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Empowerment of young adults in a disadvantaged community to improve mental health among their peers

by

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Declaration

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1. I declare that
   EMPOWERMENT OF YOUNG ADULTS IN A DISADVANTAGED COMMUNITY TO IMPROVE MENTAL HEALTH AMONG THEIR PEERS
   is my own original work. Where other people's work has been used (either from a printed source, internet or any other source), this has been properly acknowledged and referenced in accordance with the requirements as stated in the University's plagiarism prevention policy.

Ms Nqobile N. Hadebe

Signature:  Date: 17/04/2024

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Abstract

In the absence of appropriate mental health services in disadvantaged communities with many social challenges, such as Mamelodi, South Africa, young adults with a passion to help others were empowered for civic engagement to promote the mental health of their peers through peer-led interventions. Snowball sampling was used to identify seven young adults aged between 18 and 28 years who wished to be part of the empowering process. During eight empowerment sessions, the young adults planned and implemented an intervention that focused on fostering mental health literacy among their peers and circulating information on available support structures. This included an interview at the community radio station, also livestreamed on social media, during which mental health challenges among the youth were discussed. To accompany this, they created a video on depression and suicide, which they shared on their social media accounts and on the community radio station's Facebook page. In support of their efforts to destigmatise mental health conditions and promote health-seeking behaviour, they distributed a pamphlet with the contact details of institutions and organisations that provide mental health support. They intend to broaden the intervention by hosting talks and workshops at schools.

The young adult group experienced difficulties with hosting workshops and school talks as the service providers and non-governmental organisations they approached for assistance cited resource constraints or limited availability. During a focus group discussion that was held after the intervention had been implemented, the young adult group discussed their experiences while developing and implementing the intervention. Notwithstanding the obstacles they faced, they reported feeling empowered as they were acting as advocates for mental health. The process fostered facets of psychological empowerment, such as a critical awareness of the environment, the development of competencies and confidence, and resource mobilisation. The process contributed to their psychological and social well-being, which could be seen in improvements in their self-awareness and emotion regulation skills, and they had come to perceive themselves as valuable members of society. Findings suggested that their peers benefitted as they not only received information about mental health and where to access mental health services, but also received social support during their interactions with the young adults during the project.

Keywords: Community, empowerment, mental health, peer-led intervention, young adults

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Abbreviations and Acronyms

AR	-	Action research
EWB	-	Emotional well-being
LMICs	-	Low- and middle-income countries
NDoH	-	National Department of Health
NEET	-	Not in employment, education, or training
NGO	-	Non-governmental organisation
NPO	-	Non-profit organisation
PAR	-	Participatory action research
PE	-	Psychological empowerment
PWB	-	Psychological well-being
PYD	-	Positive youth development
SADAG	-	South African Depression and Anxiety Group
SAPS	-	South African Police Service
SES	-	Socio-economic status
SWB	-	Social well-being
UP	-	University of Pretoria
WHO	-	World Health Organisation

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Chapter 1: Introduction

1.1 Background Information

Young adults in disadvantaged communities are susceptible to various psychosocial and health-related challenges (Hadebe & Ramukumba, 2020; Mangayi, 2014; Mthembu, 2019). As noted by Mthembu (2019), young people in disadvantaged areas are often more likely to engage in self-destructive health habits. In township settings specifically, young adults are often exposed to psychosocial stressors such as poverty, unemployment, and high levels of crime and violence.

There is a high prevalence of depression, anxiety, substance use, and eating disorders among this population (Pillay, 2022; Shahmanesh et al., 2021; Zitha, 2018). This high prevalence of mental health conditions among young adults is, however, met by poor access to mental health services, particularly in disadvantaged communities (Colizzi, et al., 2020; Monteiro, 2015; Mumm et al., 2017; Pham et al., 2020), with the result that young adults who need help cannot readily access the needed mental health care, which adds to their stressors.

Many young people in South Africa grow up in underprivileged communities and vulnerable households. More than half of young South Africans between 18 and 24 years live below the poverty line of R604 monthly (Mthembu, 2019). It is also indicated that 36% of young people in the country are from households in which nobody is employed, and 55% come from households where neither of the caregivers are working. Young people in such communities are likely to have limited economic opportunities. In the face of high levels of unemployment, they continue to live under these circumstances (Mangayi, 2014; Renahy et al., 2018).

In the third quarter of 2023, 43.4% of young South Africans aged between 15 and 34 years were unemployed (South African Government, 2024b). According to another labour market indicator that measures those not in employment, education, or training (NEET), 42.0% of youth aged 15 to 34 years were NEET in the third quarter of 2023 (Statistics South Africa, 2023b). These figures show that youth unemployment is a major socioeconomic challenge in the country.

The high levels of youth unemployment can be understood if one considers the challenges young people face with accessing higher education, especially in underserved communities. Students from disadvantaged communities are underrepresented among those who have access to tertiary education, and the high cost of tuition is cited as one of the main reasons for this (Ayuk & Koma, 2019). Furthermore, most tertiary institutions, particularly

universities, are located in urban areas that are far from students' homes (Bhana, 2014). This means they have to pay for accommodation either on campus or in residences nearby, which presents an additional cost. Considered jointly, the high cost of tuition, accommodation, transport, and food can render tertiary education inaccessible to many young people who wish to pursue higher education. Since they struggle to gain entry into institutions that can equip them with the required skills, their opportunities for securing employment are limited (Mhlongo, 2016). There is a mismatch between the skills and qualifications young people acquire and the nature of the jobs available in the labour market.

In addition to the high rate of unemployment and poverty that young people in underprivileged communities face, they are also exposed to various forms of violence (Donenberg et al., 2020). This includes interpersonal violence defined as the deliberate use of physical force or power by a person or a small group of people (Mercy et al., 2017). Such violence can be physical, sexual, or psychological, and it also encompasses neglect and deprivation. Interpersonal violence can be further classified into family violence and community violence. Family violence is defined as violence within the family or between intimate partners (Soh et al., 2021). It also includes child maltreatment, elder maltreatment, and intimate partner violence. Community violence refers to events in the neighbourhood that involve crime and the use of weapons, and is perpetrated by those outside the individual's immediate family. Included in this category is youth violence, assault, bullying, rape or sexual assault by strangers, and violence that occurs in institutions such as schools and workplaces. Continued exposure to violence can precipitate mental health symptoms such as post-traumatic stress, along with internalising and externalising behavioural difficulties (Donenberg et al., 2020; Foster & Brooks-Gunn, 2015; Richter et al., 2018).

Substance abuse emerges as yet another challenge faced by youth in the country, as confirmed by the high rate of substance use among this population (Mokwena & Setshego, 2021). This includes the use of substances such as cannabis, cigarettes, and alcohol (Pedersen et al., 2018). Studies have shown that psychosocial challenges can contribute to young adults' decision to start using, or continue abusing harmful substances (Das et al., 2016). Moreover, peer group influences increase the risk of substance abuse among this population.

Young adults in disadvantaged communities are thus faced with serious psycho-social issues that can negatively affect their mental health.

1.2 Research Problem

A large disparity exists between the demand for mental health services and the provision thereof, especially in low- and middle-income countries (LMICs) (Chaulagain et al., 2020). It is estimated that close to one-third of the South African population could present with a mental health condition at some point in their lifetime; however, despite this high prevalence, the treatment gap exceeds 90% (Donenberg et al., 2020; Lund, 2023). Only one in four people diagnosed with common mental disorders such as depression, anxiety, and substance use receive treatment (Petersen et al., 2016). With regard to depression specifically, the majority of those affected by this condition worldwide are not formally diagnosed and fewer than half of those that are diagnosed receive treatment (Malope, 2021). Pillay (2022) states that the healthcare system is unable to cater for all those in need of mental health support. To reflect this, for every 100 000 uninsured individuals in this country, there are only 0.97 psychologists, 0.31 psychiatrists, and 1.83 social workers (National Department of Health [NDoH], 2023).

In Mamelodi, a township with a population of 359 445 (City Facts, 2024), for example, there are limited mental health resources (Eskell-Blokland, 2014; Shaanika, 2020). Mental health promotion and prevention are crucial in contexts with limited mental health resources, such as townships (Colizzi et al., 2020; NDoH, 2023). Despite this need, there is a paucity of community interventions that have been developed to address mental health concerns. The development of a community-based and -driven intervention could assist in curbing the impact of various stressors to which young adults in these contexts are subjected (Colizzi et al., 2020) and can also contribute to efforts to enable the youth to improve their well-being. Considering this need, this research study was undertaken in an attempt to empower young adults through the development and implementation of a peer-led intervention aimed at improving their own mental health and that of their peers.

1.3 Justifications, Aims, and Objectives

A wealth of international literature is available on peer-led interventions that target adolescents and youth in school settings with the aim of promoting health education and preventing substance use, sexual risk, and HIV (Chinoda et al., 2020; Giménez-García et al., 2018; MacArthur et al., 2015; Mitchell et al., 2020; Rose-Clarke et al., 2019; Tapera et al., 2019; Tarro et al., 2017; Wondimagegene et al., 2023). Similar studies have been conducted in the South African context, especially on HIV prevention (Atujuna et al., 2021; Duby et al.,

2021; Frantz, 2015; Gibbs et al., 2022; Nardell et al., 2023; Pike et al., 2023; Shahmanesh et al., 2021). Peer-led interventions have been shown to improve health knowledge and reduce health problems and risk-taking behaviours in targeted populations (Ayala et al., 2021; Dodd et al., 2022). Although this is an understudied area in the literature, peer-led interventions also yield benefits for peer leaders or educators and can improve their self-esteem, boost their confidence, and bolster their leadership skills (Chinyama et al., 2020; Frade & Tiroyabone, 2017; Wade et al, 2022).

Pillay (2022) points out that most of the related studies conducted in South Africa have looked at the role of peer-led interventions for persons living with HIV/AIDS; however, there is a paucity of research on interventions developed for the promotion of mental health. In particular, there is a lack of studies on interventions for the promotion of mental health developed by young adults in township settings. Empowerment, as it unfolds through developing and implementing these peer-led interventions, has also not been extensively studied. This study therefore focuses on the empowerment of young adults in the process of developing and implementing a peer-led intervention to improve their own and their peers' mental health.

1.3.1 Aims

The aim of the research is to empower young adults in a township setting through the development and implementation of an intervention to improve their own and other young people's mental health.

1.3.2 Objectives

The objectives of the study are:

i. To explore how the process of developing and implementing a peer-led intervention unfolds and contributes to a sense of empowerment among a group of young adults.
ii. To explore the young adults' perceptions of the value of the intervention for their mental health and that of their peers.

1.3.3 Research Questions

The research questions for this study are:

1) How does the process of empowerment unfold through the development and implementation of a peer-led intervention for promoting mental health?

2) What is the value of a peer-led intervention for the mental health of young adults and their peers?

1.4 Nature of Study

This study is formulated according to the principles of action research (AR). This approach entails the identification of social issues in a community and the development of solutions in collaboration with those affected by those issues, with the overall aim of bringing about social change (Akhurst, 2022a; A. Burns, 2015, Coghlan & Brydon-Miller, 2014; Cohen et al., 2018; Kemmis et al., 2014; Oranga & Gisore, 2023). Participants in the research process are required to become actively involved by, for instance, identifying problems and suggesting possible solutions.

This study was conducted in the Mamelodi township in the City of Tshwane. Mamelodi is a peri-urban township situated on the far east of the City of Tshwane (Ilunga et al., 2020; Shaanika, 2020). The researcher started by seeking permission from the community radio station in Mamelodi, Mams Radio, to invite participants for the study through that platform. The recruitment strategy was expanded by approaching non-governmental organisations (NGOs) in the community to identify young adults who might be interested in joining the study. Participants were recruited through the snowball sampling technique by asking the volunteers who showed interest through these platforms to recommend young people who might be interested in participating in the study. Seven young adults joined the project. This falls within the range advised for qualitative studies (Willig, 2021). Eight project meetings (also referred to as empowerment sessions in the study) were held and focused on problem identification and exploration, the development of action plans, a progress review including obstacles encountered, and reflections on the participants' experiences of the process. After the implementation of the intervention, a focus group discussion was held with the participants to gain qualitative data on their own experiences of empowerment and their views on the value of the intervention. The transcripts of the empowerment sessions and the focus group discussion with the participants were used as data to describe their experiences of empowerment and the value of the intervention on their own mental health and that of their peers.

1.5 Definition of Key Concepts

The following are some crucial concepts that need to be defined for the purpose of the study:

Young adult is defined as a person between 18 and 34 years of age. Those referred to as young adults are of an age at which they are acquiring increased responsibilities and social roles (Wright, 2021). From a developmental psychology perspective, these roles and responsibilities include achieving autonomy, establishing an identity, and developing emotional stability. This is also the phase during which they gain some form of economic independence. Within the confines of this study, young adults are persons who have completed their secondary schooling, are employed, or enrolled in tertiary education.

Empowerment can be defined as the process by which "people, organisations, and communities gain mastery over their lives" (Rappaport & Seidman, 2000, p.43). It can occur at the individual, organisational, and community level. These levels of analysis are regarded as mutually interdependent so that each one can be a cause and consequence of the other. One of the ways in which individuals can be empowered is through developing initiatives to initiate social change. This is the perspective from which empowerment will be understood in the context of this study.

Civic engagement is "any form of individual or collective action designed to identify or address the concerns or well-being of a community, social group, or society in general" (Korich & Fields, 2023, p.1).

Mental health is defined by the World Health Organisation (WHO, 2022, p.8) as a "state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well and work well, and to contribute to their communities".

Mental health condition, as defined by the WHO (2022), encapsulates various mental disorders and psychosocial challenges. The definition also includes mental states that contribute to severe distress, impairment in functioning, or heightened risk for self-harm. This is the term that will be employed in this study to refer to diagnoses such as depression.

Mental health literacy refers to knowledge and beliefs about mental health conditions that assist with recognising, managing, or preventing them (Bahrami et al., 2019; Hellström & Beckman, 2021; Jorm et al., 1997; Sampaio et al., 2022; Zitha, 2018). It includes knowledge of how to seek information related to mental health, the kinds of professional help accessible, and self-help strategies (Madlala et al., 2022).

1.6 Overview of Chapters

This mini-dissertation will be divided into five chapters. Chapter 1 introduces the research study and provides some background to its inception. Chapter 2 contains a discussion of literature that deals with the challenges faced by young adults in township settings, as well as a discussion of the theoretical framework, empowerment, and the impact of peer-led interventions on the promotion of mental health. In Chapter 3 the research methodology employed in the collection of the data is explained and details are provided of the process of developing and implementing the intervention. Chapter 4 presents the findings by way of reporting on the themes identified during the project meetings and the focus group discussion. In Chapter 5, the final chapter, the findings of the study are dealt with in more detail, the limitations of the study are discussed, and recommendations are made for possible future research.

1.7 Conclusion

As documented in the literature, there are limited mental health resources in South Africa, especially for young people. It is estimated that 75% of South Africans with mental health conditions such as depression, anxiety, or substance use challenges do not receive the required care (Sorsdahl et al., 2023). In the context of resource constraints in the provision of adequate mental health care, there is a great need for strategies to close the treatment gap. It is also important to focus on prevention, and not only on the treatment of mental health conditions (Colizzi et al., 2020; Pillay, 2019), and this is where community-based interventions can be beneficial. The development of such interventions could assist in not only narrowing the treatment gap, but also reducing the impact of the stressors to which young adults in resource-deprived contexts are exposed. As stated by Dayson et al. (2020), community-based interventions can promote psychological, emotional, and social well-being. These three facets are captured in the definition of mental health (Langeland, 2014). The study initiated the development of an intervention in a township setting to foster a sense of empowerment among the young adults and promote mental health. The literature relevant to the study will be reviewed in Chapter 2.

Chapter 2: Literature Review

2.1 Introduction

This chapter reviews literature that deals with the challenges faced by young adults and how those challenges can affect their mental health. Existing literature on empowerment, civic engagement, and the contribution of peer-led interventions will also be explored. This will be followed by a discussion of the association that has been shown to exist between peer-led interventions and empowerment, particularly in community settings.

2.2 Challenges Faced by Young Adults

Young adults in South Africa have to contend with various issues, such as unemployment, poverty, crime, drug and alcohol abuse, illiteracy, and HIV/AIDS (Kanjere & Choenyane, 2021). Extensive literature exists that documents the relationship between mental health challenges and social issues such as poverty, lack of education, unemployment, and exposure to violence (Monteiro, 2015; Roberts et al., 2016). These issues are collectively referred to as the social determinants of mental health (J.K. Burns, 2015). Three of these, namely, poverty, unemployment, and exposure to violence, as well as their contribution to the mental health challenges that young adults have to deal with, will be discussed in this chapter. These three factors have been selected owing to their interrelatedness and their contribution to other challenges that young people face, as will be explained.

2.2.1 Poverty

Poverty is rampant in South Africa, especially in townships and informal settlements (David et al., 2018; Mangayi, 2014; Mthembu, 2019). The high rate of poverty in the country is propelled by factors such as declining economic growth and high levels of unemployment (Fransman & Yu, 2018; Gumede, 2021). Although extreme poverty has declined to some extent in post-apartheid South Africa, high levels of poverty continue to exist, especially among Black South Africans (Jansen et al., 2015; Schotte et al., 2017). The South African labour market has not yet succeeded in absorbing all groups to curb unemployment and consequently, alleviate poverty. Added to this, limited access to quality education, a consequence of the country's political history, has dampened efforts at reducing poverty.

Owing to the high levels of youth unemployment in the country, young people are affected the most by poverty (Gumede, 2021). More than half of the South African

population between the ages of 18 and 24 years live below the poverty line of R604 per month and 55% of young adults in the country are from households that are wholly dependent on social grants for their survival (Mthembu, 2019).

Poverty can be measured using objective or subjective tools (Fransman &Yu, 2018; Jansen et al., 2015). Objective measures generally define poverty in money-metric terms. This requires the determination of a poverty line (Gumede, 2021). A poverty line that is commonly used globally is $1.25 per individual per day, which allows for comparisons across countries and regions. In South Africa, Woolard and Leibbrandt (cited in Jansen et al., 2015) proposed three poverty lines based on 2013 prices, namely R436, R665, and R1 225. Poverty can also be defined in non-monetary terms and this definition captures, among other factors, limited access to public services, low educational attainment, poor health, susceptibility to crime, physical and social isolation, feelings of vulnerability, helplessness, and inadequate private asset ownership (Cloete, 2015; Fransman & Yu, 2018). In terms of subjective poverty, individuals determine whether they feel poor or not. This precludes the use of any poverty line, but includes a judgement of being poor relative to a particular reference group.

Conflicting views exist regarding the value and impact of the awarding of social grants to reduce poverty (Gumede, 2021). While some scholars maintain that social grants do not, in essence, contribute to poverty alleviation efforts and rather create dependency on government and limit people from improving their own circumstances, others are of the opinion that grants contribute greatly to reducing poverty. In a study on social security, Patel and Plagerson (2016) found that between 1994 and 2017, child support grants contributed positively to food security, improved school performance, reduced hunger, decreased income inequality, and facilitated improved health outcomes. Gumede (2021) reconciles these views by stating that social security has made some contribution towards poverty alleviation since, in the absence of these grants, poverty would have been more severe. However, other sustainable interventions are required, such as the creation of job opportunities.

Poverty and mental health interact in complex ways (Lund & Cois, 2018; Lund et al., 2018). Individuals living in conditions of destitution are at an increased risk of developing mental health conditions owing to the associated stress of being in such a position, limited social support, higher rates of exposure to violence, and poor physical health (J.K. Burns, 2015; Haushofer & Fehr, 2014; Plagerson, 2015). Lund et al. (2018) propose two mechanisms that can account for the relationship between poverty and mental health conditions, namely, social causation and social drift. The first, social causation, proposes that

the unfavourable socio-economic conditions associated with poverty, such as financial stress, food and income insecurity, and limited resources increase the risk for mental health conditions to develop, whereas the social drift hypothesis postulates that those living with mental health conditions can experience poverty in the course of their lives owing to, among other things, reduced economic productivity, increased health expenditure because of their health condition, and the stigma associated with mental health conditions.

2.2.2 Unemployment

With regard to unemployment, young adults are currently the most vulnerable population (Cloete, 2015). More specifically, youth aged between 15 and 34 years are more likely to be unemployed than people in older age groups (Statistics South Africa, 2023a). These figures worsened during and after the COVID-19 pandemic as many young people lost employment because of the country's declining economy (Kanjere & Choenyane, 2021). Wright (2021) highlights that unemployment, triggered in times of economic decline, impacts young people the most. For example, in the second quarter of 2023, the unemployment rate for those aged 15 to 24 years reached 60.7% while, during the same period, it was 39.8% for those between 25 and 34 years and 28.3% for those aged 35 to 44 years (Statistics South Africa, 2023a).

In the third quarter of 2023, the official unemployment rate in the country was 31.9% (Statistics South Africa, 2023b). When this figure is broken down by education level, the following emerges: 38.8% did not have matric; 33.0% had completed Grade 12; 8.5% were graduates; and 21.0% had other tertiary qualifications. Although for graduates this showed a decrease of 2.2 percentage points compared to the same quarter of the previous year (2022), it still indicates high levels of graduate unemployment in the country (Mseleku, 2022). The implication here is that in South Africa there is no certainty that education will lead to employment. Young people therefore feel that they have been betrayed by the government and experience a sense of alienation from the broader society (Cloete, 2015).

Unemployment in the country is strongly influenced by structural or systemic factors (Cloete, 2015). Structural unemployment is the term used to describe the inability of the economy to absorb the total labour force, even when there is positive economic growth. Some factors that contribute to unemployment include lack of experience, population growth, limited career guidance at school level, low educational attainment, and inappropriate ways of looking for employment (Nortje, 2017). It can also be argued that since the majority of

young people in the country have not been equipped with entrepreneurial skills that would decrease their reliance on the government or organisations to offer them employment (Kanjere & Choenyane, 2021), they will continue to depend on an employer to provide employment.

As alluded to above, there is a relationship between unemployment and poverty (Kanjere & Choenyane, 2021). The nature of this relationship is described in terms of "bi-directional causality" (Cloete, 2015, p. 516) as unemployment causes poverty, and poverty, in turn, contributes to unemployment. Similarly, there can be an association between unemployment and crime since the former can be a catalyst for the latter owing to the frustrations caused by being unemployed (Kanjere & Choenyane, 2021). Related to this is the increase in drug abuse among the youth, especially in areas where there are high levels of unemployment (Peltzer & Phaswana-Mafuya, 2018). These are the areas in which there also are high rates of crime, which confirms the wide-ranging impact of unemployment on society.

Although the South African government has introduced various initiatives and programmes to address challenges such as unemployment, access to such services is limited and not everyone benefits from those initiatives (Kanjere & Choenyane, 2021). Agencies such as the National Youth Development Agency and National Development Agency, which were established to assist with addressing these challenges, are not always readily accessible to young people in communities.

Unemployment contributes to poor physical and mental health, and an increased risk of engaging in maladaptive behaviours such as heavy drinking, smoking, and cannabis use (Hadebe & Ramukumba, 2020; Mokona et al., 2020). With respect to mental health specifically, unemployment can impact negatively on an individual's overall life satisfaction and self-esteem, and can contribute to the development of disorders such as depression, which can result in feelings of powerlessness, meaninglessness, self-estrangement, and isolation, especially when a person has been unemployed for a long time (Cloete, 2015). Employment provides opportunities for satisfying psychological needs, including the need for social contact, a sense of belonging, support, friendship, a sense of purpose, and feeling valued. As stated by Cloete (2015), employment can also influence a person's identity and self-esteem.

Research suggests that there are differences between older and younger unemployed persons in terms of their experiences of, and responses to unemployment (Cloete, 2015). Unemployment in young adults increases the risk of developing common mental health

conditions such as depression and anxiety (Hadebe & Ramukumba, 2020; Mokona et al., 2020). Youth unemployment has also been shown to have an association with poor mental health outcomes later in life (Wright, 2021). These include increased symptoms of depression, anxiety, low self-esteem, apathy, stress-related psychosomatic disorders, and suicidality (Lee et al., 2019). These long-term impacts of unemployment on young adults' mental health are collectively referred to as "scarring effects" (Wright, 2021, p.14) since youth unemployment increases the cumulative amount of lifetime stress for an individual, which then heightens the risk of depression.

Cloete (2015) notes that the effects of youth unemployment extend beyond those experienced by the unemployed individual. Unemployment not only affects the individual, but the family can also be impacted. Most young people are expected to find employment after completing their studies since very often family members have invested in a young person's education in the hope that he or she will find employment and assist the family financially. Failure to secure employment in the context of such expectations and dependency by the family can lead to demoralisation, which can then foster social exclusion. The consequences of youth unemployment also extend to the broader community and affect, among other things, production, economic welfare, and social capital, while also contributing to crime (Kanjere & Choenyane, 2021).

2.2.3 Exposure to Violence

South Africa is among the countries experiencing the highest rates of violence, especially in disadvantaged communities (Donenberg et al., 2020). Mazibuko and Umejesi (2019, p.52) mention that the country is known to have a "culture of violence" – a phrase dating back to the apartheid era. In this section, exposure to violence includes both witnessing and experiencing violence (Antunes & Ahlin, 2017). Many young people in South Africa are frequently exposed to various forms of violence, which can have a negative impact on their quality of life. Living in a neighbourhood with low socio-economic status (SES) can serve as a risk factor for exposure to violence (Lund et al., 2018). Life in such communities is often marked by exposure to high levels of crime and violence. This includes the presence of rival gangs living in communities where certain people, in response to such a presence, engage in acts of vigilantism, also referred to as "mob justice" (Hinsberger et al., 2016, p. 2). In areas where people use violent methods to respond to criminal activity, the inhabitants constantly

live in fear. Young people can be exposed to violence in both private and public areas, such as in their homes and in their neighbourhoods (Hoosen et al., 2022).

Mamelodi, a township where many residents live in conditions of low SES, ranks among the areas with the highest reported levels of contact crimes nationally (Mazibuko & Umejesi, 2019). Statistics released for the second quarter of 2023 (July 2023 to September 2023) indicate that the Mamelodi East police station ranked 15th out of 30 stations nationally with regard to the number of reported contact crimes (South African Police Service [SAPS], 2024). Contact crimes include murder, attempted murder, sexual offences such as rape and sexual assault, assault with the intent to inflict grievous bodily harm, common assault, common robbery, and robbery with aggravating circumstances. As indicated by Mazibuko and Umejesi (2019), the majority of the sexual offences and murders reported in the community pertain to domestic violence and femicide. In South Africa, violence against women is experienced in many households. Violence is also rife in public areas such as the streets, taverns, public transport, and shopping areas (Hoosen et al., 2022).

Existing literature on the association between exposure to violence and mental health conditions indicates that the former contributes to the development of internalising behaviours such as anxiety, depression, post-traumatic stress disorder (PTSD), substance use disorders, and externalising behaviours such as physical aggression towards others and vandalism (Hinsberger et al., 2016; Kadra et al., 2014). Studies have also shown that violence can lead to decreased subjective well-being, a reduced sense of self, and a decrease in an individual's perceived hope (Hoosen et al., 2022). Other studies have shown that frequent exposure to violence and crime in the community can contribute to antisocial behaviour among young adults (Gardner et al., 2015). Exposure to violence also increases the risk of individuals experiencing difficulties in interpersonal relationships, especially as they could either become perpetrators or victims of violence. When internalising and externalising problems are left untreated, the likelihood of markedly diminished functioning later increases and overall quality of life decreases.

2.3 Mental Health

As discussed above, the aforementioned challenges have negative consequences for the mental health of young adults (Lund & Cois, 2018; Lund et al., 2018). Since with this study the researcher intends to contribute to the promotion of mental health among young adults in disadvantaged communities, the concept will be further elaborated on, with a

particular focus on its components and how these develop. It has been widely documented that the onset of mental health challenges is during adolescence and early adulthood (Coetzer et al., 2022; Kutcher et al., 2016; Pillay, 2022). More specifically, the period of transitioning from adolescence to young adulthood has been associated with an increased risk for the onset of mental health conditions (Read et al., 2018). Kutcher et al. (2016) state that around 70% of mental health conditions develop before the age of 25. Depression, in particular, often presents in young adulthood (Zitha, 2018).

The WHO (2022, p.8) defines mental health as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". This definition captures the emotional, psychological, and social dimensions of an individual's functioning. Mental health can therefore be regarded as consisting of three components: emotional well-being (EWB), psychological well-being (PWB), and social well-being (SWB) (King & Fazel, 2019; Langeland, 2014). Each of these three components of mental health will be discussed in turn, along with some of the ways in which they can be promoted in the young adults participating in the study.

Keyes (2002) defines EWB as a "cluster of symptoms reflecting the presence or absence of positive feelings about life" (p. 605). Mental health is congruent with high levels of EWB (Langeland, 2014). It also captures overall life satisfaction and an individual's experience of happiness (Dayson et al., 2020). For this reason, EWB is understood to exist within the hedonic tradition. It is concerned mainly with the presence or lack of positive feelings about life. These positive feelings can be conceptualised as happiness, positive affect, and life satisfaction. Examples of positive affect could include demonstrating an interest in life, being in good spirits, calm, happy, and full of life.

PWB is rooted mainly in formulations derived from human development and existential perspectives (Langeland, 2014; Tang et al., 2019). It encompasses an individual's sense of having a purpose in life, personal growth, positive self-esteem, autonomy, self-acceptance, positive relationality with others, and environmental mastery (Dayson et al., 2020). These dimensions are interdependent and all work to develop and maintain PWB (Dhanabhakyam & Sarath, 2023). PWB includes the capacity to cope with challenging life experiences and is related to resilience, which requires capabilities such as adaptive coping, healthy problem solving, and emotion regulation. PWB is influenced by various individual and environmental factors ranging from personality traits to the presence of social support. Activities that promote PWB are those that foster personal growth, generate a sense of

purpose in life, and maintain positive relationality. These could include mindfulness-based practices, physical activity, and psychotherapeutic interventions.

Individuals can be confronted by numerous social challenges that may negatively affect their well-being, which is one of the reasons behind the conception of SWB (Keyes, 1998). SWB relates to an evaluation of one's functioning and status in society. Keyes (1998) introduces a social model of well-being that seeks to explain SWB. This model includes five dimensions; namely, social integration, social coherence, social contribution, social acceptance, and social actualisation (Dayson et al., 2020; Keyes, 2002). Social integration constitutes an appraisal of the quality of individuals' relationships with their communities and society. It is the degree to which one shares something in common with others who form a part of one's social reality and a sense of belonging to one's society and communities. Social coherence includes a concern for being informed about the world one inhabits. It is the view one has of the organisation, quality, and functioning of the social world and includes the belief that society is sensible, predictable, and perceptible.

Social contribution is an appraisal of one's social value (Keyes, 1998) and includes the belief that one is a valuable member of society with an important role to play. This dimension is closely related to other concepts such as self-efficacy, which is the belief that one is capable of performing certain behaviours and accomplishing specified objectives, and social responsibility, which reflects a commitment to contributing positively to society. Social acceptance includes an individual's trust in others. Those who are socially accepting generally endorse a positive view of human nature and are comfortable with others. Social actualisation is an appraisal of the potential and direction of society. It is a belief in the progression of society and a sense that there is potential in society which is being advanced through its citizens and institutions.

Generally, SWB tends to increase with education and age (Keyes, 1998). The skills, experiences and resources an individual gains through education and aging can be crucial in managing the challenges that social life presents. Similarly, an individual's socioeconomic status (SES) can have a linear relationship with this construct. Active participation in the community has a strong positive association with facets of SWB. For example, those who have been involved in their communities can feel more socially integrated and their sense of making a social contribution is heightened.

From the above, it can be postulated that active participation in the development and implementation of a peer-led intervention may foster a sense of social acceptance and integration in the community. Being involved in activities intended to assist others can

generate a sense of purpose, which can then foster a positive sense of self. More broadly, collaborating with their peers for the purpose of contributing to change in their communities can positively impact the young adults' SWB.

2.3.1 Mental Health Literacy

Mental health literacy can improve mental health outcomes while also reducing the impact of mental health conditions (Bennett et al., 2023). Studies suggest, for example, a positive correlation between high levels of mental health literacy and mental health, and a negative correlation with psychological distress (Moss et al., 2021; Pehlivan et al., 2021; Zhang et al., 2023). The term mental health literacy was introduced by Jorm et al. who defined it as "knowledge and beliefs about mental disorders, which aid their recognition, management or prevention" (Jorm et al., 1997, p. 182). This includes knowledge of how to seek information related to mental health, the kinds of professional help accessible, and self-help strategies (Madlala et al., 2022). Jorm (2012) suggests seven components of mental health literacy, namely: (1) ability to recognise specific mental health conditions or various kinds of psychological distress; (2) knowledge of how to access information on mental health; (3) knowledge and beliefs about risk factors associated with mental health conditions; (4) knowledge of causes of mental health conditions; (5) knowledge of useful self-help strategies; (6) knowledge of professional help available for these conditions; and (7) attitudes that promote recognition and appropriate help-seeking behaviours. An additional component of mental health literacy is the ability to distinguish between typical psychosocial or mental distress and diagnosable mental health challenges (Kutcher et al., 2016).

Poor mental health literacy limits help-seeking behaviour (Hellström & Beckman, 2021; Mumm et al., 2017), which can result in poor mental health outcomes (Malope, 2021). If one cannot identify symptoms associated with a mental health condition, one might not be encouraged to seek help (Zitha, 2018). Conversely, high levels of mental health literacy are associated with psychological help-seeking attitudes and behaviours that promote well-being (Yang et al., 2023).

Research on mental health literacy has focused mainly on adolescents and young adults (Sampaio et al., 2022), and findings show that there is low mental health literacy in this population. Most young people do not seek professional help for their mental health challenges as they do not know where to find help (Crawford & Burns, 2020; Zitha, 2018). Hellström and Beckman (2021) found that the young adults aged between 17 to 25 years who

participated in their study had limited knowledge about where to seek help, which hindered help-seeking efforts. For this reason, Hellström and Beckman emphasise the need to promote mental health literacy in young people.

Misconceptions about mental health are common in many communities and when physical symptoms are absent, mental health conditions can be viewed as unreal or imagined (Malope, 2021). Individuals with psychiatric conditions can be highly stigmatised in communities (Hadebe & Ramukumba, 2020; Hellström & Beckman, 2021) and the stigmatisation of mental health conditions is a key barrier to help-seeking (Cagliero, 2020; Petersen, 2021; Radez et al., 2021). Malope (2021) states that people may not want to be seen seeking mental health services for fear of being labelled "crazy". Mental health literacy can be a useful tool in challenging the stigma associated with mental health conditions (Kutcher et al., 2016).

Health literacy can facilitate empowerment as it improves access to health information, encourages greater agency in seeking help for oneself, and promotes health-promoting behaviours (Bahrami et al., 2019; Crondahl & Karlsson, 2016).

2.4 Empowerment

The concept of empowerment is at the centre of this research. In this section, the theoretical underpinnings of empowerment will be presented first, followed by a brief discussion on how it applies in the study. It is hoped that empowerment will be fostered both during the process of developing the peer-led intervention and through its implementation.

Empowerment is "the mechanism by which people, organisations, and communities gain mastery over their lives" (Rappaport et al., 1984, p. 43). It is a multilevel construct that includes the possibility of exerting control over one's own life and gaining increased access and control over resources one could not previously command (Perkins & Zimmerman, 1995; Weidenstedt, 2016). It can also involve democratic participation in one's community (Coppo et al., 2020), which can occur through mediating structures such as neighbourhoods, voluntary organisations, schools, and churches, hence the fundamentally ecological nature of empowerment.

Empowerment can be fostered at the individual, organisational, and community levels (Akhurst, 2022b; Balcazar et al., 2019). These levels are mutually interdependent as empowerment that occurs at one level can influence a similar process at other levels (Rappaport, 1987; Zimmerman, 2000). For example, individuals who are empowered can, in turn, contribute to the empowerment of their communities. The basic tenets of this construct

can be noted as active participation alongside others to achieve shared goals, attempts to gain access and control over previously inaccessible or limited resources, and a critical appraisal of the socio-political milieu. When applied at the organisational level, empowerment incorporates processes and structures that improve member participation and aid in the achievement of organisational goals (Balcazar et al., 2019). At the community level, empowerment refers to collective action aimed at enhancing the community and the networks established among community organisations.

As a concept, empowerment eschews the tendency to blame people for the challenges they have (Rappaport, 1987). Instead, it considers the environmental impact of social problems on individuals. Perkins and Zimmerman (1995) supplement this by stating that studies of empowerment adopt a developmental approach by focusing on strengths as opposed to risk factors. In this regard, researchers can study how it is experienced by those who claim to be either in control, or not in control of their lives. In addition, the mediating structures they live in can also be studied.

Despite having positive connotations, the concept of empowerment can be paradoxical (Joseph, 2020; Weidenstedt, 2016). Although individuals can be empowered on a structural level, their agency can be constrained on a communicative level which then leaves them disempowered (Joseph, 2020). The main argument put forth in this regard is that empowerment suggests an inherent power differential between the “empowerer” and the “empoweree”. The underlying assumption is that the empowerer has resources that the empoweree may not have, in addition to which the latter is viewed to possess fewer agential options. Empowerment can also convey a paternalistic attitude in that the empowerer can assume a position of knowing what is good or desirable for the empoweree instead of the latter knowing himself or herself. This can then be disempowering to the individual for whom empowerment efforts are targeted. Those for whom the intervention is intended have to be placed at the fore of decision-making concerning their needs (Weidenstedt, 2016). This relates to the importance of adopting a context-appropriate understanding of empowerment, as argued by Adolfsson and Moss (2021). For example, an individualistic understanding of empowerment may not be appropriate in collectivistic cultures where a communal lifestyle is valued.

2.4.1 Empowerment Theory

The formulation of empowerment theory in psychology can be traced back to the earlier works of Zimmerman in publications from 1988 to 2000. Speer (2000) subsequently built on previous research on the theory by developing a measure of interactional empowerment. Joseph (2020) points out that in more recent years, empowerment theory has been explored and elaborated on by other researchers in the field (Cattaneo & Chapman, 2010; Cattaneo & Goodman, 2015; Christens, 2012a, 2012b; Christens et al., 2011, 2012, 2013).

At its core, the theory purports that activities or structures can be empowering, and the outcome of such activities leads to some level of empowerment. To understand it, it is important to distinguish between empowering processes and outcomes (Christens et al., 2013; Perkins & Zimmerman, 1995). Empowering processes can, for example, encompass one's active participation in a community organisation whereby one learns about oneself and how the community functions. This exemplifies empowerment at the individual level. At the organisational level, empowerment processes may encapsulate shared leadership and collective decision-making. Moving beyond this, at the community level, there may be collaborative action to gain access either to community resources such as media, or to decision-making. At the individual level, empowerment outcomes may include the individual's perceived sense of control and skills that can be applied to mobilise resources. At the organisational level, these may include the development of organisational networks and the growth of the organisation. Lastly, at the community level, empowerment outcomes may refer to the accessibility of community resources, the establishment of organisational coalitions, and pluralism. Zimmerman (2000) notes that empowering processes at one level can contribute to empowered outcomes at another level. A discussion of the three levels of analysis follows below.

2.4.2 Psychological Empowerment

Psychological empowerment (PE) refers to empowerment at the individual level (Christens, 2012a, 2012b; Zimmerman, 2000) and includes an individual's attempts to exercise control. It further incorporates beliefs about an individual's competence and an understanding of the nature of the socio-political environment (Balcazar et al., 2019), which includes a critical awareness of one's environment, further understood as the ability to analyse and make sense of the social and political status quo. Included in this is the ability to

identify individuals who hold power, the resources they command, their connection to the issues raised, and the factors that impact on their decision-making. Kiefer (cited in Zimmerman, 2000) adds that the critical awareness mentioned earlier includes knowing when and when not to respond to conflict. It also includes the ability to identify and build the resources required to attain specified goals. Individuals can develop the necessary critical awareness and analytical skills by actively participating in activities and in organisations. Involvement in community organisations might assist in reducing perceived and actual powerlessness and isolation from the community. These organisations, referred to as mediating structures, offer individuals opportunities to acquire new skills, establish a sense of control, and improve the quality of life in their community.

PE has intrapersonal, interactional, and behavioural dimensions (Christens et al., 2013; Speer, 2000; Zimmerman, 2000). The intrapersonal aspect includes the cognitive, personality, and motivational facets of an individual's perceived sense of control (Christens & Peterson, 2012). The interactional component refers to the relationships between individuals and their environments (Zimmerman et al., 1992) and includes a critical awareness of the environment, resource mobilisation, and the development of analytical skills such as problem solving, to enable individuals to wield some influence over their environment. Lastly, the behavioural aspect refers to taking action to influence the socio-political environment through participating in community activities or organisations. Processes that may have empowering potential at the individual level include the acquisition of decision-making capacity, managing resources, and collaborating with others to achieve a common goal. The process of developing and implementing the peer-led intervention is intended to foster intrapersonal, interactional, and behavioural changes in the young adults and to foster a sense of self-efficacy, perceived competence (intrapersonal), a critical awareness of their environment, knowledge of existing resources needed to achieve stated goals (interactional), and continued active participation in creating change (behavioural). This will be elaborated upon in the section below in which the use of the concept of empowerment is discussed, and in the chapter on the methodology applied during this study.

Kieffer (1984) conceptualises empowerment as a long-term process that will continue to unfold in different contexts. Individuals are said to go through four stages in the process of developing skills and competencies. The first stage is termed entry which is when individuals are contemplating their potential to bring about change in their communities. There is an element of doubt about their ability to foster this desired change. The empowering process may be activated by some form of violation of their sense of integrity. This means that a

particular issue or state of affairs in the community bears relevance to the individual and has some emotional importance. The individual's personal experiences motivate him/her to participate in activities meant to foster change. The emotional importance of a topic becomes the entry point for engaging in efforts aimed at social change. Empowerment then starts to unfold when individuals embed themselves in their community, feel attached and supported by their peers, and commit to self-reliance.

In the second stage, termed advancement, participants rely mainly on the support of an outside community enabler or role player (Kieffer, 1984). They need mentoring, supportive peer relationships, and the cultivation of a critical understanding of the socio-political state. In this study, the role of the researcher can be deemed as that of the enabler. The responsibilities of the enabler include providing emotional support when frustrations and conflict arise in the process. The enabler also highlights the participants' latent strengths, supports their independence in the process, and encourages them to experiment by applying skills they have not yet practised or developed. The enabler/researcher will encourage dialogue on the challenges they are facing in their community. At this stage, the focus will be on facilitating a critical understanding of their community and their positionalities in this context.

The advancement stage is followed by the third stage, incorporation (Kieffer, 1984), during which leadership, organisational, and survival skills are developed. Individuals' self-concept also develops substantially as they increasingly realise that they can overcome the challenges they face. Feelings of competence and a sense of mastery are incorporated in their perceptions of themselves in interactions with the world. During this stage, participants solidify their perceptions of themselves as important role players in their socio-political environment.

The last stage, commitment, is when individuals are concerned mainly with considering ways in which they can apply their newly acquired abilities and knowledge (Kieffer, 1984). They may desire to translate these skills into careers focused on helping others, while some may dedicate themselves to political roles. At this stage the participants may be committing to acting as empowered agents to mobilise the community and foster social change. During the discussion of the findings of this study, the researcher will look at how each of these stages unfolded.

As alluded to earlier, empowerment also develops beyond the individual level. Focusing only on individual empowerment, which would often consider only traits and skills acquired by the individual concerned, would neglect the ecological view that is central to

understanding empowerment (Cattaneo & Goodman, 2015; Coppo et al., 2020). Empowerment is not merely an intrapsychic phenomenon. It can also be enacted socially. This leads to a discussion of the organisational and community levels of analysis that are important when studying this concept (Lardier et al., 2020).

2.4.3 Organisational Empowerment

A distinction is made between empowering and empowered organisations (Zimmerman, 2000). While the former refers to organisations that provide opportunities for individuals to gain control over their lives, the latter are those that can influence policy decisions or provide alternative options for service provision. Although this distinction exists, it is possible for an organisation to have both features. Empowering organisations may not be able to exert much influence on policy, but are able to grant members opportunities to acquire skills and gain a sense of control. Empowerment at the organisational level occurs largely in the context of organisations that boast a supportive atmosphere and promote shared responsibilities among members and participation in social activities. For organisations to have an actual empowering impact, Gruber and Trickett (cited in Zimmerman, 2000) emphasise that members must have actual decision-making power, which can help them to develop a sense of PE.

The following can be identified as factors that foster empowerment at this level: opportunities for individuals to assume meaningful, multiple roles; a growth-facilitating culture and community building; a peer-based support system that assists members in developing a social identity; and shared leadership that emphasises commitment to the organisation and its members (Zimmerman, 2000).

For the purpose of this study, organisational empowerment will be understood in the context of the group in which the participants will be working. As part of developing the intervention, they needed to collaborate, which required shared decision-making, power-sharing, and assuming certain roles and responsibilities. For example, some participants were expected to identify stakeholders to assist with the project while others agreed to approach the identified individuals and explain to them what assistance was required. Additionally, working within a group context required the creation of supportive peer networks. Possible instances of frustration and potential conflict could not be ruled out, but the existence of supportive structures in the group was envisaged as a mediating factor.

2.4.4 Community Empowerment

Empowered communities engage in activities aimed at improving their quality of life (Balcazar et al., 2019; Zimmerman, 2000). A community that is empowered is one that can also be expected to have well-connected organisations – coalitions – that are both empowering and empowered. It offers individuals opportunities for involvement in activities such as crime prevention in the neighbourhood and planning commissions. For this to happen, there need to be voluntary organisations, equal opportunities for involvement, and resource accessibility for members of the community.

Empowering communities also have accessible resources that can be mobilised by residents (Zimmerman, 2000). These may include recreational activities, health care, protective services, and general services. It is expected, for example, that empowering communities will have media resources such as radio stations for residents. Empowering processes in communities also include open governmental systems with strong leadership that respect the attitudes and concerns of the citizens and solicit advice and assistance from community members.

The process of developing the intervention required the participants to take collective action in improving not only their own lives, but also the lives of their peers. This required having access to community resources such as existing organisations and local media that could assist them in achieving their goal. For the current study, empowerment was conceptualised mainly at a process level. The participants' involvement in the collective act of developing the intervention and their access to resources such as local organisations and the local radio station was regarded as a form of empowerment at this level. The outcome, in the form of the efficacy of the project in creating the desired change in the community, cannot be easily studied as the focus of the study was on how the process of empowerment unfolded through the development and implementation of the intervention. This will be elaborated upon when the findings are discussed in more detail in Chapter 5.

2.4.5 Youth Empowerment

Youth empowerment refers to the promotion of "conducive conditions under which [young people can] act rather than being guided" (Marango et al., 2019, p. 3). According to Zimmerman (2000), one way in which individuals can be empowered is through developing strategies to initiate social change. It is crucial to note that empowerment need not occur on a grand scale, but can occur incrementally (Rappaport, 1987).

One of the core mechanisms through which youth empowerment can occur is the development of programmes that can propel change (Lardier et al., 2020). It can be advanced through strengths-based, participatory interventions that directly involve young people in decision-making on programme design, planning, and implementation (Mhlongo, 2016). This can improve self-esteem, self-efficacy, and competence in young people. The following are some of the conditions that can promote youth empowerment: an enabling environment that allows them to express their opinions, opportunities to hold and exercise power, and the provision of relevant education and training (Marango et al., 2019). Diraditsile (2021) states that youth empowerment interventions can succeed only when there is active involvement by the participants, especially at the programme formulation phase. During the intervention-planning meetings, such conditions will be established with relevant training to empower young adults. Interventions that are empowerment-focused aim to improve wellness while also seeking to address problems (Perkins & Zimmerman, 1995). They are a means through which participants can be equipped with the necessary knowledge and skills while also acting as collaborators, working with professionals as equals.

The researcher will be an active participant and collaborator in the process of empowerment during which the researcher and members of the community work together to establish the conditions that would allow for change to occur, ultimately facilitating empowerment. From this viewpoint, the participants are regarded as collaborators and experts of their experiences and their lives (Perkins & Zimmerman, 1995). In Mamelodi, as described earlier, there are socioeconomic constraints that young people are confronted with daily. The process of facilitating empowerment among a group of young adults in this community must transcend a mere need to observe and describe. The basis for this process is to establish conditions that would enable some form of social change to occur.

The process of developing and implementing the peer-led intervention is primarily intended to be empowering. As people join groups intended to yield some form of change, they normally begin the process to seek help and gradually shift to becoming help-givers (Rappaport, 1987). An increased sense of responsibility develops in the process, and as this occurs, each member in the group can feel capable of influencing positive change, and can be described as being empowered.

2.5 Civic Engagement

Civic engagement, which is regarded as the behavioural component of empowerment (Chan & Mak, 2020), provides individuals with opportunities to positively influence their communities by actively participating in matters involving the community and forging connections within the neighbourhood. Broadly defined, civic engagement refers to "any form of individual or collective action designed to identify or address the concerns or well-being of a community, social group, or society in general" (Korich & Fields, 2023, p.1). Civic engagement is deemed crucial for the functioning of society (Wray-Lake & Ballard, 2023). It develops in part from socialisation in that individuals are continually influenced by spaces such as their immediate home context, community, religion, race, and the media (Sherrod, 2015).

A lack of access to essential services can encourage collective action (Korich & Fields, 2023). Quite often, it is the constituents of civil society, such as NGOs and religious organisations (mediating institutions), or individuals in their own capacity who step in when the government cannot provide the required services.

Civic engagement by individuals becomes evident in different forms across different developmental stages (Sherrod, 2015). It can start to show during adolescence and in some instances, even during middle childhood. Civic engagement in the form of youth empowerment has a positive relationship with the health and well-being of adolescents and young adults. It is also viewed as an important tool for the health of their communities and contributes to economic development. Civic engagement is often driven by problems that young people face in their immediate surroundings, which have a direct bearing on their lived experiences (Korich & Fields, 2023). It includes different activities, such as political participation, activism, volunteering in the community, participating in a civic organisation, participating in sociopolitical action, or being involved in charitable work. Among young people it can also assume a digital form when they use online platforms to accomplish the abovementioned objectives. This means of civic engagement can enable access to larger audiences that would otherwise be inaccessible. In this regard, digital media characterises a form of socialisation as it applies to civic engagement (Sherrod, 2015).

Some of the benefits that civic engagement offers young adults include its contribution to fostering identity development – a core developmental task during this phase (Korich & Fields, 2023). It does this by encouraging an understanding of what being a member of society entails, which also fosters a sense of belonging. It can also build social

capital and social support and has been shown to play a positive role in, among other factors, the transition to adulthood, higher adult socioeconomic status, and future educational attainment. Civic engagement by young adults can promote the development of individual strengths and assets and highlight the resources required in the community to bolster these assets (Korich & Fields, 2023).

Research suggests a positive relationship between civic engagement among young adults and health outcomes, such as mental health (Ballard et al., 2019; Chan & Mak, 2020; Cicognani et al., 2015; Ding et al., 2015; Martini et al., 2023; Wray-Lake et al., 2019). It has also been reported to promote positive health-related behaviours. A review article by Piliavin and Siegl (cited in Korich & Fields, 2023) found that civic engagement in the form of volunteering by the teenage population and university students was linked to reduced levels of mood disorders such as depression, substance use, and behavioural difficulties. Civic engagement also alleviates behavioural challenges faced by adolescents and young people, such as school dropout and poor academic performance, delinquency, and risky sexual behaviour.

A widely used approach to conceptualising and measuring civic engagement is positive youth development (PYD) (Sherrod, 2015), which posits that development is facilitated by an individual's internal and external assets. These assets may differ for each individual across varying contexts such as family, school, the community, and the broader society, which inversely influences and shapes their development in different ways. The PYD approach is deemed necessary for the facilitation of civic engagement as it encourages the five Cs; namely, character, confidence, competence, connection, and caring, which promote positive development. A sixth C, contribution, emerged from the other five. As noted by Sherrod (2015), civic engagement can be seen as a contribution to community empowerment.

To encourage civic engagement, young adults must be invited to identify salient issues and pointed to resources in their community (Korich & Fields, 2023). They must also be provided with opportunities to participate in influencing a positive shift in the issues they have identified. The last section looks at peer-led interventions, which can be regarded as an example of civic engagement by the youth, for the youth (Martini et al., 2023).

2.6 Peer-led Interventions

Peer-led interventions are interventions delivered by persons to their peers, that is, people whose ages and positions are like their own (King & Fazel, 2019; Mitchell et al.,

2020). Variations in the delivery of peer-led interventions include peer education, peer mentoring, peer support, and peer counselling (Dodd et al., 2022). Peer education is a preventive intervention method that entails receiving guidance from a peer who has similar struggles and who understands what it is like to experience those difficulties (Frantz, 2015). A peer supporter is someone who has faced or overcome adversity and provides support, guidance, and encouragement to others in a similar situation (Campos et al., 2014). Peer counselling entails providing psychosocial support to peers (Chinyama et al., 2020) and a peer counsellor is required to undergo some form of training to acquire basic counselling skills. The terms peer educator, peer mentor, peer supporter, and peer counsellor can be employed interchangeably with peer leader. They all refer to individuals who are trained to share health-related knowledge or skills with peer recipients who can be of a similar age or younger (Dodd et al., 2022). Peer leaders are individuals who use their influence to assist their peers with certain challenges in an accessible way that is less intimidating than assistance offered by adults or professionals (Frade & Tiroyabone, 2017).

Peer-led interventions are based on the assumption that young people can learn from each other (MacArthur et al., 2015) and are particularly impactful when they instigate collective action, which in turn can facilitate social change (Shahmanesh et al., 2021). These interventions have been shown to be valuable as young people often perceive their peers to be more credible than adults (Frantz, 2015; Rose-Clarke et al., 2019). Added to this, peers are perceived as having a greater understanding of the challenges they face and can therefore empathise with them.

Peer-led interventions have been used to target various issues, including sexual risk behaviours, substance use, HIV prevention, and physical health promotion (Ayala et al., 2021; Frantz, 2015; MacArthur et al., 2015; Sanee et al., 2017; Tapera et al., 2019). Studies examining the effectiveness of peer-based interventions among young people have reported improvements in various areas, including health literacy, sexual behaviour, and the prevention of substance use in targeted groups (Atujuna et al., 2021; Duby et al., 2021; Giménez-García et al., 2018; MacArthur et al., 2015; Mitchell et al., 2020; Nardell et al., 2023; Shahmanesh et al., 2021).

In South Africa specifically, most of the available literature on peer-led interventions deals with HIV prevention or sexual health-related outcomes, predominantly among adolescents and youth (Somefun et al., 2021). Researchers such as Atujuna et al. (2021), Duby et al. (2021), Gibbs et al. (2022), Nardell et al. (2023), Shahmanesh et al. (2021) and Van der Riet et al. (2019) have published studies on peer-led interventions for HIV

prevention or sexual and reproductive health. One of these studies by Shahmanesh et al. (2021) presents a peer-led biosocial HIV prevention intervention initiated in KwaZulu-Natal, called *Thetha Nami*. They worked with peer navigators aged between 18 and 30 years to provide sexual health information and offer emotional support. This contributed to knowledge transmission and empowered the peer educators. Findings from the other cited studies also showed that participation in peer-led interventions was empowering and contributed to the participants' heightened self-esteem and feelings of self-worth (Duby et al., 2021). There were also indications of positive behaviour change and a reduction in health-related stigma (Atujuna et al., 2021).

Other research focused on peer-led exercise and education in managing chronic pain in women aged 18 to 40 years living with HIV/AIDS in a resource-deprived community in Cape Town (Parker et al., 2016); peer-led programmes to promote sexual education and encourage sex workers to receive HIV counselling and be tested (Huschke, 2019); and peer-led recovery groups for people with psychosis (Asher et al., 2023). These studies showed that both the peer educators and the recipients benefited from the programmes through a sense of empowerment and increased knowledge.

Notwithstanding the positive outcomes that have been cited from peer-led interventions, some research has raised questions on the effectiveness of these interventions (Wischmeyer, 2022). In an evaluation of 58 narrative and systematic reviews as well as meta-analyses, Topping (2022b) found that peer-led interventions in the form of peer education and counselling were effective in some areas; however, their effectiveness could not be shown in other domains. Mason-Jones et al. (2023) conducted an overview of systematic reviews that presented tentative evidence of the effectiveness of peer-led interventions in promoting healthy sexual and reproductive behaviours in adolescents. To supplement this, Ramchand et al. (2017) state that findings showing behavioural changes from these interventions tend to be limited.

Topping (2022b) states that there is limited evidence of the long-term sustainability of these programmes. For instance, in cases where there was follow-up, this usually did not last beyond six months. These interventions can be difficult to manage and quality control is not always guaranteed. The quality of the intervention is affected by various factors such as initial planning, management, support, monitoring, and retention of the project. These variables need to be carefully considered and allocated sufficient resources. Most importantly, programme development requires careful planning, implementation, monitoring, and evaluation. Topping (2022b) argues that peer-led interventions can only be effective

when they are well managed and take into account the cultural context. Additionally, there needs to be emphasis on longer-term follow-up, which can assist in yielding the desired results (Wischmeyer, 2022).

2.7 Conclusion

The above discussion was intended to demonstrate the challenges faced by young adults in disadvantaged communities and the impact they may have on their mental health. The degree to which limited access to mental health care exacerbates the already existing challenges was also highlighted. In contexts like these, where mental health care remains limited, interventions, particularly those that are empowering, can be beneficial. This can occur through civic engagement, which was discussed as a mechanism for empowerment as it encourages active participation in activities that can yield social change. In this study, it is envisaged that empowerment can be fostered through the participants' engagement in the process of developing and implementing a peer-led intervention. Mechanisms such as assuming certain roles and responsibilities within the group setting, collaborating to achieve a shared objective, and dedicating themselves to making some change in their community may be some of the ways in which the youth can be empowered. At the individual level participants might experience a sense of self-efficacy, while at the organisational level, they can exercise shared decision-making and assume different roles and responsibilities. Lastly, the extent to which they experience empowerment at the community level may be contingent on their access to resources intended for community use and upliftment.

The paradigmatic assumptions, theoretical underpinnings, and the process that was followed during this research will be discussed in detail in Chapter 3.

Chapter 3: Research Methodology

3.1 Introduction

In this chapter, the steps taken in the research process will be discussed. An action research process was applied and qualitative data were collected. Qualitative research studies phenomena as they occur in natural contexts and explores the meanings that participants attach to such phenomena (Creswell & Creswell, 2018). As a methodology, it enabled the researcher to explore the participants' experiences in the process of developing and implementing the peer-led intervention. It also facilitated the study of the process of empowerment as subjectively expressed by the participants. It can be useful in generating insight into a phenomenon that has not been extensively studied (Leedy & Ormrod, 2016).

3.2 Paradigmatic Approach: Transformative Paradigm

The study was informed by the transformative paradigm, which offers a framework for research rooted in the promotion of social justice and human rights to facilitate societal change (Jackson et al., 2018). Action research, as the research design used for this study, implements the principles of the transformative framework most effectively (Omodan, 2020). The transformative paradigm foregrounds specific challenges that stem from social issues such as oppression, inequality, and empowerment. The focus is on the needs of marginalised and disenfranchised individuals and communities. Romm (2020) refers to it as an interventionist approach that encourages active participation in facilitating social change. From this point of view, research is conceptualised as "research-as-intervention" (Mitchell et al., 2017, p.21). At its core, such research is intended to be socially impactful and requires the researcher and the participants to collaborate to provide solutions to the challenges identified in the community (Cherrington, 2022). The participants should be able to contribute to the research process (Omodan, 2020). A collaborative research process of this kind can be liberating as it gives the participants a sense of belonging and views them as important contributors towards community development and emancipation.

The transformative paradigm emerges from the standpoint that the knowledge-development process is controlled by the participants, and not by the researcher (Cherrington, 2022; Ritchie, 2015). This is the epistemological grounding of the transformative paradigm. Knowledge generation depends on an interactive relationship between the researcher and the participants (Mertens, 2017; Omodan, 2020). Power inequities must also be recognised in determining what is regarded as legitimate knowledge (Mertens, 2015). The knowledge that

is generated in the process needs to be translated into actual practice so that it can transform and empower those involved. Trust between the researcher and participants also becomes essential as there needs to be a clear understanding of the reality and power struggles within the community (Jackson et al., 2018).

Such a view is also observed in the axiology or ethical standpoint of the paradigm (Omodan, 2020). Mertens (2017) states that ethical research in this transformative paradigm is designed to be culturally respectful and focused on addressing inequalities and acknowledging the strengths and resilience of the community in which the research is conducted. During a research process that has adopted the transformative paradigm, participants' values must be respected and respect for humanity and the participants' diversities must be foregrounded in the interest of facilitating emancipation. Beyond this, researchers need to be aware of their own beliefs and values, and the assumptions they bring to the research context.

The ontological assumption adopted by this paradigm is that there are different versions of reality that are fundamentally influenced by social issues that are, in essence, historically, socially, politically, and culturally embedded (Cherrington, 2022; Mertens, 2017; Omodan, 2020). Since these realities are viewed as disempowering, there is a need to engage in group action to encourage change. The multiple versions of reality that exist emerge from various positionalities in society, as influenced by factors such as race, ethnicity, gender, sexual identity, religion, class, and disability (Mertens, 2015). Adopting a particular version of reality bears consequences for the person or group concerned. For example, maintaining that the life chances of some individuals are limited by issues such as racism and gender inequality, which are rooted in systems of oppression, may encourage a need to engage in transformative practice.

Limited access to mental health care, for example, serves as a disempowering experience in many communities in the country, including Mamelodi. Added to this are societal issues such as poverty, unemployment, and crime, which all have historical roots in the form of oppressive systems that were instituted against Black people in the country. This is the context in which the young adults who were involved in the study exist. As will be discussed in later sections, despite these circumstances, the young adults have dedicated themselves to participating in activities aimed at enabling change in their communities. In the language of the transformative paradigm, it can be said this represents a need to advance the social justice agenda.

3.3 Theoretical Framework: Empowerment Theory

The foundation for this study was empowerment theory, which was discussed in Chapter 2 and purports that empowerment occurs at the individual, organisational, and community level (Perkins & Zimmerman, 1995; Zimmerman, 2000). Individual empowerment (PE) looks at people's beliefs about their competence, their perception of the degree to which they can wield control over their environment, and an understanding of the impact of the socio-political context. One's understanding of one's socio-political environment is referred to as critical awareness, which incorporates the ability to analyse the socio-political situation. As discussed in Chapter 2, PE includes intrapersonal, interactional, and behavioural components (Zimmerman et al., 1992). Organisational empowerment occurs mostly in contexts that provide opportunities for members to assume meaningful roles, share leadership, and rely on a support system that fosters the development of a social identity. Community empowerment may be fostered through collective action to improve a community's quality of life and the accessibility of resources that can be mobilised by community members (Perkins & Zimmerman, 1995).

3.4 Research Design

This study was informed by the principles of action research (AR). AR is an interventionist approach intended to initiate positive change in the participants' social state (A. Burns, 2015; Cohen et al., 2018) and is focused upon disrupting the prevailing social order. AR is viewed as an empowering process for the participants (Kemmis et al., 2014). In addition to facilitating change, it also intends to contribute to both theoretical and practical knowledge regarding the issue that is being investigated. It recognises that the community members can actively participate across all areas of the research process (Coghlan & Brydon-Miller, 2014). As demonstrated in Table 1, AR is carried out systematically and involves broad phases or cycles of planning, action, observation, and reflection. A. Burns (2015) explains AR as an iterative process that might require changes along the way to address issues that arise. It is dynamic and flexible and often presents unexpected changes that require adjustments to the process (Oranga & Gisore, 2023).

In AR, the researcher assumes a dual role by being involved in the action and researching the action (A. Burns, 2015). Engaging in systematic enquiry is intended to inform practice, in other words, a researcher undertaking AR deliberately uses the knowledge acquired through the process to promote positive change in the community (Akhurst, 2022a).

For example, such knowledge can be employed to improve community initiatives and interventions. Therefore, the role of the researcher extends beyond studying a particular phenomenon and incorporates acting on the knowledge gathered to foster change.

As noted above, the AR process includes various phases or cycles that can be used as a guide for conducting this kind of enquiry. Table 1 provides an outline of these phases.

Table 1

Phases in AR

Phase	**Focus of phase**
Exploring	Identifying generalised areas for investigation
Identifying	Undertaking fact-finding to refine ideas
Planning	Developing a viable plan of action
Collecting data	Selecting and enacting initial data-gathering techniques
Analysing/reflecting	Simultaneously scrutinising and reflecting on emerging data
Hypothesizing/speculating	Developing initial predictions/explanations based on data
Intervening	Deliberately changing practices in response to predictions
Observing	Observing and evaluating outcomes of interventions
Reporting	Articulating processes formatively or summatively to others
Writing	Summarising and disseminating written research accounts
Presenting	Summarising and disseminating oral research accounts

AR embodies approaches such as participatory action research (PAR), critical action research (CAR), practical action research, participant inquiry, action learning, cooperative inquiry, and practitioner inquiry (A. Burns, 2015). All these approaches promote research that will yield some positive change in the participants' lives, create knowledge about the situation studied, promote collaboration by the participants, and encourage continuous self-development. From these approaches, the study attempted to adopt the participatory action approach, which will be discussed next.

3.4.1 Participatory Action Research

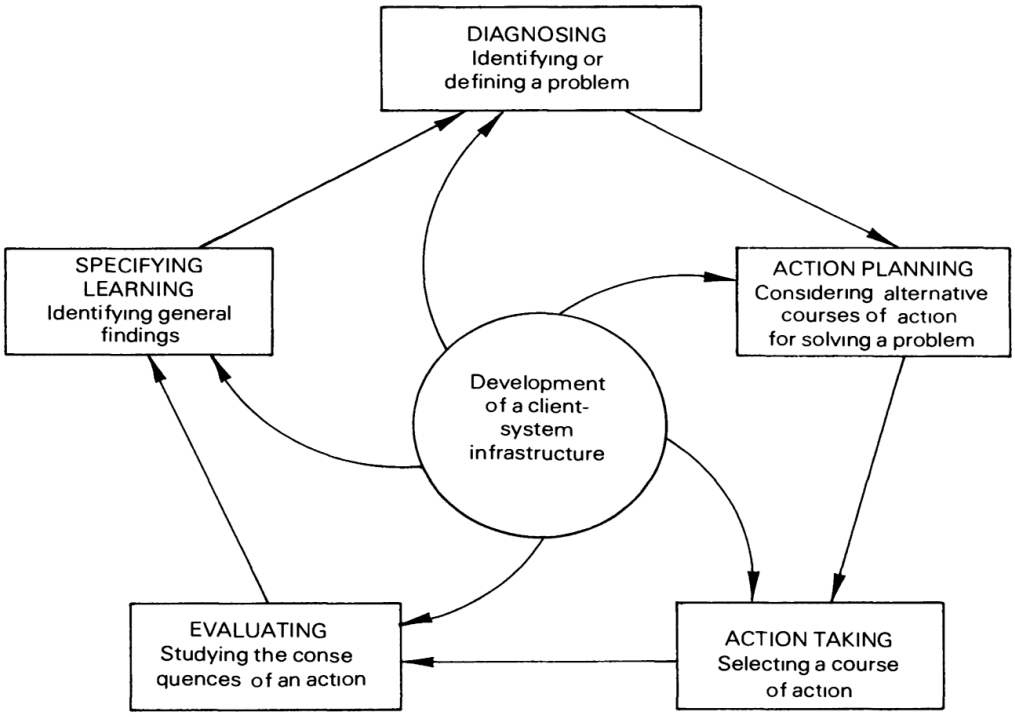
Participatory action research (PAR) can be regarded as a specific subset of AR (Cohen et al., 2018; Tetui et al., 2017). Participants and the researcher collaborate to make decisions on what will be researched and how it will be researched, and what the benefits might be for all involved parties. In this process, the research participants oversee the decision-making process. The participants collaborate under democratic and respectful conditions to identify social issues, adopt possible solutions to these, and develop strategies to address their obstacles (Akhurst, 2022a; Cornish et al., 2023).

PAR is aimed at generating knowledge that will then be translated into action, and inversely, the acquisition of knowledge through action (Akhurst, 2022a). Two principles can be considered relevant to PAR. The first is that the research process is just as important as the outcomes, which implies that the research process itself aims to foster empowering relationships and contexts. Second, it encourages critical dialogue as a means of collaboration. Through this, the diverse capacities and strengths of various collaborators can be harnessed (Cornish et al., 2023).

Since PAR fosters empowerment and builds local capacity, it is regarded as an approach that facilitates the sustainability of health-promoting interventions (Cornish et al., 2023). PAR empowers vulnerable groups to question the oppressive status quo and subsequently devise strategies to overcome this. This has been encouraged by public health scholars who argue that inequitable and unresponsive health systems negatively affect the health outcomes of vulnerable communities (Tetui et al., 2017).

Figure 1:

Susman & Evered's PAR Model



Note. From "An Assessment of the Scientific Merits of Action Research," by G.I. Susman., and R.D. Evered, 1978, *Administrative Science Quarterly*, *23*(4), p.588 (https://doi.org/10.2307/2392581). Copyright 1978 by Sage Publications.

According to Susman and Evered (1978), the PAR cycle includes five broad phases, as illustrated in Figure 1. These phases are diagnosis, action planning, acting, evaluating, and specifying learning (Auriacombe, 2015). The first phase involves identifying the problem and collecting information about it to provide a detailed diagnosis. Following this, a viable plan of action is developed and implemented. Next, existing data are analysed to find possible solutions based on the analysis, after which a possible solution or intervention is implemented. Data are then collected, evaluated, and reflected upon to gauge whether the stated outcomes were met or not. The process does not end here as the problem can be re-evaluated, again setting in motion the cyclical process. The process evolves until the participants feel that the issue has been resolved. As shown in Table 1, there are subsequent phases; namely, reporting, writing, and presenting. Findings from the research process have to be reported to others, for example, in the form of summarised research accounts of the process (A. Burns, 2015).

The recruitment and selection of the participants for the study will be discussed in the following section, after which the researcher will elaborate on how the phases described above unfolded in the research process.

3.4.2 Recruitment of the Young Adults to Participate in the Empowerment Process

The project aimed to recruit participants according to the following criteria:

- Being between 18 and 34 years of age
- Residing in Mamelodi
- Having completed Grade 12
- Actively involved in community projects and initiatives

Participants were recruited through the snowball sampling technique, which is a multistage process of recruitment that starts with a few individuals and then expands based on existing interconnected networks of individuals (Neuman, 2014). In the case of this study, the process to recruit participants to join the intervention was complex. Initially, the researcher tried to recruit participants through the local radio station. An advertisement inviting participation was recorded and was broadcast regularly for approximately two months, but only three people responded and one did not meet the abovementioned criteria as he was not actively involved in community upliftment initiatives. The other two were unable to continue with the process beyond the recruitment phase. They were therefore asked to recommend peers who might be interested in joining the study.

When the attempt to recruit participants through the local radio station proved unsuccessful and no more responses were received, the researcher approached NGOs in Mamelodi, starting in December 2022. Through these organisations, she was hoping to find a few individuals who would be able to refer her to others who would be interested in joining the study. A positive response was received from one of the NGOs and the researcher subsequently met with a representative who informed her that there was a group of volunteers who might be interested in participating in the study. However, they later informed her that their planning for the year (2023) would not allow their participation.

Another NGO based in Mamelodi West showed interest in assisting with the recruitment process and in March 2023 the researcher established contact with a representative from the organisation (henceforth referred to as the youth centre). A recommendation to reach out to the youth centre was made by another stakeholder who

advised that this would be a suitable organisation as their volunteers also worked with other young people at the centre. The researcher contacted the branch coordinator of the youth centre who informed her that 20 young adults at the youth centre were involved in skills development programmes ranging from information and communications technologies to emotional intelligence and career development for youth in the community. A meeting was held with the young adults working at the youth centre to explain the planned project and recruit participants. After the meeting, five young adults agreed to participate in the study. The researcher received this news on 3 June 2023 after two months of trying to recruit participants. One of the five young people who agreed to participate had been informed of the study by another participant. Of the five participants initially recruited, one withdrew from the project, bringing the number of participants to four. After the introductory meeting on 17 June 2023, one more individual was recruited after she had learnt about the project from her peers. On 15 July 2023, the day of the second meeting, two more participants joined the group. They had also been informed of the project by those who had joined earlier. These seven participants were involved in the project.

All the participants who were recruited for the study met all the criteria. Six were volunteers at the youth centre where they tutored high school learners, and one was a member of various civic organisations in the community. With their permission, the participants were added to a WhatsApp group to facilitate communication. They were informed that the process was entirely voluntary and that they could withdraw at any point.

The participants included four males and three females who had completed Grade 12, were between the ages of 18 and 28 years, resided in Mamelodi, and were involved in voluntary work in the community. The young adults had participated in various skills development programmes offered at the youth centre. Apart from their roles as tutors, some of them had their own registered non-profit organisations (NPOs) while others were members of other NGOs in Mamelodi. They had experience in collaborating in community groups for the purpose of enabling and facilitating change.

As a group, they could be regarded as mentors to the learners they tutored as they had established relationships of trust and support. Although the young adults were already involved in community initiatives, they did not have prior experience with developing and implementing their own intervention focused on the promotion of mental health. Their active involvement in community-based initiatives was evidence of their investment in uplifting their peers and the broader community. This would then be the foundation for their participation in developing and implementing the peer-led intervention. The pseudonyms

that were used by the researcher to protect the identities of the young adults are given below, along with their ages.

Mahlatse – Female, 28 years

Tumelo – Male, 21 years

Sizwe – Male, 18 years

Koketso – Male, 22 years

Palesa – Female, 20 years

Lerato – Female, 19 years

Kabelo – Male, 20 years

3.4.3 Research Process

3.4.3.1 Project Meetings

Eight project meetings were held during the project. The researcher initially planned to hold 10 bi-monthly sessions, but as the process unfolded, this had to be adjusted as it was often difficult to find times when all the participants would be available. Other commitments made it difficult to attend project meetings, especially towards the end of the year. This is one of the reasons for the group's decision to also have virtual meetings. To facilitate communication and regular feedback in between sessions, a WhatsApp group was created for all the research participants. This platform was also employed to schedule meetings. Most of the communication was done through text messages on the WhatsApp group. The sessions alternated between physical sessions and virtual meetings, and were held on Saturdays, which were the only days on which the participants and the researcher had no other commitments. On days when most of the participants could not be present at the centre for in-person sessions, they were contacted via a WhatsApp group call. However, communication via individual phone calls was sometimes necessary due to network failure and frequent power outages.

The project meetings were categorised into phases (see Appendix E). The sessions also acted as opportunities for feedback and progress reviews. Regular contact was maintained on the WhatsApp platform to ensure awareness of any challenges in the process.

The project ran for a period of six months, from June 2023 to December 2023. The first meeting with the young adult group took place at the youth centre on 17 June 2023 and the subsequent project meetings were held between July 2023 and December 2023. An outline of the sessions is presented in Table 2.

Table 2

Outline of Sessions

Session Topic	**Areas Covered**
One: Introduction to the study and signing of consent forms	Discussion of the study Consent process
Two: Problem identification	Identification of community issues faced by young adults Selection of community issue of interest Clearly defining the problem
Three: Problem exploration	How the identified problem will be addressed Brainstorming practical and feasible solutions Outlining available options Considering resources that can be used to address the identified issue
Four: Development of an action plan	Drafting a project plan for the intervention Discussing means of reaching peers when implementing the intervention Discussing resources that can be employed
Five: Implementation	Opportunities and obstacles encountered in the process Revisiting the action plan
Six: Implementation	Opportunities and obstacles encountered in the process Revisiting the action plan
Seven: Progress review	Achievements thus far Obstacles encountered Need for revisiting and revising the project plan Discussion of progress on objectives Discussion of anticipated outcomes in view of current interactions with peers
Eight: Reflections on process	Share experiences of implementing the intervention Reflect on the perceived value of the intervention

The following phases of the PAR model unfolded during these project meetings:

Phase 1: Diagnosis

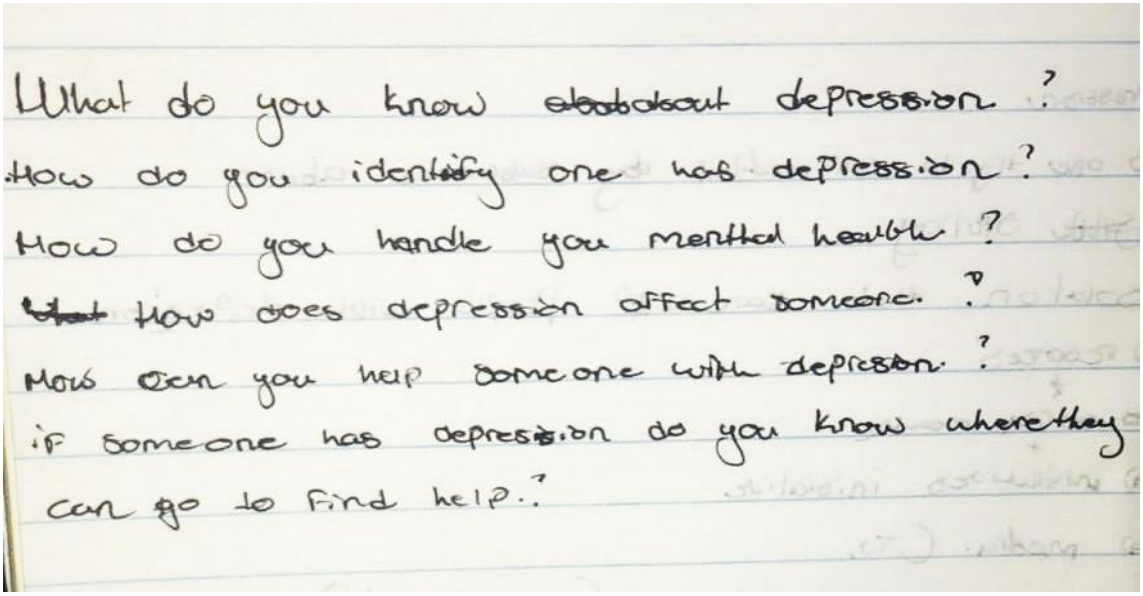
Prior to commencing with data collection, the researcher visited facilities in Mamelodi to gain information on the provision of mental health services in the community. It emerged that there are two facilities that provide psychological services to the broader Mamelodi community. These facilities are the Mamelodi Regional Hospital and the Stanza Bopape I Clinic in Extension 5. Although there are other facilities, such as the Stanza Bopape II Clinic in Extension 8 and the Matimba Community Centre in Mamelodi East, they do not provide psychological support services. Furthermore, the NGOs in the community do not focus primarily on mental health-related challenges. The lack of mental health support services in Mamelodi may have been aggravated by the closing of the Itsoseng Clinic on UP's Mamelodi Campus. The clinic used to offer comprehensive psychological services during more than 400 monthly sessions (Eskell-Blokland, 2014). This was the background the researcher brought into the process.

Phase 1 of the project included identifying challenges in the community, selecting an issue of interest, and formulating a clear problem statement. This was formally done during Sessions 2 and 3 (problem identification and problem exploration), highlighted in Table 2. The core challenges that were identified included high levels of unemployment among the youth, poverty, exposure to violence and crime, substance abuse, and the growing negative effects of social media on young people. Concern was also expressed regarding the limited mental health resources in the community, especially in the context of the highlighted challenges.

The participants agreed that the identified challenges could influence mental health and decided to focus on depression among young adults as this was deemed a common mental health challenge in the community, especially due to the many social challenges that young people face. At this point they worked on developing a common understanding of the identified issue (Cornish et al., 2023). During the discussion, it emerged that they mostly felt that there was limited knowledge and understanding of mental health conditions such as depression in their community. Poor mental health literacy was foregrounded, with the participants also stating that they felt there should be greater mental health awareness in the community. A related challenge that was identified was the limited access to mental health care in their community. One of the participants stated, for example, that he felt that even if young people realised that they had mental health challenges they might not know where to seek help due to the shortage of facilities and organisations that offered support in such cases.

The diagnosis phase was initiated through conversations of the participants with some of the learners they tutored at the youth centre to find out how much their peers knew about depression. This was done to gauge the extent of their current knowledge and understanding of mental health challenges so that the intervention could be planned to assist them in the specific areas in their personal lives where challenges had been identified. The young adult group started by drafting a list of questions they wished to ask their peers. The questions, which were written down by Sizwe, one of the participants, are shown below. Some of these questions were reported to have given rise to other questions, depending on the respondent's responses.

A picture showing the questions asked by participants at the youth centre



After the third project meeting on 5 August 2023, Sizwe started having conversations with his peers at the youth centre to find out what they knew about depression. This was part of the situation analysis performed by the young adult group to identify challenges and needs among their peers. On 8 August 2023, he spoke to eight female learners at the youth centre. Their responses were similar and six of them knew very little about depression. This presented an opportunity for him to talk to them about some of the symptoms of depression to raise awareness of this common mental health condition. He then planned to continue having similar engagements with more learners in the following week. Tumelo had a similar experience when he attempted to engage his peers at the youth centre. One learner he approached could not answer any of the questions he asked, which suggested a very limited

understanding of mental health conditions. A core finding from this process was that young people had a limited understanding of mental health and related challenges.

The researcher provided the group with information on sources that could be studied for information on depression and suicidality. These were shared on the WhatsApp group with the intention of improving their own mental health literacy so that they could relay the information to their peers when they engaged with them. Examples of how conversations about these topics can be initiated and navigated were also included as the participants had mentioned that they were uncertain about how to respond when people told them that they were experiencing depressive symptoms.

Phase 2: Action Planning

This phase of the research commenced with the drafting of a timeline of the process. Dates by which certain components of the intervention planning process should be completed were proposed. The proposed date for the implementation of the intervention was November, as discussed with the participants and the branch coordinator at the youth centre. Each of the participants assumed a particular role and responsibility within the group. Table 3 shows the action plan for the intervention that was initially devised.

Table 3

Initial Action Plan for Intervention

Action steps	Person responsible	Timeline	Resources needed
1. Identify resources in the community that provide some form of mental health support, including organisations.	All participants	7 July 2023 throughout duration of project	Information on organisations Relationships with stakeholders in the community
2. Identify schools in Mamelodi West for the school talk.	Kabelo	5 August to mid-August 2023	Transport
3. Communicate with identified organisations. and school for the school talk.	Researcher Kabelo Mahlatse Koketso Sizwe	August to September 2023	Contact details Relationships with organisations
4. Contact additional organisations and institutions should the identified organisation not be available.	Mahlatse Researcher	September 2023	Internet access Contact details Connections with organisations
5. Obtain a letter from the school specifying the need for the school talk and details of the number of learners per grade.	Kabelo	End September 2023	Transport
6. Communicate plan for the school talk with the head of the school and the organisations.	Kabelo Researcher	14 October 2023	Transport
7. Present the school talk and distribute the handout containing information on mental health support resources at the school.	All members NGOs invited	October 2023	Pamphlets with information on mental health support resources

The group planned to organise a talk for the adolescent population in Mamelodi. When this was initially discussed, two possible pathways were considered. The first was to organise a school talk at one of the high schools in the area, and the second was to present the

talk at the youth centre where learners from various high schools in the area could be reached. The first option was pursued and individual members decided which tasks they would undertake. Kabelo indicated that he would contact the local schools to make sure that one of them would be available for the intervention. As the youth centre is located at Mamelodi West, which is also where the empowerment sessions were held, the group decided to approach schools in this area. Kabelo established contact with schools in the area, one of which showed an interest in the project. On 13 September 2023, the principal agreed to host the wellness talk, which he felt was needed. Since examinations were commencing in the following week, he advised that the talk be planned for October, at the start of the new term. At the same time, the researcher contacted several organisations that provide school talks to request them to present the talk at the school. They responded that due to the high demand by schools they would not be able to oblige.

Mahlatse identified NGOs and churches in the community as she wanted to find out whether they offered any kind of psychosocial support as she knew that there were often lay counsellors in those settings. The other young adults also undertook to establish contact with organisations that could assist with the project. This was linked to creating a referral network that they could direct their peers to when in need.

The intervention focused on fostering mental health literacy, which encompassed knowledge on depression and information on available mental health services. The group was then encouraged to identify resources in the community that they could draw from to assist them in the process. These included the NGO at which they are based, the community radio station, NGOs with which they had contact, and local churches.

The group encountered challenges with the implementation of the intervention. The organisation that was requested to present a talk on mental health responded that, due to financial constraints, they would only be able to come to the school in the following year. They also indicated that since many schools had requested school talks, they might not be able to present the talk at the requested time. A major concern was that the manner in which the talks were to be conducted and the fact that they wanted an entire school day to be set aside for their visit might be disruptive to the school's timetable, especially at that time of the year (October).

The group also contacted two more organisations that are known to present school talks in the area. At first communication with the organisations was difficult. One of them showed an interest in collaborating with the group and even offered to provide speakers on the day of the event, but later withdrew their offer, stating that they could not provide the

required assistance. The other organisation indicated that although they did present school talks, they only do so for six selected schools in Mamelodi West, nine in Mamelodi East, and four in Eersterust. Attempts that were made to reach the organisation's area manager in Mamelodi West were unsuccessful.

When the school that had initially agreed to host the talk was approached again in October, the principal stated that the school was no longer able to accommodate the group as their timetable was full. Kabelo then approached two other schools in the area, but was told that the school calendar is not flexible at that time as exams were underway. The process was therefore revisited and revised after a careful evaluation of the obstacles encountered and a reflection on what could be improved so that the plan would be more plausible and feasible. The group subsequently tried to plan a talk to the learners attending the youth centre where they worked. Presentations on the day would be done by the group of young adults, not by external stakeholders. Table 4 depicts this revised action plan.

Table 4

Revised Action Plan for Intervention

Action steps	**Person responsible**	**Timeline**	**Resources needed**
1. Communicate with the coordinator at the youth centre for permission to present the talk to the learners.	Sizwe – communicating with the branch coordinator Researcher – drafting of letter requesting permission from the youth centre	11– 14 November 2023	Letter detailing nature of request
2. Seek consent from the learners' parents through consent letters.	Mahlatse	14 – 21 November 2023	Consent forms
3. Communicate with local organisations that might wish to be involved in the programme.	Sizwe Mahlatse Tumelo Koketso	November 2023	Telephonic communication
4. Prepare content to be covered in the workshop. Conduct research on the chosen topic and do a presentation on depression and related mental health challenges at the host organisation.	All members	November 2023	Internet Notepads and/or devices to write notes WhatsApp group chat for sharing of information
5. Host the talk with the learners at the host organisation's branch and distribute a list of resources for mental health support.	Tumelo Koketso Mahlatse Researcher	Proposed date of event: 22 November 2023 with subsequent revisions	Printing facilities for the pamphlet on resources on mental health support

Preparations were subsequently made for a wellness talk at the youth centre where the young adults tutored. Eight organisations that were approached were interested in providing speakers on the day. Letters of consent would also be sent to two of the organisations that

showed interest in being a part of the event as they also worked with learners at their premises. Other organisations also wanted to bring learners to the event, which would substantially increase the number of learners reached by the intervention. Some key decisions that had to be made regarding the project included the minimum and maximum number of attendees that could be accommodated, the length of the programme, the time allowed for each speaker, and the provision of refreshments. The group then drafted an outline of topics that would be covered and gave the topics to those who were prepared to speak on the day. The drafted outline can be seen below:

- Introduction of the group and the purpose of the discussion, which is speaking about depression among the youth
- A discussion of what depression is, including the symptoms and behaviours that can be observed
- Factors that can contribute to depression, including community-specific challenges (the social determinants of mental health)
- Challenges related to depression, such as substance abuse
- Resources that offer psychological services, including institutions and organisations in the area
- Resources for social activities in the community, such as sport clubs
- Share a case study to contextualise the content that was shared, followed by a group activity requiring a discussion on how assistance can be provided to an individual who may be experiencing depressive symptoms.
- Adaptive responses and coping strategies, including breathing exercises and mindfulness-based techniques
- Questions and engagement with the learners
- Organisations to share the work they do and any resources they have to assist the youth

Despite good planning, the implementation of the intervention was accompanied by challenges. The proposed dates, 22, 24, and 25 November 2023, were ruled out as other events had been organised at the youth centre on those days and according to the branch coordinator, no other date in November was available. Furthermore, some of the learners who normally came to the youth centre for tutoring sessions had already completed their examinations, which meant they did not have a need to continue coming to the centre. The

youth centre was about to close for the year, which also meant that the group might have neither a venue nor an audience for the talk. Despite this, arrangements were made with the branch coordinator to use the venue on 2 December 2023, but the arrangement had to be changed again as the facilities of the youth centre were no longer available and there were other activities at the branch in which the participants were involved as volunteers. The next date that was proposed was 9 December, but by that time the branch was closed for the year. True to the iterative nature of AR, the action plan had to be revised. Table 5 presents the plan for the intervention that was subsequently designed. The intervention will be discussed in more detail in the section below.

Table 5

Revised Action Plan for Final Proposed Intervention

Action steps	**Person responsible**	**Timeline**	**Resources needed**
1. Make arrangements for an interview with the station manager at the local radio station.	Researcher	November 2023	Written communication specifying nature of request
2. Prepare for the interview at the local radio station.	Researcher Koketso Palesa Lerato	3 December 2023	Connectivity for WhatsApp call
3. Conduct an interview at the local radio station to raise awareness on mental health challenges among the youth.	Koketso Palesa Lerato	4 December 2023	Transport Internet access for livestreaming the interview
4. Communicate with the local radio station for assistance with posting the video and list of resources on their social media pages.	Researcher	November	Contact with radio station
5. Compile a list of resources and create an infographic with contact details of organisations.	All members	25 November	WhatsApp group for sharing information
6. Post the video and list of resources on the local radio station's social media platforms and on the personal accounts of the participants.	All members	December 2023/January 2024	Internet access
7. Distribute handouts of the list of resources at the youth centre.	Sizwe	11 January 2024	Printing facilities
8. Communicate with the branch coordinator at the youth centre for scheduling discussions with the learners at the centre in the new year.	Sizwe	11 January 2024	Telephonic communication

Phase 3: Action

The intervention was implemented on both traditional and digital media platforms (community radio and social media). Community radio continues to be an important local resource for empowering youth and the wider community (Laskar & Bhattacharyya, 2021; Mahlokwane, 2021; Mhagama, 2015). For example, it can provide young people with opportunities to have their voices heard and can be used to run development projects, such as awareness campaigns for promoting mental health literacy and initiatives aimed at disseminating information on social issues (Atilola, 2016). In South Africa, local radio stations such as Mams Radio continue to serve their communities by, for example, broadcasting information on relevant issues and uplifting the community (Mahlokwane, 2021).

In view of her prior involvement with the local radio station, the researcher communicated with the station to ask for help with obtaining a slot for a radio interview. She contacted the station manager on 28 November 2023 to schedule the interview. After being granted a slot, she contacted the radio presenter who would be interviewing the young adults to discuss the purpose of the interview and to explore possible points of discussion. At 10 a.m. on 4 December, the members of the young adult group were interviewed as part of the health feature at the radio station. The interview was intended to raise awareness of mental health challenges among the youth. The questions the young adults were asked during the interview included the following: “What encouraged you to come together to develop an intervention to raise awareness of mental health?”, “Do you think the community is well educated around issues of mental health?” and “What can be done to educate the community on mental health challenges?” One of the participants streamed the interview live on his Facebook page. During the interview, the community was also informed that information on available resources would afterwards be uploaded on online platforms.

The resources were posted on the local radio station’s Facebook page, which has a substantial following in the Mamelodi community. The video was also posted on the participants’ individual social media accounts. A resource list with the names of organisations and institutions, as well as individuals who can provide various forms of psychosocial support was uploaded on similar platforms. Physical copies of the resource list were also distributed to learners at the youth centre. The pamphlet and video were posted on online platforms from 12 December 2023. Various hashtags were used, for example #mentalhealthmatters, #depression, #selfcare, and #endthestigma. The video and pamphlets were subsequently uploaded on the community radio station’s Facebook page on 28

December. The resource pack followed on 16 January 2024 and was posted twice on the day for wider reach.

Phase 4: Evaluation

The local radio station's Facebook page was the main social media platform utilised owing to its wide reach in the community. By 25 March 2024 the video that was posted on 28 December 2023 had reached 975 individuals and had 1 108 impressions and 25 post reactions (see Appendix A). By 25 March 2024 the list of resources posted on the radio station's Facebook page had reached 429 individuals in the community and had 442 impressions and 21 post reactions, comments, and shares. Added to the metrics shared above, there were five responses to the post, one of which was from an individual who stated that "some of us need help". This emphasises the need for fostering mental health awareness in the community.

In the process of developing and implementing the interventions, the participants assumed different roles. This is an empowering mechanism, as highlighted by Mitchell (2023). Collaborating on a shared task in a small group can ensure that everyone has an opportunity to participate and can yield positive results from peer work.

Phase 5: Learning

The young adults drew some lessons from the obstacles they encountered and had to repeatedly modify the action plans. They learnt, for example, that before contact is made with stakeholders, the group should clearly define the responsibilities of each member. This will avoid instances where different individuals are working on the same task. They also placed more emphasis on the need for a clear action plan detailing the steps that needed to be taken to achieve the objectives of the intervention.

The young adults also learnt that they need not rely solely on existing organisations to implement the intervention as they realised that they are capable of implementing an intervention by themselves by, for example, organising and handling the interview by themselves and providing their peers with information on mental health.

Another core lesson that emerged from the process was the importance of taking care of themselves. A few of the participants found it difficult to balance previous commitments with their involvement in the project. They also realised that it was difficult to advocate for the well-being of their peers while they were facing their own challenges. When these concerns were raised, the researcher encouraged the participants to seek psychological support from the South African Depression and Anxiety Group (SADAG), which offered to

provide this assistance. The researcher also reminded the participants that they were allowed to withdraw from the project at any stage if they felt that it was causing distress. However, they all continued with the project as they found the group activity to be motivating. They also experienced the group as a source of support.

3.4.3.2 Data Collection about the Research Process: Focus Group Discussion

Willig (2021) defines a focus group discussion as a group interview with the interactions between the members serving as the main source of data. It allows the researcher to observe how meanings are collectively constructed. A focus group discussion should comprise no more than six to eight individuals to ensure that each participant can be actively involved throughout the engagement (Creswell & Creswell, 2018). During the discussion, participants can make contributions to each other's responses. The researcher becomes a moderator in the process and mainly asks questions that are informed by the research questions. The interview protocol should comprise five to ten questions. The intention is to elicit the views of the participants. Ground rules for the interaction should be established at the start.

The focus group discussion followed the implementation of the planned peer-led interventions. It was held on 10 January 2024 and was intended to explore the group's experiences during the research process. Six participants were present as one had excused himself from the meeting. An interview protocol with eight questions was developed by the researcher and all the questions were asked during the focus group discussion (see Appendix F). The themes for the discussion were participants' experiences; challenges or obstacles encountered; perceived benefits of the intervention; skills developed and lessons learnt; perceived influence on well-being; and suggested improvements to the process.

Focus Group Discussion Interview Guide

- How did you experience the process of developing the intervention?
- What were the main challenges you experienced?
- How did the young people of Mamelodi benefit from the intervention?
- What have you learnt/gained from developing the intervention?
- How did it influence your own well-being?

- How do you think the process can be improved?
- What resources did you find useful while developing and implementing the intervention?
- How do you think you will be able to use the lessons you learnt/skills developed in the future?

At the start of the focus group discussion, the researcher welcomed the group and thanked them for agreeing to participate in the discussion. A sign-in sheet was circulated to confirm their presence. The researcher proceeded to explain what the focus group discussion entailed and how long it was expected to take (no more than two hours). The discussion took one and a half hours. The researcher explained that the purpose of the focus group discussion was to give them an opportunity to talk about how they had experienced the process of developing and implementing the peer-led intervention and to explore whether the process had an impact on their own well-being and that of their peers. The researcher also informed the group that the discussion would be audio-recorded and invited them to suggest any ground rules for the interaction. They stated that the rules could be the same as those that had been established for the empowerment sessions. No new rules were therefore introduced. The young adult group participated well in the discussion. They gave each other enough time to respond to the questions and also added to the contributions made by other members of the group. During the discussion, the researcher identified common views among the group members and encouraged elaboration on certain points when this was indicated (Willig, 2021).

3.4.4 The Role of the Researcher

Reflexivity is a crucial component of AR (Cohen et al., 2018). The researcher cannot be removed from the process being studied. Therefore, researchers should be sufficiently self-aware and consider how their own values, beliefs, actions, and opinions might influence the research process (Cherrington, 2022).

I am an MA Clinical Psychology student with an interest in matters of social justice as they apply to mental health. During the third year of my undergraduate studies, I developed an interest in public mental health after being exposed to research by scholars in the field that pointed to inequities in the health system. The limited access to mental health services by communities in need became a sore point. Like the participants in the research study, I grew up in a township with alarming levels of crime, youth unemployment, and poverty. I have witnessed how members in the community who were struggling with various socioeconomic

and potential mental health challenges could not easily access the required help. However, in this community there are several organisations and institutions that are committed to uplifting the youth. I have volunteered at some of these organisations, such as early childhood development centres and youth development facilities. I was also interested in serving at a community radio station which made me aware of the immense potential it has for change in our communities. Being involved in these spaces not only reminded me of the value of community participation, but instilled in me a sense of hope that change is possible. Volunteering in this capacity may seem like a trivial act that does not yield much change, but it made me appreciate being a member of the community. These earlier experiences have qualified as moments of personal transformation that led to what can be termed a commitment to societal change.

During 2020 and 2021, I lived in Mamelodi East for close to two years, during which time I continued to explore avenues for community involvement. I served at the community radio station for some months before I pursued my MA degree. Working at the radio station made me appreciate the value of community radio. It was through my involvement there that I became aware of the impact of resources such as radio on communities, especially their role in uplifting the community. At the time, I had no idea that I would later pursue a research study in which this resource would play an important role – not only in the recruitment process, but also in the empowerment of the participants, including me.

When I moved back to Mamelodi early in 2023, during my internship, I continued to foster connections with fellow community members. I provide this background to show my positioning in the community as someone who has experienced some of its daily realities. This is the position from which I write. My personal experiences in my community of origin and in Mamelodi cannot be removed from this research process. What I have witnessed and experienced as a community member is the reason for my desire to engage in activities aimed at promoting change. I therefore have a personal relationship with the topic I have chosen to study.

As the researcher, I had to examine who I was in relation to the community in which I conducted the research, as emphasised by Mertens (2017). I had to reflect on my positionality in relation to the participants, and consider the potential influence of my position as a clinical psychology student and intern clinical psychologist. I approached the group sessions with some apprehension of how I would be perceived by the participants in view of the aforementioned, especially as I was also a participant in the group. There was the possibility that I would be viewed as a “professional” whose sole interest was to advance my research

objectives with limited regard for the interests of the participants. It was crucial, for this reason, to emphasise what my role would be in the group. I highlighted that I would similarly be a participant in the project, which translated to also being assigned tasks during the process, as was the case with all the group members. The group established from the onset that the primary objective was to collectively develop and implement an intervention which required participation from all members. Although I would then study the process of empowerment as it unfolded, I was not removed from the dynamics of the group.

Since the research study required working in a group context, my role as the researcher was to encourage group members to support each other by, for example, cultivating reciprocal relationships built on trust (Cornish et al., 2023). I also had to encourage the participants to assume leadership over the project and ensure that they benefited from the process. Each member of the group assumed leadership over certain aspects of the project, as detailed in the preceding sections.

In an AR process, the researcher works alongside the participants to exchange skills and knowledge (Cornish et al., 2023). Each participant possesses a set of skills and knowledge that need to be honed and utilised in the process. For instance, the researcher needs to have skills such as openness to learning from collaborators, respect for the participants' knowledge and expertise, self-awareness, the ability to listen and tolerate opposing views, acceptance of uncertainty, the ability to take responsibility and be held accountable, patience, humility, and confidence in identifying and challenging power dynamics. The participants had experience with working with a population of high school learners and one of them stated that he was able to "mobilis[e] young people", referring to his skill set which he could apply to get his peers interested in the intervention. They also drew from the connections they had with various stakeholders in the community (resource mobilisation skills). Some of the young adults had personally experienced mental health challenges and could relate to their peers who had similar difficulties.

3.5 Data Analysis

Primary data in the form of the participants' responses during the empowerment sessions and focus group discussion were analysed. These data items were audio-recorded and transcribed verbatim. The transcribed data were subjected to thematic analysis, as described by Braun and Clarke (2006). Thematic analysis is not rooted in a theoretical framework or epistemology, but is a method that identifies, analyses, and reports on themes

within data. It is optimal for providing rich descriptions of data. Themes or patterns are identified across the entire data set, instead of a particular data item, such as an individual empowerment session.

The researcher transcribed the conversations that took place during the eight meetings with the participants and a focus group discussion held after the implementation of the intervention. The process of exploring and interpreting the data involves searching across the data set to identify common patterns of meaning (Braun & Clarke, 2006). This requires coding the data, organising the codes into possible themes, reviewing the themes and refining them, and subsequently providing descriptions of the identified themes. The data were coded by searching through the transcriptions line by line, identifying the meaning units that emerged, and subsequently labelling them with codes that encapsulated their meanings (Creswell & Creswell, 2018). Some of the codes were organised into main themes and others constituted the sub-themes. Once the themes had been identified, the relationships between them were determined (Willig, 2021).

The researcher used the inductive approach to identify themes within the data by generating them directly from the raw data as opposed to using a particular theory to derive these patterns of meaning, as would have been the case if the deductive approach had been followed. These steps will be detailed below.

Step 1: Familiarising Yourself with the Data

Thematic analysis begins with immersing oneself in the research data, which is intended to enhance the researcher's familiarity with the content of the gathered data. Braun and Clarke (2006) recommend doing this by being actively involved in the transcription process through transcribing audio recordings to written text. Although this process can be time consuming and frustrating, scholars deem it to be a necessary first step in familiarising oneself with the data. The researcher engaged in this process. The empowerment sessions and focus group discussion were each transcribed verbatim. Although the participants spoke different languages during the sessions, including English, Northern Sotho, and isiZulu, the researcher was able to transcribe their conversations as she is familiar with those languages. There were also instances during which the participants communicated in slang, which is common among young people.

The first transcripts included statements in English as well as in the participants' home languages to ensure that the meaning was not lost. The researcher wrote familiarisation notes in the left-hand margin. A subsequent transcript that was generated with English

translations of the statements made in vernacular was checked by the researcher to ensure that they were accurately translated. The transcription process for each of the empowerment sessions and the focus group discussion took between three and four hours. The researcher listened to the audio recordings repeatedly, after which the responses were written down verbatim. She also re-read the transcripts and checked the transcribed text against the audio recordings. As the researcher read through the transcripts, she started with a manual analysis by underlining words and sentences that were repeated and wrote them in the left-hand margin of the printed Word document. For instance, words and statements relating to the nature of the participants' experiences, indications of empowerment, and their perceptions of the contribution of the process to their well-being and their community were highlighted. The researcher printed a second copy of the transcripts translated into English and wrote notes in the margins. These were colour coded and she used red, blue, and black pens, depending on the patterns of meaning that emerged. Red was for intervention-related aspects, blue indicated challenges that had been identified and motivated the need for the intervention, and black was for personal experiences related to the project (see Appendix J).

Step 2: Generating Initial Codes

The next step entailed generating codes. The researcher generated a list of repetitive concepts from the data extracts and translated them to different tables according to the colour-coded categories. In the process of analysing the data, she developed response categories, as opposed to working with themes from the literature. This was in line with the inductive approach used for the data analysis. Appendix K shows the initial codes that were generated. An example of one of the tables showing the response categories that were formulated after the open coding process is shown below.

Table 6

Example of Response Categories for Coding

Prevalence of mental health challenges among youth	**Limited resources in the community for mental health support**	**Poor mental health literacy**	**Barriers to mental health help-seeking**
Many young people have mental health challenges. Young people experience challenges daily. Mental health challenges are aggravated by other social issues.	Limited number of organisations in the community Lack of facilities/institutions Shortage of psychologists the community	Misconceptions on mental health challenges Limited understanding of depression Lack of knowledge about where to get help	Stigma (self-stigma by youth in particular) Lack of knowledge on where to get help Scarcity of sources of help in the community

Step 3: Searching for Themes

During this stage themes were generated from the data set. The researcher identified relationships between the codes and common patterns in the data. The tentative themes and sub-themes that emerged at this point will be described in detail in the next chapter.

Step 4: Reviewing Themes

The identified themes were examined and the examples and extracts that were used to account for each theme were reviewed. The researcher checked the correspondence between the data extracts identified in the sub-themes to ensure that they matched the quotations from the response categories and also re-read the transcripts to ensure that the derived themes corresponded with the data. Notes written during the coding process were revisited to ensure that nothing had been overlooked. The researcher created a table that demonstrates the themes and sub-themes, which can be seen in Chapter 4.

Step 5: Defining and Naming Themes

This phase involved identifying defining themes in the research and explaining the relevance of each theme to the research topic and research questions. This was done by

reviewing the sub-themes to ensure their relationship to the main themes and the research questions.

Step 6: Producing the Report

Once the researcher has compiled the final list of themes and has conducted the final analysis, a write-up of the report follows (Braun & Clarke, 2006). The account of the themes that is provided will be accompanied by vivid examples and extracts that accurately capture the point being made. Beyond providing a description of the data, the write-up will make an argument that relates to the research questions. This will be presented in Chapters 4 and 5.

3.6 Ensuring Research Quality

The researcher used four criteria proposed by Lincoln and Guba (1985) to enhance the trustworthiness of the study. These criteria are credibility, transferability, dependability, and confirmability, which will be discussed in turn.

Credibility refers to the degree to which the research findings represent the actual data obtained from the participants (A. Burns, 2015). It requires the interpretations made by the researcher to accurately capture the views expressed by the participants (Korstjens & Moser, 2017; Treharne & Riggs, 2015). The researcher kept an audit trail of the research process. Materials and notes used detailed the researcher's interpretations and assumptions. Transcripts that were printed out had notes in the margins to show the process of analysis. Should there be a need for another researcher to review the study, the notes show how the coding process was done, the themes that were derived, and the subordinate themes that were identified.

As the researcher was working closely with the group, she had to ensure that adequate levels of rapport and trust were established as a means of encouraging authentic interactions in the group context. An environment of trust can contribute to participants providing honest responses to improve the credibility of the study (Pandey & Patnaik, 2014), which can be further enhanced by the researcher's understanding of the responses provided by the participants. The researcher reflected on and summarised what was said to ensure that it had been accurately captured. Prolonged engagement between the researcher and the participants aided in this process. Before they consented to the study, electronic communication was established which is where they were sent the participant information sheets and they asked questions on the study prior to the introductory meeting. Therefore, at the time of the first

physical meeting, a degree of contact had already been established between the researcher and the participants. There was regular contact with the participants while working on the project, which suggests that adequate rapport was established, so that it can be assumed that the data contained an accurate account of the participants' experiences.

Transferability is the applicability of the findings of the study in other research contexts (Treharne & Riggs, 2015). A thick description of the research process is one of the ways this criterion can be adhered to (Pandey & Patnaik, 2014). The researcher provided detailed descriptions of the AR process that was conducted. This included a detailed account of the sessions held with the participants, the discussion points, and the decisions made. The researcher included action plans for the planned intervention using a step-by-step guide and an account of the specific challenges that were encountered during the process. She also specified the rationale for the adoption of different strategies in the process of designing and implementing the intervention. Even though the process was specified in much detail, the researcher cannot be sure that other participants would react in the same way. The transferability of qualitative data can therefore not be guaranteed.

The dependability of a study refers to the consistency of the findings if the same study is repeated (Pandey & Patnaik, 2014; Treharne & Riggs, 2015). To ensure dependability, an audit trail of the research process must be kept (Korstjens & Moser, 2017). This includes notes on all phases of the process, as would be the case in the AR design. The researcher kept notes from the problem identification (diagnosis) phase to action planning, the action phase, and the evaluation and reflection phases. All communication with the research participants on virtual platforms was retained so that there is a trail of discussions outside the physical empowerment sessions and focus group discussion.

Confirmability is the extent to which the findings of the research emanate from the participants' experiences and views, rather than from the researcher's own values, interests, or biases (Pandey & Patnaik, 2014; Treharne & Riggs, 2015). Reflexivity is encouraged to ensure that, as far as possible, the researcher is aware of her own frame of reference and biases that can influence the research process. The researcher has provided reflections of her positionality, values, and beliefs as they relate to the study she has undertaken. These are included not only in the discussion chapter, but also in the methodology section as her choice of a research design such as AR, for example, has been influenced by her own interest in matters of social justice. Her assumptions are outlined and she also states how she attempted to maintain a balance between being a participant in the research and a researcher in the process.

3.7 Ethical Considerations

The study obtained ethical approval from the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria (Ref: 17072019(HUM010/0922). The researcher also received permission from the community radio station to recruit participants for the study through that platform. Various organisations in Mamelodi were contacted to assist with identifying young adults who might be interested in participating in the study. As gatekeepers, representatives from these organisations received all the required documentation specifying the nature of the study and the ethical approval. After obtaining permission from one of the representatives to recruit participants through her NGO, the researcher sent the participant information sheets to the participants who had shown interest in the study, after which they could direct questions and concerns to the researcher prior to consenting to participate.

At the start of the process, the participants consented in writing to participate in the study. They were informed that participation in the study was voluntary and that they could withdraw at any stage without any adverse outcomes (Bengu, 2018; Creswell & Creswell, 2018; South African Government, 2024a). The young adults who were willing to participate in the research study signed consent forms with which they also gave permission for the sessions and the focus group discussion to be recorded. They were informed that while they were completing the consent forms, they were free to ask any questions about the research if they needed clarification. During the first meeting, the researcher assured the participants that all the information would be treated as strictly confidential and that they would not be financially compensated for their participation.

Confidentiality was ensured by substituting the participants' names with pseudonyms in the transcripts and written report. The transcripts of the group sessions and focus group discussion have been stored in the researcher's computer that is password protected. The data can be accessed only by the researcher and her supervisor.

The researcher anticipated that the research process could trigger emotional distress in the participants, especially as in some instances it reminded them of their personal experiences. Participants were informed that SADAG has offered to provide counselling for any member of the group who might need it (see Appendix I). Throughout the research process, the researcher reminded the participants that they could reach out to the organisation if they happened to experience any psychological difficulties. This did in fact occur and the concerned participants were encouraged to make contact.

Relational ethics is crucial to AR projects (Cornish et al., 2023). A researcher working within the confines of this research design must ensure that the following are adhered to: collective decision-making, mutual respect and care, inclusive engagement and dialogue, and collaborative action. Since the participants worked as a group, group norms were established at the start of the process and the need to respect each other and keep confidential information in the group was emphasised.

3.8 Conclusion

In this chapter, the research design and approach adopted in conducting the study were discussed. The research approach used was AR grounded in a transformative research paradigm. The transformative paradigm was described, along with its epistemological, ontological, and axiological underpinnings. This was the paradigm that could more accurately capture the rationale for the study while also linking with the PAR approach (Omodan, 2020). AR stems from a need to facilitate change in the community. The researcher and the participants were collaborators and contributors to the knowledge creation that was intended to ultimately enable change. The process of AR as it unfolded during the research was discussed in detail with a step-by-step description. The researcher expanded on each of the highlighted phases, namely diagnosis, action planning, action, evaluation, and learning as they specifically applied to the study. A qualitative research approach was adopted due to its focus on providing an in-depth account of the experiences of the participants in the process of developing and implementing an intervention. The analysis of the qualitative data was described in detail. The findings of the study will be discussed in the next chapter.

Chapter 4: Findings

4.1 Introduction

In this chapter, the findings based on the data analysis will be discussed. The data collection techniques that were used were informed by qualitative research methods. Data were gathered from observations during project meetings with the participants and the focus group discussion held after the implementation of the intervention. Transcripts were analysed using Braun and Clarke's (2006) thematic analysis approach.

4.2 Themes Identified from the Data

The four themes and sub-themes identified during the data analysis were problem identification, developing the intervention, process of empowerment, and the perceived value of the intervention. The first theme highlights the problem identification phase of project development, followed by the planning of the intervention as the second theme. The third theme relates to the empowerment process as it unfolded during the development and implementation of the intervention. The fourth theme reflects the young adults' perceptions of the value of the intervention for themselves and their peers.

The researcher will present extracts from the project meetings and the focus group discussion to highlight these themes and sub-themes. The names of specific individuals and organisations have been omitted from the extracts and pseudonyms or other alternative labels in parentheses were used. Table 7 contains a review of the themes and sub-themes.

Table 7

Themes and Subthemes

Themes	Subthemes
1. Problem identification	a. Prevalence of mental health challenges among youth b. Limited mental health resources c. Poor mental health literacy d. Stigma as a barrier to mental health help-seeking
2. Developing the intervention	a. Coming up with solutions b. Identifying community resources c. Tools for intervention d. Intervention-related challenges e. Struggling to balance "personal" and "project"
3. Process of empowerment	a. Shift in beliefs about their competence b. Critical awareness of the environment c. Mobilising individual strengths d. Gaining confidence and a heightened sense of mastery e. Resource mobilisation skills
4. Perceived value of intervention	a. Knowledge acquired b. Psychological well-being c. Social well-being d. Perception of influence of the intervention on peers

4.2.1 Theme 1: Problem Identification

The first theme, *problem identification*, details the challenges the young adults regarded as pressing in their community.

4.2.1.1 Sub-theme 1: Prevalence of Mental Health Challenges among Youth

During the empowerment sessions the young adults stated that they knew of many young people in their community with mental health challenges, and that some of their peers had mental health conditions such as depression and anxiety for which they were not being treated. They also spoke about their own mental health challenges and how difficult it was to receive the help they needed. Many of them had experienced what they referred to as depression but had not received any support. These personal experiences were highlighted as one of the factors that had motivated them to contribute to efforts aimed at improving mental health among young people in their community.

> *Almost 10 people who I know they are going through some kind of a depression or are going through depression, anxiety.* (Koketso)

> *We must understand they are going through these things each and every day. Even now they are going through that.* (Kabelo)

During the project meetings, Sizwe, Kabelo, and Palesa stated that they had experienced mental health challenges, which had motivated them to become involved in the project.

> *I also suffered from depression. It wasn't like I had support or anything.* (Sizwe)

> *On my side, I actually took some self-introspection … Even though I might be capacitated to actually assist a child in actually saying okay you are going through this, but then you can do this and that and that, only to find out that I'm also actually affected but then I was not aware that I am actually affected by such a thing.* (Kabelo)

> *I don't know, I was mostly like overwhelmed by a lot of stuff as well. And like dealing with mental health issues and now you are also here, you also can't function as well*. (Palesa)

4.2.1.2 Sub-theme 2: Limited Mental Health Resources

A core challenge identified by the young adults is the lack of mental health resources in the community. This included limited facilities and organisations that focus on mental

health specifically, and the lack of health professionals who render psychological services. They specifically spoke about the shortage of mental health care professionals in institutions in the community.

> *They cannot reach out to, to a mental health institution.* (Koketso)

Mahlatse reflected the views of the young adult group by focusing on the shortage of psychological services in the community.

> *We spoke about [a] lack of psychologists and the only place that's there it's [is] Stanza*. (Mahlatse)

In addition to a lack of facilities and professionals trained to render mental health services in the community, the young adults mentioned that they were not aware of many organisations that focus specifically on mental health. Some of them tend to focus on other social challenges such as sexual health, substance abuse, and teenage pregnancy.

> *Those people are not, there's none of them like with mental health, so that's why even when I started the organisation, I just figured out what can I do like, I saw that, okay, fine, I know different stakeholders, but none of them is actually focusing on mental issues. So that's why I decided to start with dealing with mental issues of young people. So yes, there's no one.* (Koketso)

4.2.1.3 Sub-theme 3: Poor Mental Health Literacy

The young adults also spoke about how they had observed that people in their community knew very little about mental health challenges and said they felt that conditions such as depression were largely misunderstood. Misconceptions included opinions such as that depression does not exist or that young people cannot be depressed. The extracts below reflect these views.

> *Most of the time we talk about depression and everything, but not a lot of people really understand. Like, what is it? And also, when we don't really understand it, we will not know where to go as well for it.* (Mahlatse)

One of the misconceptions highlighted by the young adults was the general belief that young people cannot have depression. The older generation tends to believe young people have no reason to be depressed. The extracts below reflect this.

> *Depression you can also get it as you are young. That is what I was saying in the voice note that our parents as well, not all of our parents are that understanding. As a young child, what are you depressed about? There's food in the fridge, there's everything that you need. No one is shooting bullets at you. You are not carrying [a] dompas. Do you know, do you even know what is depression? You don't know what you are crying about. You have everything. So even that sense of awareness in the parents because we say we are focusing on adolescents, right?* (Mahlatse)

There was also a perception that mental health conditions are not "real", as Lerato stated:

> *I didn't really believe like mental health illness, it's like, it's a real thing, 'cause [because] it never happened to me*. (Lerato)

The young adults also stated that in their opinion most members of the community were unaware of the support that was available for people dealing with mental health challenges.

Even though they [social workers] may be there to assist, but then I don't believe also that the school is well aware of the need of actually taking them to assembly, being there talking to the children so that whenever the children are going through such, they just come to that office, close the door, speak, and then the child leaves. (Kabelo)

After doing research on existing resources for mental health support in the community, Mahlatse stated that she had found that there were in fact places that offered assistance, but that many people were probably not aware of their existence.

And by Extension 5 where they are, they are close to a place called Matimba which is social workers and everybody that can help which is not so far … So the people around that area there, they have basically, help. I don't think they know about it. (Mahlatse)

4.2.1.4 Sub-theme 4: Stigma as a Barrier to Mental Health Help-seeking

The young adults stated that although their peers were struggling with mental health issues, they tended to exhibit low help-seeking behaviour. A possible reason for their reluctance to seek help was self-stigmatisation or fear of being judged if they asked for help.

Kabelo expressed the opinion that the stigma attached to mental health challenges was the main reason behind young people with mental health difficulties not seeking help. He observed that although some schools employed social workers, learners ("children") do not ask for help for fear of being stigmatised.

They are having social workers right now whom are currently deployed in some of the schools in Mamelodi, the children never get in there because of that stigma facing them and everything. (Kabelo)

Sizwe expressed a similar sentiment about children who refuse to seek help from social workers because they are afraid of admitting that they are struggling.

A young child wants to see a social worker and they usually, they can't say that I have this problem … we can target them more, they know that okay sharp now they will be able to ask for help that okay how to deal with this. (Sizwe)

4.2.2 Theme 2: Developing the Intervention

The development of the peer-led intervention by the participants required various components and involved several steps. As a core aspect of the research study, the intervention had to be carefully planned, keeping in mind the available resources and tools. The process involved numerous challenges, both intervention-related and personal. An exploration of the sub-themes associated with this core theme follows below.

4.2.2.1 Sub-theme 1: Coming up with Solutions

The first step in the development of the intervention was thinking about solutions to the challenges identified, as explored in the previous section. The young adults expressed the sentiment that although challenges had been identified, they should focus on finding solutions. They were strongly motivated to address the issues in their community and expressed a strong need to bring about change and make a positive contribution toward improving the lives of their peers. The extracts below capture this.

> *We are the ones who are supposed to show that as much as you are going through this, at least this is the way in which you can better the situation*. (Kabelo)

> *What I'm thinking is like, as we are speaking now, we could maybe, have suggestions or solutions that can help people who have depression, you know, 'cause [because] if we are saying that, okay our main target is high school kids who are depressed and all that but the point is, how are we going to help them? How are we having [an] impact on their life [lives]? How are we changing whatever that is happening in their lives?* (Lerato)

The group was motivated and showed a strong need to find solutions to the challenges faced by their peers. They decided to target mental health literacy, which included improving their peers' knowledge of mental health conditions and the help available to them, as expressed in the following quotes:

> *I support the fact that we should educate them more about mental health.* (Sizwe)

> *So if there's that sense of awareness that anybody can have that thing. So yeah, the sense of awareness to people even on social media 'cause [because] we are going to use social media. Let's get to the point that this is depression and it can happen to anybody. And then later on, then we can say this is where you go*. (Mahlatse)

4.2.2.2 Sub-theme 2: Identifying Community Resources

One of the core components of the process of developing the intervention was the identification of available resources in the community that provide support to improve mental

health literacy. The group also identified resources with which they could establish relationships to assist with the intervention. Many group members spoke about organisations they had either identified in the community or had personal connections with and could approach to assist with the project, as exemplified by Koketso's response to a question asked by the researcher:

Researcher: Where do you feel [think] we can start tackling this at this stage?

Personally, I've worked with different stakeholders, we can actually like bring them in. (Koketso)

Other group members knew of numerous organisations in the community and some were willing to do research to identify other role players that might be willing to provide support, for example, churches as they often have lay counsellors.

Two churches say that they provide those services. They can come for counselling one-on-one and everything. So yeah, that's what I found. (Mahlatse)

One group member did research and identified other resources in the community that provide various forms of support, especially to young people, such as youth clubs or fitness clubs that offer activities for the youth.

With [organisation C], they take boys every weekend. They do life skills courses basically and it's free. When they are there, obviously, we [young people] get to talk about these things. (Mahlatse)

4.2.2.3 Sub-theme 3: Tools for the Intervention

In the process of planning the intervention, the participants considered the tools that could be utilised for that purpose. The participants agreed that for the intervention to be effective and reach substantial numbers, they needed to know what would appeal most to young people. They identified the use of media as a potent tool and felt that even if the intervention was to take the form of an in-person interaction, social media should still be used. Broadcast media (the local radio station) was highlighted as a crucial tool to employ for this purpose.

We must actually be aware of how do we find young people first of all. Young people they are full in [on] social media. (Kabelo)

I think it's going to reach a lot of people if we use social media other than word of mouth because, yeah, a lot of teens are on social media. (Palesa)

Mahlatse added that she believed that broadcast media could also be useful, especially since the group had already established a relationship with the local radio station at the start of the project.

We have a relationship with [local radio station]. Let's talk there as well. So it shouldn't just be Facebook. (Mahlatse)

4.2.2.4 Sub-theme 4: Intervention-related Challenges

While developing the intervention, the participants faced numerous obstacles. The difficulties related mainly to delays in the process and not managing to communicate effectively with stakeholders. During the initial stages of the project, it was difficult to get stakeholders on board. Attempts were made to contact various organisations, but it was difficult to establish effective communication with them. Some of the organisations did not readily understand what the group was seeking help with, as Mahlatse articulated in the extract below. This then led to what she described as a "back and forth" while the group was looking for organisations that would provide the required help with the intervention.

I feel that a lot of stakeholders did not really understand what we are trying to do… The back and forth trying to find people that could help us. For me that was the biggest challenge. (Mahlatse)

Another obstacle the participants encountered related to the numerous delays during the implementation phase. This was largely linked to the difficulties experienced with finding stakeholders that were willing to assist with the intervention. Several organisations and schools indicated that they could not assist with the proposed intervention as they had their

own problems. Kabelo voiced his frustration with the reluctance shown by possible stakeholders:

> *Judging from the way things are, it might even take us longer than expected to actually have all [these] stakeholders being present.* (Kabelo)

Despite the frustrations, the young adult group kept on trying and when the organisations did not help, they eventually implemented the intervention themselves. After struggling with enlisting support from various organisations to host the wellness talk at schools in Mamelodi, the young adults decided that they themselves would provide the necessary help to their peers. This is reflected by the quote below:

> *Whenever they [peers] are having that pressure or need to…try to find solutions in their lives or in their journeys, they must actually direct themselves here [young adults at the youth centre]. From time to time, they will find us being available. If ever they come here maybe let's just say Sizwe is here and he is tutoring, then either maybe some of us will be able to rush here to assist. Others can also assist virtually so*. (Kabelo)

4.2.2.5 Sub-theme 5: Struggling to Balance "Personal" and "Project"

The young adults mentioned that the process required extensive emotional involvement, which often left them feeling overwhelmed. While interacting with their peers, they sometimes found it difficult to distance themselves from the struggles their peers were facing. They either felt as if they were carrying their peers' "burdens", or that their own challenges might surface because of these interactions, as is clear from the following quotes:

> *While we talk to them, how do I say it, about depression and them opening up to you, eish, so I feel like I'm carrying their burdens. They feel relieved, but I then carry their load, so eish, it's very difficult*. (Tumelo)

> *So, for me as well, for the past three weeks, it was an emotional rollercoaster because you will be speaking to someone and you trigger emotions.* (Sizwe)

So, one of the things in which I have refrained from [is] actually engaging in those matters with people. Whenever those things [come up], I can relate and I have not dealt with them. Then now, I also become a victim. As much as I am saying I'm trying to heal that person's wound, mine opens up. We both cry. (Kabelo)

In addition to the abovementioned difficulties, the participants shared that they found it difficult to maintain a balance between their commitment to the project and other obligations such as work, school, and voluntary activities in the community. The following quote by Sizwe captures a sentiment that was often expressed by the participants.

It's [youth centre] volunteering then I also joined this and there were other projects I was doing. So at times, all of them needed me in one day, so you are supposed to make calculations like I am sacrificing this for today, and knowing that you also need to focus on school. So for me it's like, basically managing my time with all the things I was doing. That was mostly the challenge that I really found along the process. (Sizwe)

4.2.3 Theme 3: Process of Empowerment

During the planning sessions, it became clear that the participants were beginning to develop a sense of empowerment. They showed increased motivation and confidence in their ability to bring about change in the community. They also showed a critical awareness of their environment, harnessed and mobilised their strengths, and applied their resource mobilisation skills. The last aspect is closely related to being aware of existing resources in the community and utilising them to inspire change.

4.2.3.1 Sub-theme 1: Shift in Beliefs about their Competence

At the start of the process, the participants shared that they did not know how they could intervene to tackle problems that they faced in their community and showed limited confidence in their ability to foster any kind of change. Some feared that they would not be able to offer guidance or support to their peers, as seen in the following extract:

I had some difficulties when it came to me engaging our youth because I knew that at some point, there'll be where I cannot actually offer or actually give them the proper guidance

to go through and actually find a proper assistance, a professional assistance by the way. (Kabelo)

During the later stages of the process, the young adults showed a shift in how they perceived their competence and moved from perceiving themselves as having limited knowledge and competencies to realising that they could actually offer help to their peers. When they discussed mental health with their peers, they also provided them with resources they could access for mental health support. They developed a sense of competence in helping their peers. The extracts that follow reflect the shift in their perceptions of themselves as sources of help for their peers. In contrast to their earlier statements that they did not know how they could assist, they stated that they could help by directing their peers to organisations that offer mental health support.

It helped me a lot as a person who was actually in a process of helping these young people psychologically, helping them to find the mental health assistance. (Koketso)

That is why I was just giving them contacts. Contact this number and try to find assistance. And if ever during your activities you don't actually find anything, talk to me and I will try to actually assist at my level to get proper assistance. (Kabelo)

4.2.3.2 Sub-theme 2: Critical Awareness of the Environment

The need for change is often inspired by the challenges individuals face in their immediate surroundings. Awareness of the nature of the sociopolitical environment is essential. Before any attempt can be made to bring about the change in a community, current challenges in the community must be understood and knowledge of power structures is essential. The participants expressed their concern about the many challenges faced by the community (see Theme 1: Problem Identification). The young adults considered the most pressing challenges in their environment and critically examined their impact on themselves and their peers. It should be noted that this critical awareness arose from their discussions with their peers in the group and motivated them to engage in efforts to foster change in the community.

Kabelo's remark below is an indication of the extent to which he believed the community was facing various challenges:

I want to see that kind of a change happening in our community. Our community are suffering, and brutally so, to be quite honest. (Kabelo)

The young adults realised that mental health challenges are related to other social issues such as HIV/AIDS and gender-based violence:

Remember that mental health is not something which is closed, but it's something which is broad. The cause of them [mental health challenges] is drugs, sexual things, teenage pregnancy, HIV/AIDS, and all sorts. (Koketso)

At [in] my community, we are experiencing a lot of gender-based violence on a daily basis. (Tumelo)

It was not only the challenges highlighted above that the participants deemed to be impacting negatively on members of the community. Mahlatse introduced an ecological understanding when she stated that the systems in which people live can affect them. Challenges should not be understood as emanating only from the individual, but also from community factors:

We say we are focusing on adolescents, right? Adolescents are also being affected by the parents, also being affected by the community, they are also being affected by their own peers. (Mahlatse)

4.2.3.3 Sub-theme 3: Mobilising Individual Strengths

In the process of developing and implementing the intervention, the young adults used the skills and competencies they possessed. They identified their own strengths which assisted in developing the intervention. These strengths included their ability to mobilise young people and develop relationships with them. Their leadership skills were foregrounded as they stated that they had experience in heading projects. For example, Koketso stated that his interpersonal skills enabled him to bring together a group of young people for any project.

I think maybe we can come up with a solution. Because like mobilising young people, let me specifically say students, is something which I can do like in just one phone call I can fill up a hall. (Koketso)

Sizwe drew heavily from his relationships with his peers at the youth centre, as demonstrated by the following:

I know that my relationship with the learners here is very strong. 'Cause [Because] most of them they prefer that I come to them. If they say they want help maybe like with a subject I don't do myself, they'll call me to call another tutor. So if I were to say guys, let us sit down like this, here's something let's talk about it, I know they are going to listen to me. (Sizwe)

4.2.3.4 Sub-theme 4: Gaining Confidence and a Heightened Sense of Mastery

Another indication of empowerment that was observed was the young adults' growing confidence and the change in their perception of their ability to influence their environment. They mentioned that they had become more confident in their ability to speak out about mental health, and beyond this, to commit to fostering change in their communities. This can also be regarded as an improvement in self-expression. Palesa confirmed that she felt that she had developed a voice as she could speak out about matters of mental health, which she had previously thought she would never be able to do.

Okay, I also feel like it was really good because it also gave me a go-ahead to like act out of my comfort zone because I am normally closed in. So for me to like actually talk, touch on various serious topics and all of that, it really means a lot to me. (Palesa)

Koketso and Tumelo both reflected on developing an increased sense of control over their environment. Both stated that participating in the process had encouraged them to "tackle" challenges identified in their immediate environments. Tumelo, for example, referred to challenges he was facing at home throughout the process. He had been continually exposed to violence in the home and he felt that this experience not only provided him with some tools he could employ (such as organisations he could reach out to when in need of

help), but it also inspired him to become involved in efforts to bring about change in his community.

> *It actually helped because I can clearly say right now that it helped me to actually tackle this [these] issues. On how to build myself personally, my confidence, and all those kinds of stuff.* (Koketso)

> *I think this project will help me to focus… 'cause [because] in my household there is a lot of gender-based violence going on. So, I am thinking of tackling that and helping out my community with that.* (Tumelo)

4.2.3.5 Sub-theme 5: Resource Mobilisation Skills

The project required the young adults to identify existing resources in the community and to mobilise them for the purpose of facilitating change, which meant that they had to seek help from various stakeholders and maintain those connections to build a resource network.

The extract below explains the process of getting stakeholders on board to assist with the intervention. Sizwe reported that he was able to invite organisations to be a part of the project.

> *But when I spoke with [organisation A] on Saturday, I was like they are interested too to help us to get like more people and also, actually they have like a podcast of their own. So, they said they wouldn't mind bringing [the project] up on their podcasts and also on their social media. And they said they would also like to join our meetings to see what's happening. I was like okay, I will call you when we will be having a meeting, he's like no problem, he gave me numbers. Also, for [organisation B], they overheard me speaking to them, so they also said they are interested to be a part of this, to help since they are also trying to deal with schools whereby to promote school guidance.* (Sizwe)

Mahlatse was also in contact with one of the abovementioned organisations, which offered to assist by providing speakers for the event. She was able to enlist the support of this organisation.

Whereas I was thinking since they say they do talks, they will bring speakers 'cause [because] there was a point where they were talking and they were like I can organise speakers for you. With them, it's a good organisation to keep very close by because they are in touch with other organisations so it would be nice to actually kind of like clarify what we want from them [and] all of that. (Mahlatse)

Koketso stated that they could use their existing relationship with the youth centre to gain support for the project. The resources he referred to were the tutors' existing relationships with the management, learners, and physical resources such as the venue. As tutors at the youth centre, the young adults also identified themselves as resources to their peers, especially when the organisations they approached could not assist them.

Through the resources of [the youth centre], we can use them to grab those learners so that they could come. (Koketso)

4.2.4 Theme 4: Perceived Value of Intervention

This theme relates to the young adults' perception of the contribution made by the intervention to their own and their peers' well-being. They reflected mainly on the impact of the intervention on their psychological and social well-being. Regarding the former, they indicated that participating in the project had helped them to become more self-aware and to develop emotion regulation skills. They also noted that they had learnt to respond to distress in more adaptive ways. Their social well-being was reflected mainly in knowing that they were making a positive contribution in their community and that what they were doing was not benefiting only themselves, but others as well. They also felt that they had played a part in encouraging dialogue on mental health. An accompanying sense of purpose had started to develop during the process. The subthemes will now be discussed.

4.2.4.1 Sub-theme 1: Knowledge Acquired

The participants reflected on the knowledge they had acquired while working together to develop the intervention. This included an increased understanding of what depression is and learning about the available sources of mental health support. The young adults stated that they had learnt about the multifaceted nature of depression and ways of coping, and that this knowledge acquisition had been made possible by engaging in dialogue with each other

and the research they had conducted during the project. One of the participants mentioned that she had not previously believed mental health conditions were real and that the process had been an "eye-opener" for her. She expressed her thoughts as follows:

> *So, usually when people speak about mental health illness, our parents will just say, ah, depression is a White person thing, you know. I've also learnt, 'cause [because] to me, I didn't really believe that mental health illness, it's like, it's a real thing 'cause [because] it never happened to me. So obviously, if something never happened to you, you are most likely [going] to judge a person who has that thing. So it opened an eye on me to show me that these things really happen. People are out there like seeking for help. This process has helped me to know that these things are real and people out there need help for this thing. So, it opened an eye for me.* (Lerato)

The young adults also mentioned that they had developed a better understanding of depression and what it meant to have this mental health condition:

> *For me, I found out that there's basically many types of depression, not the depression that we know that when someone is just feeling down... Also like the ones that like when someone just decides to post negative things on social media or anything, so, I also discovered that that's part of depression or affects mental health.* (Sizwe)

> *We got to learn about many aspects to depression. It's not only classified as one type. And on how to deal with it [how to cope] when you kind of see the signs within yourself that's leading to depression.* (Palesa)

The young adults also acquired information on existing resources for mental health support. Although through their participation they were aware of some organisations in their community, they discovered other organisations that also offer support to people experiencing psychological difficulties.

> *I think from my side, I thought mental health it can only be, you can only be helped or get assistance from people who are from maybe the department of health, from psychiatrists, people who are coming from there only. But as we were doing researches, we found out that [there are] different stakeholders like SADAG, and there's this other one which is*

also helping. And through SADAG, you can also just type the number. It's free, you can dial them and call them and they will help you through the phone. (Koketso)

4.2.4.2 Sub-theme 2: Psychological Well-being

Their participation in the project contributed to the young adults' psychological well-being. They shared that involvement in the process had assisted them with developing increased self-awareness, which included an understanding of what they were feeling at any given point and the reasons for those feelings. Accompanying this increased self-awareness were indications of improved emotion regulation skills. The young adults became increasingly aware of their typical reactions to distress and learnt about more adaptive ways of managing discomfiting emotions. This is illustrated by the extract below:

This project, it helped me on a personal level. It helped on a personal level whereby, I also managed to be aware of myself, how to react in situations and how to feel in certain way and not let my emotions or thoughts overcome me. (Sizwe)

Sizwe added that during the focus group discussion he had become increasingly aware of his own mental health difficulties, but had learnt about adaptive ways of responding.

So, I found out also I was the one who is suffering from that. But through this programme basically, I also managed to [learn] how to deal with it and also have emotional intelligence of myself. (Sizwe)

Kabelo mentioned that when he started thinking about how he typically reacted to distressing situations he realised that his responses were often not adaptive, especially when he considered how others would typically respond to similar situations:

I was not actually aware up until I sat down and saw that why am I reacting in this manner? Why, if ever now I talk this way, others will react this way but then my reaction is going to be different from the rest? (Kabelo)

4.2.4.3 Sub-theme 3: Social Well-being

Through the process, the participants developed a sense of contributing positively to their community, which is one of the facets of social well-being. They stated that they felt they had assisted their peers by, for example, sharing their knowledge on mental health and pointing them to resources for mental health support.

The members of the young adult group also stated that they had learnt to appreciate the value of encouraging dialogue with people experiencing mental health problems and that they felt proud that they could help others. Their contributions were in the form of continuing to foster awareness of mental health conditions while engaging in discussions on mental health, as can be seen in the following quote:

> *So, for me, since I know like the people who I reached out [to] and managed to get track of their progress, for me it makes me proud that I actually accomplished something that not benefitted myself but someone else. So, for me, this project basically, even though it started as a small group, and little by bit it's still expanding. Because now I know that if I manage to help you… the person now gets more comfortable to come to you and be like "look Sizwe this is what's really happening, so can you please help or assist in a way". So, for me that actually makes me proud.* (Sizwe)

Through their participation in the project the participants developed a sense of responsibility to keep on talking about mental health to positively influence people. They also felt that they were responsible for creating "safe spaces" from which they could talk about such issues.

> *If I can sense that there's an issue of mental health, they don't really understand this, because I have that knowledge, I must be that person to talk at home, at school, in any place that I find myself. I must just talk.* (Mahlatse)

> *I think creating safe spaces within our friendships, our families, our communities. For people to actually like, feel comfortable talking to us about such issues.* (Palesa)

4.2.4.4 Sub-theme 4: Perception of Influence of the Intervention on Peers

In addition to contributing to the participants' own well-being and knowledge acquisition, the project was perceived to have also yielded some benefits to their peers. The young adults mostly observed how their peers at the youth centre had felt supported. They had realised that they were not alone and that they could overcome difficult feelings by talking about them. The young adults' interactions with their peers encouraged the latter to start reflecting on their mental health and the symptoms they were experiencing or had previously experienced.

> *I think they have that sense of they are not alone. They know that there is someone. By you talking to them, they have that thing that, I can go to whoever and talk about one two three four. I am not alone and another person might also be experiencing the same thing. I might think that I am dying. I might think that, you know, whatever problem that I am facing, I am the only one going through it. But through talking, I feel like they have seen that, no, I am not alone in this problem and I can come out from this problem.* (Mahlatse)

> *And also, the people who [we] are like, also, encouraging, or trying to help, I saw a different impact on them, on how now they are, how they are living their lifestyle compared to how they have been*. (Sizwe)

> *Now at least they have [the youth centre] to go to and then if they will come all the time, they know l am going to see tutor so and so. He is going to be nice to me. He is going to actually notice me and ask me and talk to me*. (Mahlatse)

Sizwe stated that conversations with some of his peers at the youth centre had indicated that they were reflecting more on their mental health:

> *Some were like kind of emotional, you see. You find that person now explains that depression is this and this and this. Now the person, now you can see finds out that actually, I thought I wasn't suffering but the way Sizwe is explaining it, I'm also dealing with this thing, you see*. (Sizwe)

4.3 Summary

Four themes were identified from the data. By engaging in discussions on the challenges facing the community, the young adults' understanding of their environment was improved. They were aware of the challenges in their community and identified the prevalence of mental health issues as one of the factors that motivated them to develop an intervention. They spent some time seeking solutions to the mental health challenges and identifying resources and tools to aid in the intervention. Several intervention-related and personal challenges delayed the implementation of the intervention, but they showed resilience as they planned new strategies to overcome previous challenges.

The project was intended to facilitate empowerment. Observations made of the young adults and their reflections suggested that they had indeed experienced the process as empowering. The subthemes that were identified were taken from aspects of psychological empowerment, such as developing a critical awareness of the environment, improvements in perceived competence, gaining confidence and a greater sense of mastery, mobilising individual strengths, and resource mobilisation skills. Their self-confidence also increased, particularly regarding their ability to initiate change in their community. The process enabled them to apply their interpersonal and leadership skills, among other strengths. Empowerment was also seen in their ability to mobilise resources, which was observed throughout the project. The young adults were able to bring stakeholders on board to assist with the intervention, even though numerous challenges were encountered during implementation.

When the young adults reflected on how they and their peers had benefited from the intervention, aspects that were highlighted included knowledge acquisition and positive shifts in their psychological and social well-being. They had gained a better understanding of depression and the impact it can have on an individual's functioning. They reported increased self-awareness, the development of emotion regulation skills, and learning more adaptive ways of responding to distress. They also felt they were making a valuable contribution to society. Their perception of the influence of the intervention on their peers was that they had realised that there were others who cared about them, which had increased their sense of being supported. They had observed some changes in their peers, such as increased openness in communicating their feelings.

4.4 Conclusion

In this chapter, the core findings derived from the data were discussed. Four key themes and sub-themes were identified. The presentation of the themes was based on the participants' process of developing and implementing the intervention, during which they had to overcome many challenges and displayed growing empowerment. The findings of the study as they relate to existing literature and theory will be discussed in the next chapter.

Chapter 5: Discussion, Recommendations, and Conclusions

5.1 Introduction

In this chapter, the findings are discussed in the context of existing literature. The chapter will start by revisiting the research aims and questions set at the start of the research process. The researcher will then provide a summary of the main findings based on the analysis of the data that was gathered. Since reflexivity constitutes an important aspect of AR, the researcher will discuss her positionality and its impact on the research process. To conclude the chapter, some of the strengths and limitations of the study will be discussed and recommendations for further related research will be made.

5.2 Research Aims

The aim of this study was to empower young adults in a disadvantaged community by developing and implementing a peer-led intervention intended to improve their mental health and that of their peers. The researcher wanted to explore how empowerment can be influenced through participation in the development of a peer-led intervention. The following research questions were formulated:

1) How does the process of empowerment unfold through the development and implementation of a peer-led intervention for promoting mental health?

2) What is the value of a peer-led intervention for the mental health of young adults and their peers?

5.3 Summary of Key Findings

The four themes identified in this study were *problem identification*, *developing the intervention*, *process of empowerment,* and *perceived value of intervention*.

The young adult group started the process by identifying existing challenges in the community. They discovered that many of their peers were contending with mental health challenges. Some group members had also experienced mental health challenges, especially depression. Even though many young adults in this community experienced these difficulties, limited resources were available for mental health care. The young adult group reported a shortage of facilities, organisations, and professionals that provide psychological services. The lack of mental health resources was accompanied by a limited understanding of mental

health conditions among community members. The group reported poor mental health literacy, which was evident from the misconceptions that existed about mental health conditions, as well as a lack of knowledge regarding professional services that were available in the community. Stigmatisation also emerged as a key factor and the young adults reported having observed that their peers refrained from seeking help to overcome their mental health challenges because of self-stigmatisation. This was understood as a barrier to mental health help-seeking. The young adult group regarded the above factors as indicative of a need to develop an intervention to promote mental health.

The young adult group decided to focus the intervention on improving mental health literacy and started gathering information on resources that existed in the community that they could share with their peers during the project. They started to plan in-person interventions at schools to teach learners about mental health conditions and inform them about where they could find help. The many challenges experienced during the process of developing the intervention included difficulties with getting stakeholders on board. While planning the intervention, the group had in-person sessions with their peers at the youth centre to share knowledge on depression and the resources available in the community. Engaging with their peers appeared to be emotionally hard as they felt overburdened not only by the problems experienced by their peers, but also by how the interaction made them more aware of their own emotional difficulties. Since the target population was adolescents, the group eventually decided to use the community radio station and media platforms to deliver the intervention intended to improve mental health literacy.

The young adults reported that participation in the project had strengthened their beliefs in their ability to bring about change in the community. They showed appreciation for being able to make a positive contribution to the community by, for example, changing people's attitudes regarding mental health by encouraging continued dialogue on the topic. Although initially they had doubted that they could have any impact, their confidence in their ability to foster change increased while working on the project. They made use of their strengths and skills, which included their existing connections with organisations in the community, interpersonal and leadership skills, and personal relationships with other young adults in the community, including their peers at the youth centre. The young adults' resource mobilisation skills were harnessed in the process. They were able to identify existing resources and to enlist some of them to assist with the intervention. These included community organisations they knew about and were affiliated with, the youth centre, and media platforms that were employed as part of the intervention. The challenges they faced in

activating community resources further empowered the young adults to acknowledge their own strengths and competencies, which led to the decision that they themselves would do the interview at the community radio station and upload the video and documentation on mental health resources on the radio station's Facebook page and on their social media accounts.

The empowerment process contributed to improvement of the young adults' mental health. Their reflections on the project suggested that the process had contributed to the improvement of their mental health, specifically their PWB and SWB. They shared experiences of developing self-awareness and emotion-regulation skills, and the satisfaction of knowing that they were contributing positively to their community. They indicated positive shifts in their mental health literacy. Regarding their perceptions of the value of the project for their peers, the young adults stated that it made their peers feel supported and added that they could also have gained mental health literacy from the information shared on media platforms on mental health and services they could access in the community.

The next section looks at how these findings could be used to answer the research questions and how the findings relate to existing literature and theory.

5.4 Discussion of Findings

5.4.1 How does the process of empowerment unfold through the development and implementation of a peer-led intervention for promoting mental health?

The aim of this study was to empower young adults through the development and implementation of an intervention. The process of empowerment that was observed during the project was initiated by their motivation to participate, which gave rise to their commitment to becoming part of the process. They had experienced mental health challenges and noticed that some of their peers struggled with similar issues. At this point they were in the first stage of the development of their empowerment, referred to as entry (Kieffer, 1984). The current situation in the community and their personal experiences motivated them to participate in this project as they hoped to contribute to some form of societal change.

It is documented in the literature that personal experiences of psychosocial challenges can encourage individuals to volunteer to help others (Crawford & Burns, 2020). Pillay (2022) states, for example, that peer support groups have been formed by individuals who have personally experienced depression, or have a loved one who suffers from depression or has shown suicidal behaviour. Crawford and Burns (2020) explored motivators for participating in a mental health first aid course among nursing students in Australia and found

that personal experiences of mental health difficulties strongly influenced the participants' involvement in the course. They also found that the participants had experienced mental health difficulties for which they could not receive the needed support, and that this had encouraged them to learn more about mental health and improve their own skills in responding to similar challenges in others. These experiences therefore fostered a desire to assist their peers so that they would not have to go through the same experiences.

The young adults who participated in this study also mentioned that helping others with mental health challenges was a strong motivator. The realisation that many young people suffered from mental health conditions had led to their desire to increase knowledge about mental health challenges and the available mental health support resources in their community. Despite being motivated, they did not initially feel that they would be able to develop an intervention for promoting mental health. This stage of their participation in the project was characterised by doubts about their ability to bring about change in their community (Kieffer, 1984).

Problem Identification

The second stage in the developmental model of empowerment is advancement, during which individuals cultivate an awareness of their immediate environment and the broader sociopolitical landscape (Kieffer, 1984). This correlates with the problem identification phase at the beginning of the AR process (A. Burns, 2015; Tetui et al., 2017). In the current study, this phase was characterised by the young adults' engagement in dialogue to identify pressing concerns in their community. They identified four core challenges and then decided on poor mental health literacy as the issue of interest. It is widely documented that mental health interventions in resource-deprived contexts are critical to fostering improved mental health among youth and filling the mental health treatment gap (Coetzer et al., 2022; NDoH, 2023; Pillay, 2022; Puschner et al., 2019). In other words, there is a great need for interventions focused on improving the mental health literacy of young people (Hellström & Beckman, 2021; Kutcher et al., 2016).

After deciding on the focus of their intervention, they collected information on this challenge to prepare a detailed diagnosis (Tetui et al., 2017). The identification of challenges in the community lays the foundation for the **development of a critical awareness** of the environment. Dialogue can foster a critical awareness of the social injustices and inequalities that contribute to societal issues (Campbell & Nhamo-Murire, 2022; Pillay, 2022). As Lardier

et al. (2020) state, such awareness often increases the likelihood that individuals will engage in efforts towards social change.

Duby et al. (2021) highlight the importance of critical awareness of the status quo in fostering a sense of empowerment. They explored the perceptions of South African adolescent girls and young women (15 to 24 years of age) of how participating in a peer-group club intervention aimed at providing education on sexual and reproductive health had benefitted them. Qualitative findings showed that participating in this intervention had fostered a sense of empowerment among the participants. They developed a critical consciousness of power inequities and socially constructed gender norms. Although that study focused on sexual and reproductive health, its findings are comparable to those of the current study. Through the sessions, the young adults sensitised each other about issues that needed to be addressed. This process also required them to reflect on their roles in the community, especially how they could contribute to creating alternatives to the existing status quo. They shared, for example, that they were aware of the extent to which community members were struggling with mental health challenges and were unable to access the help they needed. They also mentioned various challenges faced by the community, including socioeconomic issues and violence that contributed to poor mental health. They then collaborated to identify potential solutions to the highlighted problem. Critical awareness of their environment therefore emerged as another competency they developed. Awareness is an empowering mechanism as it lays the foundation for initiating social change (Lardier et al., 2020).

Action Planning Phase

The problem identification phase was followed by action planning (A. Burns, 2015; Tetui et al., 2017), which involved developing a plan of action for the project and exploring viable solutions (Auriacombe, 2015). While developing the intervention, the young adult group emphasised the importance of fostering mental health literacy in the community since developing a sense of awareness of mental health conditions, how to deal with them, and where to find help can be useful in the promotion of mental health.

The young adults articulated that increased knowledge about mental health conditions goes hand in hand with knowing where to find help. They therefore decided to **explore community resources** that could provide mental health support. They emphasised the need

to identify resources such as churches as these could be sources of support. The young adults approached churches in the community and found two that offered counselling services.

Since mental health literacy includes knowledge of effective self-help initiatives (Bahrami et al., 2019; Madlala et al., 2022), community-based interventions for promoting mental health should also encourage the use of self-help strategies to assist in bridging the treatment gap (Petersen, 2021). During the empowerment sessions, the young adult group identified activities in the community that young people can participate in to promote their well-being. These included the bikers' club, fitness club, sporting activities, and life skills courses. The group discussed how these activities could be helpful to peers who found it difficult to talk about their challenges.

In addition to identifying viable solutions, the development of the intervention involved an exploration and activation of resources. Resource mobilisation is a crucial aspect of the interactional component of psychological empowerment (Zimmerman, 2000). As Malope (2021) states, having increased access to resources and mobilising these in the community fosters a sense of empowerment. **Resource mobilisation** skills were harnessed in the process as the young adults made use of their existing connections with local organisations, schools, and the youth centre to enlist support for the intervention. Their ability to enlist support from various community organisations to assist them with the project was a notable indication of the young adults' resource mobilisation skills. While knowledge of existing resources in the community is empowering, being able to use those resources to encourage change is a crucial indication of a sense of empowerment.

Overcoming Challenges

Peer leaders who are developing and implementing interventions may face many challenges (Frade & Tiroyabone, 2017; Kane et al., 2023). The biggest challenge faced by the young adult group that participated in this study was the delayed implementation of the intervention. On several occasions the organisations that had been invited to assist with the intervention withdrew, citing either resource constraints or unavailability on the proposed dates. There was a constant "back and forth" between the group and the organisations. Other challenges encountered were when the school and the youth centre that had shown interest in hosting the wellness talk for the intervention informed the group that they were no longer available on the dates they had agreed upon. During the initial stage of the project, termed entry in the development of empowerment (Kieffer, 1984), the young adults felt incompetent.

They doubted that they would be able to plan and implement the intervention intended to promote the mental health of their peers, particularly since they themselves were struggling with their own mental health challenges. They revealed clear signs of self-doubt and fear of speaking out about mental health challenges.

However, the young adults remained committed to continuing with the project despite the many obstacles. They realised that they could rely on themselves to carry out their task, which encouraged them to use their own skills to develop and implement the intervention. This point of the project could be regarded as part of the advancement stage as it called for the young adults to act independently and to take charge of the process (Kieffer, 1984). They had to trust that their skills would be sufficient to ensure that they would carry out the project. The **strengths and skills** that the young adults possessed and could draw from during the implementation of the project included interpersonal, leadership, and organisational skills. They were all members of organisations and assumed leadership roles. According to Cherrington (2022), individuals have inherent strengths and capacities to address their challenges and inspire social change. Focusing on strengths rather than on shortcomings can be empowering (Caiels et al., 2021). It suggests that people have capabilities within themselves that can propel them to meet their goals. Mhlongo (2016) characterises this as a strengths-based approach, which lies at the centre of efforts aimed at facilitating youth empowerment.

During the empowerment sessions, the researcher reminded the young adults of the progress they were making despite the many obstacles that delayed the implementation of the intervention. The delays were not viewed as weaknesses, but as opportunities to learn and find feasible solutions. These efforts were intended to foster confidence in their ability to achieve their stated goals.

According to the findings of the study, during this stage, feelings of **competence** were gradually incorporated in their perceptions of themselves. This suggested that their empowerment process was progressing towards the incorporation stage (Kieffer, 1984). They developed a positive perception of themselves as they realised that they could overcome the challenges they faced. Burke et al. (2019) support this view by stating that peer-led group interventions can foster a sense of empowerment through improvements in self-efficacy. The young adults who participated in the project reported that the process had increased their self-efficacy. They initially doubted their ability to make a positive contribution, but as the process unfolded, there was a subjective sense of having the capacity to complete tasks and achieve their set goals despite existing challenges.

The young adults developed **self-confidence** and started believing in their ability to make a positive contribution towards promoting mental health. They also started trusting their own voices and believing that their views mattered. As the project continued, they stated that they felt they could use their voices to advocate for mental health matters, as observed during the interview at the community radio station. They started believing that they could "try to actually assist their peers". Malope (2021) reported similar findings where young adults were involved in an art programme in Mamelodi and stated that they felt increasingly competent to address the challenges they faced. The process diminished their sense of powerlessness and bolstered their confidence in their ability to be agents of change. Duby et al. (2021) agree that there is evidence to suggest that small peer group interventions can have positive effects on self-efficacy. After dealing with various challenges, the group members acknowledged their own capabilities. Their unfavourable encounters with service providers contributed to their empowerment, which led to their decision to develop and implement the intervention by themselves. The intervention they developed will be discussed next.

Implementation

After finding solutions to address the identified issue, the young adult group had to consider ways of delivering the intervention. The intervention they subsequently developed included raising awareness on mental health conditions, directing their peers to resources in the community, and suggesting self-help strategies. They shared information on depression and suicidal behaviour with their peers at the youth centre and on social media platforms. The rationale for using the peer group to share health-promoting information is provided by Campbell and Nhamo-Murire (2022), who state that information is more likely to be heeded and used when it comes from a peer instead of from an adult or professional. The group started having in-person discussions on mental health with their peers at the youth centre and planned to organise presentations at schools. Subsequently, they considered media platforms that would be most likely to reach young people in Mamelodi. Atilola (2016) and Lee et al. (2023) state that media exposure is a crucial source of promoting mental health literacy, especially among young people. This view is supported by various authors who refer to the impact of tools such as broadcast media in imparting useful information to communities (Cocksedge et al., 2019; Mhagama, 2015; Wilkinson, 2015). The young adult group initially recommended the use of social media platforms such as Facebook because "young people are on social media". They decided to distribute the video they had made with information on

mental health and a pamphlet that listed mental health resources on their individual social media pages and the local radio station's Facebook page. They also suggested sharing these resources on their different WhatsApp groups, such as the groups for the community-based organisations they were involved in and the youth centre. They also felt that they should not use only social media platforms, but should broaden their reach by also using broadcast media. The group further decided to arrange to be interviewed at the community radio station, with which they had already established a relationship at the beginning of the process. This, together with sharing posts on social media, would increase the number of people reached in the community.

As shown above, the young adults' empowerment process followed the model described by Kieffer (1984). Their participation was inspired by personal challenges (entry). Initially, they doubted their ability to inspire any form of change, but they were motivated to continue. As project development progressed, they developed a better understanding of their environment (advancement) and a positive perception of themselves (incorporation). During this stage they solidified their perception of themselves as important role players in their community. Although this could not be seen while they were involved in the intervention, it is highly likely that they would have subsequently applied the abilities and knowledge they had acquired in other areas of their lives, such as their careers, which would be the last stage in the development of empowerment, namely, commitment. The process can be expected to continue to unfold.

As discussed in Chapter 2, empowerment theory distinguishes between empowering processes and empowering outcomes (Christens et al., 2013; Zimmerman, 2000). In the current study, empowerment was observed mainly at the individual level. Empowering processes at this level were observed in the young adults' active participation in the development of the intervention. Psychological empowerment is fostered primarily through processes such as participation in community activities and the acquisition of new skills (Zimmerman, 2000). Active participation in project development and implementation characterised the behavioural component of empowerment, also referred to as civic engagement in the literature (Chan & Mak, 2020; Martini et al., 2023). Some of the outcomes of individual empowerment that were observed formed part of the intrapersonal dimension of PE (a shift in perceived competence and gaining confidence and an increased sense of mastery). Other aspects are related to the interactional dimension (critical awareness of the environment and resource mobilisation skills).

Processes at the community level that may have facilitated empowerment included engaging in collective decision making and collaborating to gain access to resources such as local media for the implementation of the intervention. The empowerment outcome was that the group succeeded in gaining access to community resources such as the local radio station. Outcomes at the organisational level could not be studied as the young adults were not participating in the project as members of an organisation.

5.4.2 What is the value of a peer-led intervention for the mental health of young adults and their peers?

Peer-led interventions can yield benefits for peer leaders and recipients (Frade & Tiroyabone, 2017; Kane et al., 2023). Very little research has been done on the experiences and benefits of peer-led interventions for peer leaders, especially in the South African context (Frade & Tiroyabone, 2017). Most studies tend to focus on the outcomes for the recipients of such interventions (Dodd et al., 2022; Frantz, 2015; MacArthur et al., 2015; Shahmanesh et al., 2021; Wade et al., 2022). Although literature on the benefits of peer-led interventions developed in township settings for peer leaders is limited, Chinyama et al. (2020) and Frade and Tiroyabone (2017) are of the opinion that such interventions can be beneficial to peer leaders, and Malope (2021) asserts that participating in collective action with others who share similar interests can be a strategy for improving health.

Improved Knowledge about Mental Health

The young adults who participated in this study reported gains in their mental health literacy and a better understanding of mental health conditions such as depression, as well as its causes, associated risk factors, symptomatology, and where to access professional help. They mentioned that they had learnt that there are many types of depression with different symptoms. They had also learnt how to cope more adaptively. These findings can be compared to those of a study conducted by Frantz (2015), who evaluated the views of 10 peer educators following the implementation of a health education programme in schools in the Western Cape. The results indicated that the peer educators had acquired knowledge that they could then share with their peers outside the school context.

Through the development of the intervention, the young adults corrected some of their misconceptions about mental health, for example, the belief that depression does not affect children and that mental health challenges can be viewed as unreal or imagined owing to the

absence of physical symptoms. Other research also highlights these misconceptions in South African communities and the role that community-based interventions can play in challenging them (Lee et al., 2023; Malope, 2021). The young adults who participated in this study regarded the process as eye-opening as it helped them to discover that mental health conditions do exist.

Previous research (Crawford & Burns, 2020; Hellström & Beckman, 2021) showed that most young people (aged 17 to 25) do not seek professional assistance for their mental health challenges as they generally do not know that help is available and where it can be found. Through the research process, the young adults acquired knowledge about where they could receive mental health support in the community and they could then share this knowledge with their peers. Peer-to-peer programmes can therefore equip young adults with knowledge in the form of informational support (Duby et al., 2021; Geffen et al., 2019; MacArthur et al., 2015; Shahmanesh et al., 2021; Topping, 2022a). This increased access to health-related information can translate to better health outcomes (Malope, 2021).

Developed Psychological Well-being

The young adult group felt that the process had contributed to their psychological and social well-being. Their increased self-awareness and the development of emotion regulation skills were indicators of their improved psychological well-being. The young adults stated that the process had helped to make them aware of their emotional states and taught them how to respond more adaptively when confronted by difficult emotions. This contributed to their personal growth, which is a feature of PWB (as discussed in Chapter 2) (Dayson et al., 2020; Tang et al., 2019). Other research also supports the finding that peer leaders find peer-led interventions to be beneficial for their own personal development (Frade & Tiroyabone, 2017; Malope, 2021).

Similar findings emerged from a study by Chinyama et al. (2020), who explored the strategies used by peer-led groups in secondary schools across the Amathole West Education District in the Eastern Cape to provide psychosocial support. These strategies included peer counselling, circles of friends, referrals, and peer partnerships. The researchers found that emotion regulation can be learnt from peer interactions through sharing experiences and exchanging skills. Similar experiences were observed in the young adult group in the current study. They interacted and discussed their difficulties with each other, shared their experiences, and found that supporting others was “therapeutic” and helped them to manage

their own difficulties. Through their involvement in the project and coping with their own challenges, they were actively contributing to improving themselves.

Malope (2021) looked at the impact of community engagement and support on the mental health of a group of young adults in Mamelodi and found that the participants used the group context to share their mental health challenges as they could relate to each other and be heard without judgement. In contexts of trust such as these, young adults become motivated to find ways to manage or address their challenges as the group provides a supportive and encouraging space. Participating in community-based interventions thus gives individuals opportunities for increased control of their mental health.

Developed Social Well-being

Peer-led interventions can also contribute to the social development of peer leaders (Frade & Tiroyabone, 2017). The young adults who participated in this study collaborated in efforts to promote the well-being of their peers and make a positive contribution in their community, particularly through fostering mental health literacy. This exemplifies one of the dimensions of SWB, social contribution (Keyes, 1998), as discussed in Chapter 2. As Malope (2021) states, active participation in community activities imparts a sense of being valuable to others. The young adults felt that they had made a contribution by discussing mental health with their peers and family members and in other spaces in which they found themselves. One participant mentioned that he takes pride in the fact that his peers now feel more comfortable about coming to him to seek help. The young adults had clearly become instrumental sources of emotional and informational support for their peers.

The Value of the Intervention for Peers

The young adults perceived the intervention to have value for their peers. It is documented in the literature that peer-led interventions can bolster social support to improve mental health, especially in resource-deprived contexts (Bauer et al., 2021; Duby et al., 2021; Puschner et al., 2019). This can occur through the informal friendships that develop during such interventions (Malope, 2021). In peer-to-peer programmes, peers with similar life experiences can provide relational support to each other (Laurenzi et al., 2024). Findings from this study suggest that the intervention facilitated the peers' access to social support in the form of mutually beneficial relationships with the young adults who developed the intervention. Their peers felt that they were not alone and a sense of belonging developed as

they understood that the young adult group was there to support them. This support was not part of the planned project, but became a valuable component of the intervention. The networks that were created between the young adults and their peers can be instrumental in promoting their mental health.

Research has shown that social support is a key determinant of successful behaviour change (Duby et al., 2021; Mo et al., 2022; Topping, 2022a; Wright, 2016). A change in behaviour, for example, adopting health-promoting behaviours such as help-seeking, will contribute to well-being (Duby et al., 2021). In this study, the young adult group observed that their peers at the youth centre appeared to feel more comfortable than previously about approaching them when they needed to talk or required assistance. This increase in help-seeking behaviour was important for the promotion of mental health (Doll et al., 2021; Peña-Sarrionandia et al., 2015).

In addition to the young adults' perceived influence on their peers at the youth centre, there were indications that the resources they posted online may have been seen as valuable by other young people on social media. In response to the video on depression and suicidal behaviour, one person responded by saying, "Some of us need help" (see Appendix A). This comment indicated a need for continued engagement on mental health issues on such platforms and the promotion of mental health literacy. Another comment received in response to the Facebook posts came from a young person in the community who was involved in community upliftment efforts and who stated that she felt that there was value in community efforts to address social issues such as gender-based violence. Her comment suggested that the post had been seen by members of the community who felt that it was important to promote mental health. The posts generated the following statistics: As of 25 March 2024, the video had reached 975 individuals and had 1108 impressions, and 25 post reactions (see Appendix A). The list of resources posted had reached 429 individuals in the community, and had 442 impressions and 21 post reactions, comments, and shares. Although the outcome could not be quantified, this suggests that the intervention may have contributed to community empowerment by increasing health literacy among the young adults' peers who were exposed to the information on this social media platform.

In brief, the findings indicate contributions to the young adults' mental health literacy and their psychological and social well-being. Participation in the project improved the young adults' understanding of depression while also informing them of available mental health resources in the community. The young adults foregrounded the development of self-awareness and emotion regulation skills (PWB). They also mentioned that through their

involvement in the project, they viewed themselves as valuable members of society (SWB). The young adults also perceived the intervention as having been beneficial to their peers as it provided them with information on mental health and available mental health support resources, and social support from the young adults. Although there was limited engagement on the social media platforms where the video and pamphlet were posted, there were suggestions that the posts, which contained information about mental health and available resources, might have been valuable to other young people.

5.5 Reflexivity

Since it is acknowledged that the researcher's understanding of the world and the understanding brought by the participants will inform and challenge each other, there needs to be room for the creation of a shared understanding (Malope, 2021). An appreciation of this intersubjectivity requires continuous self-reflection on the researcher's part to ensure that she does not impose her understanding on the participants. In the same breath, it calls for constant curiosity to engage and truly listen to the participants' perspectives. I had to balance my understanding of what I perceive to be "wrong" in the world with the participants' understanding of what was "wrong" in their current situation and what they wanted at a specific time. All this had to be done while also acknowledging that I was not merely an observer in the process, but also a participant.

Shai (2020) states that the researcher's positionality can affect the development of relationships with the participants and the research process. My own age, race, ethnicity, and life experiences – my positionalities – interacted closely with those of the participants. I was among a group of young Black individuals who resided in a community I had also lived in, and in circumstances to which I could relate. However, had I entered the space as a researcher from elsewhere, the degree to which I was truly one with the group would have been questioned. I had to be aware that although I was around the same age as the participants, shared their racial identity and some experiences of living in the community, I might have been perceived as a professional who has come into the space as an "expert" of some sort. The participants might have viewed me as an "external agent" in their space. This is why, during the introductory meeting, I shared my background with the participants and presented myself not as a qualified psychologist, but as someone undergoing training in the field. I also had to be transparent about my intentions in engaging with them, which I explained as undertaking a research study as part of my training in the field.

Another aspect I was sensitive to in the process of engaging with the participants was my use of language and the degree to which it facilitated or limited open communication. I needed to enter the participants' space in a respectful manner, and language would be one of the determinants of the degree to which this is made possible. I am an isiZulu speaker, but given my exposure to Sesotho, Sepedi, and Setswana while growing up in communities such as Johannesburg South, the North West, and Mamelodi where these languages are commonly spoken, I could easily understand and engage with the participants. Some of the participants were also Nguni speakers, which enabled us to freely engage with each other in the different languages. There was a shared understanding that our communication would not be limited to either English or our home languages, but that a mixture of these would still work. We all communicated either in English or in our home languages. At no point during the interactions were there any suggestions that meaning had been lost in translation. Throughout the engagement, participants felt free to express their opinions and the others listened attentively.

The process revealed the difficulties that can be encountered when developing and implementing community interventions. The numerous adjustments that had to be made and the difficulties the group members experienced with balancing various commitments were extremely challenging, and in most instances, difficult to negotiate. As Akhurst (2022a) states, AR requires persistence, continuous commitment, and motivation. Although I had to bear the deadline for the submission of the study, I had to respect where the participants were and what they were willing to tackle at any given point. I may have expected the project to be concluded towards the end of 2023, but the manner in which the process unfolded dictated otherwise. I was working alongside a group of young adults who also had lives to lead and numerous commitments and personal challenges, and had to accept that social change of any kind is a gradual and intricate process, as confirmed by Campbell and Nhamo-Murire (2022). I also realised that my need for a certain kind of change had to be superseded by the kind of change the participants wanted for the community. Their objectives and goals for the project had to overrule my expectation regarding the kind of impact I hoped the intervention would yield.

Although I spoke about the influence of my personal experiences that could be related to those of the participants, this did not translate to immersing myself in the participants' experiences and becoming emotionally overinvolved. I had to understand what kind of support I could provide to them. At the start of our sessions, there would be a check-in process to gauge where everyone was, which led to a discussion of some common difficulties experienced by the group. However, this space was not used as a form of therapeutic support.

I understood that I was not in a position to offer any kind of psychological support. When there were indications of distress during our discussions, I would ask the participants whether they would like to be directed to resources that could assist and referred them to sources of support such as the South African Depression and Anxiety Group (SADAG), who offered to provide counselling services to participants who may be needing such support.

It was brought to my attention that I could not encourage an empowerment process in others unless I had experienced some form of empowerment. I walked into the gates of the youth centre as someone who has also had some empowering processes. Through some involvement in different communities, I have developed not only a critical awareness of the environment, but the belief that I can play a part in encouraging change. The acquisition of knowledge on existing resources in my community that I could draw from also became an empowering experience. It made me aware of the available resources that can be used to uplift the community. Empowerment to me is a process and not strictly speaking an outcome, and at this point in my life, I am still undergoing my own process of empowerment.

5.6 Strengths of the Study

A few local studies have looked at peer-led interventions developed by and for young adults in disadvantaged communities, but to date very little research has been done on peer-led interventions for mental health promotion in township settings in South Africa. The existing literature on peer-led interventions report mainly on studies conducted in school contexts and on those with a focus on HIV prevention, risky sexual behaviours, and substance abuse (Atujuna et al., 2021; Duby et al., 2021; Pillay, 2022; Shahmanesh et al., 2021). Due to the shortage of mental health resources in low-income communities, more interventions of this nature are needed (Colizzi et al., 2020; NDoH, 2023; Petersen, 2021). This study therefore attempted to add to research on peer-led interventions for the promotion of mental health, developed by and for young adults in disadvantaged settings. Its significance can be placed in the context of limited community interventions to address mental health challenges and the need thereof.

Related to the shortage of studies on peer-led interventions developed by young adults in disadvantaged communities is the lack of research that looks specifically at the processes of empowerment that unfold through such activities in communities. This study explored how the development and implementation of peer-led interventions can impact empowerment among the peer leaders. Findings from the study suggested that participation in peer-led

interventions might contribute to a sense of individual empowerment, especially in contexts that can often be experienced as disempowering, given the social challenges young people face and the limited resources available to them.

Throughout the project, the young adults were motivated. They were committed despite the numerous challenges they faced in its development and implementation. The researcher observed that one of the reasons behind this continued interest was their need to see change in their community. When they joined the project, they were already invested in helping their peers and the broader community to address the issues they faced. The researcher had specified that one of the criteria for participating in the research study was a commitment to uplifting the community and being actively involved in activities aimed at achieving this. This became one of the core strengths of the study as the group of young adults were truly invested in the project. It was also evident from conversations with them that they had an interest in mental health and a passion for helping people with mental health challenges. For example, one of them was planning to start an NPO for mental health promotion in the community. Others were keen to learn more about mental health. This kept them engaged in the process as they also wanted to develop themselves by participating in the project.

The young adults also brought various skills and competencies to the project, which assisted in its execution. For example, they had connections with organisations in the community, relationships with their peers at the youth centre, and interpersonal and leadership skills that could be mobilised in the process.

During the project meetings the young adults were invited to talk about any difficulties they experienced in the community and also with regard to their own mental health, and they felt that they could share their experiences with their peers in the group as it would be confidential. An element of emotional support then emerged in the group, especially when they felt overburdened by commitments and the nature of the project itself that required them to engage in emotional conversations with their peers. Through participating in discussions with peers and working through potential solutions for the mental health challenges faced by young people in their community, a sense of unity and of being supported developed among them.

In interventions involving young people it is important to have a space that can facilitate open, non-judgemental engagement (Ippoliti & L'Engle, 2017; Smith et al., 2018). The use of WhatsApp was an effective alternative means of engagement that suited the needs of the participants. It became a form of psychosocial support for the participants as they could easily

discuss their thoughts, challenges, and any ideas they had with the rest of the group (Atujuna et al., 2021). The space was not inundated with information transmission, but was peer-led and conversational. This was important to ensure that they felt comfortable to share their thoughts and experiences with each other (Atujuna et al., 2021).

One of the participants' discussions on their WhatsApp group was about mental health, specifically the stigmatisation of mental health conditions and the interrogation of the aetiology of mental health conditions. They also shared their understanding of the factors that contribute to depression, including substance use, violence, HIV/AIDS, and difficult childhood experiences (traumatic backgrounds). There was an active process of knowledge transmission within the group. They also shared information on resources in the community with each other and with their peers outside this context.

The young adult group's conversations moved to issues of social injustice and inequality. They discussed the degree to which the right to access mental health care is constrained due to the shortage of mental health services in the community. This suggests that participation in the project generated a vision for a better future or possibilities of a better world that can emerge (Campbell & Nhamo-Murire, 2022). There is still room for social change in the long term, but for the time being, the young adults reportedly derived value from their involvement in the process.

The young adults have established an ongoing support network among themselves and the WhatsApp group has been useful for sharing information on mental health resources, such as workshops and online tools. One of the participants shared links to online resources providing mental health worksheets on various techniques for adaptive coping. She also shared information on SADAG support groups and a survey on EWB, which is one of the components of mental health. Within the group, information-based health promotion efforts continue to be seen. The participants also share information on skills development opportunities, which are often received positively. Occasional messages of support are also exchanged between the group members. They have indicated that they will continue working together and will try to broaden their reach in the community by, for example, engaging various schools on mental health. Their continued commitment to the group is encouraging and presents opportunities for further involvement in community upliftment.

Throughout the research process, the young adults had ownership over the project as they shared their ideas about what they would like to do and how they would do it. This can be viewed as another way of encouraging their empowerment in the process. Their agency

was respected. The researcher's role was mainly to facilitate discussions and encourage and support them, while also maintaining group cohesion.

The researcher and the participants were able to engage and understood each other. There seemed to be no language barriers that hampered self-expression. Related to this, the researcher's familiarity with the context helped her to gain access to the community, which may have facilitated the rapport-building process with the participants and the trust that developed.

5.7 Limitations of the Study

The initial recruitment strategy did not work as planned. Although the participants were recruited through snowball sampling, they were not recruited only through the community radio station as proposed. The recruitment process took close to four months, from December 2022 to April 2023, with fewer than the required number of participants having shown interest. Another avenue of recruitment was then adopted. NGOs in the community were approached to assist with identifying young adults who might be interested in participating in the study. The group of young adults who participated in the present study were recruited through an NGO in Mamelodi West.

The change in the recruitment strategy led to the adjustment to the sample size for the study. The researcher had intended to work with a sample of 10 to 15 young adults, but due to difficulties with recruitment, the sample size was adjusted to seven participants, which still allowed for good interaction and execution of the project (Boddy, 2016; Subedi, 2021).

The young adults had other commitments in addition to their participation in the project and mentioned that starting earlier in the year would have been better as they would have had more time to plan how to balance their commitment to this project with other obligations. For this reason, some project meetings had to be either rescheduled or cancelled as most of them were unable to attend. Some meetings continued in the absence of some of the participants, which may have disadvantaged the study as the participants' views may not have been equally represented. The presence of all group members at all meetings may have provided a better understanding of all their experiences during every phase of the research process. Notwithstanding this limitation, there was continued engagement on the WhatsApp group. The young adults shared regular updates and feedback on the process, which helped with the transmission of information for the project.

Meetings with the young adult group were intended to be both in-person and virtual, on the WhatsApp platform. However, because of connectivity challenges and power outages in times of loadshedding, this was not always possible and the researcher had individual phone calls with the participants. When group meetings were not possible because of the abovementioned challenges, the advantages of group interaction, such as sharing ideas and learning from each other, could not materialise. Despite this, the researcher ensured that everything discussed in the meetings was shared with all the participants on the WhatsApp group. She also updated participants who had missed a meeting at the start of the next meeting they attended.

The project was initiated in the second half of 2023. At this point it proved difficult to find suitable dates for implementing the interventions that were planned at schools in Mamelodi. There were challenges with their availability as learners were either writing examinations or transitioning to a new school term. To further complicate matters, the organisations that were approached were not readily available to assist with the project due to resource constraints. Ideally, the project should have been started with earlier in the year, which would have allowed more time for planning and implementation.

It would have been helpful to have more time to work on the project. The time constraints may have limited the extent to which aspects of the research process could be properly carried out. Therefore, the time available to properly study the process of empowerment and to thoroughly explore the research problem may have been limited.

5.8 Recommendations

The findings of this study support the development of peer-led interventions in disadvantaged communities as a way of empowering youth. Such interventions are also important given the wide mental health treatment gap in the country. There is also a need to address the social determinants of poor mental health, such as unemployment and poverty (Cosgrove et al., 2020; Lund & Cois, 2018). In resource-deprived contexts where individualised interventions are not easily accessible, the focus must be on addressing the social challenges confronting communities.

Interventions that are intended to foster empowerment should ensure that sufficient opportunities are given for participation (Rappaport, 1987). Participants should be encouraged to assume meaningful roles within the group context and be encouraged to use their skills and competencies in the process. This relates to the need for participants to

assume complete ownership of the project. According to Atujuna et al. (2021), this can ensure that the research project is empowering and that participants develop an increased understanding of their positioning and the environment in which they are embedded.

At the start of a process such as this, the participants should have a common understanding of what their goals are for the project. Rappaport (1987) speaks about how participants' conflicting views on the goals of empowerment can confound the outcome. If participants are not on the same page in terms of what they are hoping to accomplish, they will either be working towards different objectives, or the project will not have a clear purpose.

Young adults involved in interventions to improve mental health should be provided with adequate training, resources, and knowledge to make sure that they fully understand the demands of the intervention (Rose-Clarke et al., 2019; Somefun et al., 2021). This will ensure that they feel confident to undertake the intervention. While participating, they also need to have sufficient support, both informational and emotional. For instance, they can be provided with training on how they can take care of their own mental health while helping their peers (Frade & Tiroyabone, 2017; Kane et al., 2023). Learning how to create and maintain healthy boundaries with those they support may also be beneficial. The current study also shows that there could be value in peer counselling training for the young adults as many showed an interest in providing this kind of support to their peers, but were not adequately trained or suited to the task, especially in the initial stages. Professionals can be invited to provide formal training for this purpose.

This study has created opportunities for further studies to explore the impact of interventions led by young adults on their peers' well-being. Since the core focus of the study was the empowerment of the peer leaders through the process of developing the peer-led intervention, there was not as much focus on the extent to which their peers may have benefitted from the process. Although there were indications of this in the discussion, such as increased support experienced by their peers and possible gains in their mental health literacy, future studies could explore specific aspects of mental health that are promoted from peer-led interventions in contexts similar to that of this study. This can also broaden the understanding of the construct of mental health and how it is promoted through peer-led interventions in disadvantaged communities. This research did not aim to study the efficacy of the intervention, but rather, the extent to which the young adults who participated were empowered during the process. An evaluation of the outcome could follow in subsequent studies. Since the young adults have indicated that they would like to continue with the

intervention, future studies may be undertaken to track their process and study other ways in which empowerment developed. This will also assist with gaining a better understanding of empowerment, as it is a process that takes place over an extended period (Rappaport, 1987). This research was conducted with strict time limitations and it is recommended that sufficient time be allowed for similar studies in future on empowerment processes.

During discussions on how the project can be improved, the young adults made several suggestions. They felt that it would be helpful to have a clear schedule outlining when school visits and talks at the youth centre would take place and emphasised the importance of ensuring that the intervention is sustainable. One member mentioned that it important to "plant something that grows", as opposed to implementing the intervention without following up to ensure that those targeted had been empowered. The intervention should leave their peers empowered and keen to continue with the project by themselves. For instance, they emphasised that when they implement the intervention in schools, learners should not wait for the group to return to their school, but should feel empowered to "keep the train moving" by themselves.

5.9 Conclusion

This study explored how empowerment occurred in a group of young adults who were involved in the development and implementation of a peer-led intervention for the promotion of mental health. The study highlighted the process that young adults go through when developing a peer-led intervention while also exploring their experiences. It was suggested that in any community there are likely to be challenges that create a need for some form of change. The problems that were identified in the community in which this research was undertaken motivated the young adults to participate in the project. The challenge that was identified for the purpose of this research was poor mental health literacy in the community. The development of the intervention involved various aspects such as thinking of solutions to address the issue, identifying resources in the community that provide mental health support, and deciding on platforms or tools that would be used in the implementation of the intervention. The young adult group experienced both intervention-related and personal challenges, during which support from group members became particularly important.

The study also explored the young adults' perceptions of the value of the intervention for themselves and their peers. They highlighted shifts that had occurred in two of the components of mental health, namely, psychological and social well-being. The development

of greater self-awareness and emotion regulation skills indicated improvements in their psychological well-being. They felt that they contributed positively to their community, pointing to a dimension of social well-being, that is, social contribution. The perceived influence of the intervention on their peers included the provision of information on mental health and the support their peers felt. Informal friendships and wider networks of support developed between the young adults and their peers. Based on the findings of the study, it was found that empowerment at the individual level can occur through participation in developing a peer-led intervention for mental health promotion. Aspects identified included positive beliefs about competence, a critical awareness of the environment, the identification and use of individual strengths, building confidence and an increasing sense of mastery, and the development of resource mobilisation skills.

This study laid the foundation for future research and discussions on empowerment through peer-led initiatives in resource-deprived contexts. It mainly highlighted the value of empowering youth to become involved in efforts to initiate change. The study hopefully indicated that opportunities do exist for this kind of change to be initiated in communities.

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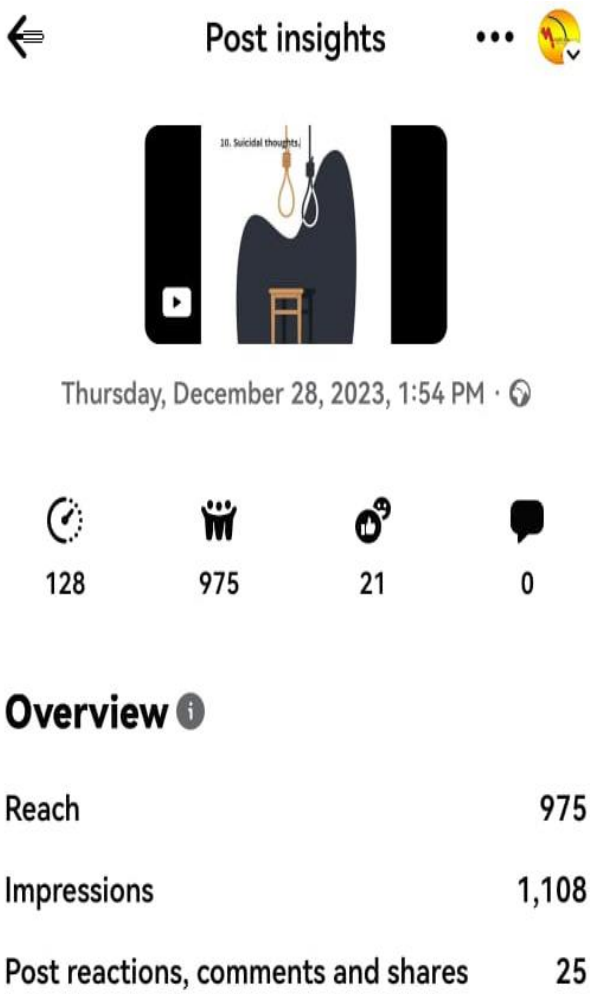
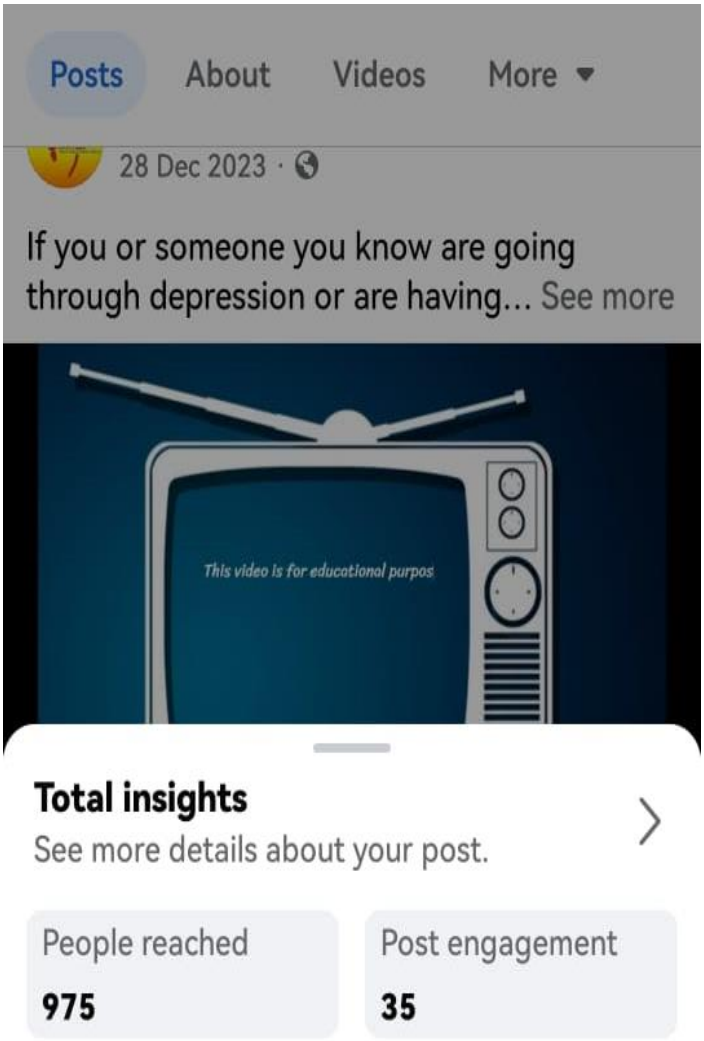
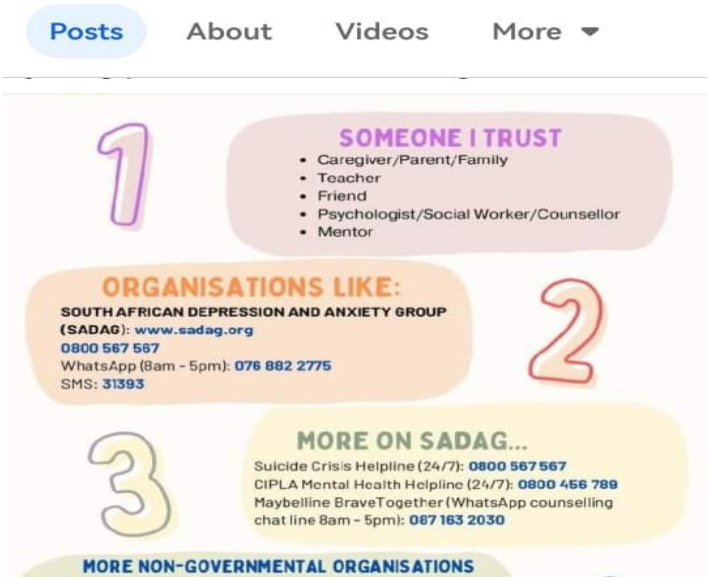
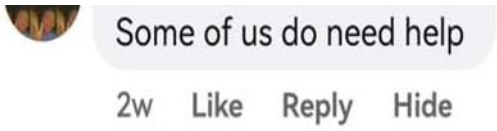
Appendix A: Facebook Post Metrics and Reactions









Hi, hope you well. I am a Finalist for Miss Remarkable South Africa 2023/24 and it is a pageant that advocates for GBV, MENTAL HEALTH AND BULLYING. It empowers us to raise awareness and be change makers in our communities. It strives in creating a sisterhood for us and empowers us to give back to our communities.

bullying, gbv and many more. I would love to work with our local organization to address people and to also volunteer my time where needed. Thank you andalways remember that Kindness is Free.

429 14 5 2

Overview

Reach	429
Impressions	442
Post reactions, comments and shares	21
Total clicks	26

Post reactions, comments and shares

11	3	0	0	0	0

Reactions	14
Comments	5
Shares	2

Appendix B: Informed Consent Form

Empowering young adults in Mamelodi to improve mental health for themselves and their peers

WRITTEN CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (**participant name**), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and risks of participation.

STATEMENT	AGREE	DISAGREE	NOT APPLICABLE
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without any consequences or penalties.			
I understand that information collected during the study will not be linked to my identity and I give permission to the researchers of this study to access the information.			
I understand that this study has been reviewed by, and received ethics clearance from Research Ethics Committee Faculty of Humanities of the University of Pretoria.			
I understand who will have access to personal information and how the information will be stored with a clear understanding that I will not be linked to the information in any way.			
I understand how this study will be written up and published.			
I understand how to raise a concern or make a complaint.			
I consent to being audio recorded if needed.			
I consent that my contribution can be used in research outputs such as publication of articles, thesis and conferences as long as my identity is protected.			
I give permission to be quoted directly in the research publication whilst remaining anonymous.			
I give permission that the data can be used for future research.			
I have sufficient opportunity to ask questions and I agree to take part in the above study.			

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

Departmental Research Committee (ResCom)
University of Pretoria, Faculty of Humanities, Department of Psychology
Humanities Building, Lynnwood Road, Hatfield, 0083, South Africa
Private Bag X20, Hatfield 0028, South Africa
Email: psychology.rescom@up.ac.za
Website: www.up.ac.za/psychology

Fakulteit Geesteswetenskappe
Departement Sielkunde
Lefapha la Bomotho
Kgoro ya Saekolotši

Appendix C: Participant Information Sheet

PARTICIPANT INFORMATION SHEET

EMPOWERING YOUNG ADULTS IN MAMELODI TO IMPROVE EMOTIONAL WELLBEING FOR THEMSELVES AND THEIR PEERS

Hello, my name is Nqobile Hadebe. I am currently a Master's student at the Faculty of Humanities, University of Pretoria. You are being invited to take part in my research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take some time to read the following information carefully, which will explain the details of this research project. Please feel free to ask the researcher if there is anything that is not clear or if you need more information.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to empower young adults in a township setting through the development and implementation of an intervention that will improve the emotional wellbeing of their peers. In South Africa, there are limited mental health resources in settings such as townships; therefore, it is important that interventions are developed in these contexts in order to improve wellbeing in the community.

WHY HAVE YOU BEEN INVITED TO PARTICIPATE?

- You will be invited to participate because you are a youth leader with a passion to uplift your community.
- You also meet the following inclusion criteria:
  - You are between 18 and 34 years of age.
  - You live in Mamelodi.
  - You have completed matric.
- You will be excluded if you are still in school and if you do not permanently live in Mamelodi.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

- You are kindly asked to attend a small group meeting with four other participants to discuss the study and sign the consent form.
- After this small group meeting, you are requested to participate in 10 project meetings in the course of the study, held twice a month at the community radio station, Mams Radio. The sessions will be 90 minutes to two hours long and will take the form of small group meetings with other youth leaders where you will discuss your progress with the intervention, the challenges you are experiencing, and the outcomes you anticipate from the project.

Departmental Research Committee (ResCom)
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Website: www.up.ac.za/psychology

Fakulteit Geesteswetenskappe
Departement Sielkunde
Lefapha la Bomotho
Kgoro ya Saekolotši

- In the first project meeting, you will decide on a community issue you wish to address with your fellow youth leaders. You will also work on a project plan for the intervention you want to implement. Together with the researcher, you will also have to think of resources in the community that you can use to help you with the intervention.
- When the intervention is underway, there will be a focus group discussion with your fellow peer leaders to share your experiences during the implementation of the intervention and how this has impacted on your own emotional wellbeing. You will also be asked to share how you think the process can be improved.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason. If you decide not to take part in the study, there will not be any negative consequences or penalties.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER BE KEPT CONFIDENTIAL?

- We will assure confidentiality of your information. At the start of the group sessions, there will be ground rules for interaction, one of which is that no personal information can be discussed outside the group. You can also decide what you want to share in the group.
- In research notes and documents, you will be assigned a name that is different from your actual name.
- Only the researcher and her supervisor will have access to your personal information. This information will be kept confidential, unless the researcher has to refer you for purposes of promoting your wellbeing, such as in cases of abuse and suicide risk.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

- You will benefit personally from the study through developing and implementing an intervention that can promote your emotional wellbeing. Through this process, you will also help your peers to improve their emotional wellbeing. This study will therefore enable you to facilitate wellbeing in your community and in yourself.
- Through sharing your experiences in the course of developing and implementing the intervention, you will also be contributing knowledge on how empowerment in community settings can occur. This can then be used to help in the future development of interventions that can also be empowering to participants.

WHAT ARE THE ANTICIPATED RISKS FROM TAKING PART IN THIS STUDY?

- There are no significant risks anticipated from taking part in this study. However, it might be difficult for you to share some of the challenges you experience as a young adult in the community. Should you experience any distress in the process, you will be referred for professional help.

WHAT WILL HAPPEN IN THE UNLIKELY EVENT THAT SOME FORM OF DISCOMFORT OCCUR AS A RESULT OF TAKING PART IN THIS RESEARCH STUDY?

- Should you experience distress as a result of participating in the study, you will be referred to the South African Depression and Anxiety Group (SADAG) for psychological assistance. Tel: 0800 456 789 (24-hour toll-free line); WhatsApp: 087 163 2030 (Chat Line).

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

- Participant information in hard copies of raw data will be locked in the cabinet and electronic data will be kept in a file that is password protected in the Department of Psychology.
- Electronic information will be stored for a period of 10 years without any identifying details. The stored data may be used in future research but will be subject to further Research Ethics Review and approval.

WHAT WILL THE RESEARCH DATA BE USED FOR?

- The information obtained from the participants will be used to improve the process of developing and implementing community-based peer-led interventions to empower participants. From the experiences you share, such as the challenges you experienced in the process, we will know how we can improve the process or at least have ways to provide the needed support to others who may be undergoing a similar process.
- It may also be used to publish academic papers, including a dissertation, an article publication, and national and international conference presentations.

WILL I BE PAID TO TAKE PART IN THIS STUDY?

- You will not be paid to take part in the study. However, refreshments will be provided at the group sessions.
- Should you have to travel to the station for the group sessions, your travel expenses will be paid. Therefore, there will be no costs involved for you to take part in this study.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Committee of the Faculty of Humanities, University of Pretoria. Ethical approval number is HUM010/0922. A copy of the approval letter can be provided to you on request.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

The findings of the research study will be shared with you by the researcher, Nqobile Hadebe, after one year of completing the study.

WHO SHOULD I CONTACT IF I HAVE CONCERN, COMPLAINT OR ANYTHING I SHOULD KNOW ABOUT THE STUDY?

If you have questions about this study or you have experienced adverse effects as a result of participating in this study, you may contact the researcher whose contact information is provided below. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher, please contact the supervisor whose contact details are below.

Thank you for taking time to read this information sheet and in advance for participating in this study.

Researcher
Name: Nqobile Hadebe
Contact number: [redacted]
Supervisor
Name: Prof. Maretha Visser
Contact number: [redacted]

Appendix D: Ethical Clearance

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Humanities 100. Since 1919

10 November 2022

Dear Ms NN Hadebe

Project Title:	Empowering young adults in Mamelodi to improve emotional wellbeing for themselves and their peers
Researcher:	Ms NN Hadebe
Supervisor(s):	Prof MJ Visser
Department:	Psychology
Reference number:	17072019 (HUM010/0922)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 10 November 2022. 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

Room 7-27, Humanities Building, University of Pretoria, Private Bag X20, Hatfield 0028, South Africa
Tel +27 (0)12 420 4853| Fax +27 (0)12 420 4501|Email pghumanities@up.ac.za | www.up.ac.za/faculty-of-humanities

Appendix E: Project Meeting Guide

Project Meetings Structure and Logistics

Frequency: Bi-monthly

Duration: 90 minutes to 2 hours

Structure of sessions and areas covered:

Session 1:	**Introduction to the study and signing of consent forms.** Held separately with three groups comprising five participants each. The sessions will be held on the same day, at different times with each of the groups. They will be held at Mams Radio. Participants would have been contacted prior to check whether they are able to present to the station at the times available.
Areas covered:	Discussion of the study. Consent process.
Session 2:	**Problem identification**
Areas covered:	Introduction of ground rules for interaction (e.g., respect and confidentiality). Participants (all peer leaders) decide on a community issue they want to address. The researcher encourages the participants to clearly define the problem.
Session 3:	**Problem exploration**
Areas covered:	The participants discuss how they intend to address the identified problem. Brainstorm practical/feasible solution(s). Outline options available. Participants are encouraged to think over the solution(s) suggested. Discussion of potential resources to draw from for the intervention.
Session 4:	**Action plan**
Areas covered:	Development of project plan for the intervention. Consider how they will reach their peers when implementing the intervention.
Session 5:	**Implementation**
Areas covered:	Discussion on implementation of intervention. Opportunities and obstacles encountered.
Session 6:	**Implementation**

Areas covered:	Discussion of implementation of interventions. Opportunities and obstacles encountered.

Session 7:	**Follow-up**
Areas covered:	What has been achieved thus far? What are the obstacles? Revisit project plan and consider progress on objectives. Share experiences thus far. Reflect on anticipated outcomes (in view of the interactions they are currently having with their peers).

Session 8:	**Progress Review**
Areas covered:	What has been achieved thus far? What are the obstacles? Revisit project plan and consider progress on objectives. Share experiences thus far. Reflect on anticipated outcomes (in view of the interactions they are currently having with their peers).

Session 9:	**Progress Review**
Areas covered:	What has been achieved thus far? What are the obstacles? Revisit project plan and consider progress on objectives. Share experiences thus far. Reflect on anticipated outcomes (in view of the interactions they are currently having with their peers).

Session 10:	**Reflections on process**

Appendix F: Focus Group Discussion Guide

Focus Group Discussion Guide

Research study title: Empowerment of young adults in a disadvantaged community to improve mental health among their peers

Consent Process

The participants will have signed the consent forms for participating in the focus group discussion, in advance. At the start of the session, the participants will be informed that the session will be audio-recorded, but their actual names will not be used in the transcripts. They will be informed that focus will be on 'what' was said, and not on 'who' said it when transcribing the session.

Introduction

1. Welcome

The researcher will greet the participants and welcome them to the focus group discussion. The participants will be thanked for agreeing to participate in the focus group discussion. They will be asked if they foresee any challenges in the facilitation of the meeting The sign-in sheet will be circulated to mark the presence of the participants.

2. Explanation of the process

The researcher will ask the group if they have participated in a focus group before. They will then be informed about focus groups. The information that will be shared in this regard includes:

<u>The focus group is intended to:</u>

- Determine how they experienced the process of developing and implementing the interventions.
- Determine the effect of the process on their emotional well-being and that of their peers.

<u>Logistics</u>

- The focus group will take about 90 minutes to two hours.
- Participants will be informed about where they can find amenities and the exit.
- They will be told they can help themselves to refreshments.

3. Ground Rules

Prior to suggesting some ground rules for the interaction, the group will be invited to share some group rules. After they have brainstormed, the researcher will ensure that the following are on the list (written on a white board).

- Respect each other and the views shared.
- Participate and share their views.
- There are no right or wrong answers.
- Information provided in the focus group must be kept confidential.
- Keep conversation within the group and to not have side conversations.
- Turn off cell phones or put them on silent, if possible
- Enjoy the interaction.

Discussion

The participants will be given enough time to respond to the questions. The researcher will not move too quickly from one question to the next. When repetitive information starts emerging, the researcher will move on to the next question.

Questions

1. How did you experience the process of developing the intervention?
2. What were the main challenges you experienced?
3. How did the young people of Mamelodi benefit from the intervention?
4. What have you learnt/gained from developing the intervention?
5. How did it influence your own well-being?
6. How do you think the process can be improved?
7. What resources did you find useful while developing and implementing the intervention?
8. How do you think you can use the lessons you learnt/skills developed in the future?

Themes for Discussion

- Experiences
- Challenges/obstacles encountered
- Perceived benefits of the intervention
- Skills developed and lessons learnt

- Perceived influence on well-being
- Improvements to the process

Materials and supplies for the focus group discussion

- Sign-in sheet for attendance
- Note pads & pens for each participant
- Focus group discussion guide for facilitator
- 1 audio-recording device
- Notebook
- Refreshments

Conclusion:

At the end of the focus group session, the researcher will thank the participants for coming and sharing their thoughts and opinions. The participants will be invited to share any final reflections and questions.

Appendix G: Request for Permission to Recruit Participants

6 September 2022

Dear [redacted]

Re: Permission to recruit participants for research study through Mams Radio

I am Nqobile Hadebe, a Master's in Clinical Psychology student at the University of Pretoria. I am writing this letter to seek permission to use Mams Radio for recruiting participants for my research study.

The tile of the study is "Empowering young adults in Mamelodi to develop an intervention to improve emotional wellbeing among their peers". My study will be based in Mamelodi, and it is intended to empower young adults in the community through the development of an intervention, by the young adults themselves. It is intended that the intervention will capacitate the young adults who develop the intervention and in so doing, empower their peers.

I would greatly appreciate the opportunity to recruit the participants through on-air announcements and promos. The participants who will be invited to participate in the study are self-identified youth leaders between 18 and 34 years of age who have completed their secondary schooling, permanently reside in Mamelodi, and have a passion for uplifting other young people in the community. I would also like to kindly ask that the participants who respond positively to the request to participate in the study leave their contact details with the station so that I can make further contact with them. As the community radio station is a core resource in Mamelodi, I would also like to request that you allow the participants to employ the station as part of their intervention, should they identify it as one of the resources in the community which they can use in empowering their peers.

I will greatly appreciate your assistance in this regard.

Below are my contact details along with those of my supervisor, Prof. Visser, should you wish to contact us for more information regarding the study.

Appendix H: Permission to Recruit Participants through Radio Station

Re: Permission to recruit participants through Mams Radio

This letter serves to confirm that Mams Radio 92.9, a community radio station in Mamelodi East, Pretoria, grants Ms Nqobile Hadebe, MA student from the University of Pretoria, the permission to recruit participants for her research study through the station in the manner of radio promos and on- air announcements inviting interested members of the community to partake in the said study.

The participants who show interest in the study can also leave their contact details at the station for her to make contact with them.

[redacted]
Studio Manager
[redacted]

Appendix I: Approval for Providing Psychological Support Services

THE SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP
NPO 013-085 Reg. No. 2000/025903/08
P O Box 652548 Benmore 2010
Tel: +27 11 234 4370
Fax: +27 11 262 6350
www.sadag.org

14 October 2022

To whom it may concern:

I am pleased to confirm that **The South African Depression and Anxiety Group (SADAG), NPO 013-085 Reg. No. 2000/025903/08**, is approving the use of the following Helpline numbers 0800 456 789 (24-hour toll-free line), WhatsApp 087 163 2030 (WhatsApp Chat Line), to be included in **Nqobile Hadebe's** referral list for her research academic work.

If you have any questions, please feel free to reach out to me on projects@anxiety.org.za

Yours sincerely,

[redacted]

14 October 2022

Appendix J: Example of Data Familiarisation

Nqobile: Okay, we are all good with that. I think then at this stage, maybe the conversation can also just go to us thinking about resources that we can tap into, that we can access to help us with this project. 'Cause we need to have a clear sense of who do we speak to, who, where can we go, you know, to get this moving. It's good that we are talking about these things, but what other help can we enlist, what resources can we use in the process. Something Sizwe mentioned the last time we met was, for example, social media, especially because we are working with young people. And that's where most of their lives are, so I just want to hear how you see that suggestion and if maybe that's one of the things we can use.

Social media as a resource

Lerato: Yeah.

Palesa: That's great. I was just saying that's great because I think it's going to reach a lot of people if we use social media other than word of mouth because, yeah, a lot of teens are on social media. So yeah, that's a good idea.

Social media instead of word of mouth as it will reach a lot of teens

Mahlatse: Me I wanted to say that the sense of an awareness within the community. We, we most of the time talk about depression and everything, but not a lot of people really understand. Like, what is it? And also, when we don't really understand it, we will not know where to go as well for it. We don't know what they are feeling. Someone like your friend could say, a person is like I want to kill myself, and you are like, are you fine? Like, I am fine. So, they, maybe they are not aware of their state or maybe they are, but they also don't know how to reach out. So maybe if we can have in one of our things, or yeah plans, a sense of understand-, getting out there, letting people know this thing is this, it can happen to anybody. And, we can actually also give examples of TV shows, like do you remember so and so so that because even media they are trying to bring these topics out but we are observing it as if it's a Lehasa thing. Lehasa is like this, or whoever is like this. And then once we observe it in the media we sort of like close our books, forget about it.

Improving sense of awareness in the community

Not a lot of people really understand what depression is. Not understanding means you will not know where to go

Depression can happen to anybody

Media as a resource

We forget that even me, I might have been like this, like this person that they are portraying. You know in TV most of the time they portray a lot of GBVs a lot of times and then we observe observe observe then it ends there. But I know, 'cause at the end they'll tell you, they'll write numbers like SADAG. If they are trying to portray something about depression, they will put SADAG and all the other things. If it's gender-based they'll put your POWA and all of those things to show that okay, this situation is not right, this is who you contact. So with us as well we need to get to a point whereby we just talk to the people and tell them this is this. Depression you can also get it as you are young. That is what I was saying in the voice note that our parents as well, not all of our parents are that understanding. As a young child, what are you depressed

Young people can also get depression

Parents do not always understand, they think children cannot have depression

Appendix K: Open Coding

Extracts coded in blue – Challenges identified that motivated need for intervention

Data extract	Coded for
A lot of teenagers are actually going to a lot but they are afraid to come up. (Koketso) Almost 10 people who I know that they are going through some kind of a depression or are going through depression, anxiety, and they couldn't go through like therapy sessions and stuff like that. (Koketso) There are young people who are struggling with mental health as I've mentioned. (Koketso) I have some few learners who are actually suffering from this thing. (Kabelo) They are going through these things each and every day. Even now they are going through that. (Kabelo) There are students who are going through a lot. (Koketso) Our community are suffering, and brutally so, to be quite honest. (Kabelo) Adolescents are also being affected by the parents, also being affected by the community, they are also being affected by their own peers. (Mahlatse)	1. Many young people are struggling with mental health challenges 2. They are experiencing challenges on a daily basis
But then, the children never get in there because of that stigma facing them and everything. (Kabelo) A young child wants to see a social worker and they usually they can't say that I have this problem. (Sizwe) Most of the kids at school neh, they like that, okay me I'm okay knowing very deep down that when they get home, like especially in their comfort zone, and maybe in their room, they'll be like no. (Sizwe) Teenagers mostly who are actually going through a lot but they are afraid to come up and like consult with professionals. (Koketso) A person might act happy and all that, but when they get home, that person is sad, back to their depression place or whatever. (Lerato)	1. Young people afraid of asking for help. 2. Young people afraid of saying they are not okay.

Remember that mental health is not something which is closed, but it's something which is broad. The cause of them it's drugs, sexual things, teenage pregnancy, HIV/AIDS, and all sorts. (Koketso) Cause then after talking about such things, maybe if they can also assist in this programme, specifically on the line of depression and other things that are closely related. (Mahlatse) Sometimes depression can lead to suicide. (Sizwe) Suicide and depression they are related to each other. (Mahlatse) Some people, their depression is linked to being abused. (Mahlatse)	1. Problems related to depression. 2. Problems related to mental health of young people. 3. Awareness of challenges
Not all our parents are that understanding. As a young child, what are you depressed about? (Mahlatse) We are going through a lot and we are still young. (Koketso) Depression you can also get it as you are young. (Mahlatse)	1. There's a misconception that young people cannot have depression. 2. Young people are going through a lot as young as they are.
Most of the time we talk about depression and everything, but not a lot of people really understand. (Mahlatse) So I've learnt, myself, I've also learnt, cause to me, I didn't really believe that like mental health illness, it's like, it's a real thing 'cause it never happened to me. So obviously if something never happened to you, like you are most likely to judge like, a person who has that thing. (Lerato)	1. People do not understand depression. 2. Mental health issues are real 3. Mental health issues can affect anybody
So the people around that area there, they have basically help. I don't think they know about it. (Mahlatse) When we don't really understand it, we will not know where to go. (Mahlatse)	1. People don't know where to go for help. 2. People do not know about available help.
We spoke about [a] lack of psychologists and the only place that's there is [local clinic Y]. (Mahlatse) Those people are not, there's none of them like with mental health, so that's why even when I started the organisation, I just figured out what can I do like, I saw that, okay, fine, I know	Lack of local resources in the community for mental health

different stakeholders, but none of them is actually focusing on mental issues. So that's why I decided to start with dealing with mental issues of young people. So yes, there's no one. Mostly, it's […] dealing with drug abuse and substance abuse and then the rest are dealing with teenage pregnancy. (Koketso)	

Extracts coded in red – Intervention-related

Data extract	Coded for
I think maybe they could get psychological education on how to dealing with such matters. (Koketso) I also support the fact that we should educate them more about mental health. (Sizwe) Me I wanted to say that the sense of awareness within the community. So maybe if we can have in one of our things, or yeah plans, a sense of understand-, getting out there, letting people know this thing is this, it can happen to anybody. (Mahlatse) So yeah, the sense of awareness to people even on social media 'cause we are going to use social media. Let's get to the point that this is depression and it can happen to anybody. (Mahlatse) What kind of knowledge do you have about it? We will gather data from different people, their views. (Sizwe)	1. There is a need to educate people about mental health. 2. There is a need for mental health awareness.
Personally, I've worked with different stakeholders, we can actually like bring them in. (Koketso) With them, it's a good organisation to keep very close by because they are in touch with other organisations. (Mahlatse) They seem to have a lot of connections. I've been seeing [organisation] in different spaces. (Mahlatse) Also with [organisation], they overheard me speaking to them, so they also said they are interested to be part of this. (Sizwe) I think for [organisation A] and [organisation B], I think for them it might be easy for us to get in touch if we use the connection with [the youth centre]. (Sizwe) I was just saying, through the resources of [the youth centre], we can use them to grab those learners so that they could come. (Koketso)	1. Involving different stakeholders 2. Building relationships with stakeholders

For me, [the local radio station], it's something that we need to actually develop a good relationship with them so that we can keep on going there again. (Mahlatse) Maybe we can ask [national organisation] for such a relationship. (Mahlatse) If those organisations can help us with small group discussions, or they offer therapy as well. Like group therapy, that would also be nice. (Mahlatse)	
I think maybe we can come up with a solution. (Koketso) We are here to repair, I believe. (Kabelo) My organisation it's actually like trying to find solutions. It's the same, it's the same thing as we are doing here. Like trying to find solutions on how to help young people in dealing with depression, anxiety, and all sorts of afflictions. (Koketso) We should look on how we can overcome the certain problem that we are facing. (Lerato) But we have to look to a place where we find solution for that thing, do you get what I'm trying to say? 'Cause yeah, it's easy for us to say, a person will act like this and that and that but we are not bringing any solution to that, so that's our work to do solution for, like to have a solution for that thing. (Lerato) We could maybe, what can I say, have suggestions or solutions that can help who have depression, you know 'cause if we are saying that, okay, okay our main target is high school kids who are depressed and all that but the point is, how are we going to help them? How are we having impact on their life? How are we changing whatever that is happening in their lives? (Lerato) They could maybe get help and get out of that, that situation (Koketso) So I think for this thing that you tell us like the guidelines to say okay it let's say okay, one person comes with a situation like this, maybe this is how to approach it and able to help the person. (Sizwe) I want to see that kind of a change happening in our community. (Kabelo) Because of, I believe that cutting off a tree does not solve the problem but then actually reaping it off from the roots. We will never find that tree again. (Kabelo)	1. Finding solutions to problems 2. How to help people

We are the ones who are supposed to show that no man, as much as you are going through this, at least this is the way in which you can better the situation. (Kabelo) I believe that the main core of, the reason why we started this was actually for us to actually intervene. I believe that has been our vision from the get-go. (Kabelo)	
So what we have to do now is to think of things that are, like as you said, that having an active life, you know, having an active life, attending like at any organisation and do whatever it can like easily help you to get like, to get rid of depression. (Lerato) But having a social life can even help to improve people who have depression. Not a social life, but an active life, like helping the community and doing all that. (Lerato). When we go to schools, when we go there tell whatever, maybe step into the self-help part whereby we ask them to also form their own mental group whereby they have those exercise time. Say, no guys, start an exercise club, start a yoga club, start a talk whereby you have a 15-minute debating session or just a talk how you are doing session. Let's have those initiatives at school. (Mahlatse) And then I also looked into activities that you can do like your bikers' club, your fitness club, and I also realised that there's literally a lot of those places where you just meet and then read a book and we play soccer. So I thought maybe those are good places as well because you are going through something, you are not ready to talk about it. Maybe if you are surrounded by people doing something that you kind of love, it will sort of lighten up the load as well. (Mahlatse) I think maybe if they cannot reach out to, to a mental health institution, maybe we could bring mental institution to them. (Koketso)	1. Things people can do to help themselves 2. Things young people can do instead of waiting for government
I think it's best if we also speak about consistency. We must also, what can I say? Even when we are not there at least they have their own sessions. But then there'll be someone who'll be supervising like an L.O teacher maybe during those kinds of free periods that at least, okay we are having our own group during that period, or their free period they meet and they have those engagements so that even when we are not there, it is such that the session also, what does it do, it continues on their side. (Kabelo)	1. Leave them with something from the intervention. 2. Continue with the intervention

The aim behind is not what you want to do, but you want to plant something that grows. So I'm saying that maybe going there once a month or twice a month, that will be great. And we can do a routine among us. (Lerato) So when we go to the schools and talk, let's not just talk, talk, and then go, come back two months later, talk. Leave them with something that they can start by themselves and then that's where the self-help thing comes in. (Mahlatse) Yes, it will be that one day talk, but then to us, it must be a launch. To say that as much as we'll be doing it in the school, whenever they are having that pressure or need to actually come and actually try to find solutions in their lives or in their journeys, they must actually direct themselves here...That way we can be able to keep it, keep the train moving without waiting for us to come back after three months to talk to them because we must understand they are going through these things each and every day. (Kabelo) Maybe like constantly, something that we continue doing throughout the whole year. (Sizwe) We must be ready for this year guys. We must like put more impact. (Lerato)	
So, I was just doing research on what things churches do. And then, I didn't find much but I found organisations that are linked somehow. (Mahlatse) Did we ever think about churches? Because churches, one of the priorities is to help with, they call them lay counsellors so maybe we can just put it upon ourselves to figure out the churches that are around here, what are the services that they can offer for free. (Mahlatse) We should take it upon ourselves to research those churches. (Mahlatse) I've met two churches. I haven't gone to all the churches 'cause there's so many. Two churches say that they provide those services. They can come for counselling one-on-one and everything. (Mahlatse) I just remembered, there's this thing at town whereby they offer free counselling. (Koketso) They are having social workers right now whom are currently deployed in some of the schools in Mamelodi. (Kabelo)	Finding resources in the community that can help

I believe that this project it's also, it's only about changing the situation into a better situation. (Kabelo) We can become the connection between the young people and the community at large and also these organisations. (Kabelo) Before the children start writing, they really need that kind of a talk to happen…It is there to assist. (Kabelo) It is important for that kind of a talk to happen. Since well it must prepare them when they go, when they come back to go write they will know what state they will be writing in. Because of, it's important, if ever their state is not right, it's going to actually become detrimental even to their results. (Kabelo) We are going to the festive season and if we are looking at the children here that is our target audience, some of them come here to, it's an escape for them from some other problem at home. So they are not necessarily dealing with the problem at home. They come here just to escape. So if we can have such an event, it will also help them to sort of try and figure out how to deal with it 'cause now it's going to be them and the family or them and that problem every day and [the youth centre] will not be there to form an escape. (Mahlatse) So this whole process neh, like the way we have managed to help people like, to go to [local radio station], and those who posted on social media, it has really helped a lot for, like, the Mamelodi people. (Lerato) They themselves, they will understand the importance of engaging one another, assisting one another and everything. (Kabelo) You as a parent support this person in this manner. You as a community, support this person in this manner. You as peers, support this person in this manner. (Mahlatse) It started as in like, okay, I want to find out more, how do you know? They actually started being like, some were like kind of emotional you see. You find that person now explains that depression is this and this and this. Now the person, now you can see finds out that actually, I thought I wasn't suffering but the way Sizwe is explaining it, I'm also dealing with this thing, you see. (Sizwe) The people who are like, also encouraging, or trying to help, I saw a different impact on them on how they are, how they are living their lifestyle compared to how they have been. (Sizwe)	1. How the intervention can assist 2. How support can be provided 3. Perceived benefits of intervention

I feel like this project we have been dealing with has been a big benefit to my community because at my community, we are experiencing a lot of gender-based violence on a daily basis. (Tumelo) I think they have that thing of, a sense of, they are not alone. They know that there is someone. By you talking to them, they have that thing that, I can go to whoever and talk about one two three. I am not alone and another person might also be experiencing the same thing. (Mahlatse)	
I think that in order for us, like for the social media to be really really successful, we need to also influence people like personally that okay sharp, this is what we have and then now, also if you need more information okay and we are not around, here is a Facebook page or our Instagram page you can visit, it's for free. (Sizwe) Also talks will help. (Lerato) And media again, we have a relationship with, what is it, [local radio station]. Let's talk there as well. So it shouldn't just be Facebook. (Mahlatse) We can also use WhatsApp, I think. After that maybe create a poster and share it with our church members because there are kids at church confirmation class, youth kids. (Palesa) Instead of starting to social media straight, like we should have influence on people personally because I know that my relationship with the learners here is very strong. Cause most of them they prefer that I come to them. (Sizwe) I think it's going to reach a lot of people if we use social media other than word of mouth because, yeah, a lot of teens are on social media. (Palesa) On my side, I'm basically suggesting that as much as we know that the children, as in, we'll be dealing with actually members of the community, but in dominance it will be young people. So we must actually be aware of how do we find young people first of all. Young people they are full in social media. (Kabelo) Social media has too much of an influence on young people nowadays. That can be at least one of the ways to draw them closer. (Kabelo)	1. What will work for the intervention 2. Social media has an influence

Extracts coded in black – Experiences (project-related, personal); skills; relationships

Data extract	Coded for
We didn't know what to do at first. (Koketso) What I have noticed neh, is like someone can like, okay, how are you? Are you okay? Then someone is still no, I am not fine. Okay, let's talk. But neh, let's say that person who is coming out it's opening a wound. But now the thing is, after opening the wound, the person cannot actually help to heal it or bandage it. (Sizwe) I had some difficulties when it came to me engaging our youth because I knew that at some point, there'll be where I cannot actually offer or actually give them the proper guidance to actually go through and actually find a proper assistance, a professional assistance by the way. (Kabelo)	Not knowing how to help.
Contact this number and try to find assistance. And if ever during your activities you don't actually find anything, talk to me and I will try to actually assist at my level to get proper assistance. (Kabelo) So what I was actually doing on my side is that I was actually giving out details to say that, okay, we are having one thing that we call SADAG and they are actually helping us in dealing with one two three. (Kabelo)	1. Regarding themselves as resources that could help. 2. Giving contact details to peers.
But then I've seen that we at some point, we are the ones whom are actually, I can say that, we also need that assistance at first before we can go and say let us go and assist the others. (Kabelo) I believe that we also need that emotional intelligence whenever we'll be dealing with such things. (Kabelo) I believe also that, in a fun way, but we can also be able to identify within ourselves that no man, such things, we are going through such, we want such. (Kabelo) We can never go to war without any proper training or any of the points. We really need that also on our side. (Kabelo)	1. Need assistance themselves first before they can go assist others 2. Need proper training first
So, by ourselves we can actually be able to support one another. (Kabelo) The team that we were working with is also good. (Palesa)	Supporting one another in the group
If we are concerned about numbers, I don't know, maybe we can ask them to bring a friend, if we are concerned about that and if not, then it'll just be us. (Mahlatse) I think we should just prepare for next year January. (Koketso)	1. Finding solutions to challenges encountered. 2. Staying motivated

I think we will be able to do it. (Sizwe)	
Because like mobilising young people, like, especially, let me specifically say students, is something which I can do in just one phone call I can fill up a hall. (Koketso) I don't know because on my end I worked with like students who are in high school in particular. (Koketso) I know that my relationship with the learners here is very strong. (Sizwe) For the kids here at [the youth centre] neh, they trust me. (Sizwe)	1. Things they can do (skills they have) 2. Relationships with students
Let me make an example with the organisation which I am, which I am actually planning to start. Like, at first, we had to draft a constitution. There had to be like everyone. (Koketso) I was even part of this programme whereby, what can I say, the citizens of Mamelodi, they found themselves actually in activities within their own and then trying to go away from many things such as the things causing depression. (Kabelo) I was actually appointed as the head. I will be directing the youth of Tshwane. (Kabelo) I have an NPO. (Mahlatse) I went to [school] so I remember this other time they had social workers to come to school to speak to us and all that. (Lerato) Why am I actually saying that by Monday? It is because of whenever I was visiting those schools, they were saying you can see what is happening to these students. So I was going there under the umbrella of [civic organisation]. (Kabelo) Sometimes, even the posters, kids won't even watch those things. I know, I've been there. (Lerato)	1. Having experience with NPOs 2. Having experience with community activities 3. Drawing from experiences with schools to inform the project
I think I'm stressing too much, I don't know about what. But yeah, it's something I am working on. (Palesa) I just wanted to also tell you that in terms of physical meetings, I won't be available for the next coming months because of going to school. (Palesa) It's something like, you see, in a week, they you a lot of work. And every day, there's an assignment that you need to write. (Sizwe) Work has been keeping me busy. And also, my private stuff 'cause I have an NPO then I have to juggle the NPO and my	1. Own mental health challenges 2. Personal challenges 3. Work and school commitments making it difficult to manage time

work. And my personal life 'cause I have to have a personal life…I was very stressed this week. Everything was just stressing me. (Mahlatse) So for me as well, for the past three weeks, it was an emotional rollercoaster because you will be speaking to someone and you trigger emotions. (Sizwe) I also suffered from depression, it wasn't like I had support or anything. (Sizwe) I'm also actually affected but then I was not aware that I am actually affected by such a thing…I can say they've been there for quite some time but I was not actually aware up until I sat down and saw that no man, why am I reacting in this manner? (Kabelo) As much as I'm saying I'm trying that person's wound, mine opens up. (Kabelo) I heard Kabelo talking about something like we are trying to help other people but we are also going through such. (Koketso) I was busy with schoolwork. (Koketso) School is keeping me busy now. I don't have time for this thing, to get some air. (Sizwe) There were a lot of things especially in a short period of time that I had to fix here and there (Kabelo) It's been hard. School is draining. Eish, you can't balance school and life. It's demanding. (Sizwe) School and work at the same time. There's exams on the side but also busy with work as well. Hence that's why when you asked me being quiet on the group. I've just been stressed about balancing the two. (Koketso) I'm just going through challenges, that's all. There are difficulties at home. (Tumelo) Already we had plans for this year because we did not know about this project upcoming, you know. So already, from my side, I was like busy with some of the things. So it was really a struggle when it comes to meeting up, being active. (Lerato) It's [youth centre] volunteering then I also joined this and there were other projects I was doing. So when there was a certain whereby it came like, all of them needed me in one day, so you	

are supposed to make calculations like I am sacrificing this for today, and knowing that you also need to focus on school while you also need to do research like around the community. So for me it's like, basically managing my time with all the things I was doing. That was mostly the challenge that I really found along the process. (Sizwe) For me, it's time management. (Mahlatse) For me to bring up ideas, it was like, it was like a bit of a problem. I was asking myself, will they listen to me? Is my, my idea valid, you know, and some of the things? So yeah, that was also a struggle to me because I couldn't like, open up. But as time goes, I was like okay, maybe I should try opening up. (Lerato) For me again, with commitment. It just felt like since I was away, just like, I don't know, I was mostly like overwhelmed by a lot of stuff as well. And like dealing with mental health issues and now, you are also here, you also can't function as well. (Palesa)	
Our capacity this side, it doesn't allow us to cover everything. (Kabelo) I tried speaking to this other student at school. She didn't give me insight 'cause her statements were not valid to what I have been asking mental issues, depression. (Tumelo) There was this one Saturday I tried to get them together as a whole to create a group of some sort so that we can talk but I don't know if it was me or it was the environment or it was them, what can I say, it was not like that successful, or the way I hoped…But I was as fault because okay I arrived since they were not doing anything and I took them and said let's go and we just jumped to say okay we are talking about depression and all that you see. (Sizwe) Judging from the way things are, it might even take us longer than expected to actually have all these stakeholders being present. (Kabelo) While we talk to them, how do I say it, about depression and them opening up to you, eish, so I feel like I'm carrying their burdens. They feel relieved, but I then carry their load, so eish, it's very difficult. (Tumelo) Honestly speaking, from what I saw on the response, it means there are going to be delays, and we are not sure, I think maybe this thing is going to start next year because right now, by end of October, I'm definitely sure that learners are going to be writing and there won't be any time. (Koketso)	Challenges with the project

So the communication is very bad with those people. (Mahlatse) I don't know if it was on my side or on their side via WhatsApp message like, it's only one tick. Call doesn't get through at all. (Sizwe) I feel that a lot of stakeholders did not really understand what we are trying to do and everything. So having to, the back and forth trying to find people that could help us. For me that was the biggest challenge. (Mahlatse)	
Sort of establish a routine. (Palesa) We do regular check-ups and all of that. (Palesa) Start at [the youth centre] because they are already there. (Mahlatse) And also sit down with, actually bring those stakeholders and sit down with them and so that they have a clear understanding in the beginning before, because there used to be those back and forths and things. (Mahlatse)	Lessons from challenges with project
I think I can delegate myself into dealing with appointments and making sure that all the schools we can access and have a lot. (Kabelo)	Members delegating themselves to tasks
So I feel as though it is like a good experience for us to like, really go on with this project and make people aware of this things. (Lerato) I really had a great experience with this project that we have been doing. (Lerato) I also feel like it was really good because it also gave me a go-ahead to like act out of my comfort zone because I am normally closed in. (Palesa) This project it helped me to be aware of, but also it helped me on a personal level. It helped on a personal level whereby I also myself, I also managed to be aware of myself, how to react in situations and how to feel in certain way and not let my emotions or thoughts overcome me. (Sizwe) It helped me a lot as a person who was actually in a process of helping these young people psychologically, helping them to find the mental, mental health assistance. (Koketso) I can clearly say right now that it helped me to actually, how can I put this thing, on how to tackle these issues. On how to build myself personally, my confidence, and all those kinds of stuff, yes. (Koketso)	1. Good experience with project 2. Becoming aware of self 3. How to not let feelings and thoughts overcome 4. Managing emotions 5. Using knowledge to help

I think this project will help me to focus on, 'cause in my household there is a lot of gender-based violence going on. So I am thinking of tackling that and helping out my community with that. (Tumelo) For me, since I know like the people who I reached and managed to get track of their progress, for me actually it makes me proud that I actually accomplished something that actually not benefitted myself but someone else. (Sizwe) The person now gets more comfortable to come to you and be like look Sizwe this is what's really happening, this is what's really happening so can you please help or assist in a way. So for me that actually makes me proud yes. (Sizwe) I've also learnt, 'cause to me, I didn't really believe like mental health illness, it's like, it's a real thing, 'cause it never happened to me…So it opened an eye on me to, to like show me that these things really happen. People are out there like seeking for help. (Lerato) I found out that there's basically many types of depression not the depression that we know when someone is just feeling down and what. (Sizwe) I found out also I was the one who is suffering from that. But through the programme basically, I also managed to, how to deal with it and also have emotional intelligence of myself. (Sizwe) I also have the same thoughts as Sizwe to say, we got to learn about many aspects to depression. It's not only classified as one type. And on how to deal with it when you kind of see the signs within yourself, within yourself that's like leading to depression or anyone around you. (Palesa) If I can sense that no man it looks like there's an issue of mental health, they don't really understand this, because I have that knowledge, I must be that person to talk at home, at school, in any place that I find myself. I must just talk. (Mahlatse) Creating safe spaces within our friendships, our families, our communities. For people to actually like, feel comfortable talking to us about such issues. (Palesa)	

Honestly speaking, I didn't know anything about this thing of SADAG up until I did research and in found out this is what they are doing. (Koketso) It really helped me because it showed me, it actually, it was an eye-opener for me to get to know about different stakeholders, people who knows about this thing. (Koketso) We found out that different stakeholders like SADAG, there's this other one I forgot its name which is also helping. (Koketso) I know that I can refer just anyone. They won't tell me that no, I don't have airtime. It's a call, toll free number which you can use to call. (Koketso) I think like as long as I know where to contact when I overcome like, I face a type of situation. (Tumelo)	Developing awareness of resources in the community