to the already struggling primary health services by worsening the already escalating crisis of mental health in South Africa (Isaac, 2019:8). Opioid misuse has a significant influence on health care expenditure, social protection, and crime control costs, and it affects the performance at workplaces as well as resulting in premature mortality. Most of the users cannot afford treatment and rehabilitation costs (Mokwena, 2015:253; Weich, 2010:72). Due to the scarcity of public rehabilitation centres and mental health services, nyaope users are using community centres in an endeavour to create improvised recovery settings, where they can assist one another while dealing with the severe withdrawal symptoms without any medication (Mokwena, 2015:252).

In a study that was done in Western Cape among high scholars who are engaging in substance misuse, Mncube and Harber (2013:45-58) found out that substance misuse is the main reason behind violence against teachers and fellow students, vandalism of school property, as well as physical abuse and bullying in secondary schools. Compared to other illicit substances in South Africa, nyaope use is among males and females. Consequently, there are concerns about neonatal mortality, stillbirths and the capacity of mothers who are heroin users to practice good parenting, which add to the community's burden of substance misuse (Mokwena, 2015:253; Weich, 2010:72).

2.7 AVAILABLE TREATMENTS FOR OPIOID USE

Treatment is a multi-disciplinary, team-based procedure intended to improve the quality of life of people dependent on drugs (DSD, 2013:13). This section will give a detailed overview of the available opioid misuse treatment in South Africa.

2.7.1 Medical treatment

Patients with opioid use disorders are medically treated by placing them on a continuous opioid substitution to limit harm and impermissible opioid use or by medicinal detoxification

followed by enacting strategies to prevent relapsing (Khan, Cloete, Harvey & Weich, 2014:82). Opioid substitution therapy is the best treatment option which is being used in many countries. However, South Africa mainly uses medical detoxification followed by psychological and social rehabilitation to avoid relapsing (Khan et al., 2014:82).

2.7.2 Medical detoxification

In detoxification, patients are given a personalised dose of either Buprenorphine, naloxone or methadone, which is measured and adjusted depending on how the body reacts (Venter, 2014:2). This is done to reduce withdrawal symptoms before being progressively stopped. However, methadone is considered very expensive in South Africa as compared to other developing countries, costing up to 30 times more than the average cost of other countries (Scheibe et al., 2018:801). Due to its cost, methadone is not affordable to many people who need it in South Africa. In South Africa, the first study to assess the outcome between active and non-active opioid users four years after detoxification was published in 2014 by Khan et al. (2014:80-87). After that, there is minimal research regarding the behaviours, quality of life, and the risk of relapsing from heroin use patient’s post-successful medical detoxification treatment. Therefore, there is a considerable research gap on opioid users’ life post-successful detoxification treatment.

2.7.3 Opioid substitution treatment

Opioid substitution treatment (OST) entails using prescribed opioid agonist drugs to minimise opioid withdrawal symptoms, lessen addictions, and limit opioid responsiveness via receptor activation (Scheibe et al., 2018:801). It is a legal and efficient therapy for opioid addiction that is widely accepted across the world, backed up by significant research and clinical expertise (Myers et al., 2022:6). In the past four decades, research has demonstrated that OSTs have been saving lives, promoting treatment adherence and healthcare, decreasing illegal heroin use, lessening unlawful behaviours, minimising HIV risks, and boosting the psychosocial well-being of the users (Scheibe et al., 2018:801). Furthermore, OST helps patients regain control of their lives, restore relationships, seek jobs, withdraw from the drug lifestyle, and overcome their craving for heroin (Myers et al.,2022:5; Weich, 2010:75). OST promotes health and decreases overdose deaths among users.

Notwithstanding the growing demand and incorporation of OST in South Africa’s National Strategic Plan for HIV, TB, and STIs (2017-2021), neither OST medication was added to the Essential Drugs List (EDL) for an ongoing prescription. The City of Tshwane has financed OST through the University of Pretoria's COSUP program. Because OTS is not publicly

funded, people with opioid use disorder in South Africa view it as a necessary treatment that is both expensive and unattainable (Scheibe, Marks & Shelly, 2020:3). That explains the inaccessibility and shortages of OST to all patients in the country.

Various medicines can be used for opioid substitution treatment, which are methadone, Buprenorphine and a mixture of Buprenorphine and naloxone. Weich (2010:77) proved that nyaope and heroin users who adhere to methadone treatment could successfully withdraw and live better lives. Methadone promotes cross-tolerance when taken in adequate dosages, hence suppressing the pleasurable benefits of addictive opiates like heroin. Methadone is a complete mu-opioid agonist, and the most significant problem with its usage is intoxication. It has the potential to induce substantial muscular coordination impairments as well as life-threatening respiratory distress. Moreover, it is susceptible to black-market diversion; due to this and its toxicity, several governments have imposed rigorous measures regarding methadone treatment, including intensive monitoring policies such as supervised usage by specialised health centres.

Buprenorphine is a long-acting oral partial opioid agonist with relatively low activity but strong receptor affinity, and it is used to treat opioid addiction. The primary concern of Buprenorphine is that it is prone to the black market, and due to its toxicity, it can lead to death if used by non-tolerant patients. Buprenorphine can be used in combination with naloxone. As a result, buprenorphine-naloxone allows for less strict monitoring of use and can be used as a take-home medicine. It is a substantially less expensive treatment option (Welch, 2010; Scheibe et al., 2020:2).

Research has proved that OST has better outcomes than detoxification and psychological treatment; however, it is very limited in South Africa. Based on the above literature, there are inadequate treatment options for opioid use disorder in South Africa (Weich, 2010:75). Treatment of substance use disorder was included in the Sustainable Development Goals 2030 as a way of reducing the global burden of diseases; however, in South Africa a country with a high rate of illicit drug use, treatment is still restrained (Myers et al., 2022:2).

2.7.4 Psychosocial treatment

Mental health issues hinder people from performing their daily activities. Therefore, rehabilitation helps them recover from sickness and disability. Rehabilitation entails programs and interventions that assist people in retaining, restoring, or enhancing their capacity to complete ordinary tasks so that they may participate in family and community life. Heroin (nyaope, whoonga, Unga) overdoses can be reduced by creating awareness, educating the community, and distributing naloxone to the users (Stowe et al., 2020:10).

A study conducted in 2019 proved that helping all parents with adolescent children with parenting advice was helpful in alleviating substance misuse among youth. These initiatives educated and trained the parents on how to manage their families, reduce members' quarrels, effectively supervise their children, and spend more time with them (Gerra et al., 2021:578). Three major protective factors for substance misuse among youth are the favourable connection between parents and children, continuous supervision, and transparent parental expectations. These key elements guide the majority of family-based intervention strategies, and they are more effective than other approaches (Isaac, 2019:7; Gerra et al., 2021:578).

2.8 COMMON MENTAL HEALTH DISORDERS ASSOCIATED WITH OPIOID USE DISORDER

Opioid misuse is related to an increase in mental health disorders like depression, anxiety, and bipolar disorders (Murray, 2010:12). Mental disorders, also called mental illnesses or psychiatric disorders, refer to the various psychological disorders that affect one's frame of mind, intellectual and way of behaving (WHO, 2017:4). These conditions include psychotic disorders like Schizophrenia, eating disorders, mood disorders such as Bipolar and Depression as well as Substance Abuse Disorders. According to a study on the global burden of disease study that was published in 2010, 7.4% of the diseases were attributed to disorders that are associated with mental health disorders and substance use (Whiteford, Degenhardt, Rehm, Baxter, Ferrari & Erskine 2013:75). The 7% of this is allocated to bipolar disorder caused by substance use (Whiteford et al., 2013:75). Mental health problems have been recognised as a global barrier to sustainable development. Substance misuse also contributes considerably to mental illness in South Africa (Whiteford et al., 2013:75). Bipolar disorder and Depression will be discussed below.

2.8.1 Bipolar disorder

Bipolar disorder is known as a manic-depressive disorder characterised by extreme highs and lows in mood as well as sleep disturbance, activity, attitude, and behaviours (APA, 2022:140). In the DSM-5-TR, bipolar disorder is categorised under bipolar and related disorders, but previously, it was classified under mood disorders. People with bipolar disorder might experience moments of extreme happiness and enthusiasm (manic episodes) and phases of intense sadness, hopelessness, and lack of energy (depressive episodes). They feel normal between such episodes (SAMHSA, 2016:5).

Research has shown that more than 30% of people with bipolar disorder also experience a co-occurring substance use disorder, which makes it complicated to diagnose and treat both

disorders (APA, 2022:160). Substance/drug-induced is a type of bipolar disorder (NIMH, 2018:7). This type of bipolar disorder can be caused by a variety of substances/medications, including alcohol and amphetamine. This type is diagnosed when a patient is experiencing functional impairment caused by manic symptoms that develop after misusing or withdrawing from substances or after being exposed to medication-involved substances (APA, 2022:131). The manic symptoms might co-occur with depressive symptoms and cannot be attributed to another bipolar-related disorder. Other antidepressants and stimulants can trigger this type; however, its frequency is unknown due to the lack of studies on that type of bipolar disorder. However, if diagnosed and treated early, treatment for the co-occurrence becomes effective and leads to successful recovery.

Bipolar disorder has no confirmed aetiology; however, researchers have proved that various biological, social, and psychological factors combine to increase a person's chances of developing it. According to research, people are more likely to get bipolar disorder if they have an immediate family member who has the disease. This could be because they share genetic variants (National Institute of Mental Health (NIMH), 2018:1). However, if a family member has bipolar disorder, it does not guarantee that the rest of the family will also have it. In addition, setbacks, trauma, and emotionally distressing experiences, according to research, may raise the likelihood of having bipolar disorder in individuals who have a genetic predisposition to the condition.

Several studies have highlighted that bipolar and non-bipolar disorder patients have different brain structures and functions, another factor contributing to bipolar disorder (NIMH, 2022:1). Bipolar illness is primarily assumed to be caused by chemical imbalances in the brain.

2.8.2 Anxiety disorder

The Diagnostic and Statistical Manual Text Revision (DSM-5-TR) defines anxiety as extreme worry and anxious anticipation about various situations or actions, such as a job or academic achievement, that arise for more than six months (APA, 2022:216). A person's physiological, psychological, cognitive, and behavioural well-being can all be impacted by anxiety. Self-medication of negative symptoms with alcohol and other substances has been proposed as a possible explanation for the coexistence of anxiety and substance use disorders (Robinson, Sareen, Cox & Bolton, 2011:800). However, it is uncertain if self-medication of perceived stress is a threat to the onset of incidence of drug use disorder or a predictor of drug use. According to the self-medication theory, efforts to decrease anxiety by using drugs result in the emergence of co-occurring substance use disorder (Robinson et al., 2011:800). However, the antidepressant qualities of alcohol and some drugs are well proven,

giving a conceptual understanding of the claim that substance usage might alleviate anxiety. In addition, withdrawal symptoms of substance use can lead to anxiety disorders. Consequently, users may self-medicate with alcohol or other drugs to reduce the anxieties associated with withdrawal, worsening substance usage and anxiety symptoms (Robinson et al., 2011:800).

Opioid use disorder and anxiety disorders co-occur at alarmingly significant frequencies. This comorbidity is characterised by acute symptoms manifestation and less favourable therapeutic outcomes (Langdon, Dove & Ramsey, 2019:19). Given the significant deaths and illnesses linked to these two conditions, it is critical to study the variables that contribute to the prevalence of co-occurrence to influence the establishment of specific interventions for this group. Several studies have proved that the simultaneous treatment of anxiety and opioid use disorder yields better results (Langdon et al., 2019:20). Unlike other mental health disorders such as depression, the co-occurring of anxiety and opioid use disorder have generally attracted minimal attention from researchers, which is problematic since opioid use commonly co-occurs with anxiety and associated disorders; and anxiety increases susceptibility to opioid use (Langdon et al., 2019: 18).

The literature above proved that co-occurring anxiety and opioid use are a matter of concern, even though it is difficult to explain the causal relationship between the two illnesses. More research is needed on this topic to help people understand the conditions and initiate effective interventions.

2.8.3 Depression

Depression is a common psychiatric disorder affecting about 7% of the global population (Hines & Marschall, 2018:620). Mental illnesses like depression are highly predominant in middle- and low-income countries like South Africa and lead to high and early mortality (Whiteford et al., 2013:75). Depression is ubiquitous among people with substance abuse problems. Opioid abuse can result in sentiments of despair, sadness, and anxiety commonly linked with depression, and studies predict that 48% of those addicted to opioids will also suffer from depression. Based on the research conducted by Conford, Umeh and Manshani (2012:2), most participants mentioned that they ended up using heroin because they were experiencing problems in their lives, such as poverty and family conflicts. They use drugs as a temporary release of depression and to escape from their stressful lives. Therefore, the link between opioid misuse and Depression is reciprocal, which means one increases the likelihood of the other. Users may experience depression as a symptom of opioid use, whilst

some use drugs as a way of suppressing depression caused by other stressful events (Conford et al., 2012:6).

The following symptoms are shown in people with depression: disinterest in activities, irritability, anxiety, struggle to sleep, low appetite, feeling ashamed or sad, insufficient energy, poor concentration issues and suicidal ideation. Antidepressants can significantly treat and lessen depression symptoms. However, treating depression in people misusing drugs is slower, more complex, and less effective than treating depression in those who are not misusing substances.

2.8.4 Substance-induced psychotic disorder

The DSM-5-TR described substance-induced psychosis disorder as delusions and hallucinations connected to the biological response to a drug or medicine, predicated on conclusions from historical records, medical assessments, or laboratory tests (APA, 2022:179). People suffering from psychotic illnesses lose touch with realities and exhibit a variety of severe symptoms, which often entail hallucinations, delusions, changes in motor coordination, impaired cognition, incoherent speech, and mania (Alderson, Semple, Blayney, Queirazza, Chekuri & Lawrie, 2017:2). However, people with other mental illnesses like bipolar and schizophrenia can also experience delusions and hallucinations. People who use psychotic drugs are at risk of suffering from psychosis. Twenty-five (25%) of people with a psychotic disorder are also diagnosed with substance use, including prescribed medication like opioids (APA, 2022:109).

Severe and long-term opioid use abruptly changes the users' views or thoughts into unpleasant experiences that are not recognisable as the result of the overdose, and emergency intervention is needed (Alderson et al., 2017:2). An early psychotic episode may place the person at risk of harming himself or others. Therefore, it requires thorough assessment and treatment and frequently necessitates hospitalisation. Therefore, patients with a suspected substance-induced psychosis require close monitoring (Heinssen, Goldstein & Azrin, 2014:2). However, it is challenging to diagnose substance-induced psychotic disorder because various medications cause psychosis (Heinssen et al., 2014:2; Alderson et al., 2017:2). Substance-induced psychosis is treated through medical detoxification and psychosocial support such as counselling, support groups and cognitive behavioural therapy to reduce the chances of relapsing (Heinssen et al., 2014:2).

2.9 TREATMENT FOR MENTAL HEALTH DISORDERS

Treatment of bipolar disorders is very complex, and only licensed practitioners can treat and diagnose (National Institute of Mental Health (NIMH), 2018:6). To ensure effective treatment, early and accurate diagnosis is crucial. Treatment of bipolar disorder can be complex and is frequently tailored based on an individual's condition, requirements, opinions, and responsiveness (Koenders, Giltay, Spijker, Hoencamp, Spinhoven & Elzinga, 2014:56). Bipolar disorder's mood fluctuations are incredibly severe and interfere with daily living. However, various treatment approaches can support them in controlling and managing bipolar disorder and minimising the consequences of the episodes so that they usually live. There are two dimensions of treatment: medical and psychosocial (Fowke, Ross, & Ashcroft, 2019:452; SAMHSA, 2016:9).

2.9.1 Medical treatment for bipolar, Depression and anxiety disorders

Certain medicines can contribute to the effective management of bipolar disorder symptoms. Some patients may need to explore a variety of medications and collaborate with their doctors to identify the ones that work best for them (NIMH, 2018:6). Mood stabilisers and antipsychotics are the commonly prescribed medications by doctors.

- **Mood stabilisers**

Lithium is the most prescribed mood stabiliser. Lithium and other mood stabilisers can help avoid or reduce the intensity of mood episodes. Lithium also minimises the likelihood of suicide. Mood stabilisers are often used with sleep or anxiety medication (NIMH, 2018:6; Koenders et al., 2014:57).

- **Antipsychotics**

Antipsychotics can be used either on their own or with other drugs like lithium (Koenders et al., 2014:56). The use of antipsychotics was approved in 2013 for treating Depression in bipolar patients. They can be used to treat psychotic and manic symptoms (NIMH, 2018:6).

- **Antidepressants**

Antidepressants are used to treat depressive episodes; however, they are usually combined with a mood stabiliser due to the risks that an antidepressant alone might trigger a manic or hypomanic episode (NIMH, 2018:6; SAMHSA, 2016:9).

Nevertheless, all the medications mentioned above have different side effects, such as excessive weight, and they become dangerous when taken together with alcohol and other

substances. For example, a combination of antipsychotics might lead to disturbances in the central nervous system and cognitive impairment (NIMH, 2018:6; SAMHSA, 2016:8).

2.9.2 Psychosocial treatment of mental health disorders

Psychotherapy, also known as talk therapy, is a term that refers to several therapeutic methods aimed at assisting a person in identifying and changing problematic attitudes, perceptions, and actions (NIMH, 2018:6). Patients with mental health disorders and their families can benefit from psychotherapy by receiving support, information, skills, and approaches. Psychotherapy is frequently used in conjunction with medicine; when combined with medications, various forms of psychotherapy can be a successful treatment for mental illnesses. Types of psychotherapy will be discussed below:

- **Cognitive behavioural therapy (CBT)**

CBT employs a technique known as cognitive restructuring, where a person learns to recognise and change detrimental or destructive patterns of thinking, actions, and attitudes to healthy habits. The objective is to reduce the person's mental distress due to difficult experiences (SAMHSA, 2016:5; Wenzel, 2013:15).

- **Family-focused therapy**

FFT supports the family by improving their knowledge of the disorders and coping techniques and identifying the onset of a new episode of Depression, mania, or hypomania. It also aims to promote good communication and enhance problem-solving capabilities within the family (SAMHSA, 2016:20).

- **Interpersonal and social rhythm therapy**

This therapy has three segments, including psychoeducation. This focuses on educating the patients about the illness in general, for example, symptoms, treatment options, side effects, and signs of the onset of a new depressive or manic episode (SAMHSA, 2016:5; Swartz, Levenson & Frank, 2012:146). Further, it also focuses on detecting circumstances that may disrupt daily routines and establishing strategies for restoring normalcy and reducing emotional discomfort. Lastly, it focuses on how interpersonal issues like grieving, role changes in roles, or conflicts may be linked to mood changes that indicate the start of new mood episodes, such as new or exacerbated Depression, mania, or hypomania (Swartz et al., 2012:146).

2.9.3 Other treatments

Some patients find it practical to use other methods of treatment that are not mentioned above. Electroconvulsive treatment (ECT) is a type of brain therapy that can assist bipolar patients with managing their symptoms. This form of treatment is usually recommended if a patient's condition has not progressed after other therapies like medicine or psychotherapy have been attempted or when a quick recovery is required (NIMH, 2018:6; SAMHSA, 2016:9). For instance, in the event of suicidal behaviour or when the person is unresponsive(catatonia). In addition, some patients prefer regular physical workouts, such as running, swimming, or cycling, which assist in the treatment of depression and anxiety, improve sleep and are beneficial to the functioning of the heart and brain. However, they must confirm with their doctors before beginning a new workout routine. Lastly, patients and their doctors can control and manage disorders by establishing a lifestyle record, which documents common mood symptoms, medications, quality of sleep, and life experiences. This helps them to identify and control factors that trigger their depressive symptoms and things that disturb the effectiveness of treatment (Van Zyl, 2017:36). It has been proved that using a combination of more than one treatment option results in effective management and control of mental illnesses.

2.10 CO-OCCURRING DISORDERS/ DUAL DIAGNOSIS

Mental illness and substance use are two different health problems that can occur together. The dual diagnosis was introduced by WHO two decades ago to describe the co-occurrence of substance use and mental health disorders. The more contemporary term for it is ‘co-occurring disorders’ (Iqbal, Levin & Levin, 2019:88). This section will give an overview of co-occurring heroin use and bipolar disorder.

2.10.1 Overview of co-occurrence of opioid use and mental health disorders.

Most patients with substance use disorders also have co-occurring mental health illnesses such as bipolar, schizophrenia and anxiety disorders (Iqbal et al., 2019:88). In a report that SACENDU published, 16 per cent of patients who were getting treatment for substance misuse had co-occurring illnesses. Most of them, with an estimated 49%, were diagnosed with mental illness, 19% with hypertension and 7% with diabetes (SACENDU, 2019:3). A previous survey done by Lai, Cleary and Sitharthan (2014) on the prevalence of substance misuse and mental illness has found a substantial connection involving Depression and the existence of a substance misuse problem, with a risk ratio ranging from 1.3% to 2.6%.

Bipolar disorder is more common in people who misuse drugs and other substances than in the general population. Maremmani (2019:1) asserts that people with bipolar 1 are more likely to have co-occurring substance use disorder than people diagnosed with bipolar 2. Kraepelin discovered the relationship between mood disorders and substance misuse, which confirmed the increased risk of alcoholism among patients with psychomotor excitement deriving from Khantzian's self-medication theory. According to this theory, people misuse substances to sustain or enhance pleasure instead of relieving their depressive mood (Bacciardi et al., 2013:30). However, people who have never had a mental health problem before may acquire it from substance misuse. Many patients with bipolar, anxiety and Depression disorder are driven to misuse drugs and other substances to cope with the symptoms of their illness. Drug abuse contributes to physiological alterations inside the brain, and the most noticeable impact is in the reward centre, which promotes enjoyment of drug use, hence contributing to addictive drug-seeking behaviours. Drugs can rewire other areas of the brain that regulate moods and emotions. On the other hand, misuse of drugs can trigger brain abnormalities that contribute to bipolar disorder.

Research has proved that approximately 50% of bipolar patients have been previously diagnosed with substance misuse disorders or addiction (Maremmani, 2012:1-2). Substance misuse in bipolar patients has been proven to have deleterious effects on both clinical features and long-term course. Opioid addiction among bipolar disorder patients is associated with poor adherence to medication, high intensity of dysphoria and mania, early onset of emotive symptoms, social and mental impairment, mood disturbance, disabilities, inadequate coping mechanisms, hospital admissions, poor prediction of outcomes and high risk of suicide.

Furthermore, opioid use disorder may aggravate patients' compulsive behaviours and risk-taking characteristics. There have been relatively few studies on the particular impact of opioid addiction in the treatment course of bipolar individuals (Maremmani, 2019:2). Therefore, there is a need for intensive assessments because patients might deny the other illness. For instance, patients with mental health disorders might deny that they are addicted to heroin, hence explaining the need to explore and describe the perceptions of social workers working with service users with co-occurring opioid use and mental health disorders.

2.10.2 Effects of co-occurring opioid use and mental health disorders

The impact of mental disorders on the economy, families, societies, and individuals are overwhelming, and there is a need for intervention in all phenomena concerning mental illness (Morgan et al., 2019:7). Living a poor lifestyle and not receiving adequate treatment may lead to premature or sudden death in people with co-occurring substance use and mental health

disorders (Manukonda, 2018:29). Therefore, the co-occurrence results in complications in treatment and diagnosis. For instance, the co-occurring of bipolar disorder and a SUD can exacerbate the manic and depressive symptoms of bipolar disorder.

People living with this comorbid usually feel hopelessness and sorrow and go through a spiritual dilemma, as well as distress, loss, and anxiousness. These factors, taken together, pose a higher risk to patients with co-occurring opioid use and mental health disorders (Iqbal et al., 2019:88).

2.10.3 Treatment of co-occurrence: social, cultural and biological

Mental health disorders like bipolar, Depression and anxiety have become a burden to people with substance misuse disorder. The coexistence of these two disorders has been related to neurobiological abnormalities in the brain (Iqbal et al., 2019:90). To effectively treat co-occurring conditions, the diagnosis must be accurate, which may be a complicated procedure. In addition, the treatment of co-occurring disorders is difficult to treat and diagnose because one condition may hinder the diagnosis and treatment of the other. Manukonda (2018:18) also mentioned that co-occurring disorders are not easy to diagnose because one might affect the symptoms of the other. As such, the treatment of co-occurring disorders requires intervention from various professionals consisting of nurses, doctors, mental health practitioners and psycho-social groups (Lopes, da Silva, dos Santos & de Oliveira, 2019:1628). Over the last decade, significant development has been achieved in broadening psychotherapy and pharmacological therapies for co-occurring illnesses. Nonetheless, treatment remains a problem for professionals, as well as a cause of complexity and substantial criticism.

2.10.3.1 Medical treatment

Early identification and treatment of co-occurring disorders are critical because they decrease the patients' distress, misdiagnosed costs, and the danger of suicide and mortality. Medical treatment is crucial for patients with co-occurring opioid use and mental health disorders to regulate their psychiatric symptoms (Iqbal et al., 2019:88; Manukonda, 2018:20). Some of the medications used to treat mental health disorders, like bipolar disorder, can also be used to treat heroin use or other substance use disorders; however, there is limited research on the medicine that effectively treat both. For example, Quetiapine, used to treat psychosis, was found helpful in the treatment of alcohol use disorder (SAMHSA, 2016:5). There are anti-depressants, anti-convulsants, and anti-psychotic medicines that are more effective. They have fewer adverse effects and are used to treat co-occurring disorders.

2.10.3.2 Psychosocial treatment

Psychosocial treatment entails education sessions that help clients become more conscious of their difficulties. This often includes treatment, clinical signs of mental diseases, and the effects of psychiatric conditions on substance misuse treatment (Manukonda, 2018:20). This also includes support groups in which patients with co-occurring disorders discuss different topics, such as dangers of relapse as it is a common occurrence among patients (Andersen, Weenas & Nordfjærn, 2019:225) as well as monitoring signs and symptoms and promoting compliance with treatment.

2.10.3.3 Integrated treatment of co-occurring disorders

To successfully treat co-occurring disorders, professionals must focus on different dimensions of life, including health, social environment, purpose, and the community (SAMHSA, 2016:8). As such the treatment of co-occurring disorders requires intervention from various professionals consisting of nurses, doctors, mental health practitioners and psycho-social groups (Lopes et al., 2019:1628).

The co-occurring disorders used to be treated separately using different treatment methods, leading to the neglect of substance use disorders treatment. As a result, based on the understanding that co-occurring disorders influence each other, integrated treatment strategies were put in place to treat co-occurring disorders simultaneously at the same facility (Manukonda, 2018:18). Integrated treatment is the optimal strategy for diagnosing, providing medication and psychosocial counselling at the same health care facility where the patients are (Ness, Borg & Davidson, 2014:4) . This is an efficient method to avoid hurdles such as transport expenses and limited time and to avoid offering fragmented services by different staff members. An interdisciplinary care strategy is essential in treating the dual diagnosis, emphasising symptom stabilisation of the co-occurring mental health disorder whilst giving the patients a platform for addiction rehabilitation. Integrated co-occurring disorder therapy is critical because it reduces attempted suicides and the risk of recurrence among rehabilitation graduates and promotes long-term sobriety (Iqbal et al., 2019:88). Integrated treatment allows people to obtain awareness, confidence, and techniques that will help them manage difficulties and achieve important life objectives.

Based on the above literature, diagnosis and treatment of co-occurring mental health disorders are very difficult, especially when co-morbidity is more complicated. These complexities, therefore, highlight the significance of coordination between medical and mental health service providers in treating people with co-occurring opioid use and mental health disorders. A multi-disciplinary approach to the treatment of co-occurring disorders helps address different aspects of the diseases and promotes the effective management of the illnesses.

2.11 PERCEPTIONS OF SOCIAL WORKERS

Recovering from co-occurring mental health and drug use problems frequently requires partnerships with professional caregivers. Nevertheless, there is limited documented information about how service users and service providers perceive the process and these partnerships (Brekke, Lien, Nysveen & Biong, 2018:53). As social workers, who are mostly females (Salsberg, Quigley, Mehfoud, Acquavia, Wyche & Sliwa, 2017:5), are among the service providers for people with co-occurring opioid use and mental health disorder, there is a need to explore their perceptions in working with service users with co-occurring opioid use and mental health disorders. Services offered for treatment might not address all the needs of the patients because the population of people with substance use consists of unemployed, homeless, and from poor backgrounds. These factors negatively interfere with the treatment process. This section will give a detailed overview of the perceptions of social workers working with the co-occurrence of opioid use and mental health disorders in terms of the services they offer and the problems facing when delivering the services.

2.11.1 Problems faced by social workers offering services to service users with co-occurring opioid use and mental health disorders

The problem faced by service providers who are working with people with co-occurring opioid use and mental health disorders is that patients may prefer to seek health-related advice from their friends who experienced the same problem as professionals due to the assumption that they do not fully comprehend their condition (Brekke et al., 2018:54). Substance misuse is still not acknowledged as a mental health concern in many cultures. Individuals who struggle with it are stigmatised, with limited access to diagnostic assessments, therapy, and rehabilitation (Waetjen, 2020:1). This explicit marginalisation indicates a strong moral viewpoint that regards dependence on substances as a failing of moral principles and patients with substance misuse are viewed as people with a disordered personality (Gerra et al., 2021:578; Lee et al., 2021:5). As a result, this led to underreporting and poor medical help-seeking behaviour among opioid users (McDonaugh, Connolly & Devaney, 2018:4). Also, continued societal stigma adds to inadequate access to services, and health disparities, hence, an increase in substance misuse-related harms (Waetjen, 2020:1). Furthermore, lack of integration of care among substance abuse treatment service providers is another challenge experienced when offering services to people with co-occurring opioid use and mental health disorders (Padwa, Guerrero, Braslow & Fenwick, 2015:4).Also, the co-occurrence of substance misuse and mental health disorders is difficult to prevent, diagnose and treat, especially in under-resourced countries like South Africa. There are organisational and systematic aspects that lead to a massive gap

in the treatment of co-occurring substance use and mental health disorders (Baingana, Al'Abisi, Becker & Pringle, 2015:173). These factors are extensively researched and published, including restrictions to only 86 treatment centres catering for large populations that misuse substances in South Africa. Furthermore, most of these centres are located in the Western Cape province, where the highest prevalence of substance misuse is found, namely 20%, significantly more than the national rate (Myers et al., 2022:3). In addition, opioid treatment is not funded by the government; therefore, this leads to treatment shortages because it is costly, requiring approximately R2400 per patient per month for the long-term treatment (Scheibe et al., 2020). Medication used for opioid substitution treatment is not included in the Essential Medication List. Consequently, there are several complexities associated with co-occurring opioid use and mental health disorders, such as blood-borne infections, relapsing, overdoses, death, and non-adherence to treatment.

There are private centres, but they only cater for a small population of South Africa with medical aid because they are costly (Isaac, 2019:15; Myers et al., 2022:3). Most of the people who misuse substances cannot afford medical aid because they are from disadvantaged families and backgrounds. The combination of a shortage of trained staff and limited treatment centres has resulted in a high number of cases, a long waiting period before getting treatment, and geographical location, which are barriers to therapy, especially in small towns and rural areas. Despite the government's efforts to promote access to treatment, it remains a problem in South Africa (Myers et al., 2022:3; Isaac, 2019:15).

The availability of heroin at such a low cost in South Africa (R30 per packet) has increased its usage, making it more difficult for users to withdraw (SAMHSA, 2019:32; Tyree et al., 2020:4). Furthermore, heroin use including overdoses increased especially among homeless adults in temporary shelters during the COVID-19 pandemic cases (Stowe et al., 2020:8). After the lockdown, heroin overdose cases increased due to a reduction in the users' tolerance. In addition, most people were now using it to escape from the reality of going back to the streets again after living in shelters where they were getting food, clothing, counselling, and medical care. This rise in heroin use, puts additional strain on social workers and other service providers whose facilities can only accommodate a limited number of service users. This may also result in relapse, which impedes treatment adherence. Furthermore, the stigma attached to it is a significant impediment when treating mental illness in South Africa. As a result, mental health diseases are unreported because people fear being stigmatised because of their mental illnesses (South African College of Psychology, 2018:14).

Additionally, there is insufficiently reliable, extensive statistical evidence of opioid use and its impact on the communities in South Africa; therefore, there is a need for thorough and

comprehensive research on this matter (Isaac, 2019:15). Furthermore, there is no government entities in South Africa that offer long-term financing for research programs focused on substance misuse. Owing to the lack of essential facilities and organisations and the lack of funding for significant research, available resources and finances have been mismanaged, and other subsidies and help in substance misuse have been unsuccessful (Isaac, 2019:15).

2.12 COMMUNITY ORIENTED SUBSTANCE USE PROGRAMME (COSUP)

South Africa is experiencing several overlapping health and social concerns. One of them is the pervasive prevalence and wide-spreading negative impacts of drug misuse, particularly opioids. Although there is limited published data on opioid usage in SA, recent reports published by (South African Medical Research Council, 2017; Kempen, 2019:28) expose an increase in heroin smuggling, distribution, affordability and addiction treatments.

The Community Oriented Substance Use Programme (COSUP) is the first publicly funded community program in response to substance misuse in South Africa (Gloeck et al., 2020:1). It is rooted in harm reduction and public health, and it was formed by the University of Pretoria's department of family medicine. COSUP provides a substitute for an abstinence-based approach to substance misuse, which is realistic, public health-informed and evidence-based. COSUP has seventeen sites across the city of Tshwane; some are public healthcare facilities, and others are for inpatient treatment. It focuses mainly on the harm reduction approach, minimal intervention to substance misuse that aims to reduce fatalities and is embedded in primary health care (Waetjen, 2020:1). It includes providing sterilised needles and syringes.

2.12.1 Services offered by COSUP

COSUP facilitates its clients' participation in life skills, employment preparation, and other skills enhancement programs offered by its partners (COSUP, 2018:12). Approximately almost half of those trained in 2019 were able to secure official, although temporary, jobs. In addition, COSUP also offers shelter for homeless men with substance misuse disorders for treatment and rehabilitation, preparing them for reintegration with their families and communities. As part of the intervention, they also provide group and individual counselling sessions to their service users (Gloeck et al., 2020:1).

At COSUP, they use different screening tools to identify their service users and their needs to provide them with the health care services they need. HIV, TB, and hepatitis C virus treatment and screening in partnership with other healthcare service providers (Gloeck et al., 2020:1).

Due to the association between HIV, TB, and HCV with injecting and smoking substances, they also test their service users for such illnesses and refer them to other health care service providers for treatment (COSUP, 2018:12).

2.12.2 Opioid substitution treatment

OST is a standard treatment for substance use disorders. It entails a doctor's long-term administration of an opioid agonist drug at the proper dose in an organised setting with access to optional psychosocial therapies (Gloeck et al., 2020:1). Opioid replacement treatment lowers fatalities (particularly overdose) and comorbidity (such as HIV and infection with hepatitis) due to reduced injecting habits, while also improving the well-being and social functioning of the people who misuse substances. Also, COSUP provides clean and sterilised needles and syringes to people who misuse nyaope and other opioids to reduce and prevent blood-borne infections such as HIV and HCV that spread through sharing needles (Gloeck et al., 2020:1).

However, COSUP also faces challenges like shortages of funds, such as buying methadone for OST. Scheibe et al. (2020:2) mentioned that medications like methadone and Buprenorphine used to treat heroin dependence are not included in the Essential Medicine List (EML) for maintenance in South Africa and are costly. They need approximately R2400 per month for one patient. Consequently, COSUP, in partnership with other universities and healthcare service providers for substance misuse, advocates for the inclusion of OST medication in the EML. COSUP also participated in the formulation of national and local policies and guidelines.

There is limited data published in South Africa regarding opioid users' profiles and the effectiveness of treatment for patients who are getting treatment from public services (Morgan et al., 2019:1).

2.13 SUMMARY

In conclusion, this chapter provided a comprehensive perspective on co-occurring opioid use and mental health disorders. Various aspects influencing the onset of opioid use and mental health disorders, such as childhood traumas, availability, and social support, were discussed. A detailed comprehension of the biopsychosocial approach highlights that it is the most effective approach to treating and preventing mental health disorders, heroin use and their co-occurring. This is because it acknowledges both the biological, social, cultural, and psychological aspects of the illness. Different treatment options for both disorders and their co-occurring were discussed. However, barriers to treatment, such as stigmatisation, lack of information about treatment and high medication costs that lead to shortages, were highlighted

as a huge challenge. This might be due to limited data on opioid use and mental health disorders; therefore, South Africa needs to bridge that gap to treat and prevent opioid use effectively. Lastly, there is a causal relationship between opioid use and mental health disorders, which is challenging to explain because authors have different views. However, the student concludes that opioid use may occur as a way of escaping the reality of unpleasant thoughts caused by difficult life experiences. In addition, the onset of mental health disorders may occur due to substance use, for example, psychosis caused by overdose and anxiety triggered by withdrawal symptoms.

CHAPTER 3: RESEARCH METHODS AND EMPIRICAL FINDINGS

3.1 INTRODUCTION

This chapter presents comprehensive description of the research methods implemented and to convey the study's empirical findings. The study explored and described the perceptions of social workers working with service users with co-occurring opioid use and mental health disorders. The research question that was answered was, ***"What are the perceptions of social workers working with service users with co-occurring opioid use and mental health disorders at COSUP?"***

The sections below give an overview of the research methods used throughout the study, including the research approach, type of research, research design, research methodology namely study population, sampling, data collection method, data analysis, pilot study, data quality and ethical considerations. The second section focussed on the data analysis through a thematic analysis.

3.2 RESEARCH APPROACH

The present research approach followed the qualitative approach. The method is suitable for this research because it provides a thorough and profound comprehension of the phenomena from the perspective of the research participants. It aims at understanding the meanings people give to their experiences (Litchman, 2017:7). Its main advantage is that it is flexible and can bring out how the participants perceive their world and how they explain or make sense of the events under consideration (Rubin & Babbie, 2013:142; Creswell & Poth, 2018: 43-44). In this study the qualitative research approach enabled the researcher to collect data from the social workers' natural environments, which helped in formulating themes and thick descriptions of their perceptions in working with service users with co-occurring opioid use and mental health disorders at COSUP (Lietz & Zayas, 2010:188). Furthermore, qualitative approach helped to answer research questions regarding the perception, interpretation, and significance from the participant's point of view. Additionally, a qualitative approach enabled the researcher to describe and explore social workers' perceptions in working with service users with co-occurrence of opioid use and mental health disorders at COSUP, hence assisting in comprehending the problem (Kumar, 2019:16-18).

3.3 TYPE OF RESEARCH

Applied research was well applicable to this study. Applied studies contribute to the knowledge base by providing the information needed to address challenges and equip healthcare practitioners with relevant information to perform specific skills successfully (Adler & Clark, 2015:360). As such, applied research focuses chiefly on practical recommendations that can be incorporated to intervene in challenges encountered in specific service delivery fields. The findings, suggestions, and recommendations from this study provided the knowledge that contributed to new and improved strategies for social services rendered at COSUP and other organisations supporting service users with co-occurring opioid use and mental health disorders.

There are many reasons for conducting research projects. However, this study used two research purposes: descriptive and exploratory. De Vos, Strydom, Fouché, and Delport (2011:95) agreed that exploratory research increases understanding of a problem, an event, a community, or a group of people. In addition, exploratory research intends to fill in the research gap and absence of basic information on a topic of concern (Babbie, 2017:92-93). The descriptive study summarises people's current thoughts, feelings, and actions concerning a particular phenomenon (Weiten & Hassim, 2016:48). Descriptive research pursues to describe situations, events and phenomena using the "how" and "why" questions to enable the researcher to formulate a description or a picture of what was observed, heard, or read during the study (Babbie, 2017:89).

Although they may overlap in practice, descriptive research paints an image of the exact features of an event, social context, or connection (De Vos, Fouché, Delport & Strydom, 2011:63). Both descriptive and exploratory research purposes were used in this study to gain a detailed description and an insight into the perceptions of social workers on the services users with co-occurring opioid use and mental health disorder at COSUP. The study also described the challenges faced by social workers rendering services to service users with co-occurring opioid use and mental health disorder at COSUP and suggest strategies to improve social services. The study was exploratory as the researcher explored the perceptions of social workers on service users with co-occurring opioid use and mental health disorder as it is an area that is understudied.

3.4 RESEARCH DESIGN

The case study research design was used in this study. The case study design is commonly used in social sciences to investigate a phenomenon in its real-life environment. A case study is in-depth research of a single individual, organisation, or event to investigate the principle of

the phenomena under inquiry (Maree, 2016:81). This design allows the researcher to deepen comprehension of a phenomenon (Rubin & Babbie, 2013:250). This study notably employed the instrumental case study design, in which the cases were selected to allow for comparisons between topics and ideas to enable the extension and validation of theories. The case study design enabled close collaboration between the researcher and participants (Rubin & Babbie, 2013:250), which provided insight into the perceptions of social workers working with co-occurring opioid use and mental health disorders service users.

3.5 RESEARCH METHODOLOGY

The following section aims to overview the various research methodologies employed in this study. These include the study's population and sample, collecting and analysing data, data quality features relevant to the study, and ethical considerations.

3.5.1 Study population

The target population for this study were social workers from COSUP working with patients with co-occurrences of opioid use and mental health disorders in which the patients use the Methadone method to treat the withdrawal symptoms.

3.5.2. Sampling method and sample

Non-probability sampling, specifically purposive sampling, was used in this research. Alston and Bowles (2012:90) describe purposive sampling as an approach belonging to the non-probability sampling methodology in which sample members are chosen based on their knowledge, relationships, and experience in a study subject. The units are selected to illustrate some characteristics that are related to the researcher's pre-approved criterion; thus, the sample is based on the investigator’s assessment (Bertram & Christiansen, 2014:63). In this research, the student contacted the COSUP organisation’s manager and explained the purpose of the study so that she helped in identifying the participants.

A sample is a subgroup of study participants. The consequences of having a selection include the fact that owing to the time and expenses required, it is only hypothetically conceivable to include the whole population being investigated. Also, more reliable statistics can be acquired than would have been gained if the entire population had been included (Maree, 2016:192). The sample sizes in qualitative research are usually small because larger samples affect the applicability or transferability of the findings. After all, the data might be too much for a thorough analysis (Hammarberg, Kirkman & de Lacey, 2016:500). A sample must fairly

represent the larger population to be investigated. This study's sample consisted of four social workers who fit the following criteria:

- Social workers working at the Community Oriented Substance Use Programme for a minimum of one year.
- Registered with the South African Council for Social Service Professionals as a social worker.
- Working with service users with co-occurrence of opioid use and mental health disorders
- Working with service users who are using the Methadone method.

The researcher contacted the gatekeeper Dr M. Coetzee-Spies, the Manager of Social Work Services at COSUP, and described the scope and focus of her study to get permission to recruit social workers who were interested in participating purposively. The abovementioned inclusion criteria were explained to the manager because she worked directly with COSUP social workers who were working with service users with co-occurrence opioid use and mental health disorders. The manager then discussed the research study with the social workers. Four indicated an interest and their contact details were then provided to researcher, who contacted the four potential participants. They met the inclusion criteria and signed the informed consent form, agreeing to partake voluntarily in the study.

3.5.3 Data collection

Semi-structured interviews were used to collect the research data. An interview is a two-way dialogue where the interviewer asks questions to the participants to gather information and understand their perspectives (Maree, 2020:107). Interviews delve into people's lives and their significance to their circumstances through a sequence of questions and responses (Grossoehme, 2014:1). When used correctly, qualitative interviews are done to comprehend the reality through the participants' perspectives. It is critical for the researcher to develop a comprehensive interview guide with appropriate open-ended questions to improve the value of the information gathered, because the quality of the analysis is dependent on the quality of the questions asked (Grossoehme, 2014:1). An interview guide was developed and used as guide to conduct the interviews.

The researcher conducted one-on-one semi-structured interviews with the participants. The researcher relocated to the United Kingdom for work purposes, before being able to conduct the research interviews. Thus, the interviews with participants had to be conducted virtually, using Microsoft Teams. Interviews were advantageous in that the researcher was able to delve

deeper into new leads, while still covering the questions on the interview schedule. Furthermore, the researcher was able to clarify unclear questions. The disadvantages of virtual interviews are that there are possibilities of technical glitches and background noise that might occur during interviews (Carter, Shih, Williams, Degeling & Mooney-Somers, 2021:716). Although the researcher did not experience these challenges, measures were taken to mitigate these problems. The researcher had a backup device, in case there were any technical problems, the laptop and mobile devices were fully charged. Furthermore, the participants assured the researcher prior to the interviews that they were in quiet private spaces, where there would be no disturbances.

Before the interview, the researcher developed a line of enquiry for the interview (Maree, 2016:93). Open-ended questions allowed the participants to answer freely in the open space without being limited, and they were also permitted self-expression (De Vos et al., 2011:237). The researcher created a warm atmosphere for the participants virtually, to avoid their discomfort so that they could open up and avoid 'stage fright' that might affect data collection (Weiten & Hassim, 2016:53). The researcher recorded the interview via Microsoft Teams, as a way of keeping the information, with the permission of the participants. The researcher transcribed the interviews. Thereafter, the collected data and the transcriptions were stored safely.

3.5.4 Data analysis

Nowell, Norris, White and Moules (2017:2) assert that data analysis must be done in a complete, consistent, and extended manner by recording, standardising, and exposing the procedures of analysis. The researcher used a thematic analysis as described by Clarke, Braun, and Hayfield (2015:26) to analyse the data. Thematic analysis is especially beneficial for summarising significant elements of a massive data set since it requires the researcher to handle data in a well-structured manner, resulting in a concise and organised final report (Nowell et al., 2017:2). Thematic analysis has six steps that are described below:

Step 1: Familiarising with data

To immerse oneself in data, one must read it repeatedly in an active manner, looking for insights and patterns (Nowell et al., 2017:2). Researchers are encouraged to familiarise themselves with the information by reading through the data set before starting with the coding because ideas and patterns may emerge. The researcher begins familiarising themselves with the data from the transcription phase, and they must subsequently read the transcripts to understand the data. To extract the fundamental concepts, the researchers must listen to the voice recording and go through the data with analytical lenses, not only the overall

interpretation provided by participants (Braun & Clarke, 2012:61). In this study, the researcher listened to recorded audio and accurately transcribed the data obtained through the virtual interviews. The researcher familiarised herself with the data, by reading the transcripts and identifying areas of interest relevant to the research question and the study's objectives.

Step 2: Generating initial codes

This step entails the initial generation of codes from the data, which is a theoretical exercise that entails revisiting data regularly (Nowell et al., 2017:3). This process enables the researcher to transform the unstructured data into main ideas about what is unfolding in the data (Braun & Clarke, 2012:61). Important data sections were recognised and labelled in various ways concerning the research topic at this step (Nowell et al., 2017:7). In this study, the researcher went through the entire data set step by step, closely attending to each element and looking for exciting features of the data aspects that served as the foundation for themes (Braun & Clarke, 2012:61).

Step 3: Searching for themes

This stage entails organising and categorising all the possibly relevant coded data extracted into themes (Nowell et al., 2017:8). Themes are discovered by combining components or pieces of ideas or experiences that are often meaningless when seen separately (Braun and Clarke, 2012:61). In this study, various themes were generated from the coded data concerning the pursuit of the study. All the codes were arranged into more prominent themes representing something specific and related to the research topic at the end of this study (Maguire & Delahunt, 2017:355). Various themes were developed in the framework of this study based on the coded data in connection to the study's goal. The researcher combed through the coded data, seeking out data from other codes with the same or similar meanings. The themes provided a complete description and exploration of social workers' perceptions of service users with co-occurring opioid use and mental health disorders.

Step 4: Reviewing themes

In this stage, the researchers examined the coded data extracts for each theme to determine if they appeared to create a logical pattern (Maguire & Delahunt, 2017:355). A theme is considered when it reflects the meaning of the entire data collected. Some themes may require merging or breaking down into different themes due to a lack of data to support them. The finalised themes must be adjusted to be distinct and broad enough to summarise the facts. The stage is usually a continuing method that is repeated until the investigator is satisfied with

the themes that have been generated (Nowell et al., 2017:9). In this study, the data linked with codes for every theme were re-examined and questioned whether they were supported enough by the coded data (Clarke et al., 2015:230). When reviewing themes, the researcher considered if the themes contributed to answering the research question and if there was enough data to support the themes and subthemes (Maguire & Delahunt, 2017:359). The researcher re-read the collected data as well as the coded data. Alterations to the themes were done where necessary to describe the actual significance of the complete data collection.

Stage 5: Defining and naming themes

The fifth step of theme refinement defines and conveys the essence of what the themes signify and identifies subthemes and how they relate to the primary themes (Maguire & Delahunt, 2017:355). At this stage, the themes were well-defined, and a short description of their essence was given. Furthermore, the range and boundaries of each theme will be defined (Clarke et al., 2015:230). This stage also included naming the themes, and the titles cover the data that falls into the codes and the research question (Nowell et al., 2017:9).

Stage 6: Writing the report

The final stage involves evaluating and writing the themes and sub-themes generated in a report (Nowell et al., 2017:11). Clarke et al. (2015:230) argue that "the write-up of a thematic analysis should provide a concise, coherent, logical, non-repetitive, and interesting account of the data within and across themes." In the context of this study, all the themes that were generated in during the data analysis process are reflected in this report (see Chapter 3, section 2.8.2).

3.5.5 Data quality

Trustworthiness is of great importance in qualitative research in every step of research, from data collection, analysis, findings, and conclusions (Maree, 2016:123). In every study, researchers must uphold the protocols and procedures required for a survey to be considered worthy of consideration by readers (Amankwaa, 2016:121). In this study, there are four constructs that the researcher considered in pursuance of trustworthiness, which will be discussed below.

3.5.5.1 Credibility

To attain credibility, the researcher ensured that the research conclusions corresponded with the truth and that the readers accepted and believed the results (Connelly, 2016:435). Credibility aids the researcher in ensuring that the research findings denote the data collected from the participant's point of view without the researcher's bias. To achieve credibility, the

researcher used a well-established research method, research design and theoretical framework aligned with the research question (Maree, 2020:143). In qualitative research, the interviewer upholds credibility through reflexivity and providing a comprehensive review of the analysis procedure and clear statements from the recorded data to demonstrate and sustain their interpretations (Hammarberg et al., 2016:500). When data extracts, and conclusions are inconsistent, the study's credibility is questioned. Reflexivity typically entails analysing the researchers' perceptions, strategies, and verdicts while gathering data. Being reflexive entails acknowledging any personal opinions that might have unintentionally influenced the research (Hammarberg et al., 2016:500). Therefore, researchers must be ready to challenge their presumptions throughout the reflective process practice. The researcher engaged in a debriefing session with the lecturers, who helped with the required information to address any challenges experienced. During data analysis, the researcher did member checks to ensure credibility, which entails going back to participants to confirm whether the research findings represent the information they shared (Maree, 2020:143). In addition, the verbatim statements extracted from the collected data were included in the report.

3.5.5.2 Dependability

Dependability refers to the data's consistency over a certain period and across study circumstances (Connelly, 2016:435). Dependability is demonstrated through the implementation of a research design, data gathering and the reflection on the evaluation of the research process. There are many ways to ensure dependability: audit trail, peer examination and reflective journals (Maree, 2020:143). To ensure dependability in this study, the researcher kept a journal with all the decisions made during the research process. The observations about the data labels and all the revisions made were well documented, along with the data analysis process. To support the audit trail, the investigator recorded details or notes of all preferences and actions in this study. The notes were obtained and stated in various research chapters. Other documents, such as an interview guide used during interviews, are also documented.

3.5.5.3 Transferability

To guarantee transferability, the participants to be chosen must represent the total population in terms of the context and the phenomenon of concern (Maree, 2016:124). To ensure transferability, purposively sampled participants were included in this study. In addition, the researcher provided a detailed account of the context of the study, the participants and the research design used. The researcher purposefully sampled the participants based on the criteria that they are registered social workers employed at COSUP for at least one year and are currently working with service users with co-occurring opioid use and mental health

disorders (Maree, 2020:144). The participants were a good representation of the population to be studied.

3.5.5.4 Confirmability

Confirmability is the extent to which findings are consistent and can be repeated in another context (Amankwaa, 2016:122). It also reflects the degree to which the conclusions are based on the participants' perspectives rather than the researcher's biases or interests (Anney, 2015:243). It is well established that the longer the researcher engages with the subjects, the higher the possibility of their bias impacting the study (Maree, 2016:125). To ensure confirmability, the researcher made sure that the conclusions were entirely based on the information drawn from the participants. In this study, to ensure confirmability, the researcher did member checks where the participants were asked to confirm whether the findings were congruent with the information they shared (Amankwaa, 2016:122). An audit trail was also used to assess if the information was not distorted at some point. This was done by tracing every step of the research process to see every decision and procedure taken as described (Maree, 2020:145).

3.5.6 Pilot Study

A pilot study is conducted before performing a significant study, for a researcher to evaluate the research instruments (De Vos et al., 2011:237; Hemming, 2018:2). The researcher conducted the pre-test of the pilot study with one participant, to determine the feasibility of the study and test the interview schedule with one senior social worker at COSUP who shared similar characteristics as the primary research participants and confirmed the sustainability and quality of the interview guide. This participant was not part of the main study.

3.6. ETHICAL CONSIDERATIONS

To protect and respect the participants' dignity and well-being, researchers are bound by some regulated ethics and legislation (Weiten & Hassim, 2016:59). These ethical guidelines play a crucial role in protecting both researchers and participants from harm. The following policies will be discussed below: informed consent, voluntary participation, deception, and no harm.

3.6.1 Deception

Deception is when a researcher withholds information from participants about the study's complete and actual purpose (Monette, Gullian & Dejung, 2010:59). It happens when participants are not provided with all of the details regarding how their data will be used or

about the goals of the study (Weiten & Hassim, 2016:59). For this study, the participants were provided with all the information about and the purpose of the research and how their data will be used. This information was also outlined in the informed consent form. Ethical clearance was granted by the University of Pretoria's Faculty of Humanities, Research Ethics Committee (See Appendix A).

3.6.2 Confidentiality

The researcher is required to "protect the secrecy of research participants and the personal privacy of their disclosures unless they consent to the release of personal information" (Monette et al., 2010:59). The researcher assured the participants that their identifying information would be regarded as confidential and would not be disclosed to anyone without their consent. The researcher ensured that participants' statements could not be linked with their identities. To ensure the privacy of participants, all data was kept anonymous by deleting any details that might be used to recognise the people (Grossoehme, 2014:1). In addition, pseudonyms were used to protect the identify of participants.

Researchers must take security measures, such as storing confidential documents in a safe place with limited access and considering eliminating all information that could lead to the personal identification of the participants (Sanjari, Bahramnezhad, Fomani, Shoghi, & Cheraghi, 2014:18). In this study, participants were fully informed that the data would be stored by the University of Pretoria for 10 years, that the information they provided regarding the objectives of the study would be treated as confidential, used for academic purposes only, including possible future studies.

3.6.3 No harm to participants

Participants may be harmed psychologically during the study; therefore, the researcher is responsible for recognising and guarding against such harm (Mohd Arifin, 2018:31). It is the researcher's responsibility to protect the participants' well-being during the study (Lichtman, 2017:5). During the study, the researcher must guard against direct and indirect threats that may impair the participants psychologically. In social science research, harm includes psychological harm, emotional distress, or discomfort (Weiten & Hassim, 2016:59). In some cases, the participants may be required to disclose information they feel uncomfortable sharing (Kumar, 2011:282). In case of this study, the researcher had a social worker in place who was ready to intervene by providing free counselling sessions to the participants, if needed. The researcher submitted a letter from the social worker, declaring her willingness to provide counselling to the participants if needed, as part of the ethics application to the

Faculty of Humanities Research Ethics Committee before the study was conducted (See Appendix A). No participant needed counselling.

Debriefing of participants entailed giving participants an opportunity after the interviews to work through their experiences and questions and misunderstandings that emerged during the interviewing process (De Vos et al., 2011:122). Debriefing was done by the researcher virtually with each participant, to warrant that the participants had ultimately returned to their state from before the study, were aware of aspects they may not have known before taking part in the research and were given adequate services and contact details (Israel, 2015:3, Flemming & Zegwaard, 2018:10). This research was planned carefully to avoid any harm; however, should the participants experience any harm, they were allowed to consult the designated social worker. Nonetheless, none of the participants in this study were referred for counselling.

3.6.4. Voluntary participation and informed consent

Informed consent does not only refer to a form that research participants must sign, but it is a process in which participants are informed and understand the research and its implications for them and their society (De Vos et al., 2011:122). Informed consent emphasises that the research participants must be given adequate awareness, and the researcher must ensure they have enough knowledge about the study (Mohd Arifin, 2018:32). Informed consent is a basis of ethical standards that must be considered when working with research participants.

In this study, the participants were provided with adequate information about the research, what it entails, and the possible risks of choosing if they voluntarily agreed to participate. The researcher enlightened the participants about the essence of the study, its goals and objectives, methodologies to be used, what motivated it, the potential dangers involved, and how the conclusions will be utilised (Israel, 2015:2). An informed agreement form was provided for the participants to complete and sign after getting adequate information about the study. The document contains information about the purpose of the study, confidentiality, and anonymity, avoiding any harm to the study, as well as how the findings will be published and used. It was brief and carefully phrased, with wording catered to the participants without using complex academic terms. The information and consent forms were thorough, understandable, and transparent. Uncertainty in the consent form leads to flawed consent in decision-making, which does not adequately protect the participant or the interviewer and may diminish the integrity of the data collected due to misunderstandings (Flemming & Zegwaard, 2018:10).

Voluntary participation in research means that participants can exercise their will in deciding whether to participate in a research project (Mohd Arifin, 2018:30). Involvement in any study

should be done with a clear understanding of why the person is doing so. The researcher did not force or bribe the participants to participate (Israel, 2015:3). The researcher notified the participants about the duration of the research project and their right to withdraw at any time they were no longer interested in participating in the study.

3.6.5. Actions and competence of the researcher

The ability to undertake human ethical research requires high competence and skills. The research ethics committees are responsible for evaluating the purported competence of the researchers (Somers & Olsen, 2017:129). These competencies include asking clear and significant questions, employing relevant methodological approaches, and gathering data openly and responsibly (De Vos et al., 2011:122). Competence comprises ethical practice and the ability to select proper research design and precise techniques throughout the study (De Vos et al., 2011:122). Furthermore, the researcher's supervisor is competent, qualified, and knowledgeable in the topic of investigation. The researcher is adequately skilled in qualitative research as she completed a research module that equipped her with the necessary knowledge to conduct qualitative research. In addition, the researcher collaborated with her supervisor during the research project to guarantee that the investigation was conducted ethically and competently and that the subjects were respected (Somers & Olsen, 2017:129).

3.6.6. Publication and release of the findings

The dissemination of study findings is an essential concern for all research participants and those who may benefit from the findings (Strydom, 2011:126). Researchers must clarify their strategies for publishing their results during ethical approval applications. Failure to present an acceptable method or not having a publication plan is considered unethical (Lichtman, 2017:8). Where appropriate, the researcher must indicate how they intend to disclose their findings. A comprehensive, unbiased, and unambiguous account on the present research study is provided in this research report. The results of this research are available in this mini-dissertation and a publication in a scientific journal is planned (Strydom, 2011:126). The findings were released factually without violating the participants' privacy and confidentiality.

3.7 EMPIRICAL FINDINGS

This section presents the empirical findings based on the views of four participants. The participants' biographical information is first presented in the table, followed by a presentation and discussion of the themes and sub-themes generated through a thematic analysis. The findings will be supported by the participants' verbatim responses and existing literature.

3.7.1 Biographical information of participants

All the participants in this study were social workers at various Community Oriented Substance Use Programme (COSUP) sites in the City of Tshwane. Pseudonyms were given to each participant to protect their identifying information. The participants' biographical information will be discussed in relation to their age, sex, language, COSUP site, years of experience, level of education, and registration with the SACSSP.

This biographical information is presented in Table 3.1 below.

Table 3.1: Biographical information of participants

Participant name	Age	Sex	Language	Site	Years of experience	Level of education	Registered with SACSSP
Rea	26	Female	Tswana	COSUP Hatfield	2 years	Bachelor of Social Work	Yes
Joy	39	Female	Zulu	COSUP Hatfield	6 years	Bachelor of Social Work	Yes
Thabiso	39	Female	Sepedi	COSUP Atteridgeville	6 Years	Bachelor of Social Work In progress: Bachelor of Social Behaviour in HIV/AIDS	Yes
Merl	39	Female	Sepedi	COSUP-Soshanguve V	6 Years	Bachelor of Social Work	Yes

						Bachelor of Law	

3.7.1.1 Gender

The participants were all female social workers stationed at COSUP sites in Hatfield, Atteridgeville and Soshanguve. This finding confirms the findings by Salsberg et al. (2017:5), who found that females dominate the social work profession.

3.7.1.2 Age

Fig 3.1 shows the age of participants who took part in the study.

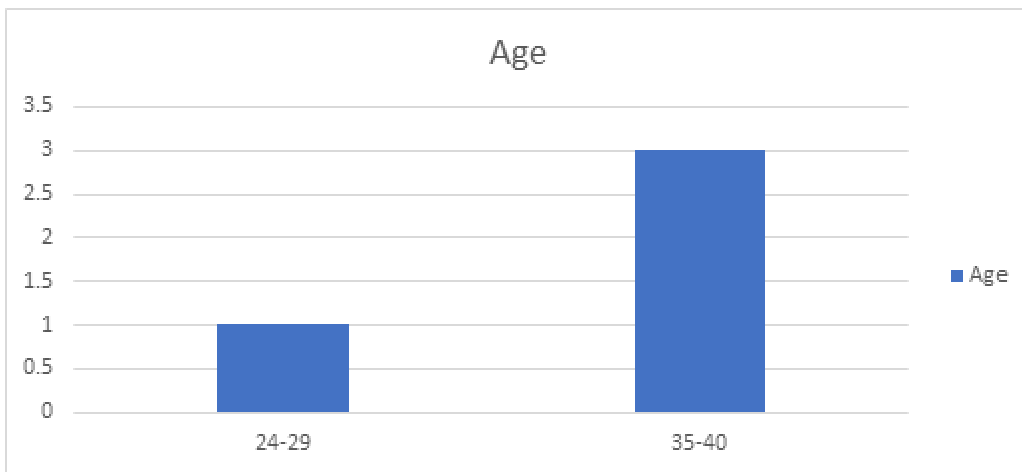

Fig 3.1: Age of participants (n=4)

The ages of the participants varied between 26 and 36 years. One participant was 26 years, and three were 39 years old, which falls within the working age population in South Africa, which is between 15 and 65 years (Republic of South Africa, 2023:2).

3.7.1.3 Years of working experience and qualifications

Fig 3.2 presents the participants' years of working experience

Fig 3.2: Years of working experience (n=4)

The participants' years of experience as social workers ranged between two and six years of experience, with the majority of participants having six years of experience, while one had two years of experience.

3.7.1.4 Level of education

All the participants had a Bachelor of Social Work degree, as required by Section 17 of the Social Service Professions Act 110 of 1978. They were also registered members of the South African Council of Social Services Professions (SACSSP).

None of the four participants had a postgraduate social work qualification. Two of the four participants had other non-social work qualifications, such as one with a Bachelor of Law (LLB) degree and another pursuing a Bachelor of Social Behaviour in HIV/AIDs.

The findings on the biographical information show that the participants met the inclusion criteria and were knowledgeable and experienced social workers.

3.7.2 Themes and sub-themes

In this section, themes and sub-themes generated from the data collected from the social work participants who work at COSUP with service users with co-occurring opioid use and mental health disorders will be discussed. Recorded interviews were transcribed, and data were analysed using a thematic analysis, following the six steps of data analysis (Clarke et al., 2015).

Each theme will be discussed, backed by narrative quotes from the participant interviews, using pseudonyms to protect their identity. These are substantiated with literature from the

literature review and the theoretical framework underpinning this study. The themes and sub-themes generated from this study are shown in the table below.

Table 3.2: Themes and sub-themes

Themes	**Sub-themes**
Theme 1: Social workers' perceptions of service users with co-occurring opioid use and mental health disorders	Sub-theme 1.1: Co-occurring opioid use and mental health disorder linked with socially disruptive behaviour. Sub-theme 1.2: Causes of co-occurring opioid use and mental health disorders.
Theme 2: Social work services and interventions rendered to service users with co-occurring opioid use and mental health disorders.	Sub-theme 2.1: Psychosocial support Sub-theme 2.2: Referral and follow-up
Theme 3: Challenges faced by social workers	Sub-theme 3.1: Service user relapse Sub-theme 3.2: Deception by service users Sub-theme 3.3 Lack of family involvement and support Sub-theme 3.4: Lack of integration of care and services Sub-theme 3.5: Lack of resources
Theme 4: Psychosocial support services available for social workers	Sub-theme 4.1: Professional development Sub-theme 4.2: Debriefing and supervision
Theme 5: Recommendations on strategies social workers can use to support service users	Sub-theme 5.1 Integration of care and services Sub-theme 5.2: Continuous Professional Development. Building professional networks

Each theme with its sub-themes will subsequently be discussed.

3.7.2.1 Theme 1: Social workers' perceptions of service users with co-occurring opioid use and mental health disorders

This theme focused on the perceptions of social workers of service users who present both opioid and mental health disorders. The two sub-themes derived from this theme were co-occurring opioid use and mental health disorders, linked with disruptive social behaviour and the causes of co-occurring mental health disorders.

- **Sub-theme 1.1: Co-occurring opioid use disorder and a mental health disorder linked with disruptive social behaviour.**

This sub-theme focussed on social workers' understanding of the co-occurrence of opioid use and mental health disorders. Opioid use disorder co-exists with a mental health disorder, resulting in dysfunctional behaviour. These views are captured in participant quotes below:

> *The client has opioid substance use problem and then he has co-habit mental disorder, mostly because opioid is a downer, it is not a stimulant. So, this client can have too much of depression or uh disruptive behaviour or breaking laws, being in conflict with the law, to just fit their lifestyle of using (Rea).*

> *...for me it is someone who is not able to function due to a condition that they have, which could be physical but like they are not functioning normally in terms of their mental health. It could be depression, which is now affecting from really functioning normal in their day to day. It could be something like bipolar… so this then...sort of impacts on the way this individual in then able to function and able to relate to others and then in turn what then happens is that this person becomes sort of a challenge to live with in terms of others (Joy).*

> *People are actually starting to act way out of character. For example, there are many- many of them who are going through some stuff. That due to the use of other substances like alcohol, crystal meth that is where the- the mental health actually display itself fully. So, yes but out of character they neglect themselves they are disoriented its - it's so much for them (Thabiso).*

The quotes confirm the fact that opioid use occurs concurrently with diverse mental health disorders and ultimately having an impact on human functioning, as stated by Barral et al. (2014:3). The participants highlighted that opioid use occurs concurrently with a mental health disorder and leads to socially disruptive behaviour, which disturbs the day-to-day functioning of the service user. They further indicated that the service users they worked with, presented with both opioid use disorder and a mental health disorder, which could include depression or bipolar spectrum disorder. The DSM-5-TR (APA, 2022:179) classifies bipolar spectrum disorder and depression as mood disorders, and substance use has been found to alter service users' moods. These findings are confirmed by Bacciadi et al. (2013:30) and APA (2022:179) who state that there is a common co-occurrence between bipolar spectrum

disorder and substance abuse. In addition, a meta-analysis of 18 studies done by Lai et al. (2014:8) showed a high prevalence of co-morbid substance abuse and major depressive disorder. Iqbal et al. (2019:90) attributes co-occurring opioid and mental health disorders to abnormalities in the brain. Taking the Biopsychosocial (BPS) perspective underpinning this study into consideration, the responses highlight the interaction between biological, psychological, and social factors in producing co-occurring opioids and mental health disorders (Skewes & Gonzalez, 2013:62).

- **Sub-theme 1.2: Causes of co-occurring opioid use and mental health disorders**

This sub-theme focused on the causes of co-occurring opioid use and mental health disorders as experienced by participants' service users. The participants reflected that co-occurring opioid use and mental health disorders are a result of various factors which are traumatic childhood experiences, pre-existing mental health disorder or coping mechanism.

The following extracts from the interviews support this sub-theme.

> *The most thing that can contribute to this, it can be childhood traumas. When you check in substance use, our clients are suffering from something that they experienced. It can be molestation, so they are trying to cope with the-the trauma of having that with the substance use, so it can lead to another thing that it will lead to depression (Rea).*

> *Some people use substances because they want to function, and some people want to forget you know... and most opioid...it helps them with the emotional pain and the physical pain… (Thabiso).*

> *So, with patients who had been diagnosed with schizophrenia for instance, because most of them they are on the treatment for a very long time, they lose interest in continuing with the treatment and they opt to using especially dagga for coping…(Thabiso).*

The findings show that co-occurring opioid and mental health disorders develop as a result of using opioids to cope with emotional trauma or physical pain. This is supported by Mokwena and Huma (2014:352), who found that service users used Nyaope to cope with psychological stressors resulting from the loss of parents and family conflicts. Stressful life events such as trauma and health complications increase the risk of developing depression. The service users attempt to cope with these life stresses by using opioids, confirming the study by Mokwena and Huma (2014:352) who found that service users used Nyaope to cope with stresses resulting from loss of parents and family conflicts. Langton et al. (2019:19) further confirm that opioids are used to treat chronic physical pain and have a high co-occurrence with anxiety disorder. In addition, the participants also mentioned that opioids are used to cope with an already existing mental health issue, which leads to a co-existing substance use disorder.

Despite the lack of evidence on the benefits of dagga in treating mental health disorders, the participants reported that service users default on mental health treatment and use dagga to cope with mental health disorders such as schizophrenia. This finding is contrary to previous studies which have shown that dagga is detrimental to schizophrenia, instead it induces psychosis (Parshotam & Joubert, 2015:59).

According to the BPS approach, there is no system that exists in isolation, instead each system influences the other (Engel 1981:106). There are psychosocial factors such as pain and unfortunate early childhood experiences causing various mental health conditions and results in substance use amongst service users (Lee et al., 2015:5). When facing stressors, service users utilise drugs and substances to manage, which in turn reinforces the dependence on substances, confirming the BPS perspective in that biological, psychological, and social factors influence the causes, experience and outcome of opioid use and mental health disorders (Dogar, 2007:11).

The use of substances as a coping mechanism leads to poly-substance use, as service users pursue amplified outcomes from substances**.** Poly-substance use is when service users are dependent on more than one substance within a short period and increases the risk of mental health disorders (Falardeau et al., 2022:54,55). The following quotes support this view.

> *…Because mostly our clients they mix this opioid, you find sometimes an opioid user using crystal meth. They are creating another thing and end up having many episodes and depressive episodes… I had another one who was an opioid user he had uhm psychosis he was on crystal meth and heroin. He had psychotic episode for about two months (Rea).*

> *It also can be because when people use opioids, they sometimes use opioids along with amphetamines, which then has a high rate of triggering mental health disorders so that also comes into play because you mixing your substances and then when the person is mixing substances it can also trigger the mental health uhm-it can make their mental health deteriorate (Joy).*

The findings show that dependence on multiple substances can trigger co-occurring opioid use and mental health disorders. The participants mentioned that service users add to opioids, crystal meth and amphetamines, which triggers mental health disorders such as depression. This finding is confirmed by McCabe and West (2017:7), who found that dependence on multiple substances leads to severe anxiety, mood, and personality disorders. The study by Falardeau et al. (2022:56) found that the motivations for polysubstance use are to alleviate negative symptoms, prolong, enhance the high and balance the effects of substances and in so doing, might trigger multiple mental health conditions. Taking the BPS into consideration, Skewes and Gonzalez (2013:65) highlight that substance use has a psychological effect, a mental health disorder that then co-occurs as the user continues heightened outcomes.

Socioeconomic problems such as overpopulation and unemployment were identified as risk factors for dependence on opioids and other substances.

> *With COSUP specifically, we are in the city, which is overpopulated, with unemployment and homelessness, it forces people to use substances. So, these are some of the factors that lead to uhm to co-occurring. (Rea).*

> *In the communities that they came from, you would find that there is access of substance use around the community that one is living in and there is lack of job opportunities as well there aren't any activities that will protect a person from engaging in using substances (Merl).*

The quotes illustrate that a social environment, characterised by social issues such as overpopulation, unemployment, easy access to substances, and lack of protective factors, contributes to service users starting to use substances. The findings are consistent with those of Fernandez and Mokwena (2022:40,41), who found that easy access to and low cost of Nyaope contribute to the widespread use of Nyaope in South Africa. In addition, Mokwena and Huma (2014:256) found that social circumstances such as unemployment and unfavourable living conditions are critical drivers of substance use in South Africa. From the BPS perspective, Kelly and Daley (2013) states that social factors are risk factors for substance abuse disorder. In addition, the participants' quotes show that co-occurring substance use, and mental health disorders are complex conditions, which is a result of an interplay between biological, psychological and social factors (Gerra et al., 2021:562).

It is deduced from this theme that there is ambiguity about what presents first between a mental health disorder and an opioid use disorder. From a biopsychosocial perspective, Kelly and Daley (2013:4) posit that using opioids alters the brain's reward system (biological) in such a way that service users continue to pursue the stress-relieving and pleasurable experiences associated with opioid use (psychological). This, consequently, influences their behaviour and relations within their social context (social). While in some instances, problems within the social environment and an already existing mental health disorder are drivers of opioid use, the resultant co-existing opioid use and mental health disorder.

3.7.2.2 Theme 2: Social work services and interventions rendered to service users with co-occurring opioid use and mental health disorders

This theme focused on the services that the participants render to service users with co-existing opioid and mental health disorders. It emerged that participants render psychosocial support from a harm reduction approach through individual counselling and group work. In addition, they also offer referral services and follow-up on their service users. The sub-themes generated from this theme were psychosocial support, referral and follow-up services.

- **Sub-theme 2.1: Psychosocial support**

This sub-theme focused on the psychosocial support that social workers render to service users. They provided intervention through the harm reduction approach, assessment, counselling and support groups. The intervention is directed at mitigating the effects of opioid use and mental health disorders. The following interview excerpts support this sub-theme.

> *We do harm reduction and not actually treat but to reduce the harm. So, what we can basically do is to work with the client on realizing-trying to get to the point of-stages of change get them there to try and help them with what is wrong with their use. How can we work around that to reduce their use? And it really helps because when you approach them with abstinence that's where they fail to get off substance use. But when we come with harm reduction it helps them release the positives and the strengths they have as individuals (Rea).*

The findings show that the participants support service users through the harm reduction approach to reduce the effects of being on substances rather than treatments. Unlike abstinence-based approaches, harm reduction is centred on working together with service users in identifying their strengths to contribute to recovery. This aligns with Gloeck et al.'s (2021:1) assertion that harm reduction considers rehabilitation, prevention, and supportive services from a human-rights approach. The harm reduction approach is considered a more effective approach, as it encourages positive recovery without necessarily abstaining from substances. The harm reduction programme encompasses providing psycho-social support to service users.

The participants elaborated on their psychosocial services as follows:

> *...my main role is to identify and assess people with substance use and mental health disorders... we also provide counselling to people that need that kind of service (Merl).*

> *We provide psychosocial counselling, empowerment, and support (Rea).*

> *The role as a social worker in COSUP is to provide psycho-social support to patients who struggle with the substance use and to actually provide support (Thabiso).*

The above responses indicate psychosocial support through various activities, such as assessment, counselling, and empowerment. Assessment is done to determine the problem and the possible intervention for the service user (Chadda & Chatterjee, 2018:441). Consistent with the literature review, through psycho-social counselling, social workers can identify and help the service user in addressing problematic attitudes and behaviours (NIMH, 2018:6). Gloecke et al. (2020:3) and Miklowitz (2010:38) further support the findings by stating that

social workers render psychosocial counselling to service users and their families. From a bio-psychosocial perspective, assessment gives social workers insight into the biological, psychological and social circumstances of service users, enabling them to meet all their needs. In addition, social workers need to establish the interconnectedness between the biological, psychological, and social factors in intervention.

In addition, psychosocial support is rendered through group work. Support groups are led by peers who support fellow service users in treatment and recovery.

> *We also have support groups where they come as peers share strategies and how they can deal with their substance use because you know every client is unique and their needs are unique so when they come, there is that one who can relate into the other and be like maybe I can try this one. Last year we had a new form of a group called Contemplation where we had eight stages of change, we go through that, and we go with the client and give them tasks to do. Just to turn the wheel on the side of change and what are the advantages and disadvantages of changing are (Rea).*
>
> *I provide further support like to facilitate groups (Thabiso).*

The participants also rendered social work services through group work. The participants facilitated group work sessions with service users or had peer support groups where service users in recovery facilitated group work to equip others with coping mechanisms and bring positive changes.

In a study by Ness et al. (2014:4), social work practitioners supported service users' daily living through individual counselling. A study by Van Zyl and Geyer (2019:215) confirms that group work intervention is crucial when working with service users with co-occurring opioid use and mental health disorders. Their study found that having service users share their lived experiences assisted in coping and building hope. Taking the BPS perspective underpinning this study into consideration, through providing psychosocial counselling and group work, the social work participants sought to alleviate the psychological and social stressors that service users experience and contribute to recovery. In addition, through counselling, users can manage disruptive thinking patterns and behaviours and adopt better coping mechanisms.

- **Sub-theme 2.2: Referral and follow-up**

This sub-theme presents the referral and follow-up services that social workers render within multidisciplinary settings. Some services fall out of the scope of the practice of COSUP, and for these, the social workers refer service users for additional services and follow up on service users' progress. The participants refer service users to rehabilitation centres, hospitals and for skills development. The following quotes support this sub-theme:

One of the services is to try to refer to rehabilitation services another service is to refer-if a person comes in and they really are not okay, they are aggressive, they are a danger to themselves, referring them to the 72hr observation at the hospital so that they can then be able to calm them down (Joy).

Yes, the other thing is the client-if they want to go to rehab, we do not deny them because we are a harm reduction. We do facilitate, they get referrals to developmental rehabs we have the one in Cullinan, we have one in Cullinan. There is rehab in Randfontein they call it Life recovery, then SAANCA we do refer but their list is always long eish (Rea).

We refer patients for skills development for sustainability of their recovery (Thabiso).

The findings show that participants facilitated referrals within a multidisciplinary team of doctors, rehabilitation staff, psychiatrists, and psychologists. The participants also highlighted referring service users to skills development projects to sustain recovery. Burhams et al. (2022:4) confirm that practitioners working with service users with co-occurring opioid use and mental health disorders offer referral services. The finding is further supported by Lopes et al. (2019:1628), who concluded that practitioners at the Brazilian Psychosocial Care Centre for Alcohol and Drugs referred the service users to psychologists, nurses, medical doctors, and psycho-social support groups as part of the intervention they render at the centre. Consistent with De Crespigny et al. (2015:124), the present study showed that referring service users to rehabilitation centres is met long waiting lists.

Commenting on the effectiveness of referrals in their practice, the participants highlighted the following:

It makes the work so easy because now if… Actually, we have this other client she is female, she got pregnant and bipolar, and she was using crack cocaine. So, it was easy for us to help the client because she firstly met our clinical associate. Our clinical associate did a clinical assessment so and the client she has bipolar, and she has this uhm HIV positive and she defaulted on ARVs she defaulted on bipolar. So yeah, defaulted methadone, she spent two years without methadone. So, it was easy for us to help the client with the help of the clinical associate because the case was referred back to the clinical associate to do clinical assessment, refer the client to Skinner clinic to start with the ARVs while we are working on getting her on the methadone. While we as the social workers for counselling. And then after all this medication, the client started with medication and being monitored at the hospital for pregnancy...think it's easy to work in a multidisciplinary team because it makes referral easy, and it makes these co-occurring disorders to be managed faster than when you are just alone social worker at the site (Rea).

Referrals and working in a multidisciplinary team improve service provision to service users with co-occurring opioid use and mental health disorders. The participant highlighted that it makes service provision efficient as she describes the effectiveness of referral service in

working with a service user who was HIV positive, pregnant, having a mental health disorder and a substance use disorder.

> *After I took the patient to - to the doctor… I actually reach out to the family, I spoke to the grandfather, I even did the home visit, I spoke to the mother over the phone…(Thabiso).*

The multidisciplinary team also consults with patients' families regarding the treatment and recovery of the patient. One participant highlighted that she conducted home visits and communicated with the service users' grandfather and mother over the phone. This finding is consistent with literature which emphasises the value of engaging family members in working with service users with substance use disorders (Kelly & Daley, 2014:4). Family, as part of the social component of the BPS, has the potential to enhance recovery of service users who seek services at COSUP, hence there is a need to empower family members, so they have a better understanding of the social workers' intervention.

After referrals, the participants also conduct follow-up services.

> *We do follow-ups to psychiatrists and psychologists because just our clients they do suffer from bi-polar depression so yes, it's in our duty to link the clients with the relevant services to get observed and get the treatment (Rea).*

The findings show that social workers conduct services from a multidisciplinary approach for a holistic intervention. Referrals and follow-ups ensure that service users' physical health, psychological and social needs are met. The findings align with Morgan et al. (2019:7) and Scheibe et al. (2020:4), who found that collaborative actions between agencies, mental health practitioners and families are essential in treatment and recovery. Taking into consideration that the biopsychosocial model is embedded in systems that are interdependent and transactional (Engel, 1981), referrals and follow-ups strengthen the biological, psychological and social dimensions, as each member of the multidisciplinary team performs according to their capacity in the treatment of co-occurring opioid use and mental health disorder. Furthermore, from a harm reduction perspective, through the multidisciplinary intervention, practitioners are able to promote the health and contribute to addressing the various socio-economic challenges that service users face as a result of co-occurring opioid use and mental health disorders.

3.7.2.3 Theme 3: Challenges faced by social workers

This theme focused on the challenges that social workers face when working with service users with co-occurring opioid and mental health disorders. The sub-themes generated from

the data include: service user relapse, deception by service users, lack of family involvement and support, lack of integration of care and services and lack of resources.

The participants indicated that they face challenges such as relapse as a result of the stigma associated with being on treatment and defaulting on other medications. Furthermore, there was a lack of family involvement and support. The participants also identified the lack of integration of services and the lack of resources as other challenges they face when rendering services to people with co-occurring opioid use and mental health disorders.

- **Sub-theme 3.1: Service user relapse**

This sub-theme aimed to present service user relapse as a challenge which participants face. The following quotes support service user relapse as a challenge social workers face.

> *...the person may be clean for a week or two or a month, then next time you see them, is when it doesn't work anymore. So, it's a…phase most of the time when you are dealing with patients with mental health disorders, it's rare that you get to a point where you are dealing on a long term. I have had a patient that I was dealing with long term…almost two years... And then he came back, and he relapsed…(Joy)*

> *…and I had another one who was an opioid user, he had psychosis he was on crystal meth and heroin. He had psychotic episode for about 2 months it was so heart-breaking because he was doing so well with methadone, but then there was a time where he relapsed and went back to crystal meth (Rea).*

The participants highlighted that service users relapsed after being on methadone treatment for a short period. This finding shows that recovery is an ongoing process during which service users might relapse. This is confirmed by Anderssen et al. (2019:225), who found that most service users with co-occurring substance use and mental health disorders relapse often. Service user relapse is a challenge in that it backtracks the progress that the service user would have made, as one participant mentioned that one service user relapsed after having been on treatment for almost two years. Although the reasons for relapsing are numerous, the participants highlighted that the stigma associated with being on treatment contributes to relapse. The following quotes explain this.

> *There is a state of stigma about being on medication for a long time. So, there is a feeling that I can cope, I can do this, I don't need this medication and there is not like a real appreciation for the fact that you are sitting with two chronic conditions and take your time for you to get stable (Joy).*

> *…they default on the H.I.V medications because when they are under the use of drugs they feel like they are functioning well just comparing when were they are under their meds (Thabiso).*

> *…the client she has bipolar, and she is HIV positive and she defaulted on ARVs she defaulted on bipolar meds, defaulted methadone, she spent two years without methadone (Rea).*

The findings show that service users defaulting on other medications is a challenge for social workers. The participants highlighted that service users not only defaulted on methadone treatment but also medications for other ailments such as HIV and mental health treatment. This indicates that opioid use and mental health disorders can co-occur with other diseases.

There is a co-occurrence of other health ailments, such as HIV, because of the sharing of needles amongst opioid users (Tyree et al., 2020:3). The study showed that service users relapsed because of the stigma that is associated with being on treatment for a prolonged period. De Crespigny et al. (2015:122) confirm that substance use treatment is associated with shame and stigmatisation by others, which discourages service users from maintaining recovery and later relapsing. As indicated in the literature review, stigma around opioid use and mental health disorders is a barrier to treatment (SACAP, 2019). Furthermore, Ndou and Khosa (2023:8) confirm the finding that service users relapse because they feel that they can maintain sobriety on their own. Defaulting on medication is a challenge because it worsens opioid use and mental health disorders.

Based on the BPS, there is a need to understand the interactions between the biological, psychological, social and environmental components. The participants' responses indicate that stigma is a sociocultural challenge that service users face and has a direct influence on their recovery as service users end up relapsing and defaulting to treatment. As such, there is a need to address stigma in communities.

- **Sub-theme 3.2: Deception by service users**

This sub-theme focuses on presenting deception by service users as another challenge that social workers face. Service users disclosed false information to social workers. The following quote supports this sub-theme:

> *So, this is the one case that I always give an example with because sometimes we can work with patients who have dual diagnoses then you are not aware. - it could be very dangerous it could be very risky and remember we are females, so sometimes it is very risky …so this one time I had to see this patient that actually lied to me, I'm not sure if it was on purpose or what the patient lied to me starting from the name, going to where he comes from, the relationship he had… as social worker you just need to inquiry about the person, there is something wrong about this patient is that I cannot pin-point what it is and on the spot my colleague said to me that you need to be careful around that patient if he really is that person, because that person is the most wanted person in Eesterust then you can imagine how, my fear was escalated (Thabiso).*

The quotation above shows that service users are deceptive when they seek social work services. A participant attested that a service user provided false information about his identifying particulars, which she described as a risky and frightening encounter, as she later discovered that the service user was a wanted person. The study by Khanyi and Malesa (2022:34) confirms that service users who use opioids are sometimes deceitful to social workers to benefit from the services that are rendered at an organisation. Taking the BPS perspective underpinning this study into consideration, the researcher observes that opioid use and mental health disorders influence interpersonal relationships due to the complex interactions between the systems. Therefore, the fear of being judged prompts service users to provide false information to social workers.

- **Sub-theme 3.3: Lack of family involvement or support**

This sub-theme focused on the challenges social workers face when working with service users' families and the communities from which they come. Social workers intervene at a family and community level while working with the individual. However, lack of family involvement was another challenge identified by the participants.

> *The other challenge because of the co-occurring disorder-mental health disorder, the family comes in with the person exhibiting signs when we [the family] can't deal with it. And at that point everybody is now on high alert, because like we can't do it anymore and you [the social worker] must do something now so what you end up doing is that you then refer to you know (Joy).*

> *But actually, what happened is that the brother came back to his senses because after going to the doctor the patient was diagnosed and then they gave him the medication, now my challenge was that I - I the patient no one was to stay with the patient because they are fed up with the behaviour (Thabiso).*

Lack of family involvement presents challenges for social workers, as highlighted by the participants. They indicated that families take time to bring service users to seek help. It is a challenge because late intervention exacerbates the symptoms. The finding shows that it is a challenge for social workers that families bring patients to the organisation when substance use and mental health disorders are at an advanced stage when they cannot handle the symptoms. The participants reported that they cannot intervene at an advanced stage; instead, they refer the service user to be stabilised. This finding is consistent with the study by Ndou and Khosa (2023:8), where the participants also reported that families of service users with co-occurring opioid and mental health disorders delay seeking intervention for the patient.

In addition, a study by McDonaugh et al. (2018:4,5) found that family members of people with substance use disorder delayed seeking help because of a lack of awareness of support available, stigma and they were unaware of the need to seek help. This challenge is a concern for social workers, because late enrolment in treatment reduces its effectiveness. In addition, it was explained that other family members refuse to stay with the service user after treatment. This is in line with the study by Ndou and Khosa (2023:7), who found that some service users face rejection from their families, which increases the risk of relapsing.

Considering the BPS perspective, social systems influence the expression and experience of an illness (Dogar, 2007:12). The participants' responses highlight that families are reluctant to seek help due to the stigma and discrimination associated with opioid use and mental health disorders, which results in delays in seeking help and impacts service users' ability to maintain recovery.

- **Sub-theme 3.4: Lack of integration of services**

This sub-theme focused on the challenges related to the lack of integration of services within the multidisciplinary team. The following excerpt supports this sub-theme:

> *...because at this point a person will have an appointment with you at COSUP and have an appointment with someone else at Skinner, and you find that the theories we are using in terms of how to get to success may be different. Because you find that at COSUP we not abstinence based so we give a treatment which is not abstinence based and then at the hospital then they might say no because they are probably abstinence based, so this person really needs to abstain (Joy).*
>
> *I'm now working with other social workers who now see what is in the best interest of the child, but I did my best to get the client to get medication and to provide psycho-social counselling. The client is bi-polar she was a heroine user, so to them it appeared as if she would not be able to look after the child. So, these are the challenges that you have to face because for these two months my client was not having her child at home, she was suffering (Rea).*

The findings show a lack of integration between services rendered within the multidisciplinary team. The participants highlighted that other healthcare professionals within the multidisciplinary team make use of different approaches when treating service users with co-occurring opioid and mental health disorders. The participants explained that while COSUP works from a harm reduction approach, other practitioners are abstinence-based, which then makes service delivery challenging. Nyashanu and Visser (2022:9) confirm the finding on the lack of integration of services. Their study found that there is a lack of integrated care for service users with co-existing substance use and mental health disorders, which discourages service users from seeking treatment services. Similarly, Padwa et al. (2015:5) found that

practitioners experienced challenges in rendering services to service users with co-occurring substance use and mental health disorders due to the different treatment approaches used in substance use and mental health fields. Lack of coordination in service delivery impacts the quality of services that service users receive.

In line with the biopsychosocial approach, which recognises the interconnectedness between systems (Engel, 1981:106), service delivery in a fragmented manner reduces efficiency. Instead, there should be efforts to provide care to ensure that all the biological, psychological and social needs are met in a coordinated and integrated manner. Based on the harm reduction approach, lack of integration of services coupled with the lack of understanding of harm reduction, discourages the safe and controlled use of opioids while addressing other challenges faced by the service users. As such there is need to increase awareness on the harm reduction and its contribution to the holistic recovery of service users with co-occurring opioid use and mental health disorders.

Sub-theme 3.5: Lack of resources

This sub-theme described the challenges participants face regarding the lack of resources. The lack of resources was related to the lack of mental health practitioners, the lack of infrastructure and limited resources, which hinder the provision of services to people presenting with opioid use and mental health disorders.

The following quotes support the lack of mental health practitioners, which limits access to mental health care.

> *In South Africa, mental health specialist are not necessarily what you gonna find every corner you turn (Rea).*
>
> *…the biggest one is that its like with mental health its one block door after the other. It's not only a COSUP challenge, it's just the system. The person is not on mental health medication until they get a psychiatry report. So, for you to get hold of a psychiatrist to write that report, will take I don't how long its gonna take you. Because there is one psychiatrist probably per hospital (Joy).*

The participants highlighted that there is a lack of mental health specialists, and the consequence of treatment is that it will take too long to obtain a psychiatric report. This finding is supported by Booysen et al. (2021:5), who found that there is a lack of access to mental health services in the Eastern Cape, causing delays for service users to be initiated into treatment. Mental health specialists are essential members of the multidisciplinary team, so their lack compromises access to services.

In addition, there was a lack of proper facilities that cater for the needs of service users with co-occurring opioid use and mental health disorders, as well as medication to stabilise service users.

…the system is not allowing the people to access the care that they deserve- because everybody deserves care and so they should be able to access that care…the system really needs to open up…[because] It's not fair on the families, because when a person has that type of condition it's not about the person anymore, it's about a family that is going through it with them…the system just doesn't have proper facilities to then and spaces for people who then have this co-occurrence disorders (Joy).

And then when you go to the places where you wanna refer to hospice "oh we do take cases of people with mental health disorders but not when they are using substances, first you must go to rehab". You can't get into rehab because of the co-occurring disorder (Joy).

So, the challenge that we are facing especially with the patients who are currently using crystal meth … they are so unstable sometimes you find that they are psychotic … you find that they would be referred to a social worker, with limited resources that we have, how can we stabilize this patient? … the only tool that I have as a social worker is a communication skills…in the case where the patient is violent is psychotic, it can actually harm me as a social worker any way (Thabiso).

…we have limited resources when it comes to your opioid treatment …we don't feel like we have the enough resources ... now even the office the way it looks you know even some people feel like no man these people are just scammers or something like that. The materials that we use to different hospitals or when we are doing awareness campaigns, we don't have the labels, we don't have any kind of identification, you know we don't have enough of those things. It makes it difficult for people to be able to identify us (Merl).

The participants mentioned that they lack resources to cater for the needs of service users with co-occurring opioid use and mental health disorders. They lack facilities which accommodate service users with co-existing disorders and lack the necessary tools to stabilise service users who have psychosis, as well as a lack of infrastructure such as offices and organisational identifying labels. These findings are supported by Madisha and Skhosana (2020:449), who assert that social workers lack the resources to effectively render services to people with co-occurring opioid use and mental health disorders. Although social workers at COSUP are equipped with generic social work skills to assist service users in managing psychosocial well-being, the lack of resources and access to mental health services is a barrier to meeting other biological, psychological, and social needs of service users. The lack of resources is a barrier for social workers to work from a harm reduction approach. Furthermore, the BPS perspective underpinning this study acknowledges that the biological, psychological, and social dimensions influence each other and are essential in the treatment and recovery of people with co-occurring opioid use and mental health disorders (Dogar, 2007:12). Also, the harm reduction approach further considers the integration of medical, psychological and social services in service delivery (Scheibe et al., 2020:3). Therefore, the lack of one or more of the

dimensions, as seen in the lack of infrastructure and facilities, has a ripple effect on the service users, their families, and compromises service delivery by social workers.

3.7.2.4 Theme 4: Psycho-social support services available for social workers

This theme focused on presenting the psychosocial support available to social workers. The findings show that the participants received psychosocial support, which enabled them to support service users with co-existing opioid use and mental health disorders. The psycho-social support was in the form of professional development through training in harm reduction, supervision and debriefing. The sub-themes generated from this theme are continuous professional development and supervision, and debriefing.

- **Sub-theme: 4.1: Professional development**

This sub-theme presents the psycho-social support available for social workers through continuous professional development. The participants receive harm reduction and other training offered by the University of Pretoria. The following quotes support it:

> *When I started with COSUP I did a course in harm reduction. Yes, it's because our manuals get updated after some time, I recently attended a training on harm reduction, and we did the screening tools. It's something that you have not been doing for the past two years when you do it in a training you will be like how did I miss this one. So, I recently did harm reduction training from scratch because I felt okay these things, they get updated... (Rea).*
>
> *So, I do attend workshop and I attend training that is done by UP under public health so I can say I self-educate myself (Rea).*
>
> *The type of training that we get training like how -harm reduction training that says how does a person end up then showing-what are the harms that in terms of substance use that end up having, making an individual show these types of symptoms. And then how can you reduce those harm (Joy).*

The findings show that participants received ongoing professional development as they received harm reduction training and attended public health training offered by the University of Pretoria. The training workshops involved training on screening service users and how to reduce the harm caused by substance dependence. From these responses, continuous professional development is important and beneficial in that participants are equipped with the necessary skills which enable them to render services to service users with co-occurring opioid use and mental health disorders. This finding is confirmed in the study by Madisha and Skhosana (2022:447), where social workers acquired more skills in substance abuse through workshops and training. Professional development through training workshops improves the skills and competence of social workers as well as their ability to contribute to developing

effective policies and organisational and individual plans (Ferguson, 2022:193). Formal training enhances participant's understanding of the biological, psychological, and social factors surrounding opioid use and mental health disorder, which in turn enhances the service they render.

Taking the BPS perspective underpinning this study into consideration, there is a need for social workers to be effective communicators and train themselves in the biological, psychological, and social aspects of co-occurring opioid use and mental health disorders (Dogar, 2007:11). The researcher observes that the participants are proactive in updating their skill set and knowledge base to be able to understand the biological, psychological, and social circumstances when screening service users based on the symptoms they present and plan appropriate intervention.

- **Sub-theme 4.2: Debriefing and supervision**

This sub-theme presents the support participants receive through debriefing and supervision. A discussion on debriefing starts first, followed by a discussion on supervision. The excerpt below highlights the debriefing services participants receive at their workplace.

> *We also have debriefing once a month, but if you worked individually, you can always book with the psychologist... (Rea)*

> *…we do have a clinical psychologist that comes every month for debriefing, so you know we so get that motivation again you know to be able to work hard and help these people in need (Merl).*

Thus, some participants received support in the form of debriefing. The participants remarked that they get debriefing once a month from psychologists, which is also a source of motivation for them to continue working with service users with co-occurring opioid use and mental health disorders. Ferguson (2022:164) asserts that the social work profession is a physically and emotionally demanding job that has the potential to influence the social workers' experience negatively. Debriefing is vital in enabling social workers to process their personal experiences and emotions that might interfere with providing services.

In line with the BPS perspective, which considers reciprocity between systems (Engel, 1980:106), it is crucial to recognise the relationship between social workers' physical (biological) and emotional (psychological) state and their ability to render services to service users with co-occurring opioid use and mental health disorders. Therefore, attending debriefing sessions enables social workers to contribute to service delivery positively.

In addition to debriefing, participants receive support in the form of supervision.

> *Yes, I do have enough support. My supervisor is [person's name] by the way. She is good she knows what she is doing (Rea).*

> *... we-we actually do have a supervisor (Merl).*

The findings show that COSUP supported practitioners who render services to those with co-existing opioid and mental health disorders with supervision. The findings are consistent with the study by De Crespigny et al. (2015:125), in which the participants reported that they received support from their organisations through team meetings, debriefing and clinical supervision. Supervision is vital for social workers to improve their skills and the quality of their services as it provides learning opportunities (Madisha & Skhosana, 2020:451).

However, commenting on the quality of supervision, one participant pointed to receiving minimal supervision.

> *I think I need the more support from - from the senior my seniors people who have been doing this job for a while... I feel like I'm not getting what I'm supposed to be getting ...I have been - I have been working since I started I have been working unsupervised without any kind of support without someone to teach me on how to do the job ... so I have been using my own knowledge from - from school without any assistance from a senior that has been doing this job (Merl).*

As noted in the participants' responses, there is a lack of supervision from senior social workers, and she relies more on her Bachelor of Social Work training and working experience. This finding is consistent with Madisha and Skhosana (2022:451), who also found a lack of social work supervision with substance use cases in the Department of Social Development in Lepelle-Nkumpi Municipality. In addition, due to the lack of supervision support, Padwa et al. (2015:3) found that most practitioners learn on the job from their different experiences when working with service users. Taking the BPS perspective underpinning this study into consideration, social workers can be able to decipher between the biological, psychological, and social factors associated with co-occurring opioid use and mental health disorders if there are efforts to enhance competencies through extensive supervision.

As such, support through supervision and debriefing enables social workers to deal with the psychological demands that come with rendering services to people with co-existing opioid use and mental health disorders. In addition, supervision and debriefing provide learning opportunities for social workers as professionals and individuals.

3.7.2.5 Theme 5: Recommendations for strategies that social workers can use to support service users

This theme focused on the suggestions from participants that social workers can use to support service users. To improve the support to service users with coexisting opioid and mental health disorders, the participants suggested the need for the integration of care and services. In addition, the participants suggested that social workers acquire more knowledge in the field of co-occurring opioid use and mental health to be effective in rendering services. The proposed strategies, which include integration of care, services and continuous professional development, will be discussed in the sub-themes below.

- **Sub-theme 5.1: Integration of care and services**

The focus of this sub-theme is to present participants' suggestions to integrate care and services for service users with co-occurring opioid use and mental health disorders. The participants suggested having a one-stop centre where service users can access medical, mental health and psychosocial services for better coordination in rendering services. The following quotes support this sub-theme:

> *It will be a great idea if they [service users] wanted to get their ARVs they can get them here if they wanted psychiatrist whatever they can get it, get everything here (Merl).*
>
> *…when you come at COSUP or wherever, let's just screen you for mental health. And you find that you have a mental health disorder plus your substance use disorder, it must be that this is what we have in place for an individual that has these challenges. I'm thinking that if it would be possible that they could just make maybe in a facility like one wing that is just for people with co-occurring disorders (Joy).*

The participants recommended having a one-stop centre at COSUP sites where service users can have access to their ARV medication and psychiatrists. In addition, they suggested having a facility at COSUP sites that caters to service users with co-occurring opioid and mental health disorders. The findings are in line with the literature, which states that co-existing opioid and mental health disorders are complex and require effective and consistent coordination of services between substance use, medical and mental health services (Kelly & Daley, 2013:7). The recommendation to have a one-stop centre where is supported by United Nations Office for Drugs and Crime (2015:19) who posits that a wide range of medical and social services must be rendered at a one-stop-shop to improve accessibility to services by service users with co-existing opioid and mental health disorders. In addition, at a one-stop centre, it is easier for the specialists to meet, exchange information and develop a comprehensive

treatment plan for the service users. Taking the BPS perspective into consideration, a fragmented approach to treatment results in service users' needs being unmet (Frances, 2014). Furthermore, Scheibe et al. (2020:2) posit that the harm reduction approach utilises a package of services such as physical, substance use and mental health screenings and assessment, counselling and social services, which are rendered simultaneously. Therefore, the researcher supports the participant's suggestion of a stop-centre in that it becomes easier for practitioners to address the biological, psychological, and social needs service users have, strengthening the intervention from the bio-psychosocial approach and harm reduction approach.

- **Sub-theme 5.2: Continuous professional development**

This sub-theme presents continuous professional development as a strategy to strengthen service delivery to service users with co-existing opioid and mental health disorders. The findings show that there is a need for professional development among social workers who work in the field of substance use and mental health. The participants suggested continuous professional development and expanding professional networks. The following extracts support the sub-theme:

> *I recommend that lets be knowledgeable not only on what we are dealing with but other areas. If you are dealing with a client that this client has a history of substance use and mental health illness as a social worker at least have a knowledge. Because if you present a client, you must be knowledgeable about the client (Rea).*
>
> *I think it's important that the people that are working with people who are using substances or have mental health issues be well equipped with what mental health is and what substance use disorder is and how they -they co-occur, how they impact each other (Merl).*
>
> *I think training, education knowledge is what we need in order to be of use in our community…- I think there's always advancement in terms of the skills that we already have... I was last trained in 2012, that's when I completed my degree. The degree is no longer relevant in this age I need to empower myself to understand more of what is happening currently (Thabiso).*

The participants recommended that social workers should enhance their knowledge of substance use and mental health disorders. It was suggested that social workers gain insight into other fields of social work and ensure they have a holistic understanding of their service users. The finding on professional development is consistent with Madisha and Skhosana (2022:453), who posited that social workers must be up to date with recent developments in legislation and treatment models, which contributes to their confidence and ability to meet the needs of service users effectively. The participants' responses are in line with the biopsychosocial assumption that practitioners should train themselves to understand the

interplay between the biological, psychological, and social circumstances of patients (Dogar, 2007:11). Furthermore, based on the harm reduction approach, service delivery should be simultaneous across the various sectors (Gloeck et al., 2020:3). Social workers who advance their knowledge and skills are better equipped to understand and interpret service users' biological, psychological and social needs and render services to address them in a simultaneous and holistic manner.

3.8 SUMMARY

This chapter presented the research methodology and the ethical considerations that were adhered to throughout this study. The empirical findings were also presented using a thematic analysis of the five themes and sub-themes generated. These themes included social workers' knowledge and experience of service users with co-occurring opioid use and mental health disorders, social work services and interventions, challenges faced by social workers, psycho-social support services available for social workers and recommendations for strategies that social workers can use to support service users. The next chapter will present the key findings, conclusions, and recommendations.

CHAPTER 4: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The previous chapter presented an in-depth discussion of the empirical findings based on the interviews. In this chapter, the extent to which the study goal and objectives were achieved will be discussed, followed by the study's limitations. A discussion of the key findings, conclusions, and recommendations will be presented last.

4.2 SUMMARY

The study goal for the study was to "explore and describe the perceptions of social workers regarding service users with co-occurring opioid use and mental health disorders at COSUP." The goal of this study was met through the following objectives:

- To explore and describe the social workers' knowledge and experiences of service users with co-occurring opioid use and mental health disorders at COSUP.
- To explore and describe the forms of social work services and interventions rendered to service users with co-occurring opioid use and mental health disorders.
- To explore and describe challenges social workers face when rendering biopsychosocial services to service users with co-occurring opioid use and mental health disorders.
- To explore and describe the psychosocial support services available for social workers who are rendering assistance and supporting service users with co-occurring opioid use and mental health disorders at COSUP.
- To recommend strategies social workers can use to support service users affected by co-occurring opioid use and mental health disorders.

The subsequent section provides a discussion of how each objective was met.

4.2.1 Objective one

To explore and describe the social workers' knowledge and experiences of service users with co-occurring opioid use and mental health disorders at COSUP

This objective was achieved in the literature review chapter, which provided some detail on the gap in social workers' knowledge and experiences in working with service users with co-occurring opioid use and mental health disorders. Section 2.9 provided the perceptions of social workers regarding their problems when providing services to service users with dual diagnosis of opioid use and mental health disorders. This objective was further met in Chapter 3, theme 1, sub-theme 1, in which the participants described their perceptions of working with co-occurring opioid use and mental health disorders. Sub-theme 1.2 reflected how social

workers understood co-occurring opioid use and mental health disorders to be a result of various factors, such as traumatic childhood experiences, pre-existing mental health conditions, using opioids to cope with mental disorders, and using a combination of substances for heightened effects. In addition, socio-economic factors such as homelessness and unemployment were identified as contributory factors to co-occurring opioid and mental health disorders. As such, the research study was able to shed light on social workers' knowledge and experiences in working with service users with co-occurring opioid and mental health disorders.

4.2.2 Objective two

To explore and describe the forms of social work services and interventions rendered to service users with co-occurring opioid use and mental health disorders

In the literature review under sub-section 2.8.3.2, it was discussed that social workers provide psychosocial services to service users with co-occurring opioid and mental health disorders. In addition, a discussion on the provision of services to users with co-occurring opioid use and mental health disorders in an integrated manner was provided in sub-section 2.8.3.3. Furthermore, Chapter Two, section 2.9.1, revealed that COSUP offers shelter and empowerment programmes such as life skills development and job preparation. Adding on, the literature review showed that COSUP renders screening, counselling, and family reintegration services to service users with substance misuse disorders (see Chapter Two, section 2.10.1). This objective was further achieved in Chapter Four, sub-themes 2.1 and 2.2. The participants revealed that the social workers render psychosocial services, referral and follow-up services. The participants revealed that psychosocial support is rendered through individual counselling and group work using the harm reduction approach. In addition, the participants revealed that social workers facilitate referrals and follow-up services within the multidisciplinary setting. As such, this objective was achieved.

Furthermore, the empirical findings in Chapter Three further contributed to achieving this objective. Theme 2, sub-theme 2.1, showed that social workers rendered psychosocial support, which includes assessment, counselling and support groups, through the harm reduction approach. Sub-theme 2.2 showed that social workers provided referrals for rehabilitation, hospitals, and skills development. Follow-up services are conducted to monitor service user progress. As such, this objective was met.

4.2.3 Objective three

To explore and describe challenges social workers face when rendering biopsychosocial services to service users with co-occurring opioid use and mental health disorders

This objective was attained in Chapters Two and Three. The literature review provided that the problems faced by social workers are related to the lack of resources, such as medication for treatment and the lack of treatment facilities and staff (see section 2.9.1). In addition, the under-reporting of co-occurring opioid and mental health disorders by service users due to the stigma in communities was identified as another challenge social workers face. Another challenge discussed is the lack of resources in South Africa, which makes it challenging for the diagnosis and treatment of co-occurring opioid and mental health disorders. Service user relapse is another challenge that social workers face when rendering services to service users with co-occurring opioid use and mental health disorders. In Chapter Three, theme 3, sub-themes 3.1, 3.2, and 3.3, the empirical findings highlighted that the participants faced challenges such as service user relapse, lack of family involvement and support in service users' recovery, and lack of integration of services within the multidisciplinary team. As such, this objective was achieved.

4.2.4 Objective four

To explore and describe the psychosocial support services available for social workers who are rendering assistance and supporting service users with co-occurring opioid use and mental health disorders at COSUP

Chapter Three, theme 4: Psychosocial support services available for social workers achieved this objective. In sub-theme 4.1, it was discussed that the participants engage in professional development by attending training and workshops to enhance their knowledge and skills. Psychosocial support is also provided through debriefing sessions with a clinical psychologist at the site. In addition, it was further discussed that some participants receive supervision, while others reported not receiving supervision from senior social workers (see Chapter Three, sub-theme 4.2). As such, this objective was met.

4.2.5 Objective five

To recommend strategies social workers can use to support service users affected by co-occurring opioid use and mental health disorders

The participants suggested strategies that can be used to support service users presenting co-occurring opioid use and mental health disorders. In Chapter Three, sub-themes 5.1 and 5.2, the participants suggested integrating care and services and professional development for social workers, including expanding professional networks.

4.2.6 Research question

The research question for this study is as follows:

What are the perceptions of social workers working with service users with co-occurring opioid use and mental health disorder at the Community Oriented Substance Use Programme (COSUP)?

This research question was answered through a qualitative study. Four social workers working with service users with co-occurring opioid use and mental health disorders at COSUP were interviewed virtually using Microsoft Teams. The data were thematically analysed, and Chapter Three provides a detailed discussion of the themes and sub-themes generated during data analysis. Five themes with various sub-themes emerged in answering the research question, as shown in the table below.

Table 4.1: Themes and sub-themes

Themes	Sub-themes
Theme 1: Social workers' perceptions of service users with co-occurring opioid use and mental health disorders	Sub-theme 1.1: Co-occurring opioid use and mental health disorder linked with socially disruptive behaviour. Sub-theme 1.2: Causes of co-occurring opioid use and mental health disorders.
Theme 2: Social work services and interventions rendered to service users with co-occurring opioid use and mental health disorders.	Sub-theme 2.1: Psychosocial support Sub-theme 2.2: Referral and follow-up
Theme 3: Challenges faced by social workers	Sub-theme 3.1: Service user relapse Sub-theme 3.2: Deception by service users Sub-theme 3.3 Lack of family involvement and support

	Subtheme 3.4: Lack of integration of care and services Subtheme 3.5: Lack of resources
Theme 4: Psychosocial support services available for social workers	Sub-theme 4.1: Professional development Sub-theme 4.2: Debriefing and supervision
Theme 5: Recommendations on strategies social workers can use to support service users	Sub-theme 5.1 Integration of care and services Sub-theme 5.2: Continuous Professional Development. Building professional networks

4.3 STUDY LIMITATIONS

This study's limitation is its small sample size, as it was based on the views of four social workers. As such, the findings cannot be generalised to a broader population of social workers in Gauteng or South Africa. They can, however, be compared to similar participants in the same organisation in Tshwane.

In addition, the research was time-consuming since the researcher relocated to the UK before the empirical study could be conducted. Virtual calls using Microsoft Teams were used to interview and collect the data, which was challenging to schedule due to the time differences between the researcher in the UK and the participants in RSA. As such, data collection took longer to complete.

4.4 KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The key findings, conclusions, and recommendations derived from the study are discussed below.

4.4.1 Key findings and conclusions of the literature review

The theoretical frameworks chosen for this study were discussed in Chapter One. The biopsychosocial theory and harm reduction theory chosen for this study were appropriate because they provided a comprehensive understanding of social workers' perceptions of co-occurring opioid use and mental health disorders. It was used to understand how social workers perceive co-occurring opioid use and mental health disorders across the biological, psychological, and biological dimensions.

The literature review provided an in-depth discussion of the state of mental health and opioid use in Africa and South Africa. It became clear that mental health disorders and opioid use

can occur concurrently due to the physiological effect that opioid use has on the brain, which influences the mood of an individual. In addition, the review also discussed the causes and effects of opioid use in South Africa, which showed that living conditions, easy accessibility, and self-medication. These have been found to impact individual and interpersonal relationships. The empirical findings of this study in Chapter Four confirmed these views.

Taking the literature review into consideration, co-occurring opioid and mental health disorders are difficult to diagnose and treat due to the complex relationship between the psychological, biological, and social factors within the service users' context. The discussion on service delivery challenges revealed that there is a lack of practitioners, resources, and societal discrimination, which influences the diagnosis, treatment, and recovery of service users with co-occurring opioid and mental health disorders. In addition, the discussion on services rendered at COSUP showed that social workers are part of a multidisciplinary team and work from a harm reduction approach, which plays a vital role in addressing the psychosocial factors associated with co-occurring opioid use and mental health disorders.

Conclusions

It was evident from the literature review that co-occurring opioid use and mental health disorders are common and present challenges for social workers and other practitioners due to the intricate interplay between biological, psychological, and social factors that influence the diagnosis, treatment, and recovery of patients. It was further evident through this study that the continuous lack of follow-up at medical institutions is not contributing to service delivery to these vulnerable groups.

Recommendations

The researcher recommends that institutions rendering services to people living with opioid misuse should have professional social workers with knowledge and skills regarding opioid use as well as mental health matters.

The researcher recommends that health facilities should give priority to improving the services rendered to service users with co-occurring opioid and mental health disorders. In addition, communities and families should be equipped through awareness programs with knowledge and skills on how to support people with opioid use and mental health disorders better.

4.4.2 Key findings, conclusions and recommendations on the empirical findings

Each theme will be subsequently discussed, with its key findings, conclusions and recommendations.

4.4.2.1 Theme 1: Social workers' perceptions of service users with co-occurring opioid use and mental health disorders

This theme focused on the perceptions that social workers have in working with service users with co-occurring opioid use and mental health disorders. Two sub-themes were derived, namely, co-occurring opioid use and mental health disorder, linked with socially disruptive behaviour and causes of co-occurring opioid use and mental health disorders.

Key findings

The findings show that co-occurring opioid and mental health disorders are a common occurrence among the service users they work with, and it is associated with problematic social behaviour. The participants perceived that the most common mental health disorders that co-occur with opioid use are depression and bipolar disorders. The combination of mental health disorders and opioid use leads to problematic social behaviour. The participants highlighted that service users are disoriented, engage in criminal activities, and have poor relational skills. Furthermore, the findings revealed that co-occurring opioid and mental health disorders are a result of various factors. The participants highlighted that service users develop co-occurring opioid and mental health disorders as they try to cope with the physical and emotional pain resulting from past traumatic childhood experiences. A pre-existing mental health disorder, such as schizophrenia, was also identified as a contributory factor, as service users depend on opioids to cope with schizophrenia. The findings also show that mental disorders occur along with opioid use when service users depend on multiple substances, such as opioids and amphetamines. This combination induces and exacerbates already existing mental health disorders. Socio-economic challenges also contribute to co-occurring opioid use and mental health disorders. The participants highlighted that overpopulation, unemployment, homelessness, and easy access to substances, as well as a lack of protective barriers in communities, contribute to opioid use. As such, this objective was met.

Conclusions

It can be concluded that the participants have a good knowledge of working with service users with co-occurring opioid use and mental health disorders. The participants' perceptions of working with these service users reflect that they understand the contributory factors and the behaviours that a person presenting with such a condition exhibits. Taking into consideration the contributory factors to co-occurring opioid and mental health disorders, the researcher concludes that there is a need for protective factors that enable service users to be able to withstand the socio-economic challenges in the communities.

Recommendations

Considering the various factors that contribute to co-occurring opioid and mental health disorders, there need to be partnerships between the government and non-governmental

organisations to address the individual and societal factors contributing to co-occurring opioid and mental health disorders.

Social workers and mental health practitioners should work together in providing psychosocial support and training to help service users develop better-coping mechanisms instead of relying on opioids.

4.4.2.2 Theme 2: To explore and describe the forms of social work services and interventions rendered to service users with co-occurring opioid use and mental health disorders

This theme focused on the services and interventions that are rendered to services with co-occurring opioid use and mental health disorders. The sub-themes that were discussed are psychosocial support and referral and follow-up services.

Key findings

The findings show that there are various services rendered to service users with co-occurring opioid and mental health disorders. The findings show that psychosocial support is rendered through assessments, individual counselling, group work sessions, and empowerment, which are rendered from a harm reduction approach. The findings further revealed that the participants work with recovered service users who serve as group work facilitators. Furthermore, the findings show that social work services and interventions are rendered within a multidisciplinary setting to address service users' needs comprehensively. The participants indicated that they refer service users to rehabilitation facilities, hospitals, and for skills development for more services. In addition, the family members are an essential part of the multidisciplinary team as they are involved during the intervention process. The participants further indicated that they conduct follow-ups with other practitioners to ensure that service users' needs are met. Therefore, this objective was met.

Conclusions

The harm reduction approach to providing psychosocial support is more effective than abstinence-based approaches. Social workers work within a system of other professionals who work together to render services. However, more rehabilitation centres and staff are needed to avoid service users being delayed when referred to rehabilitation.

Recommendations

The government and the private sector should partner to establish more well-resourced community-based rehabilitation centres where service users can access rehabilitation.

4.4.2.3 Theme 3 Challenges faced by social workers

This theme presented the challenges that social workers face in rendering services. The sub-themes discussed are service user relapse, deception by service users, lack of family support, lack of integration of services and lack of resources.

Key findings

Findings reveal that there are challenges that social workers experience when rendering services to service users with co-existing opioid and mental health disorders. The challenges identified include service user relapse, deception by service users, lack of family involvement and support, lack of integration of services, and lack of resources. The participants highlighted that service user relapse is influenced by the stigma that is attached to being on methadone treatment. In addition, the deception by service users is described as threatening the helping relationship between the social worker and the service user, as some participants highlighted feeling unsafe. Furthermore, the lack of family involvement leads to late help-seeking when symptoms have worsened. The findings further show that the lack of integration of services makes service delivery challenging due to the different treatment approaches used by the practitioners in the multidisciplinary team working with service users with co-occurring opioid and mental health challenges. The participants further highlighted that there is a lack of resources, namely, due to a lack of mental health practitioners, service users experience delays when accessing mental health services. The lack of infrastructure and limited resources lead to the inability to meet all the service users' needs.

Conclusions

There is a link between the challenges faced by social workers and the services that they render to people with co-existing opioid and mental health disorders. Factors such as the lack of resources and infrastructure, service user relapse, lack of integration, deception, and lack of family involvement restrict social workers working with co-occurring opioid use and mental health disorders. In addition, it appears these problems influence help-seeking behaviours, as families are said to seek help only when opioid use and mental health disorders are at an advanced stage.

Recommendations

The researcher recommends strengthening partnerships between communities, the Department of Health, and the Department of Social Development. The government should prioritise co-occurring opioid use and mental health disorders so that there is enough funding and resources available to service providers for efficient service delivery. In addition, there should be efforts to identify resources within the communities that can serve towards improving service delivery to service users with co-occurring opioid and mental health disorders.

There should be awareness campaigns to conscientise the opioid users and communities about the methadone treatment available to clarify any misunderstandings about the harm reduction treatment. These awareness campaigns must include service users in recovery to give presentations on the benefits of being on methadone treatment. Through these awareness campaigns, families can be encouraged to support their family members.
In addition, family support groups can be established for families so that they can share advice on how to better cope with a family member with co-occurring opioid use and mental health disorders.

4.4.2.4 Theme 4: Psychosocial support available for social workers

This theme explored the psychosocial support available for social workers who render services to service users with co-occurring opioid and mental health disorders. Two sub-themes were identified, namely professional development and debriefing and supervision.

Key findings

The findings reveal that social workers receive professional development, debriefing, and supervision as part of the psychosocial support services. The participants highlighted that to enhance their knowledge and skills, they attend harm reduction training workshops and enrol in training offered by the University of Pretoria. Furthermore, social workers receive psychosocial support through debriefing and supervision. The participants highlighted that they received debriefing from psychologists at the COSUP centres. While some participants reported receiving supervision, some highlighted having minimal supervision, and they rely on their undergraduate knowledge and learning from their own experiences as social workers.

Conclusions

It can be concluded that the participants are fairly supported in enhancing their knowledge and skills through professional development, enabling them to better understand their service users. However, there is no minimal supervision, which leaves social workers to rely on undergraduate knowledge. The BSW degree and minimal supervision are insufficient for social workers to rely on during intervention with service users.

Recommendations

UP COSUP, the City of Tshwane Social Services and the Department of Social Development should train and provide more social work supervisors within the substance use field who can supervise social workers so that they can deal with the challenges they face in practice. Adding on, there should be scheduled team meetings or support groups where social workers working with service users with substance use and mental health disorders can learn from one another by sharing their experiences.

4.4.2.5 Theme 5: Recommendations on strategies social workers can use to support service users

This theme focused on providing recommended strategies for social workers to support service users. Two sub-themes were generated from this theme: the integration of services and continuous professional development.

Key findings

To improve service delivery, the findings indicate that there is a need for the integration of care and services and continuous professional development. The participants suggested integrated care and services through a one-stop centre where service users can access medical, mental health, and psychosocial services. In addition, the participants suggested continuous professional development, which includes attending training to enhance their knowledge of co-occurring opioid and mental health disorders and expanding professional networks.

Conclusions

The conclusion is that there is a need to capacitate social workers through supervision by a senior social worker and not through a professional or manager who is not a professional social worker so that they can render optimal psychosocial services to service users with co-occurring opioid and mental health disorders.

In addition, integrating bio-psychosocial services can improve service delivery holistically, as most services, including social work services, will be found in the same place.

Recommendations

UP COSUP, the City of Tshwane Social Services, the Department of Health, and the Department of Social Development should partner to develop training and workshops that focus on co-occurring opioid and mental health disorders. This partnership would enable social workers and other multidisciplinary practitioners to gain knowledge and understanding of mental health so that service delivery is more effective. Social workers should take responsibility for attending training and workshops to improve their professional networks and enhance their knowledge and skills.

Furthermore, the researcher strongly supports the participants' recommendation that there should be a one-stop centre where participants can access all health and mental health services in the same setting. As such, COSUP sites should be established within clinics and hospitals so that service users can access mental health and physical health services on demand and not have to wait for referrals to facilities.

4.5 RECOMMENDATIONS

4.5.1 Recommendations for future studies

Since this study focused on the views of four participants who work as social workers at COSUP sites in Pretoria, it is recommended that a similar study, with more social workers who render similar services to people with co-occurring opioid and mental health disorders through other organisations in South Africa be conducted.
Future studies should also focus on the perceptions of the service users with co-occurring opioid and mental health disorders and their families of the social work service rendered to them. Such a study will help improve knowledge regarding the experiences of services from a more holistic perspective.

4.6 CONCLUDING REMARKS

It can be concluded that the study met all the objectives. The study was able to contextualise mental health and opioid use disorders in South Africa and specifically focussed on the co-occurrence of the two. In addition, the participants provided their perceptions of rendering services to service users with co-occurring opioid use and mental health disorders. However, there is a need for holistic, coordinated, multi-sectoral and multidisciplinary collaborations to address social workers' challenges in this specialised field. In addition, social workers need supportive structures to be able to render services to this vulnerable group effectively.

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APPENDICES

Appendix A: Ethics approval

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

01 April 2023

Dear Miss SS Mateko

Project Title:	The perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders at the Community Oriented Substance Use Programme (COSUP)
Researcher:	Miss SS Mateko
Supervisor(s):	Prof CL Carbonatto
Department:	Social Work and Criminology
Reference number:	16105452 (HUM023/1122)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 01 April 2023. Please note that before research can commence all other approvals must have been received.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Karen Harris
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

Appendix B: COSUP Permission Letter

Chairperson

Research and Ethics Committee

Faculty of Humanities

Permission for Research

Title: The perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders in the Community Oriented Substance Use Programme (COPSUP)

Researchers: Ms SS Mateko (16105452) and E Moshidi (21712833)

Supervisor: Profs. CL Carbonatto and NJ Bila

DEPARTMENT: Social Work and Criminology

I confirm that the above research was discussed and agreed upon between the supervisors and COSUP.

I hereby give permission for the research to be conducted in collaboration with the COSUP staff at COSUP sites.

I request that the process is participatory and that the results will be shared with the COSUP team to improve the care to COSUP clients.

Prof. JFM Hugo

Director UP COPC Research Unit

Principal Investigator COSUP

22 March 2023

Appendix C: Letter requesting permission

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Dept. of Social Work & Criminology

Our Ref.: ShalyneMateko (16105452) &
Elizabeth Moshidi (21712833)

2023-02-13

Prof J. Hugo
Head: COPC Research Unit
Faculty of Health Sciences
UP
Attention: Dr L. Kroukamp and Ms Pam Ntombela
COSUP

Dear Prof Hugo

REQUEST FOR PERMISSION: MSW (HEALTHCARE) STUDENTS (SHALYNE MATEKO - 16105452 & ELIZABETH MOSHIDI - 21712833) TO PERFORM GROUP RESEARCH AT COSUP SITES WITH SOCIAL WORKERS

The above-named students are registered for the **MSW (Healthcare)** programme in this department. A requirement besides the coursework modules they complete in their first year is to conduct a group research project in the second year, supervised by myself and my colleague Prof. N.J. Bila, and to each write up their findings in an individual mini-dissertation.

The data collection will proceed once the Faculty of Humanities Research Ethics Committee has approved their proposed study. The title of the group research project is: **The perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders at the Community Oriented Substance Use Programme (COSUP).** The goal of the study is: to explore and describe the perceptions of social workers regarding service users with co-occurring opioid use and mental health disorders at COSUP. The objectives of the study are:

- To explore and describe the social workers' knowledge and experiences of service users with co-occurring opioid use and mental health disorders at COSUP
- To explore and describe the forms of social work services and interventions rendered to service users with co-occurring opioid use and mental health disorders.
- To explore and describe challenges social workers face when rendering biopsychosocial services to service users with co-occurring opioid use and mental health disorders.

Room 10-10, Humanities Building
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 4202410
Email:Charlene.carbonatto@up.ac.za | www.up.ac.za

- To explore and describe the psychosocial support services available for social workers who are rendering assistance and supporting service users with co-occurring opioid use and mental health disorders at COSUP.
- To recommend strategies social workers can use to support service users affected by co-occurring opioid use and mental health disorders.

The target group for this study is social workers employed by COSUP. The method of data collection will be face-to-face interviews, or if circumstances do not allow, virtual interviews using information communication technologies (ICTs), such as Microsoft Teams, GoogleMeet or WhatsApp. An interview schedule will guide the interviews.

This request will require assistance from your staff in informing the social workers at COSUP about the study. Those who are interested in partaking voluntarily can provide their contact details, which will be made available to the researchers in order to contact the potential participants. A letter of informed consent will be provided to them, with all the details of the study, which they will have to sign before an appointment for the interview is arranged with them, at a time convenient for them. No costs will be incurred by COSUP for this study and a copy of the final report results will be made available to you after completion.

Possible benefits for COSUP can be summarised as follows:

- The study will help professionals to improve their understanding of the experiences of social workers working with service users with opioid use and mental health disorders.
- Recommendations will be provided that will help to improve the delivery of services to service users with co-occurring opioid use and mental health disorders.

It would be appreciated if you could please consider the above request and grant permission on a letter with a formal letterhead, as required by the Ethics Committee, in order for them to proceed with the project.

Yours sincerely,

Prof Charlene L. Carbonatto
MSW (Healthcare) Programme Manager and Supervisor

Prof N.J. Bila
Supervisor

Room 10-10, Humanities Building
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 4202410
Email:Charlene.carbonatto@up.ac.za | www.up.ac.za

Ms ShalyneMateko
Researcher

Ms Elizabeth Moshidi
Researcher

Appendix D: Interview schedule

MSW (Health Care) 2023

Interview schedule

Biographical information

1. What name do you prefer (pseudo name)?
2. How old are you?
3. What is your home language?
4. What is your position at COSUP?
5. Which site of COSUP do you work at?
6. How long have you been working for COSUP?
7. What is your highest level of education?
8. At which university did you get your degree and in which year did you graduate?
9. Please specify if you have you done any postgraduate studies, where in what field?
10. Are you registered with the South African Council for Social Service Professionals (SACSSP)?

Knowledge and understanding of co-occurring heroin misuse and mental health disorders

1. What is your general understanding of mental health?
2. What do you understand by opioid use disorder?
3. What is your general understanding of co-occurring disorders?
4. What do you understand by co-occurring opioid use and mental health disorders?
5. What do you think are the main factors contributing to co-occurring opioid use and mental health disorders?
6. What do you understand regarding treatment of co-occurring opioid use and mental health disorders?
7. Which policies guide your practice as a social worker offering services to service users with co-occurring opioid use and mental health disorders?

Roles of social worker in the provision of health care services to service users with co-occurring opioid use and mental health disorders

1. What are your roles as a social worker in offering services to people with co-occurring substance use and mental health disorders?
2. How often do you offer these services and for how long?

3. Which roles do you think are the most important?
4. What skills and knowledge do you require to perform these roles well?
5. Do you think you are adequately trained to perform these roles?
6. What kind of support do you get in fulfilling those roles, and is it enough?

Challenges experienced in the provision of services to people with co-occurring opioid use and mental health disorders

1. What are the difficulties you face while offering the services?
2. What have been your most fulfilling experience working with people with co-occurring opioid use and mental health disorders
3. What have been your most unfavorable experience working with people with co-occurring opioid use and mental health disorders?
4. How do these challenges affect your role as a social worker at COSP?
5. What additional forms of assistance or training are available at COSUP to assist you in dealing with challenges?

Recommendations

1. What recommendations and suggestions do you have for the future delivery of services to people with co-occurring opioid use and mental health disorders?

Appendix E: Informed Consent form

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Dept. of Social Work & Criminology

Date: 21/11/2022
Name: Shalyne Sithabile Mateko
Email: Shalynemateko@gmail.com
Cellphone No: 0746649910

LETTER OF INFORMED CONSENT

This letter is an invitation to take part in a study that I am doing as part of my master's degree in social work on the experiences of social workers working with service users with co-occurring opioid use and mental health disorders at COSUP. The informed consent provides a brief description of the goal and process of the study, as well as the participants' rights. Please read the entire form before making an informed decision about participating at the end.

Title of the study
The experiences of social workers working with service users with co-occurring opioid use and mental health disorders at COSUP.

Purpose of the study
The purpose of the study is to explore and describe the experiences of social workers working with service users with co-occurring opioid use and mental health disorders at COSUP. The prevalence of heroin uses, and co-occurring disorder has become a huge burden in South Africa and more than 45% of patients do not have access to treatment. However, despite these findings, there is lack of adequate research and actual statistics on this matter, hence leading to shortage of resources. As a result, the findings will be useful for raising awareness in communities, policy development, understanding the experiences of social workers in service delivery and contribute to improving services.

Procedures
Data collection will be done via an interview at a COSUP site or virtually if needed. You have been notified of the study and have provided your contact information, so that the researcher may contact you regarding possible participation. The researcher will schedule an individual interview with you at a time that is convenient for you. With your consent, the interview will be recorded to guarantee that all the information you share is collected accurately for research purposes. Please keep in mind that the recording will only be used for research data analysis and will be kept confidentially. To collect the data, the researcher will interview you and ask you some questions related to the study, guided by a semi-structured interview schedule. Once you sign this letter, you consent to participate in the study. There is a possibility that the researcher might relocate to the United Kingdom before data collection, implying that data will be collected through virtual interviews.

Room 10-10, Humanities Building
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 4202410
Email: Charlene.carbonatto@up.ac.za | www.up.ac.za

Risks and discomforts
Please note that the researcher does not intend to put you under any risk or discomfort with the information you will share. You will, however, be debriefed after the interview, about your experience of the interview. Should you experience any form of emotional harm as a result of the interview, free counselling will be provided to you by a professional. You are free to decline any question that makes you feel uncomfortable throughout the interview.

Benefits
You will not be compensated or given any rewards for taking part in the study. The findings of this study can also help professionals to understand the experiences of social workers working with service users with co-occurring opioid use and mental health disorders disorder for policy development and to address challenges faced by social workers and services rendered.

Participants' rights and confidentiality
Your participation in the study is voluntary, and you may withdraw at any time with no negative implications for you or your family members. If you decide to withdraw from the research, all data collected during your interview will be discarded. The information obtained during the interview will be kept confidential and used solely for the purposes of the study. To safeguard your anonymity, the researcher will not identify you by name in the report, but a number or a false name/pseudonym will be used. The researcher and the supervisor will be the only individuals who have access to the data.

Data usage and storage
Please keep in mind that the information gathered may be used for future research, conference papers, or journal articles. The collected data will be kept in the Department of Social Work and Criminology at the University of Pretoria for the requisite 10 years as required for archival purposes and for possible future research.

Access to the researcher
You may contact the researcher using the following contact details for the duration of the study. Name: Shalyne Mateko. Cell: 0746649910 or Email: Shalynemateko@gmail.com.

Make sure everything is clear and there are no uncertainties regarding the study before you sign. Please sign Section B on the next page if you agree to participate voluntarily in the study.

Yours sincerely,

Shalyne S. Mateko
Researcher/Principle investigator

Room 10-10, Humanities Building
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 4202410

SECTION B: INFORMED CONSENT OF PARTICIPANT

I ……………………………………., (*Full Name of participant*) hereby declare that I have read and understood the above information. I was given enough time to think about my involvement in the study. I was also given the option to ask questions, which were all addressed satisfactorily. I therefore consent to participate in this study voluntarily.

Participant: --
Date: --
Signature: --

I Shalyne Mateko (*Full Name of researcher*) hereby declare that I have explained the information in Section A. The participant was given the research information and stated that the contents were understood and was pleased with the responses to the questions posed.

Researcher: Shalyne Mateko

Date: ....

Signature:...

Appendix F: Letter for social work counselling services

To whom it may concern

Ref: Debriefing research participants.

Should participants express that they require debriefing after their interviews, the researcher will refer them to the Social Worker mentioned below.

I hereby confirm that I**, Yeukai Leoba Muruzi, will be available for debriefing, if necessary, of the research participants who will participate in the Department of Social Work and Criminology Research Project: Experiences of social workers working with service users with co-occurring opioid use and mental health disorders at COSUP.** However, I will refer participants for further counselling should this be required, and the costs will not be my responsibility.

Practice Number: 1051631

Signature: ……………………………

Signature Researcher:

Date: 23/03/2023

Shalyne Mateko (Reseacher) contact details:

Email: Shalynemateko@gmail.com/ u16105452@tuks.co.za.

Contact: +44 7585396297