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

by

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ABSTRACT

Researcher : Elizabeth Moshidi

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

Co-occurring mental health disorders are a major public health concern globally. In South Africa, approximately 15% of individuals using substances have one or more mental health disorders, and this has overburdened the public health system. Service users with co-occurring mental health disorders require a combination of pharmacological and behavioural treatments to mitigate the symptoms and promote recovery. Social workers are among the professionals who treat mental health disorders, despite the practice impediments in the mental health field.

The biopsychosocial model, in conjunction with the harm reduction model, guided this research by providing a holistic perspective of co-occurring opioid use and mental health disorders. This was a qualitative study, falling within the scope of applied research as it sought to comprehend the social workers' perceptions and offer solutions to identified challenges in practice. The study was exploratory and descriptive since it aimed to explore and describe the perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders. It employed an instrumental case study design to establish the perceptions and experiences of social workers in working with service users with co-occurrence of opioid use and mental health disorders. The researcher used the non-probability purposive sampling method to sample social workers working at COSUP to participate in the study. Data was collected through semi-structured interviews guided by an interview schedule, which was analysed through thematic analysis.

The research findings revealed that social work services are essential in the mental health care field. Thus, social workers strive to improve and maintain the mental well-being of individuals with mental health disorders. The study has shown that even though social work services are essential, social workers seem not to have a broader outlook regarding co-occurring mental health disorders. The study discovered that lack of educational training; resources, support, and supervision are some of the challenges experienced by social workers, impacting service delivery.

To address social workers' challenges and improve services, the study recommended continuous mental health training, prioritisation of community awareness programmes, and ensuring access and availability of resources. The study radically vouches for the implementation of harm reduction programmes across the nation to deal effectively with substance use and mental health disorders.

Keywords: Community-Oriented Substance Use Programme (COSUP), co-occurring disorders, mental health disorders, opioids, perceptions, service users, and social workers.

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LIST OF ABBREVIATIONS AND ACRONYMS

APA	American Psychiatric Association
COSUP	Community-Oriented Substance Use Programme
DSM	Diagnostic and Statistical Manual of Mental Disorders
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
NAMI	National Alliance on Mental Illness
NIDA	National Institute on Drug Abuse
OST	Opioid Substitution Therapy
PRI	Psychiatric Research Institute
SACAP	South African College of Applied Psychology
SACSSP	South African Council for Social Service Professions
SAMHSA	Substance Abuse Mental Health Service Administration
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

CHAPTER 1: GENERAL INTRODUCTION AND STUDY BACKGROUND

1.1 Introduction

The global prevalence of co-occurring mental health disorders in opioid users has considerably increased, with an estimated range from 40% to 85% (Morgan, Daniels & Subramaney, 2019:5). In Africa, the prevalence of co-occurring disorders ranges between 21.3% and 29.9%, with South Africa recording 55.6% (Tindimwebwa, Ajayi & Adeniyi, 2021:5428). The South African Society of Psychiatrists (2020) highlights that about 20% of South Africans use substances and that most individuals with mental disorders mainly use opioids to feel better and to cope with the symptoms. This shows that there is reciprocity between substance use and mental health disorders as individuals suffering from mental disorders normally use substances to self-medicate (Scott, 2017:68). Substances tend to exacerbate the development of mental disorders and intensify the existing ones (National Alliance on Mental Illness (NAMI), 2013:1). In this respect, individuals who misuse substances may ultimately suffer from one or more mental disorders.

Opioid use and mental health disorders are closely related. The study findings of Maremmani, Bacciardi, Rugani, Akiskal and Maremmani (2013:31) reveal that people with these disorders usually experience an unstable mental status, and they are more likely to come into conflict with the law. Thus, they are prone to the endurance of more physical, psychological, and social impairments with dire treatment outcomes than those without co-occurring conditions (Morisano, Babor & Robaina, 2014:5). It is usually complex to manage the co-occurrence of opioid use and mental health disorders as the information relating to the causal factors, prognosis, and influence of these disorders on one another is insufficient (Priester, Browne, Aidyn, Clone, DeHart & Seay, 2016:55). This gives a viewpoint that co-occurring disorders are often misdiagnosed and not well-treated.

Concerning the treatment of co-occurring opioid use and mental health disorders, social workers are among the practitioners offering behavioural treatments to service users with these conditions (Fisher, McCleary, Dimock & Rohovit, 2014:626). They provide hope, education, support, and basic needs to individuals with substance use and mental health issues (Von Greiff, Skogens & Topor, 2020:175). Their interventions alleviate suffering and curb challenges associated with opioid use and mental disorders. Irrespective of social workers being the key mental health service providers, their practice challenges cannot be

disregarded (Bowen & Walton, 2015:61). For this reason, the researcher found it imperative to embark on the study on the perceptions of social workers regarding service users with co-occurring opioid use and mental health disorders to explore their thoughts, feelings, and experiences in addressing this ordeal. The research was undertaken at the Community-Oriented Substance Use Programme (COSUP), which is a programme that focuses on reducing the harm associated with substance use through education as well as health promotion in Tshwane, South Africa (Wepener, 2019:11). COSUP was found to be the relevant setting to conduct this study due to its instantaneous response to substance use issues.

1.2 Definition of key concepts

The main concepts in the study are as follows:

- **Community-Oriented Substance Use Programme (COSUP)**

COSUP “is the first publicly funded, community-based programmatic response to the use of illegal substances in South Africa which is founded on systems thinking, public health, and clinical care harm reduction approach” (Scheibe, Shelly, Hugo, Mohale, Lalla, Renkin, Gloeck, Khambule, Kroucamp, Bhoora & Marcus, 2020:1). Based on this study, COSUP refers to a programme that promotes the psychosocial health of individuals with substance use and mental health challenges. It aims to address harm relating to the use of substances.

- **Co-occurring disorder**

Co-occurring disorder “refers to a mental illness that includes at least one alcohol or other drug use disorder and at least one non-drug-related mental disorder that coincides or occurs in a different timeframe to the same person” (Ding, Slate & Yang, 2018:751). In this study, a co-occurring disorder is the occurrence or diagnosis of substance use, specifically opioid use, and mental health disorder in one individual at the same time.

- **Mental health disorders**

Mental health disorders are defined as “any illnesses with significant psychological or behavioural manifestations that are associated with either painful or distressing symptoms or impairments in one or more important areas of functioning” (Sims, Gibbons, Shepphird, Andrews, Claiborn & Yudofsky, 2020). Mental health disorders in this study refer to various

mental health conditions that affect an individual's well-being by disturbing the state of mind, emotions, and behaviour.

- **Opioids**

Opioids “are a class of drugs that include the illegal heroin, synthetic opioids such as fentanyl, and pain relievers that are available legally by prescription, such as codeine, morphine, and many others” (National Institute on Drug Abuse (NIDA), 2021). Based on this study, opioids are a group of addictive drugs that disrupt one's thinking and behaviour when consumed.

- **Perceptions**

Perceptions are “the ability to see, hear, or become aware of something through senses, thus, having a mental impression of something” (Oxford American College Dictionary, 2002). Based on this study, perceptions refer to how other people understand, observe, and analyse an individual, experience, action, or service.

- **Service users**

Prevention of and Treatment for Substance Abuse Act 70 of 2008 describes service users as “people who are abusing or dependent on substances and who, following assessment, receive services in a treatment centre, halfway house or community-based services”. Service users in this study are individuals who receive or have received opioid use and mental health care services aimed at improving their quality of life at a registered institution. The service users that this study focused on are individuals who receive opioid use and mental health care services at COSUP.

- **Social workers**

These are the “professionals who aim to enhance the overall well-being and help meet basic and complex needs of communities and people. They work with many different populations and types of people, particularly focusing on those who are vulnerable, oppressed, and living in poverty” (Social Work License Map, 2020). Social workers in this study refer to registered social workers employed at COSUP who are rendering services to service users with co-occurring opioid use and mental health disorders.

1.3 Theoretical framework

A theoretical framework is regarded as a fundamental part of the research studies as it forms a base from which knowledge is rooted (Grant & Asanloo, 2014:12). In other words, a theoretical framework complements all aspects of research. This includes the problem statement, goal, methods, and processes of research. Thus, a theoretical framework consists of a theory that assists in understanding the overall aim and topic under study.

The biopsychosocial model was a suitable approach to guide this study and to provide an adequate understanding of co-occurring disorders for both service practitioners and service users. It was used together with the harm reduction theory to comprehend this study. The biopsychosocial model highlights all aspects within the realm of co-occurring disorders and thereby proposes effective and holistic treatment (Lindeque, 2014:4). It outlines the interaction between the “biological, psychological, and social factors” that trigger the occurrence of mental disorders (Halata, 2012:53). In this regard, mental health practitioners need to understand and incorporate these factors to identify and treat mental illnesses (Steinert & Whittington, 2013:168).

Van Zyl and Geyer (2019:206) state that “(1) the biological factors focus on the genetic, biochemical, and physical factors of a person, (2) the psychological factors are the developmental, psychological, and psychopathological aspects of an individual and (3) the social factors include family systems, diversity, social justice, culture, and governments which are incorporated into the individual’s interpersonal relationships”. The researcher employed the biopsychosocial model to have a broad perspective of the experiences, roles, and challenges of social workers when addressing co-occurring disorders.

The biopsychosocial model was also used to determine the factors contributing to the co-occurrence of opioid use and mental health disorders as well as the effects and treatment of these disorders. This model demonstrated that co-occurring disorders are not only psychological disorders; they are also biological, emotional, and social illnesses. It has shown that the perceptions of social workers that the researcher endeavours to discover are interrelated and influenced by service users, co-workers, institutions, events, and pieces of legislation, among others.

The harm reduction theory includes interventions aimed at addressing the socioeconomic and health outcomes relating to the use of illicit substances (Abelman, 2017). This means

that the harm reduction theory utilises activities and programmes that aim to prevent and tackle substance use problems. This theory complemented the bio-psychosocial model by providing a more precise viewpoint regarding methods and programmes used in tackling the harm related to the misuse of opioids. It also brings forth the social workers' roles in dealing with opioid use disorders.

1.4 Rationale and problem statement

Approximately 230 million individuals around the world use substances, with the prevalence of illicit opioid use ranging from an average of 0.6% to 0.8% (United Nations Office on Drugs and Crime, 2012:8). Several African countries, especially in the sub-Saharan regions, continue to experience high mortality rates due to illicit opioid use, as approximately 87% of illicit substances are found in Africa (Kurth, Cherutich, Conover, Chhun, Bruce & Lambdin, 2018:428). Opioid misuse is common in South Africa, with many users requiring treatments (Dannatt, Cloete, Kidd & Weich, 2014:77). Mokwena and Huma (2014:252,360) point out that about 15% of South Africans are experiencing drug-related problems together with health and social issues. The researcher has noticed that individuals who use opioids do not cope well without treatment. They usually experience physical, emotional, psychological, and social challenges due to opioid use. Seemingly, many of them are inclined to co-occurring disorders.

The studies carried out by Motsepe (2021), Unegba (2019), and Ornellas (2014) relate to the present study, as they highlight the interventions and experiences of social workers in treating mental health disorders. Additionally, the study of Van Zyl and Geyer (2019) closely relates to this study, as it particularly highlights the co-occurrence of substance use and mental health disorders. Van Zyl and Geyer (2019:218) found out that the treatment of co-occurring disorders is complex and, as a result, these disorders tend to have a significant impact on all parties involved. Accordingly, the researcher infers that co-occurring disorders are a serious challenge that still needs to be studied. Furthermore, effective treatment still needs to be established.

Concerning the social workers' standpoint on the treatment of mental health disorders, the research findings of Unegba (2019) reveal that social workers normally feel challenged and discouraged regarding the treatment of mental health disorders as service users do not fully commit to the treatment. The study further reveals that service users are usually in denial of

their problems, and as a result, they do not value the importance of treatment. Similarly, the study of Ornellas (2014) reveals that social workers view mental health care practices as challenging. Their experiences were explored, and it came to the fore that social workers lack knowledge about mental health issues as they did not receive adequate training at an undergraduate level, and as a result, do not regard the mental health field as one of the social work areas of expertise (Ornellas, 2014:94). Furthermore, the study of Motsepe (2021:58) put forward that health care social workers experience challenges such as inadequate resources and support deemed necessary in their work. They also find it challenging that they cannot diagnose mental disorders (Sur, Ashcroft, Adamson, Tanner, Webb, Mohamud & Shamsi, 2023:12). These studies give the viewpoint that dealing with individuals with mental disorders, particularly those with co-occurring disorders is daunting for social workers. In consequence, social workers feel unenthusiastic regarding interventions. Regardless of the challenges experienced by mental health social workers, their roles and efforts are praised in all the above studies.

The above-mentioned studies have addressed the experiences, services, and hardships of social workers in substance use and mental health fields. However, they did not particularly mention the perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders. The literature consulted for this study was more centred on substance abuse and substance use disorders rather than on opioid use disorders. Literature focusing on the perceptions of social workers working with individuals with co-occurrence of opioid use and mental health disorders is insufficient. This means that there is a knowledge gap in this phenomenon. Given that opioid misuse and mental health disorders are the current global health concerns, and since COSUP is the only organisation in South Africa using the harm reduction approach to substance use issues (Scheibe *et al.*, 2020:1), the researcher was interested in finding out how social workers at COSUP perceive working with service users with co-occurrence of opioid use and mental health disorders. The researcher found out that this research is the first study at COSUP exploring the perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders. This indicates that there is a knowledge gap on the co-occurrence of opioid use and mental health disorders at COSUP and in South Africa, as well as on how social workers view and experience working with individuals with co-occurring disorders.

The study intends to address the knowledge gap among social workers working with service users with co-occurrence of opioid use and mental health disorders. The results of this study

shed more light on the knowledge and understanding of social workers regarding co-occurring opioid use and mental health disorders. They also highlighted social workers' experiences, services, and challenges when working with service users with co-occurring opioid use and mental health disorders. Thus, the results of this study can be beneficial to COSUP, other service providers, service users, and the social work profession. They can assist in addressing problems within the social work field by improving social work services and strengthening substance use and mental health pieces of legislation.

Against this background, the study aimed at answering the following **research question**:

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

1.5 Goal and objectives

The **goal** of the study was to explore and describe the perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders at COSUP.

This goal was realised by pursuing the following **objectives**:

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

1.6 Overview of research methods

This study was informed by the interpretivism paradigm. It involved obtaining the views of individuals, followed by the process of making inputs and interpretations (Jansen, 2020:23). Thus, this study used a qualitative research approach. This approach was appropriate for this study due to its flexibility and the fact that it seeks to comprehend the phenomenon under study (Fouché, 2021:41). It was selected to better understand the topic of the study, as it has never been explored before. The results of this study enhanced knowledge about the phenomenon under study. They also identified challenges in practice and suggested solutions to address these challenges. This was applied research, as it attempted to provide solutions to current social problems (Adler & Clark, 2015:360). The study was exploratory and descriptive since it explored and described experiences, events, people, and places relating to the study (Lambert & Lambert, 2012:256).

As the study was an experiential investigation that aimed to explore more about the current phenomenon (Yin, 2014:16), a case study research design, particularly an instrumental case study, was employed. An instrumental case study was utilised to obtain thorough information about the topic and to provide new information relating to the research problem. Subsequently, semi-structured interviews directed by an interview schedule were used to gather data for the study. A voice recorder was used to record the interviews to capture all the information, and to prevent loss of data and misrepresentation of participants' views. The semi-structured interviews were selected due to their reliability in illuminating consistent and detailed data that assists researchers in getting a full understanding of the perceptions of participants (Wagner, Kawulich & Garner, 2012:133). They offered comprehensive information relating to beliefs, viewpoints, and descriptions of the topic, and allowed flexibility among the researcher and the participants. The data was analysed through thematic analysis, which is normally used in analysing data collected through interviews. Thematic analysis assisted in producing, scrutinising, and reporting patterns and themes in the data collected (Cartwright, 2020:3). It was useful to cohere and meticulously report on the collected data.

The study population consisted of social workers with experience in working with service users with co-occurring opioid use and mental health disorders at COSUP. Four social workers took part in the study. Non-probability purposive sampling was utilised to choose participants. Thus, participants were chosen because they demonstrated particular attributes and possessed the knowledge that the researcher wanted to discover (Maree & Pietersen,

2020:220). The inclusion criteria were used in the selection of participants. The trustworthiness of data was assured through “credibility, transferability, dependability, and confirmability” (Anney, 2014:276-279). This assisted in generating constant and reliable results. Furthermore, the applicable ethical aspects that guide researchers’ conduct in undertaking research studies were taken into consideration (Adler & Clark, 2015:462). The researcher embraced these ethical aspects to make certain that the study was fair and safe for everyone. The research methods and ethical aspects are further detailed in **Chapter 3**.

1.7 Study limitations

The following study limitations were discovered.

- **Study sample:** The researcher initially proposed to recruit ten participants to partake in this study. However, only four participants took part in the study. The researcher experienced challenges in finding participants who were interested in taking part in the study. It can thus be challenging to generalise the findings with such a small sample size. To alleviate this limitation, the researcher ensured that the participants who took part in the study matched the inclusion criteria to provide adequate information that better describes the research problem.
- **Pilot study:** The researcher was unable to conduct a pilot study as planned because of challenges in finding participants. The researcher then conducted a pilot test with a colleague who is knowledgeable in substance use and mental health practices. The results of the pilot test were excluded from the study.
- **Data collection method:** Due to certain constraints, the researcher opted for virtual interviews instead of face-to-face interviews. The researcher and the participants do not reside in the same province, so the distance and time frame given to complete the study did not permit for face-to-face interviews. This means that the non-verbal expressions of participants could not be observed. However, the voice records were able to capture the non-verbal cues and changes in participants’ tone, which the researcher used to grasp the feelings and expressions of participants.

1.8 Contents of the research report

The following table highlights the structure and contents of the research report.

Table 1.1: Contents of the research report

Chapters	Description
Chapter 1: General introduction and study background	The report provides the overall introduction and orientation of the study as well as definitions of key concepts and theoretical frameworks. It also outlines the goal, objectives, research question, overview of research methods, and limitations of the study.
Chapter 2: Literature review	The research report gives a detailed literature overview regarding the co-occurrence of opioid use and mental health disorders. Additionally, it discusses the prevalence of opioid use and mental health disorders as well as the causes, types, symptoms, effects, and treatment of these disorders. Moreover, it provides social work services and factors affecting interventions. It then points out the constitutional mandate of social work services regarding substance use and mental health disorders. Lastly, the research report describes COSUP and the methadone programme.
Chapter 3: Research methods and empirical findings	The report provides a comprehensive description of the research methods and ethical aspects, and illustrates the study findings.
Chapter 4: Key findings, conclusions, and recommendations	The report also provides conclusions and recommendations from the study.

1.9 Summary

This chapter clarified the topic of the study by describing the goal, objectives, and research methods. It also highlighted the theoretical framework and limitations of this study. Additionally, it presented the contents of the mini-dissertation. The next chapter discusses the literature applicable to the study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The connection between substance use and mental health disorders is multifaceted, and it usually results in poor diagnosis, prognosis, and treatment of these disorders (Dreyer, Pooe, Dzikiti & Kruger, 2020:1). The co-occurrence of opioid use and mental health disorders is inevitable, which is why it is the focal public health concern (Santo, Campbell, Gisev, Martino-Burke, Wilson, Colledge, Clark, Tran & Degenhardt, 2022). This chapter outlines the literature reviewed regarding the topic under study. The literature review focuses on opioid use disorders, mental health disorders, and co-occurrence of these disorders. It also highlights the global, African, and South African prevalence of the co-occurrence of opioid use and mental health disorders. Furthermore, it discusses the causes, types, signs and symptoms, effects, and treatment of co-occurrence of opioid use and mental health disorders. It also discusses social work services and factors affecting social work interventions regarding the co-occurrence of opioid use and mental health disorders. Additionally, it outlines the constitutional mandate of social work regarding substance use and mental health disorders. Lastly, this chapter ends with a review of the Community-Oriented Substance Use Programme (COSUP) as well as the methadone programme.

2.2 Substance abuse

Addiction is a serious challenge as it disturbs an individual's normal functioning. Substance abuse and substance misuse terms are often used interchangeably. Substance abuse is characterised by the inappropriate use of licit and illicit substances whereas substance misuse points to the improper use of legal substances. Both substance abuse and substance misuse can lead to substance use disorders which are a category that includes different disorders such as alcohol use and opioid use disorders. Individuals who misuse substances usually present with irrational thoughts and behaviour and they are also likely to experience premature deaths (Lauritzen & Nordfjaern, 2018:2). It is argued by Jacobs and Slabbert (2019:224) that substance misuse is likely to impair mental and emotional well-being and thereby contribute to the occurrence of further mental disorders including depression, schizophrenia, bipolar, and anxiety disorders. In this regard, thorough literature around the world has revealed a close connection between substance use and mental

health disorders (Lieb, 2015:3). It is emphasised that service users with mental challenges primarily use substances to manage the symptoms (Coles, Sasiadek & George, 2019:595). Thus, substance abuse should not be taken lightly as it can lead to the experience of distressing physical, emotional, psychological, and behavioural problems, which may result in needless loss of life.

2.2.1 Opioid use disorders

Opioids are drugs prescribed to treat chronic pain (Nadeau, Wu & Lawhern, 2021). These drugs have been approved to treat pain and improve physical functioning (Pichot & Pichot, 2018:35). However, they are usually misused, and depending on which one is misused, their overuse normally leads to the occurrence of opioid use disorder. The Diagnostic Statistical Manual (DSM-5) defines and provides a diagnosis for opioid use disorder through its eleven symptoms (Atkins, 2018:27). The concrete diagnosis of this disorder is provided if two or more symptoms have been experienced over twelve months (Marsden, Tai, Ali, Hu, Rush & Volkow, 2019:1347-1348). Individuals diagnosed with opioid use disorder tend to experience legal, mental, and social problems (Bell & Strang, 2020:82). They may ultimately be susceptible to the co-occurrence of opioid use disorder and other substance use and mental disorders (Van Rijswijk, van Beek, Schoof, Schene, Steegers & Schellekens, 2019:37). This signifies that there is a close connection between opioid use and mental disorders. For this reason, an understanding of the prevalence of these disorders is necessary.

2.2.2 The prevalence of opioid use disorders

Opioid use disorders are significantly prevalent as they have resulted in a larger burden of disease around the world (Coffa & Snyder, 2019:416). Seeing that opioid use disorders are a universal problem, it is imperative to describe their prevalence within the global, African, and South African context.

- **Globally**

Approximately 62 million individuals globally have used intoxicating substances, with opioids being the most common dependent drugs (World Health Organisation (WHO), 2021). Consequently, about 16 million people around the world are suffering from opioid use disorders with more than 120,000 people dying from these disorders annually (Dydyk, Jain & Gupta, 2021). Globally, the United States of America has recorded a large number of opioid misuse incidents, resulting in 20,101 deaths in 2015, with an anticipated increase to 93,613

deaths in 2027 (Newton, 2018:4-5). These statistics indicate that over a million individuals are using opioids globally and experiencing opioid use problems. They also point out that opioid use disorders have significantly contributed to the global increase in substance abuse mortality rate.

- **Africa**

Drug misuse in Africa is anticipated to rise from “5.7 million in 2018 to 13 million by 2050” (Welborn & Bello-Schünemann, 2019). Illegal drug users in Africa account for 17% to 21% of all illegal drug users globally (Tetarwal, Yengopal & Meel, 2019:13). The annual prevalence of opioid use in Africa ranges between 0.2% and 0.6% (Afolabi, Oladotun & Ifeacho, 2014:110). Opioid use is more prevalent in the sub-Saharan African regions, with Nigeria having the highest prevalence rate of 0.7% (Salwan & Katz, 2014:116). Although all nations worldwide are affected by the opioid crisis, Africa has the lowest opioid consumption rate (Cleary, Powell, Cherny, Mwangi-Powell, Luyirika, Kiyange, Merriman, Scholten, Radbruch, Torode & Munene, 2013:14). Nonetheless, the above figures give a viewpoint that Africa is among the global regions that still need to adequately address opioid use and its challenges.

- **South Africa**

The demand for substance use treatments has risen to 20% since 2010 (Morgan *et al.*, 2019:1), and yet, South Africa has not effectively addressed substance use problems (Dos Santos, Rataemane, Fourie & Trathen, 2010:2). The United Nations Office on Drugs and Crime (UNODC), (2012:70) points out that about 40% of individuals receiving substance use treatments in South Africa have reported opioids as their primary drugs with the majority suffering from opioid use disorders. The prevalence of opioid use in South Africa was about 0.5 - 0.31% in 2010 and this percentage has risen over time (Weich, Perkel, Van Zyl, Rataemane, Naidoo, Nowbath, Flegar, Mahomed, Ramjee, Hitzeroth & Kramer, 2017:26). Heroin, which is locally known as “*nyaope, unga, whoonga, or sugars*”, has been salience above all South African illicit opioids, with approximately 0.3% of individuals 15 years and above using it (Tlali, Scheibe, Ruffieux, Cornell, Wettstein, Egger, Davies, Maartens, Johnson & Haas, 2022). The research findings in “The Review of Trends in Drug Treatment in South Africa” conducted by Harker, Lucas, Laubsher, Dada, Myers and Parry (2020) show that the Gauteng province has the highest numbers of patients receiving opioid use disorder treatment followed by Mpumalanga, Western Cape, and KwaZulu-Natal provinces. For example, from January 2012 to December 2017, 45% of opioid use disorder patients were in

Gauteng, 17.8% in Mpumalanga, 17.5% in the Western Cape, and 14.2% in KwaZulu-Natal (Harker *et al.*, 2020:3). This indicates that South Africa is largely experiencing opioid use problems. The researcher concurs with Dos Santos *et al.* (2010:2) viewpoint that substance use challenges have not been effectively addressed in South Africa, as their prevalence is on the rise. Thus, South Africa still has much to do to deal effectively with substance use problems.

2.3 Mental health disorders

Mental health disorders refer to “clinically significant sets of co-occurring behavioural and psychological symptoms combined with exclusion conditions, which facilitate differential diagnosis” (Soom, 2014:1). They are various mental conditions that impair one’s mood, thinking, and behaviour (Mayo Clinic, 2022). These disorders often develop during childhood and adolescent years, and progress to adulthood (Solmi, Correll, Ostinelli, Zangani, Croatto, Monaco, Krinitski, Fusar-Poli & Fornaro, 2020:214). People suffering from mental disorders usually present with co-morbidities during their lifetime (Plana-Ripoll, Pedersen, Holtz, Benros, Dalsgaard, de Jonge, Fan, Degenhardt, Ganna, Greve, Gunn, Iburg, Kessing, Lee, Lim, Mors, Nordentoft, Prior, Roest, Saha, Schork, Scott, Scott, Stedman, Sorensen, Werge, Whiteford, Laursen, Agerbo, Kessler, Mortensen & McGrath, 2019:259). This means that service users with mental disorders tend to also be diagnosed with other medical and mental illnesses.

2.3.1 The prevalence of mental health disorders

The health burden of mental disorders is enormous, with “common mental disorders including mood, anxiety, and substance use disorders” being more prevalent (Nishi, Ishikawa & Kawakawa, 2019:458). Accordingly, to curb the mental health burden, Taylor, Ruzek, Fitzsimmons-Craft, Sadeh-Sharvit, Topooco, Weissman, Eisenberg, Mohr, Graham, Jacobi and Oldenburg, (2020) postulate that preventative programmes that lessen the occurrence of mental disorders and adequate services that treat the disorder until individuals no longer display symptoms and meet the diagnostic criteria for that disorder need to be in place. Consequently, it is significant to highlight the prevalence of mental disorders and ascertain the severity of these disorders in populations, and to establish the efficacy of current treatment methods. The following information highlights the prevalence of mental health disorders.

- **Globally**

Mental health disorders are global health problems affecting nearly 80% of individuals in almost all developed and developing countries (Javed, Lee, Zakaria, Buenaventura, Cetkovich-Bakmas, Duailibi, Ng, Ramy, Saha, Arifeen, Elorza, Ratnasingham & Azeem, 2021; Whiteford, Ferrari, Degenhardt, Feigin & Vos, 2015:2). Globally, mental disorders bear a disease burden of about 32.4% (Vigo, Thornicroft & Atun, 2016:171). The highest prevalence of mental disorders is recorded in Europe with an increase from 11.5% to 13.9% between 2000 and 2015 (Begum, Lewison, Wölbart, Brigham, Darlington, Durand-Zaleski & Sullivan, 2020:15). This shows that mental health disorders remain a global health concern in all countries in the world. They have arguably affected more people than other health conditions.

- **Africa**

Africa is experiencing an escalation in the occurrence of mental disorders consequent to limited resources and legislation addressing mental health problems (Eaton, 2019) The African population has increased by 49% between 2000 and 2015, and during this period, about 52% of the number of years has been lost because of mental and substance use disorders (Sankoh, Sevalie & Mark, 2018:954). The African population continues to suffer from mental disorders mainly due to the unavailability of adequate services to address mental health impediments. Presumably, substance use, and mental conditions have contributed to the increase in the mortality, morbidity, and disability rates in Africa.

- **South Africa**

South Africa is witnessing a rise in mental health issues with one out of three people suffering from mental disorders, and only about 16% receiving treatment (Sankobe, 2020; South African College of Applied Psychology (SACAP), 2019). In this regard, Chiumia and Van Wyk (2014:1) point out that more than 17 million South Africans have mental health challenges, of which “schizophrenia, bipolar, depression, substance use, and anxiety disorders” are more prevalent. The last COVID-19 pandemic has exacerbated mental health issues in South Africa due to financial pressure, trauma, and loneliness experienced during the lockdown (Gumede, 2021). The study results of Naidoo and Mkize (2012) on “the prevalence of mental disorders in a prison population in Durban, South Africa” indicated that South Africa has high rates of mental disorders even in prisons. The study further revealed

that substance use, bipolar, depression, and anxiety disorders are popular in South Africa including in prisons (Naidoo & Mkize, 2012:30). It can be assumed that many South Africans are experiencing mental health problems and not receiving proper treatments. Meanwhile, others never seek help regarding mental issues, and this may aggravate their conditions and lead to the experience of co-occurring mental disorders. The data above shows that co-occurring disorders are common in South Africa and need to be instantly dealt with.

2.4 Overview of co-occurrence of opioid use and mental health disorders

Co-occurrence refers to the diagnosis of a variety of mental health conditions at the same time (concurrent co-morbidity) (Hokobyan, Vazirian, Lee-Cheong, Krausz, Honer & Schutz, 2020:2406) or at different points in life (cumulative co-morbidity) (Hansen, Overgaard, Anderson & Parner, 2017:1). Individuals with co-occurring disorders mostly struggle to respond and adhere to treatment, and as a result, they tend to be vulnerable to more detrimental health conditions (Hayes, 2020). The Foundations for Social Work Practice (2021) argue that people with co-occurring disorders make the other mental disorders worse when consuming medication with substances such as alcohol and drugs. Dydyk, Jain, and Gupta (2021) posit that over half of the individuals with opioid use disorders tend to also experience mental disorders, particularly bipolar and schizophrenia. Opioid use and mental health disorders do not only affect one's emotional and mental state, but they also disrupt social well-being as they are usually the major cause of dysfunctional personal and family relationships, which in most cases require professional interventions (Heller & Gitterman, 2011:21). It is evident that when opioid use and mental health disorders are simultaneously experienced, the individual's overall well-being is likely to be affected. Therefore, the individual may find it difficult to maintain relationships with significant others as well as to perform daily tasks.

Opioid use and mental disorders have distinct symptoms which affect individuals in different ways. However, they influence each other in such a way that when mental disorders remain untreated, opioid use disorders are likely to increase, and vice versa (Robinson, Smith & Segal, 2020). With that said, it is important to be mindful of the link between opioid use and mental health disorders to tailor effective prevention and treatment methods (Andreas, Lauritzen & Nordfjaern, 2015:71). Referring to the above data, opioid use and mental health disorders are different from one another, but they complement each other. The researcher deduces that to have a concise overview of the co-occurrence of opioid use and mental health disorders, their causes, symptoms, treatment, and effects need to be understood.

2.4.1 Causes relating to the co-occurrence of opioid use and mental health disorders

It is not clear what causes opioid use and mental health disorders; however, certain risk factors including the biological, psychological, social, and medical aspects are linked with the occurrence of these disorders. In support of this view, Milkowitz (2011:75) urges that mental health disorders must not only be viewed as mental or psychological problems but must also be viewed as a combination of genetic, medical, social, and psychological problems. Thus, the co-occurrence of substance use, and mental disorders is influenced by the mutual interplay of many factors (biological, genetic, medical, social, and psychological factors), which must not be ignored during diagnosis and treatment.

- **Social, psychological, and medical factors**

Some life events and social risk factors, such as bereavement, unemployment and poverty, peer pressure, ill health, and loneliness, make people vulnerable to substance use and mental health disorders (Kuerbis, Sacco, Blazer & Moore, 2014:633). In this respect, the study findings of Schaefer, Vito, Marcum, Higgins and Ricketts (2015:109) on heroin use among adolescents reveal that social and psychological factors predominantly lead to the use of substances and the occurrence of mental health disorders. Schaefer *et al.* (2015:109) conducted a study with individuals using opioids, particularly heroin, and numerous participants stated that they had been influenced by other people to use heroin. Others presented with mental disorders, specifically depression, and they used opioids to relieve depression symptoms (Schaefer *et al.*, 2015:103,107). The findings thereof suggest that many people using opioids have socially learnt to use them, while others use them to relieve the symptoms of medical and mental problems.

Regarding medical conditions, Jones (2013:96) argues that individuals who have medically or non-medically used opioid pain relievers for a long time tend to suffer from opioid use disorders. In addition, the inability to control opioid dependency may exacerbate the occurrence of further medical and mental challenges (Merrill, Von Korff, Banta-Green, Sullivan, Saunders, Campbell & Weisner, 2012:585). It is explicit that substances are normally used to deal with difficult life situations as well as to fit within the social environment. This confirms the multiplex reciprocation of the social, psychological, and medical aspects to the occurrence of opioid use and mental disorders.

- **Genetic and environmental factors**

Family history and family settings can influence the development and functioning of individual members from childhood to adulthood. For example, Jones, Hill, Epstein, Lee, Hawkins and Catalano (2016:721) point out that hereditary factors may contribute to the occurrence of substance abuse and mental disorders. Thus, these disorders can be inherited from families or blood relations (Van der Walt, 2019:25). This implies that substance and mental health disorders can run through families. For example, if a family member is or has suffered from substance use and mental health disorders, other family members, especially the offspring, can be predisposed to these conditions.

Additionally, Peters, Wexler and Lurigo (2015:2) posit that certain environmental factors including traumatic events (death, domestic violence, and child abuse), poverty, and dysfunctional family patterns can put individuals at risk of using substances and developing mental health disorders. This shows that environmental factors can either buffer or endanger individuals to co-occurring disorders. The researcher, therefore, deems it necessary for families with hereditary syndromes to have knowledge and understanding of these conditions to be able to prevent further occurrences, and to know how to deal with them once diagnosed.

2.4.2 Types, signs, and symptoms of co-occurrence of opioid use and mental health disorders

The types of opioids used, including “heroin, morphine, codeine, and fentanyl”, often lead to opioid use disorder when used excessively (Bonwell, Bulow & Gerdner, 2016). Opioid use disorder is a type of substance-related and addictive-related disorder that is highly comorbid. It is characterised by the uncontrollable and prolonged use of opioid drugs irrespective of their harm to the overall well-being and functioning of a person (American Psychiatric Association (APA), 2013:540,542). The DSM-5 provides about twenty-two types of mental health disorders which differ according to symptoms, diagnosis, and treatment (APA, 2013:27; Mayo Clinic, 2022). Trautmann, Rehm and Wittchen (2016:1245) hypothesise that about 50% of people in every nation will suffer from one or more of these disorders at some point in their lives. This necessitates the importance of being acquainted with the types and indications of opioid use and mental health disorders to be able to prevent, diagnose, and treat these conditions. Table 2.1 highlights some of the indicators of opioid use and mental health disorders.

Table 2.1: Signs and symptoms of opioid use and mental health disorders

Opioid Use Disorder	Mental Health Disorder
<ul style="list-style-type: none"> • Continued use despite worsening physical or psychological health. • Continued use leads to social and interpersonal consequences. • Decreased social or recreational activities. • Difficulty fulfilling professional duties at school or work. • Excessive time to obtain opioids, or recover from taking them. • More opioids taken than intended. • The individual has cravings. • The individual is unable to decrease the amount used. • Tolerance. • Using despite it being physically dangerous. • Withdrawal (Dydyk, Jain & Gupta 2021). 	<ul style="list-style-type: none"> • Excessive worrying or fear. • Confused thinking or problems concentrating and learning. • Extreme mood changes, including uncontrollable “highs” or feelings of euphoria. • Difficulties understanding or relating to other people. • Changes in sleeping habits or feeling tired and low energy. • Changes in eating habits such as increased hunger or lack of appetite. • Difficulty perceiving reality (delusions or hallucinations, in which a person experiences and senses things that don’t exist in objective reality). • Overuse of substances like alcohol or drugs. • Multiple physical ailments without obvious causes (such as headaches, stomach aches, vague and ongoing “aches and pains”). • Thinking about suicide. • Inability to carry out daily activities or handle daily problems and stress (National Alliance on Mental Illness (NAMI) (2023).

Sources: Dydyk, Jain and Gupta (2021) and National Alliance on Mental Illness (NAMI) (2023)

Table 2.1 specifies that opioid use and mental health disorders significantly disrupt the individual's physical, emotional, mental, and social health. The above signs and symptoms are relatively parallel. Physically, both conditions seem to have medical implications as they may cause unexpected physical ailments. They also disturb social functioning since they interrupt relationships and the execution of daily tasks. Mentally, both conditions seem to affect mood, thinking, and behaviour. They, therefore, have serious implications on service users, families, and communities as described hereunder.

2.4.3 Effects of co-occurrence of opioid use and mental health disorders

- **Psychosocial effects**

The co-occurrence of opioid use and mental disorders has more adverse effects than one disorder alone (Hayes, 2020). This means that service users with co-occurring disorders usually have more severe unpleasant effects than those with only one disorder. Sheidow, McCart, Zajac and Davis (2012:238) assert that individuals with co-occurring disorders mostly find it difficult to maintain healthy relationships; find and keep employment; are usually early into parenthood; and are normally in conflict with the law. Accordingly, the research results of Balyakina, Mann, Ellison, Sivernell, Fulda, Sarai and Cardarelli (2014:288) on "the risk of future offense among probationers with co-occurring substance use and mental health disorders" reveal that probationers diagnosed with co-occurring disorders are most probable to commit other crimes and be incarcerated again than those with one disorder. Moreover, as co-occurring disorders are typically misdiagnosed and untreated, they tend to aggravate the risks of suicide, relapses, captivity, the occurrence of other mental disorders, and fatal medical conditions (Balyakina *et al.*, 2014:289). This proves that individuals with co-occurring conditions are unable to function effectively in their environments. They are, as a result, inclined to the endurance of more psychological and social problems than the overall population and those with only one disorder.

- **Health effects**

Substance abuse and mental health disorders have largely become every nation's major health concern. In recent years, injection has become the preferred method of administering substances. For this reason, the injection method has been emphasised to have individual and public health implications due to the spread of illnesses, such as "human immunodeficiency virus (HIV) and hepatitis C virus (HCV)" (Klevens, Hum, Jiles & Holmberg,

2012:3). This has undoubtedly increased the disease burden and significantly impacted the public health system due to increased substance use treatment admission as well as the accompanied medical conditions (Degenhardt, Charlson, Ferrari, Santomauro, Erskine, Mantilla-Herrera & Vos, 2018:987). With that said, the treatment episode data set (TEDS) 2000-2020 report divulges that about 15.7% of substance use admission treatments are due to injection administration, and the remaining percentage relates to other administration methods (Bormann & Arndt, 2023:201). Thus, substance abuse has a considerable impact on individuals and the public health system.

Additionally, it is revealed that people suffering from mental disorders tend to also suffer from physical illnesses including obesity and cardiovascular diseases (McElroy & Keck, 2012:650). For this reason, the antipsychotic treatments for mental health disorders are often the potential causes of physical illnesses, such as abnormal blood pressure, heart rate, and glucose (Britvic, Maric, Doknic, Pekic, Andric, Popovic & Jasovic-Gasic, 2013:413). In this regard, a link between mental disorders and unhealthy lifestyle behaviours is evident. There exists a high prevalence of unhealthy lifestyle choices, such as drug abuse, alcohol misuse, poor diet, and hygiene issues in individuals with mental health disorders (Cerimele & Katon, 2013:18). This shows that co-occurring disorders have dire health outcomes.

2.4.4 Management of co-occurrence of opioid use and mental health disorders

Co-occurring disorders are complex bio-psychosocial problems that require meticulous treatments as those with these disorders mostly struggle to respond and adhere to treatment (Butler, Indig, Allnut & Mamoon, 2011:188). Both conditions must be treated, and the treatment mainly consists of a combination of pharmacological and behavioural treatments (Vieta, Grande, Schulze, Carvalho, Suppes, Calabrese, Gao, Miskowiak, & Berk, 2018:1) as described below.

- **Pharmacological therapies**

Opioid use and mental health disorders are treatable, and Gloeck, Harris, Webb and Scheibe (2021:68) posit that in South Africa, opioid use disorder is treated with opioid substitution therapy (OST), which in most cases methadone is used as an OST. Other medications include “buprenorphine and naltrexone” (Leshner & Mancher, 2019:2), which work in similar ways as methadone to reduce opioid use, lessen injecting, improve health, prevent transmission of diseases and criminal activities, and normalise social functioning

(Marks, Scheibe & Shelly, 2020:1). Mental health disorders can also be treated with drugs that include antipsychotic, antidepressants, and mood stabilisers to manage the symptoms (Geddes & Miklowitz, 2013:1674). These medications may be administered alone or with other medications depending on the severity of the disorders (Grande, Berk, Birmaher & Vieta, 2016:1566). Although the above medications have been postulated to treat opioid use and mental health disorders, their effectiveness is not clearly illustrated. It is, therefore, clear that these medications can only be effective when an individual complies with them, as well as when the individual is eager to modify or change behaviour.

- **Behavioural therapies**

Behavioural treatments are therapeutic interventions that assist service users and significant others in managing disorders by educating them about the illness, addressing medication compliance and adherence, enhancing effective coping mechanisms, and identifying and preventing relapses and admissions (Miziou, Tsitsipa, Moysidou, Karavelas, Dimelis, Polyzoidou & Fountoulakis, 2015:3). These therapies are provided by health professionals in an inpatient or outpatient facilities, and they normally include cognitive behaviour therapy, individual and group psycho-education and contingency management, which can be used in combination with medical treatments to improve psychosocial health and promote recovery of service users (Gitlin & Milkowitz, 2017:153). Thus, the treatment of opioid use and mental health disorders is diverse and necessitates a multi-disciplinary approach during interventions. It is implicit that to effectively treat these disorders both medical and behavioural interventions ought to be offered to service users.

2.5 Social work services in substance use and mental health facilities

Treatment of co-occurring disorders requires a multi-professional team approach with various interventions including medical, psychological, and social services (Wells, Kirstman-Valente, Peavy & Jackson, 2013:279). The biological, emotional, psychological, and social aspects accompanying substance use and mental health disorders are normally incorporated into treatment (Matto, Strolin-Goltzman & Ballan, 2014:229). Additionally, in substance abuse settings, social workers particularly use harm reduction approaches to treatment, which focus on addressing and reducing the harm associated with substances rather than total abstinence from substances, which is emphasised by traditional treatment

methods (Vakharia & Little, 2017:65). The following data outline social work services in substance use and mental health care practices.

2.5.1 Assessment

Social workers conduct assessment "through monitoring participation in data gathering on the epidemiological, medical, and social needs of their clients, conducting needs, assets, and risk assessments of clients to determine the eligibility of services, solving problems to address social, cultural, family, and community concerns, and assisting primary care and specialist providers in medical and wellness assessments" (Keefe & Jurkowski, 2013:151). This implies that social workers conduct assessments to establish the causal and risk factors, symptoms, and implications of the problem, and plan for appropriate interventions (Kuerbis *et al.*, 2014:639). In other words, assessment is a process that determines and apprehends the presenting problem. It is critical for in-service delivery to bring forth a proper plan and recommendations to address the problem.

2.5.2 Capacity building and empowerment

Grove, Reupert, and Maybery (2015:377) emphasise that when people are well-informed and conversant with problematic issues affecting them, they can be able to recuperate and adapt to those issues. With that said, service users must be enabled to make effective decisions for their health and to seek the necessary help (Kourgiantakis, Sewell, McNeil, Logan, Lee, Adamson, McCormick & Kuehi, 2019). Accordingly, capacity building and empowerment can lead to recovery as they enable individuals to regain control over their lives (Tew, 2013:364). Social workers have a mandate to make individuals, families, and communities aware of the cause, effects, and treatment of substance and mental health disorders (Wong, Chan, Tsang, Chan, Shum, Lai & Yip, 2021:1). Also, social workers empower individuals, families, and society to refrain from substances; to be concerned about mental health issues; and to use available resources to manage the impending health issues.

2.5.3 Biopsychosocial interventions

Social workers are case managers and psychosocial therapists who can address the psychosocial needs of clients with co-occurring conditions (Kelly & Daley, 2013:403-404). They work with other health professionals using the bio-psychosocial approach to provide behavioural treatments, which include motivational interviewing and cognitive behaviour

therapy to prevent relapses, promote recovery, reduce symptoms of co-occurring disorders as well as assist service users to reintegrate effectively in families and communities (Priester *et al.*, 2016:47-48). Counselling has always been one of the core social work services, and in her study on “the experiences of social workers in the provision of mental health services” Matebesi (2021:61) revealed that social workers constantly conduct counselling programmes with clients who have mental health disorders and their relatives or significant others. These services encompass “psychosocial and support services (therapy), statutory services, placement services and raising awareness on mental health issues” (Matebesi, 2021:61). Thus, social workers focus on preventing and reducing the psychosocial effects of co-occurring conditions on individuals and families.

2.5.4 Promotion of rights and welfare of service users

Social workers espouse policies and rights of marginalised populations. They serve in multi-disciplinary teams and in courts to advocate for the care and rehabilitation of clients (Lander, Howsare & Byrne, 2013:200). They can advocate for service users’ access to available resources and proper implementation of policies and judgments at courts (Powell, Garrow, Woodford & Perron, 2013:379). This signifies that social workers ensure that service users with co-occurring disorders have access to affordable and available services, and they are also judged fairly in courts and society. Thus, social workers espouse the rights and health of vulnerable individuals by ensuring that their challenges are heard and addressed by relevant professionals and institutions.

2.5.5 Care co-ordination

Due to the escalating numbers of co-occurring disorders and the fact that individuals with these disorders often do not seek treatment, social workers are in a position to make proper referrals and link service users with relevant interventions (Donovan, Ingalsbe, Benbow & Daley, 2013:313). For that reason, social workers refer to and partner with relevant professionals and stakeholders to ensure an overall care plan for service users, families, and communities (Mueser, 2013:425). This indicates that social workers form part of multi-disciplinary, inter-sectoral, and multi-sectoral teams that can be linked with the clients for further interventions.

2.6 Factors affecting social work interventions

The issues affecting social work interventions are worth noting. The following information highlights some of the factors affecting social workers when dealing with service users with opioid use and mental health disorders.

2.6.1 Increased workload and burnout

For social workers, it can be a challenge to deal with two or more conditions in one individual as relapses are likely to occur especially where opioid use and mental and social problems are experienced (Ornellas, 2014:52). This suggests that social workers need support, debriefing, and supervision throughout their work as they work with vulnerable individuals and marginalised communities. The study findings of Mamabolo (2021:77) on “the experiences of social workers in the provision of mental health services” reveal that social workers in mental health settings receive either minimal or no support in their work. Social workers highlighted that they normally do not receive support and supervision, and as a result, they feel unenthusiastic about their work (Mamabolo, 2021:79). The researcher noticed that social workers are usually overworked as they mostly have higher caseloads that they find difficult to manage. Thus, those who are overworked and do not receive support and supervision may experience burnout.

2.6.2 Disparities in resource distribution

The common factors affecting social welfare services relate to costs, availability, and accessibility of resources (Van Wyk, 2011:81). In support of this view, Maluleke (2013:67) in his study on “the perceptions of social workers regarding their role in aftercare and reintegration services with substance-dependent persons” found out that social workers are challenged by the inadequacy of resources in organisations. Most organisations are not fully equipped to provide substance abuse and mental health services (Lysova, Allan, Dik, Duffy & Steger, 2018:374). Additionally, many available institutions providing these services are not functional due to a lack of funding (Maluleke, 2013:70). As a result, social workers may not be properly remunerated as most organisations rely on government funding and external donations to implement their services, and remunerate employees.

The figure below indicates that to improve the availability and accessibility of resources 1) services must be approachable; 2) all service users must be accepted and not be discriminated against; 3) the facilities and services must always be available and functional;

4) services must be affordable for everyone; and 5) appropriate services and treatment must be provided (Levesque, Harris & Russell, 2013:5).

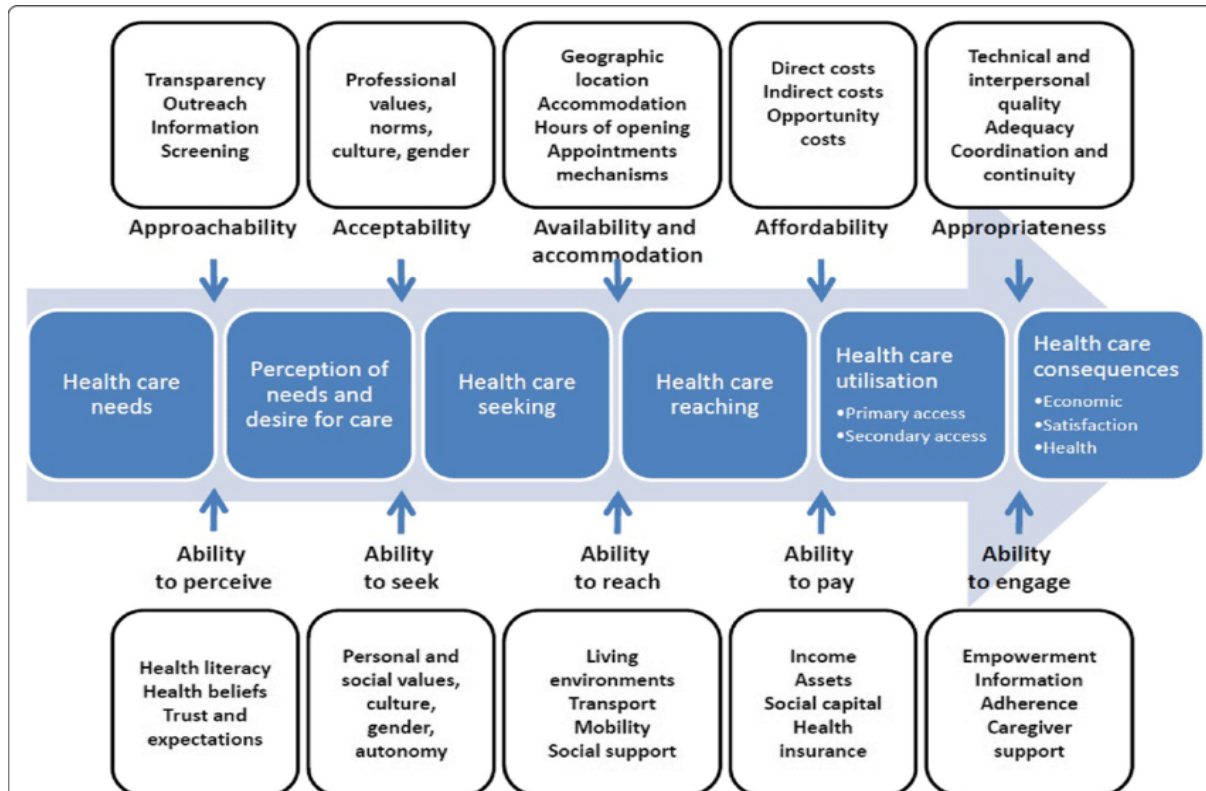


Figure 2.1: Framework of access to healthcare

Source: Levesque, Harris and Russell (2013:5)

2.6.3 Incapacity in the provision of mental health services

Social workers and other health professionals ought to be aware and well-trained to assess, identify, and treat mental health disorders (Shaffer & Wendt, 2015:109). The main factor affecting social workers relates to the inadequacy of education, knowledge, and preparation to clinically work with individuals with mental disorders (Wells *et al.*, 2013:12). Social workers in the study of Olckers (2013:166-169) on “a training programme in the DSM system for social workers” expressed the need to treat mental health disorders by applying the DSM. However, social workers are unable to make diagnostic decisions as some of the mental health treatments require specialised training, which social workers do not possess (Olckers, 2013:163). This implies that social workers may not be fully trained regarding mental health issues (Bila, 2019:359). The researcher urges that social service professionals must have a

thorough understanding and training to treat mental health disorders. Having knowledge and educational training on perturbing psychosocial problems can be beneficial to social workers, the profession, and society at large.

2.7 The constitutional mandate of social work services in the field of substance use and mental health disorders

In South Africa, various pieces of legislation, and the South African Council for Social Service Professions (SACSSP) make provisions and mandate social service professionals to curb the use of substances and the occurrence of mental health disorders. This study focused on the Prevention of and Treatment for Substance Abuse Act 70 of 2008, the Mental Health Care Act 17 of 2002 together with the Social Service Professions Act 110 of 1978.

2.7.1 Prevention of and Treatment for Substance Abuse Act 70 of 2008

This act regards substance use disorder as a serious illness and mandates social service professionals to prevent and treat substance use-related problems (Smook, Ubbink, Ryke & Strydom, 2014:64). The act outlines the responsibilities of service professionals and facilities providing substance use services. It is normally used in conjunction with the recent National Drug Master Plan 2019-2024 (NDMP4) to provide holistic interventions to clients and their significant others to alleviate the social, emotional, mental, and physical effects of substances (Lutchman, 2015:70). In other words, this act is a guide utilised to combat substance use and related challenges. It was applicable in this study to offer a complete viewpoint of substance use disorders along with their services.

2.7.2 Mental Health Care Act 17 of 2002

The Mental Health Care Act 17 of 2002 recognises mental disorders and highlights the roles and tasks of mental health care professionals, clients, and the facilities thereof. This legislation has been regarded as one of the global superlative pieces of legislation addressing and advocating for the rights and well-being of individuals with mental challenges (Burns, 2011:99). The professionals treating service users with mental health problems have been mandated by the Mental Health Care Act 17 of 2002 to render effective and professional services to service users. Social workers have since been one of the leading service providers of mental health services (Bila, 2019:348), and for that reason, section 17 of the Mental Health Care Act 17 of 2002 regards social workers as mental health

professionals who collaborate with other health practitioners to address mental health issues (Mashabane, 2018:7). This indicates that social workers are recognised as health professionals who can address mental health challenges.

The National Mental Health Policy Framework and Strategic Plan were introduced in South Africa to support the Mental Health Care Act 17 of 2002 in addressing mental health impediments and reducing the mental health burden (Matlala, Maponya, Chigome & Meyer, 2018:46). Together, these policies serve to guide the prevention and treatment of mental health conditions. They were applicable in this study to improve knowledge and understanding regarding the treatment of mental health conditions and to comprehend the roles of social workers within the mental health care field.

2.7.3 Social Service Professions Act 110 of 1978

The South African Council for Social Service Professions (SACSSP) outlines the registration of social service professionals when providing professional services to all individuals including those with substance use and mental health challenges (Rautenbach & Chiba, 2010:28). Social service professionals ought to affiliate with the SACSSP yearly (Engelbrecht & Strydom, 2015:230). This council ensures that services are provided by qualified and competent social service professionals following the code of ethics and the Social Service Professions Act 110 of 1978 (Proudlock, Lake, Jamieson & Draga, 2013:19). The SACSSP and the Social Service Professions Act 110 of 1978 complement each other as they guide service delivery within the social work profession. They were applicable in this study since social workers who were partaking in the study needed to be registered with the SACSSP and possess the relevant experience in working with service users with co-occurrence of opioid use and mental health disorders.

2.8 Community-Oriented Substance Use Programme (COSUP)

Community-Oriented Substance Use Programme (COSUP) is the first funded Community-Oriented Substance Use Programme that was implemented in 2016 to respond and to deal with the escalating opioid use statistics, specifically in Tshwane, South Africa (Tshabalala, Smalley, Louw, Capati, & Cooke, 2019:188). This programme utilises a harm reduction approach (Scheibe *et al.*, 2020:1). It employs health professionals, such as social workers and psychologists, who coordinate patient care (Hugo, Maimela, Janse van Rensburg,

Heese, Nakazwa & Marcus, 2020:6). This indicates that professionals such as social workers are at the forefront of improving the psychosocial well-being of service users at COSUP. For that reason, the study was mainly focused on the perceptions of social workers at COSUP regarding service users with co-occurrence of opioid use and mental health disorders.

2.8.1 Methadone programme

Methadone is a medicine normally used in the treatment of chronic pain and opioid use disorders (Ansari & Flood, 2020:1033). It is regarded as a safe and sound medication used to assist individuals to successfully deal with opioid use issues and retain proactive lives (Substance Abuse and Mental Health Service Administration (SAMHSA), 2022). Methadone is consumed once daily (Samet, Botticelli & Bharel, 2015:7) in the form of a liquid or a pill (Hawley, Wing & Nayar, 2015:4). Since methadone is widely recognised as a treatment for opioid use disorders, it can be deduced that service users who adhere to it can be able to maintain normal lives and eventually recover from opioid use disorders.

The methadone programme is one of the core programmes offered at COSUP (Scheibe, Ncube, Nonyane, Coetzee-Spies, & Marcus, 2023); where individuals who smoke and inject opioids are provided with methadone to treat opioid addiction (Scheibe *et al.*, 2020:4). This programme is postulated to promote the health and well-being of opioid users by reducing mental illnesses, criminal activities, and unemployment, and lowering the transmission of infectious diseases (Craig, 2012:103). Individuals with opioid use problems usually present with severe withdrawal symptoms, they are often given higher methadone doses to enable them to remain in the treatment programme (Psychiatric Research Institute (PRI), 2022), and to alleviate withdrawal symptoms (Le, Nguyen, Dang, Nguyen, Vu, Nguyen, Latkin, Ho, Ho, Tran, Ying & Zhang, 2020:2). The researcher regards COSUP's methadone programme as an effective substance use treatment initiative in Tshwane, South Africa, due to its success stories. This programme can be beneficial to South Africa once it is implemented in all South African provinces and all high-risk opioid use areas.

2.9 Summary

The literature review revealed that South Africa is drastically affected by substance use and mental health disorders. The literature review also divulged the complexity and reciprocity

between opioid use and mental health disorders. From the literature review, it can be posited that dealing with co-occurring opioid use and mental health disorders is challenging for social workers. It is, therefore, vital to equip social workers with the relevant education and support as they are essential service providers for the co-occurrence of opioid use and mental health disorders. The following chapter discusses the research methods and empirical findings of the study.

CHAPTER 3: RESEARCH METHODS AND EMPIRICAL FINDINGS

3.1 Introduction

The previous chapter reviewed literature relevant to this study. This chapter describes the research methods for the study. It particularly focuses on the research approach, type of research, and research design. It also explains the study population and sampling methods used during the selection of participants. Furthermore, it provides a detailed description of methods used for the collection and analysis of data as well as for ensuring data quality and ethical aspects. Lastly, the study results, which are corroborated by literature and quotes from interviews, are illustrated using themes and sub-themes.

3.2 Research approach

Research approaches are strategies, processes, and methods used for data collection, analysis, and interpretation (Bean, Mustapa & Mustapa, 2019:212). This study utilised the interpretivism paradigm, gathering the views of individuals, and then making inputs and interpretations (Jansen, 2020:23). These views were analysed and interpreted by the researcher to formulate a hypothesis. Subsequently, the researcher adopted a qualitative research approach. A qualitative approach was appropriate for this study due to its flexibility and because it endeavours to clarify the topic of the study (Fouché, 2021:41). This approach shed more light on the topic of the study as it has never been explored before.

3.3 Type of research

Applied research was appropriate for this study as it attempts to provide solutions to current social problems in practice (Adler & Clark, 2015:360; Department of Social Work and Criminology, 2017:4). Concerning this study, applied research assisted in understanding the perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders, and offered solutions in this regard. It improved knowledge regarding social workers' experiences and services for co-occurring disorders. Thus, the study results can offer the social work profession, including the legislatures, policies, service providers, and institutions useful information to facilitate problem-solving processes and promote service delivery by strengthening the policies and improving the effectiveness of substance use and mental health care interventions.

3.4 Research design

A research design is a method used to clarify the research problem and answer the research question (Tie, Birks & Francis, 2019:1). An instrumental case study design was utilised to obtain data relating to the research problem. Yin (2014:16) regards an instrumental case study as an experiential investigation that aims to explore more about the current problem "within its real-life context, especially when the boundaries between phenomenon and context may not be evident". An instrumental case study was appropriate to obtain thorough information about the topic. It provided new information relating to the research problem. It improved knowledge and insight concerning the perceptions of social workers, the services and treatment methods used, as well as the challenges experienced when rendering services to service users with co-occurring disorders.

The purpose of the research was exploratory and descriptive. Stebbins (2019:2) states that exploratory research in the social sciences field seeks to "study, examine, analyse, and investigate something". In other words, an exploratory research purpose intends to fully understand and explain the topic, especially if it has never been explored before. A descriptive purpose also aims to provide a precise viewpoint of the subject being studied. It details the experiences, events, people, objects, and places relating to the study (Lambert & Lambert, 2012:256). Utilising a case study research design was also explorative and descriptive in nature. The exploratory and descriptive research purposes were relevant to respond to the research question. Through the exploratory and descriptive research purposes, the research explored and described the perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders as per the goal of the study.

3.5 Research methods

The methods used in this study are outlined below. In this process, the researcher focused on the study population, sampling method, data collection, data analysis, and trustworthiness of data as well as ethical aspects and findings.

3.5.1 Study population and sampling

The study population for this study was all social workers at COSUP who have experience in working with service users with co-occurrence of opioid use and mental health disorders.

The target population that the researcher planned to study was ten social workers employed at COSUP. Non-probability purposive sampling was utilised to select the participants. This means that participants who possessed relevant perceptions and experiences regarding service users with co-occurring opioid use and mental health disorders participated in the study (Maree & Pietersen, 2020:220). However, only four social workers participated in the study. The researcher experienced challenges in finding ten participants as planned. After obtaining permission and ethical clearance for the study, the researcher contacted the COSUP supervisor who connected the researcher with participants. The researcher explained the study to the supervisor. The supervisor then informed the social workers about the study and those who were interested were connected with the researcher. Only four social workers were willing to participate in the study. Other social workers did not express interest in being research participants. Consequently, having a small sample size is a limitation for this study as there was a possibility of not reaching data saturation. To deal with this limitation, sufficient data was collected with all four participants to reach data saturation and make relevant conclusions regarding the study.

The four participants met the following inclusion criteria.

- The participants had to be social workers working at COSUP with at least one year of experience.
- The participants had to be registered with the South African Council for Social Services Professions (SACSSP) as social workers and they had to sign an informed consent to partake in the study.
- The participants had to be working with service users with co-occurrence of opioid use and mental health disorders.
- The participants had to be working with service users who were using the methadone harm reduction method.

3.5.2 Data collection

Semi-structured interviews were used to collect data. These interviews are the key sources of data collection in qualitative research (Greeff, 2011:342), hence they were chosen. According to Wagner, Kawulich and Garner (2012:133), qualitative interviews are reliable sources of information as they give detailed data that help researchers gain an adequate understanding of the perceptions of participants. The semi-structured interviews provided thorough information relating to experiences, viewpoints, and descriptions of the topic and

also provided flexibility among the researcher and the participants. The researcher opted for virtual interviews through Google Meet because the researcher and participants could not meet face to face. The duration of each interview was approximately sixty minutes. An interview schedule guided the interviews, and all interviews were audio recorded with consent from participants.

3.5.3 Data analysis

Thematic analysis was used to analyse the information collected. This analysis method was selected because it is vital in analysing data collected using interviews, and it can assist in presenting ideas and themes in the data collected (Cartwright, 2020:3). Thematic analysis constantly reports on and bonds the collected data. The following six phases, unique to thematic analysis, were followed.

3.5.3.1 Phase 1: Familiarisation

The researcher in the first phase of thematic analysis became familiar with the data by continuously scrutinising the transcripts and listening to voice recordings (Maguire & Delahunt, 2017:3355). The researcher made sure to understand the data first before preparing it for coding. This included revisiting the goal, objectives, research question, and the theoretical frameworks to ensure that they correspond with the data (Isaacs, 2014:321). The researcher also identified items of interest from the notes, transcripts, and recordings made during the interviews.

3.5.3.2 Phase 2: Generating initial codes

The researcher reduced data and arranged it logically (Terry, Hayfield, Clarke & Braun, 2017:10). The researcher started by summarising each transcript to reduce the data and to generate common ideas and items of interest into codes. Then the similarities in data were highlighted with a different colour to differentiate the codes (Terry *et al.*, 2017:12). The coded data was placed in the data analysis document. Both semantic and latent coding were used. During semantic coding, the data was taken out as it is, and in latent coding, the focus was on the underlying meaning of the data (Byrne, 2022:1397).

3.5.3.3 Phase 3: Generating themes

During this phase, the generated codes were assembled into broader themes relating to the data (Mortensen, 2021). The researcher noted all the themes that properly answered the research question. All the themes appeared significant to the research problem as the researcher did not yet establish which themes were important and which ones were not (Kiger & Varpio, 2020:851). Thus, different themes were formed; of which some would be sub-themes.

3.5.3.4 Phase 4: Reviewing potential themes

Clarke, Braun and Hayfield (2015:238) emphasise that researchers in this phase discontinue generating themes and determine whether the existing themes relate to the codes and data set. The researcher revisited and revised the generated themes to determine their relationship and if they relate to the study (Castleberry & Nolen, 2018:812). The themes that were ideal for the study were modified and reserved, and those that did not fit the study were removed (Kiger & Varpio, 2020:851). The reserved themes were different, but they had a relationship.

3.5.3.5 Phase 5: Defining and naming themes

The themes in this stage were described and given appropriate names that will be used in the research report (Vaismoradi, Jones, Turunen & Snelgrove, 2016:105). The researcher analysed, described, and named all the themes. Each theme was explored to determine which data set it represents and whether it links to other themes (Kiger & Varpio, 2020:852). The sub-themes were also defined and linked with the main themes. The themes were discussed with the research supervisor to determine if they relate to the phenomenon under study.

3.5.3.6 Phase 6: Producing the report

Lastly, the researcher reported on the entire process of thematic analysis and presented the finalised themes (Nowell, Norris, White & Moules, 2017:10). The thematic analysis process was narrated in the report and presented in a manner that describes the research problem and responds to the research question. In the report, the analysed data was presented in the form of themes and sub-themes, and it was substantiated by literature and direct quotations from participants (Clarke *et al.*, 2015:242).

3.6 Data quality

Trustworthiness of data is very crucial in qualitative research as it ensures legitimacy in data analysis, interpretation, and finalisation of results (Nieuwenhuis, 2020:143). The criteria that were employed to increase the trustworthiness of data are “credibility, transferability, dependability, and confirmability” (Anney, 2014:276-279). The researcher assessed the trustworthiness of data by using the following criteria to ensure that constant and reliable results are generated.

3.6.1 Credibility

Credibility is the extent to which the study findings are truthful and correspond with the views or information obtained from participants and literature (Korstjens & Moser, 2018:121). This means that the correct information needs to be reflected and the results must be truthful. The researcher ensured credibility by checking with participants to establish whether their views were correctly presented. The researcher also consulted relevant literature sources to be acquainted with the study topic (Lietz & Zayas, 2010:193). Furthermore, the research supervisor was continuously consulted to seek guidance to produce accurate findings. Additionally, the researcher engaged in discussions with a colleague who has experience in substance use and mental health care services to verify if the methods and findings are appropriate for the study. This means that the researcher utilised triangulation, peer debriefing, and member-checking strategies to enhance the credibility of the study.

3.6.2 Transferability

Transferability includes the efforts of researchers to provide a thorough explanation of participants, methods used, and processes followed to ensure that the "findings are applicable or transferable to another" (Dana-Gica, Anäsco & Jose, 2021:30). Triangulation was applied by consulting literature sources relating to the study to ensure that this study corresponds with other similar studies. Thus, transferability was guaranteed by ensuring that the processes and results of the study could be utilised by other researchers and be related to similar studies and settings. The inclusion criteria, research methods, processes, and findings were detailed in the study so that they could be compared or transferred to similar studies.

3.6.3 Dependability

Dependability is how the data remain stable throughout the study and under different circumstances (Elo, Kääriäinen, Kanste, Pölkki, Utriainen & Kyngäs, 2014:2). Dependability was assured through an audit trail (Nieuwenhuis, 2016:124) where the researcher recorded all the processes of the study on a Microsoft Word document. The notes, transcripts, and voice records also recorded the important details of the study. Peer examination was also used whereby the researcher engaged in discussions with one of the fellow students regarding the study.

3.6.4 Confirmability

Confirmability is the proficiency of researchers to maintain records of all the research processes (Cypress, 2017:258). The researcher used an audit trail to maintain records of the study. The records of the study, such as the informed consent, interview schedule, permission and ethical clearance letters, transcripts, and voice records are safely stored.

3.7 Pilot study

A pilot study is “an experiment, project, or development undertaken in advance of a future wider experiment, project, or development” (Fraser, Fahlman, Arscott & Guillot, 2018:261). It is a study that is carried out ahead of time to evaluate the appropriateness or usefulness of the planned methods and processes. In this regard, the researcher employed the three core aspects of pilot testing. These aspects are described below.

3.7.1 Literature review

A literature review is a method in which researchers consult literature sources relating to the study. During this process, the different types of available and recent sources are consulted (Strydom, 2021b:3). During the literature review for this study, different literature sources such as books, journals, and encyclopedias were consulted to determine the availability of data relating to the study and also to be acquainted with the topic. These sources assisted the researcher in ascertaining the availability and efficacy of literature relating to the context of the study.

3.7.2 Interviews with experts

Experts are people who possess the relevant expertise regarding the topic, methods, processes, and issues surrounding the study (Chaudhary & Israel, 2017:2). These are the people who can, for example, review the measuring instrument, and also provide valuable inputs regarding the study. The researcher contacted the research supervisor to give guidance and feedback regarding all aspects of the study. The supervisor made valuable inputs from the beginning to the end of the study.

3.7.3 Pilot testing

During pilot testing, feasibility studies, which are small studies or trials, are conducted to determine the costs, time, and methods suitable for the study (Malmqvist, Hellbery, Möllås, Shevlin & Rose, 2019:2). The practicability concerning this study was analysed by addressing and exploring the methods, processes, procedures, as well as anticipated challenges before commencing with the actual study. By so doing, the researcher successfully determined the costs, time, and methods applicable to the study. Due to challenges in finding participants for pilot testing, the researcher was unable to test the measuring instrument with participants who fit the inclusion criteria. However, the researcher reviewed the measuring instrument with one of her colleagues who is knowledgeable about the phenomenon under study to assess the nature of the questions (van Wijk & Harrison, 2013:576), and to approximate the time it will take to collect data. The results of the pilot test were excluded from this study.

3.8 Ethical considerations

Ethics are specific guidelines that determine the proper and responsible conduct of the researcher in undertaking all the processes and procedures of the study (Adler & Clark, 2015:462). This means that ethics guide and enable researchers to conduct fair studies that do not infringe on human rights. The following ethics were considered.

3.8.1 Voluntary participation

Participants were not compelled to partake in the study (Arifin, 2018:30). They were offered time to choose whether they wanted to partake in the study or not (Babbie, 2017:63). The participants were briefed beforehand and allowed to decide on their own whether they want

to partake in the study or not. They were not misled or persuaded to participate in the study. Their participation was voluntary.

3.8.2 Informed consent

Participants were oriented about all the facets of research ahead of time. This included the purpose, procedure, time frame, potential risks, provision of voluntary participation, termination, and an offer to provide a summary of the findings (Mogorosi, 2018:90). All the participants signed an informed consent beforehand and gave permission to record the interviews (Neuman, 2014:75). Participants were also informed that their information will be kept for about 10 years at the University of Pretoria, and it may be utilised for future research studies.

3.8.3 Confidentiality

Confidentiality is an ethical principle that protects the identity and privacy of participants (Fleming & Zegwaard, 2018:211). The researcher informed and ensured that participants' information was not disclosed without their consent, it was kept private. Participants were made aware that their information would not be linked to them; their names would not be mentioned in the study. The code names were used to safeguard the information and identity of participants. Furthermore, participants were made aware that only the researcher and the supervisor would have access to their information, including the voice records. Data is safely stored in a flash memory device and locked in a file cabinet.

3.8.4 No harm

Participants can be harmed emotionally and physically (Babbie, 2017:71). In this study, there was an anticipation of potential emotional harm relating to the exploration of social workers' experiences. To avoid this potential harm, the researcher phrased and asked questions appropriately and acceptably. The researcher also debriefed participants after each interview and had a social worker in place to debrief and counsel participants who required further counselling. However, no participant indicated a need for further counselling.

3.8.5 Working with gatekeepers

Gatekeepers are individuals who give or deny the researchers' permission to access participants (MacFadyen & Rankin, 2016:83). The researcher established a trusting

relationship with gatekeepers at COSUP (Turhan & Bernard, 2020:3065). Permission from the authorities at COSUP to undertake the study in their institution and with their staff was obtained before the inception of the study. The researcher also frequently communicated with the supervisor at COSUP about the study and access of participants. The COSUP supervisor connected the researcher with the participants.

3.9 Empirical findings and interpretation

This section highlights the biographic data of participants. The research findings and interpretation are also discussed in this section.

3.9.1 Biographical details

The biographical particulars of all participants are presented in the following table. The details herein were collected during the interviews which were guided by the interview schedule. Code names were allocated to all participants to preserve their privacy and maintain anonymity as per the above ethical considerations. The biographical details included age, gender, marital status, home language, site stationed, working experience, qualifications, university attended, and SACSSP registration. Some of these details are elaborated further and substantiated with literature to compare the information of participants.

Participant code	Participant 1	Participant 2	Participant 3	Participant 4
Age	31	27	33	23
Gender	Male	Female	Female	Female
Marital status	Single	Single	Single	Single
Home language	Xitsonga	Setswana	Xitsonga	Setswana
COSUP site	Soshanguve/Ga-Rankuwa	Mamelodi	Mamelodi	Bosman
Working experience at COSUP	2 years	2 years	6 years	1year 3months
Highest qualification	Bachelor of Social Work Currently studying Masters in Social Work	Bachelor of Social Work	Bachelor of Social Work	Bachelor of Social Work Currently studying Masters in Child Protection
University attended	University of Pretoria Current- University of Pretoria	University of Pretoria	University of Venda	University of Johannesburg Current- Northwest University
SACSSP registration	Yes	Yes	Yes	Yes

Table 3.1: Biographical details of participants

Table 3.1 presented the biographical details of the participants. The following data elaborates further on these details.

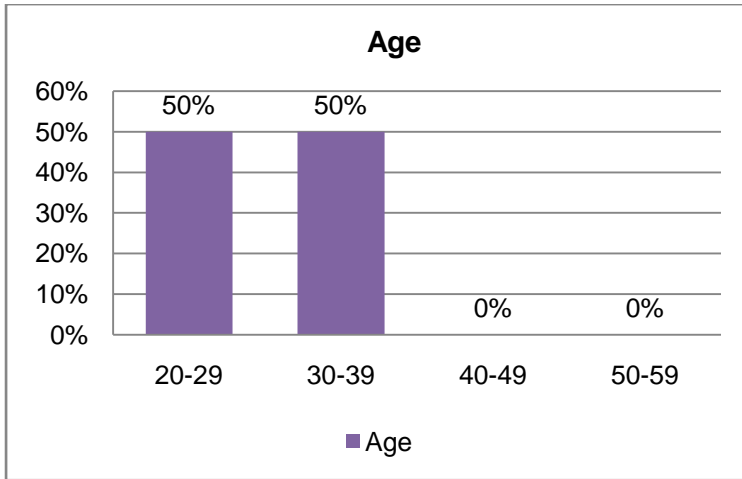


Figure 3.1: Age of participants

Figure 3.1 depicts the ages of the participants. The ages were between 20 and 39 years. Two participants were between the ages of 20-29 (50%) and the other two participants ranged between the ages of 30-39 (50%). No participant was 40 years and above (0%). This shows that all the participants were in their young adulthood stage, which is a stage for individuals who are between the ages of 18-40 years as emphasised by Erik Erikson’s theory of psychosocial development. In this stage of life, individuals begin to establish their careers and hope to accomplish their future goals (Sacco, 2013:140). This gives the idea that the participants may be actively exploring their careers and making valuable decisions about their future. It can thus be assumed that most social workers at COSUP may be in the adulthood stage.

Figure 3.2 demonstrates the gender of participants who participated in the study.

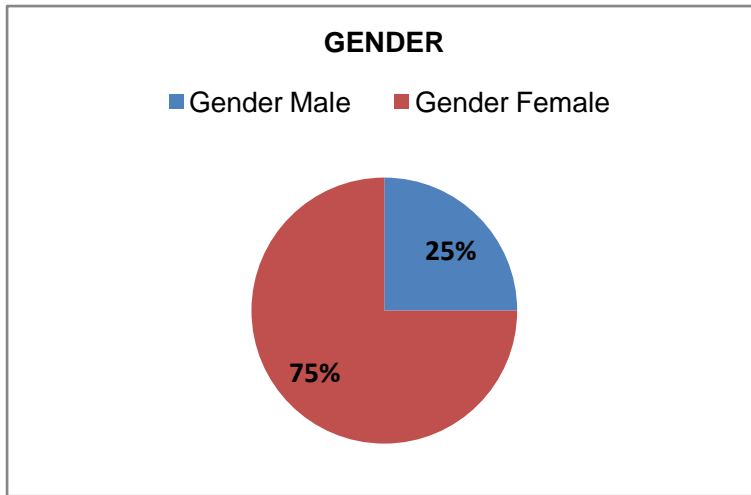


Figure 3.2: Gender of participants

From Figure 3.2, it is apparent that the participants were predominantly females. Out of four participants who formed part of the study, three were females (75%) and one was male (25%). This supports the argument of Khunou, Pillay and Nethononda (2012:121) that “women outnumber men in traditionally caring professions such as social work”. This means that social work is amongst the occupations that have gender disparities as it consists of more females than males. This might suggest that there may be more female social workers than male social workers at COSUP.

Figure 3.3 reflects the home languages of the participants.

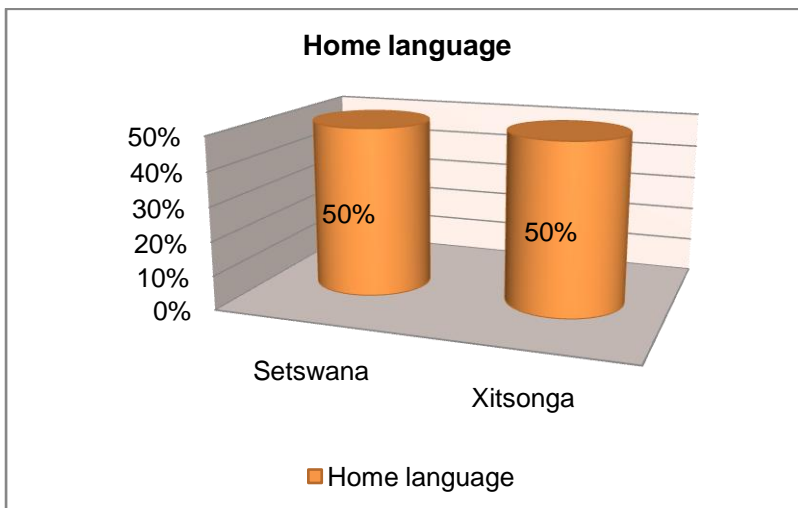


Figure 3.3: Participants’ home language

Eleven official languages are spoken in South Africa with different ethnicities (Donohue & Bornman, 2014). Of the four participants, two participants’ home language was Setswana

(50%) and the other two's home language was Xitsonga (50%). Out of eleven South African languages, only two home languages (Setswana and Xitsonga) were specified by the participants. However, the participants were also proficient in English as all the interviews were conducted in English. This indicates that the participants are fluent in their home languages and in English. The above figure depicts that there is diversity in the participants' workplace.

Figure 3.4 outlines the marital status of the participants.

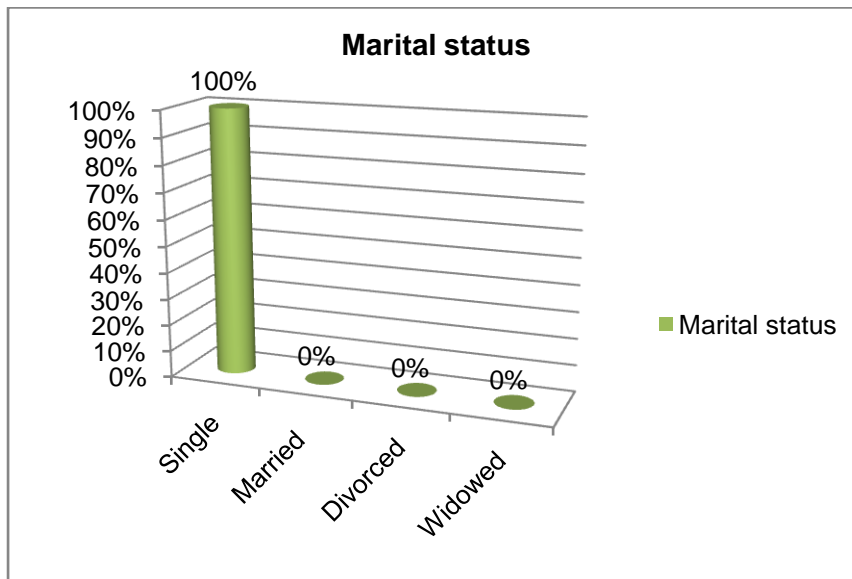


Figure 3.4: Marital status of participants

It is shown in Figure 3.4 that all the participants were single (100%). No participant was married, divorced, or widowed (0%). As all the participants are in the young adulthood stage, they may still be focusing on their careers and in contemplation about marriage and the future as emphasised in Erik Erikson's theory.

Figure 3.5 reveals the information about the work experience of participants in this study.

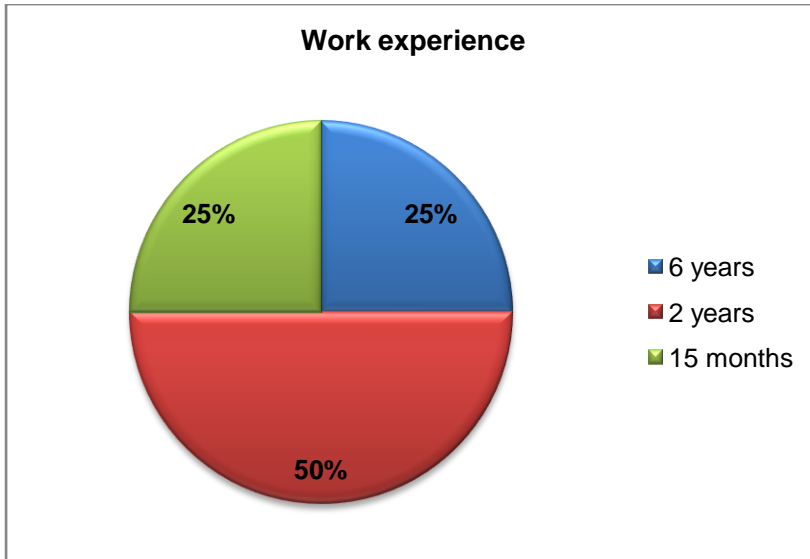


Figure 3.5: Participants' work experience

All the participants in the study were employed at COSUP where the study was conducted. One of the aspects of the inclusion criteria was that the participants ought to have a minimum of one year of experience in working with service users with co-occurring opioid use and mental health disorders. The above figure shows that all the participants met the inclusion criteria as they all had over one year of work experience. Two participants had two years of work experience, one participant had 6 years of work experience, and one had 15 months of experience working with service users with co-occurring disorders. Since all the participants had over one year of work experience, they were considered to be conversant with the co-occurrence of opioid use and mental health disorders and offered rich data relating to the phenomenon under study.

Figure 3.6 illustrates the highest qualifications of participants, the current study and registration with the South African Council for Social Service Professions.

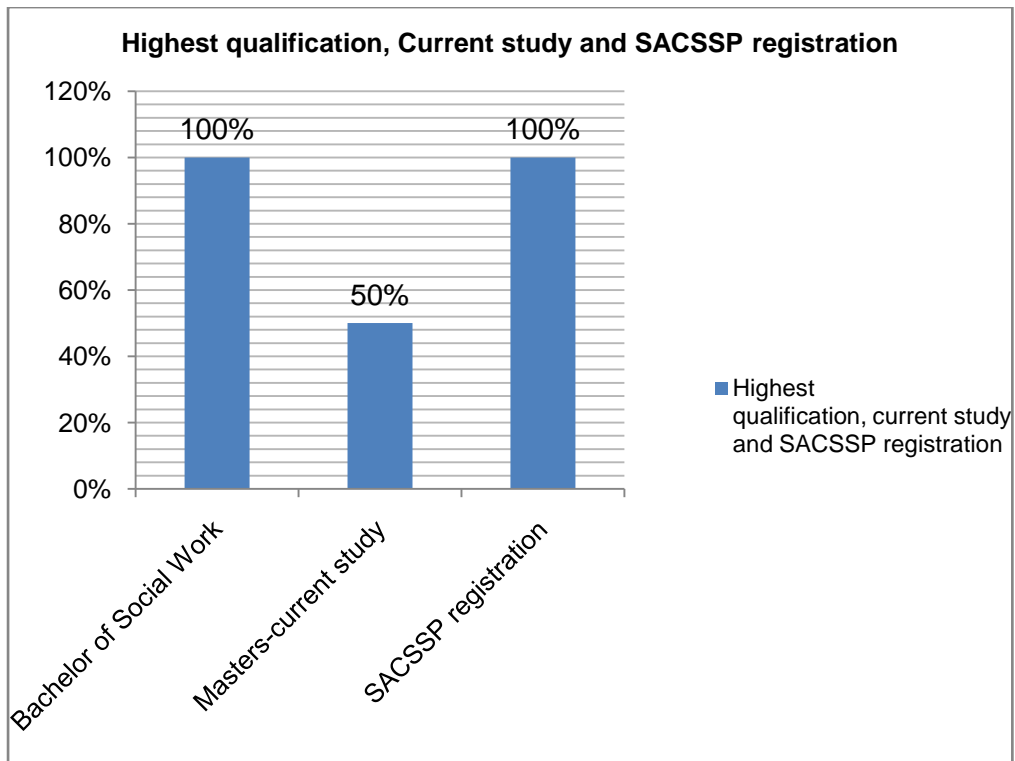


Figure 3.6: Participants’ highest qualification, their current studies, and SACSSP registration

Figure 3.6 indicates that the highest qualification for all the participants is a Bachelor of Social Work degree. Two participants were currently studying for master’s degrees, one was studying for a master’s in social work and the other one was studying for a master’s in child protection. All participants were registered with the South African Council for Social Service Professions. Social workers in South Africa must have a four-year Bachelor of Social Work degree and be registered with the SACSSP before they can practice as social workers (Zelnick, Naidoo, Daftary, Amico, Bhengu, Friedland, Padayatchi & Seepamore, 2018:25). This data signifies that all the participants were qualified and registered social workers. Since being a qualified social worker and being registered with the SACSSP was part of the inclusion criteria, this means that all the participants met the inclusion criteria. Even though the participants are qualified social workers, concerns were identified regarding their capability to deal with co-occurring disorders as indicated in the findings of this study.

3.10 Thematic analysis of the study

The following themes and sub-themes in Table 3.2 have emanated from the analysed data.

Table 3.2: Themes and sub-themes

Themes	Sub-themes
Theme 1: Knowledge and understanding of opioid use and mental health disorders	Sub-theme 1.1 Knowledge and understanding of opioid use disorders
	Sub-theme 1.2 Knowledge and understanding of mental health disorders
	Sub-theme 1.3 Knowledge and understanding of co-occurring opioid use and mental health disorders
	Sub-theme 1.4 Knowledge and understanding of the factors contributing to co-occurring opioid use and mental health disorders
	Sub-theme 1.5 Knowledge and understanding regarding the treatment of co-occurring opioid use and mental health disorders
	Sub-theme 1.6 Knowledge and understanding of policies guiding substance use and mental health practices
Theme 2: Experiences of social workers in working with service users with co-occurring opioid use and mental health disorders	Sub-theme 2.1 Meaningful experiences
	Sub-theme 2.2 Unfavourable experiences
Theme 3: Roles and tasks of social workers when working with service users with co-occurring opioid use and mental health disorders	Sub-theme 3.1 Social workers as counsellors and therapists
	Sub-theme 3.2 Social workers as educators
	Sub-theme 3.3 Social workers as advocates
	Sub-theme 3.4 Social workers as facilitators
	Sub-theme 3.5 Social workers as brokers
	Sub-theme 3.6 Social workers as researchers

Themes	Sub-themes
Theme 4: Challenges experienced by social workers when rendering services to service users with co-occurring opioid use and mental health disorders	Sub-theme 4.1 Lack of support and supervision
	Sub-theme 4.2 Lack of adequate resources and referral links
	Sub-theme 4.3 Lack of educational training
Theme 5: Strategies to improve services regarding the co-occurrence of opioid use and mental health disorders	Sub-theme 5.1 Development and implementation of mental health training for social workers
	Sub-theme 5.2 Community education at all levels (micro, mezzo, and macro)
	Sub-theme 5.3 Ensuring access and availability of resources
	Sub-theme 5.4 Implementation of harm reduction programmes

3.10.1 Theme 1: Knowledge and understanding of opioid use and mental health disorders

This theme focuses on revealing how the participants comprehended the co-occurrence of opioid use and mental health disorders. The participants' knowledge and understanding of opioid use and mental health disorders as well as the contributing factors, treatment, and guiding policies regarding these disorders were explored. Six sub-themes emerged.

- **Sub-theme 1.1 Knowledge and understanding of opioid use disorders**

The participants provided their perspectives regarding opioid use disorders. The following statements demonstrate the participants' views and knowledge of opioid use disorders. However, one participant seemed not to have an adequate perspective of opioid use disorders.

PAR 1 - "Opioid use disorder is a type of disorder that people usually have to live with for a long time... for years because once you reach opioid use disorder status you are now dependent on opioids. To give an example is that people who use nyaope or heroin have to depend on heroin for their everyday functioning, they take

the person from a very well-functioning individual to a person who now has to live on the fix on a day-to-day basis.”

PAR 2 – “My understanding of opioid use disorders... they refer to it as heroin or nyaope. So, I know that people are using heroin or nyaope, they most likely use it using cannabis or with injection. So the drug makes them dependent on it. So, I know it’s physical and also there’s psychological reliance to it, and it is a long term like it’s difficult for a person who has opioid use disorder to say I am quitting like now instantly...”

PAR 4 – “So what I understand about this term opioid use disorder is when someone is dependent on opioids to an extent that they are not able to function without taking or consuming the opioids, so they rely on it to function. For example, for one to be able to sleep or to be able to get on with their normal day activities, they have to first consume the opioids. So that’s my understanding.”

Concerning the knowledge and understanding of opioid use disorders, Marsden *et al.* (2019:1347-1348) insinuate that for practitioners to clearly understand opioid use disorders, they must be conversant with the symptoms of these disorders. Considering this, the above participants seem to have sufficient knowledge regarding opioid use disorders as they made mention of the symptoms and effects thereof. Furthermore, to have a sufficient understanding of opioid use disorders, Taylor *et al.* (2021:3814) refer to the harm reduction model. This model is a practical framework that focuses on reducing substance use-related harm (Wakeman, 2019:169). It emphasises that substance use harm can be successfully reduced when practitioners are knowledgeable regarding the types, indications, and treatment for opioid use disorders (Taylor *et al.*, 2021:3814). Additionally, Atkins (2018:27) alludes that the accurate meaning and diagnosis of opioid use disorders are provided in the DSM-5. Thus, service practitioners including social workers must be familiar with the harm reduction approach and the DSM-5 to have a holistic perspective of opioid use disorders.

Conversely, the following participant was not certain about the term opioid use disorders. This indicates that this participant does not completely understand the meaning of opioid use disorders.

PAR 3 – “I’m not sure I understand opioid use disorder because the way I understand opioid is the medication that we give them, because there’s a medication, we give them and it is called opioid. I’m not sure about the word opioid use disorder.”

The social worker’s uncertainties in understanding substance use disorders are noted by Sheir, Graham and Keogh (2019:1770) who conducted a literature review on “social workers’ involvement in the treatment of opioid use disorders”. Sheir, Graham and Keogh (2019:1761) argue that social workers who possess the relevant knowledge and understanding regarding opioid use disorders are in demand. This implies that not all social workers are knowledgeable about opioid use disorders. They may not fully understand all the substance use and related disorders in the DSM-5. Accordingly, the harm reduction and bio-psychosocial models demonstrate that a holistic perspective that includes viewing the disorder in a broader context by exploring and linking its determinants can enhance knowledge and understanding of opioid use disorders (Richert, Stallwitz & Nordgren, 2023:6). Social workers must systematically understand opioid use disorders to be knowledgeable and be able to treat them.

- **Sub-theme 1.2 Knowledge and understanding of mental health disorders**

All participants had sound knowledge and understanding of mental disorders. They were aware of the aspects encompassing mental disorders including the symptoms and effects on the individual. The expressions below illustrate the participants’ outlook regarding mental health disorders.

PAR 1 – “Well, mental health disorders and mental illnesses, they range from quite a long spectrum. Here we’re talking about people who exhibit certain behaviours and symptoms because of the way that their realities have changed. Reality is different from how everyone else sees it and such reactions to how they see reality, and then make them fit into a certain category of mental health disorders.”

PAR 3 – “I could say if someone who’s mentally not stable. They are not functioning mentally like they’re not functioning like a normal person. So they have these mental health disorders.”

PAR 4 – “So my understanding of mental health disorders is when someone is not able to fully function mentally, so they have challenges that are hindering them from

functioning well like they are hindering them mentally from just being functional or using their mental capacity the way it is expected or a normal person can.”

The next participant supplemented the above expressions by pointing out the different types of mental health disorders.

PAR 2 – “... I know them from school, like your anxiety, depression, your schizophrenia, your bipolar disorders. So that’s like the general knowledge that I know. There’s a personality... multiple personality disorder. Yeah. So that’s like the general understanding of that.”

The participant assertions above are linked with the description of Sims *et al.* (2020) that mental health disorders are illnesses that have painful emotional, mental, and behavioural incarnations and thereby impair one’s overall functioning. They are various mental conditions that disturb the individual’s mood, thinking, and behaviour (Mayo Clinic, 2022). These definitions are parallel with the participants’ notions of mental health disorders. They also correlate with the bio-psychosocial model’s clarification of mental health disorders. The bio-psychosocial model highlights that mental health disorders are influenced by and affect the biological, psychological, and social aspects of functioning (Babalola, Noel & White, 2017:292). This model also shows that mental health disorders range from a broad spectrum as there is an interconnection of the biological, psychological, and social aspects.

- **Sub-theme 1.3 Knowledge and understanding of co-occurring opioid use and mental health disorders**

Regarding co-occurring opioid use and mental health disorders, participants said the following:

PAR 4 – “So my understanding of co-occurrence of opioids and mental health disorders is when someone is not mentally well, and then they are sort of... what we normally... the word that we normally use is to say escape. So, they use opioids, opioid substances as a way of trying to function. To them it makes them feel like they are okay when they have consumed the opioids.”

PAR 3 – “I could say is the abuse of substances... and then that leads to mental health disorder. So, if a person is abusing substances there’s a chance that they

might end up having mental health disorders... then they develop a mental health disorder. So that's why they have the co-occurring disorders."

Participants seemed to struggle to shed more light on co-occurring opioid use and mental health disorders. These disorders are described as health conditions that include one or more substance use disorders and non-substance use disorders occurring together or consecutively in one person (Ding *et al.*, 2018:2). This definition slightly differs from that of participants. The participants regard co-occurring disorders as the use of substances to deal with mental health disorders. They also stated that substance use normally leads to mental health disorders. In support of the participants' views, Dydyk, Jain and Gupta (2021) affirm that individuals with opioid use disorders tend to also suffer from mental health disorders. In this regard, Andreas, Lauritzen and Nordfjaern (2015:71) hypothesise that social workers must keep abreast of co-occurring disorders to effectively address these disorders. Thus, education on co-occurring disorders is still needed. Education on the harms associated with substance use and mental health disorders is highlighted in the harm reduction model, which suggests that education "is a potent intervention that reduces fatalities" of opioid use and mental health disorders (Taylor *et al.*, 2021:3811). The data above implies that social workers are unaccustomed to the term (co-occurring disorders) and as a result, individuals, practitioners, and communities still need to be educated on these disorders to prevent and tackle their harms as per the harm reduction model.

- **Sub-theme 1.4 Knowledge and understanding of the factors contributing to co-occurring opioid use and mental health disorders**

The quotes below show that all participants are aware and well-informed regarding the factors contributing to co-occurring disorders. The participants emphasised that social, psychological, and environmental issues are the major factors contributing to co-occurring opioid use and mental health disorders.

PAR 1 – "When it comes to the contributing factors, sometimes is the mixing of certain types of drugs that a person uses that leads them to exhibit mental health disorders with other symptoms... and at the same time the use of other substances such as crystal meth contributes to mental health disorders where people now have started to develop anxiety, paranoia, and all such things. Substance use itself has a person developing mental health disorders."

PAR 2 – “I can say trauma, for others, they have experienced trauma, especially maybe childhood trauma, abuse or child neglect. Also, it can be caused by maybe being disadvantaged for some people. For some people your mental health well-being can be affected because you’re disadvantaged, socially or economically. Poverty can lead to that, not having money can lead to that, and the environment that you live in can lead to that because the clients, mostly you get that they have lost someone that they were close to. So, your bereavement can also lead to your mental health disorders or experiencing severe stress. With our clients who are also using substances, the stigma that they experience from the community, and the people that they live with also. It leads to some of the disorders... your depression, your anxiety.”

PAR 3 – “I think the factors that contribute to that... to both is the environment that they are in. So, the environment leads them to smoke, and then after smoking whatever drugs they are smoking, it destroys whatever nervous system or whatever in their brains. Then they develop a mental health disorder. Another factor I could say is family issues. It does contribute a lot. Also, peer pressure contributes to that.”

PAR 4 – “... so mostly its neglect, grief, and rejection, and also, honestly speaking, it’s just a societal pressure...”

The literature and the above quotes reveal that the causes of co-occurring opioid use and mental health disorders are not clear. However, certain factors, such as the social, emotional, mental, and environmental aspects, normally lead to the occurrence of these disorders. In support, Kuerbis *et al.* (2014:633) surmise that certain life events and social aspects such as the death of a loved one, peer pressure, and poverty have significantly resulted in the misuse of substances and exacerbated the occurrence of mental health disorders. The literature further makes mention of hereditary factors of which co-occurring disorders can have genetic predispositions as they can run through families (Jones *et al.*, 2016:721). The above statements corroborate with the bio-psychosocial model that the biological factors which include hereditary aspects; psychological factors which include life events; and social factors which include relationship and family systems are the causal factors related to co-occurring disorders (Van Zyl & Geyer, 2019:206). The participants’ views, literature, and the bio-psychosocial model show that there is an interplay of various aspects (biological, psychological, emotional, and social aspects) regarding the co-occurrence of opioid use and mental disorders.

- **Sub-theme 1.5 Knowledge and understanding regarding the treatment of co-occurring opioid use and mental health disorders**

With regards to the treatment of co-occurring opioid use and mental health disorders, the participants below stated that opioid substitution therapy in the form of methadone is used to treat service users with co-occurring disorders.

PAR 2 – “At our organization at COSUP for people with opioid use disorder there’s a programme, the opioid substitution therapy programme. So, opioid substitution therapy... we are offering them methadone, so we try and offer medication so that they don’t crave your heroin or nyaope, opioid substitution therapy medication reduces the cravings to the point that the person will not crave nyaope anymore and then they can stop using substances like completely.”

PAR 1 – “Well, with opioid use like in our programme we have therapy; we have OST that now helps this person to get in grip with themselves and become a functional human being.”

The following participant added suboxone as another type of OST used at COSUP.

PAR 4 – “We use what we call opioid substitution therapy. So, opioid substitution therapy comes in terms of medication. We use methadone and suboxone.”

The above statements corroborate the assertion of Gloeck *et al.* (2021:68) that methadone is a popular OST in South Africa. This medication is used in treatment to reduce opioid misuse and prevent the occurrence of mental illnesses (Craig, 2012:103). The data above correspond with the harm reduction model, which demonstrates that methadone is effective in reducing substance misuse and improving the psychosocial health of service users (Marks, Scheibe & Shelly, 2020:1). The literature further points out that buprenorphine and naltrexone are other OSTs that work in similar ways as methadone (Leshner & Mancher, 2019:2). Scheibe *et al.* (2023) posit that methadone and needle and syringe programmes (NSP) together with psychosocial support services and skills development are the core services rendered to service users at COSUP.

The integration of treatments is pragmatic to the bio-psychosocial model, which emphasises that the pharmacological and behavioural treatments must be incorporated into the treatment of co-occurring disorders (Skorunka, 2019:16). Thus, an integrative framework addressing

the biological, psychological, and social aspects of the disorder must be applied in the treatment of co-occurring opioid use and mental health disorders. This denotes that COSUP is the relevant organisation to treat co-occurring disorders as the social workers at COSUP are conversant with the pharmacological and behavioural treatments of opioid use and mental disorders.

- **Sub-theme 1.6 Knowledge and understanding of policies guiding substance use and mental health practices**

In South Africa, several pieces of legislation guide substance abuse and mental health care interventions. These pieces of legislation were explored with participants to determine which pieces of legislation guide their daily practice as social workers. The participants specified that they apply the following policies when rendering opioid use and mental health services.

PAR 1 – “Mental Health Care Act, also the Social Service Professions Act and then...Yeah, that’s more or less what guides us or guides me as a social worker at this point to provide services.”

PAR 2 – “Well, me as a social worker usually I use the SSP... and we also work with the Policy of the National Drug Master Plan.”

PAR 4 – “So I think with COSUP one of the policies that we use as social workers that guide us is the pillars of Social Development. The other policy that we are using is the one that I’ve already mentioned is the harm reduction and then one of the other policies or the ACTS that guides us is the Drug Master plan.”

The policies and acts mentioned by participants are linked with the findings from the literature. Lutchman (2015:70) highlighted that the Prevention of and Treatment for Substance Abuse Act is the common policy that is used in combination with the recent National Drug Master Plan 2019-2025 (NDMP4) to prevent and treat substance use disorders. Subsequently, as social work is one of the professions mandated to address mental health issues (Bila, 2019:348), the Mental Health Care Act is regarded as a relevant policy to guide social workers in treating mental health disorders (Matlala *et al.*, 2018:46). Above all, the Social Service Professions Act is the prime legislature to guide service delivery within the social work field (Proudlock *et al.*, 2013:19). All these policies serve as a guide when addressing substance use and mental health issues. Kalra, Balhara and Das (2013:55) conjecture that the biopsychosocial model is a master plan for the development

and implementation of policies, research, and treatment of health issues. Thus, an understanding of biopsychosocial issues of illnesses can guide and initiate strategies to improve and implement substance use and mental health care policies. From the participants' statements, it is apparent that the relevant pieces of legislation are applied at COSUP, and the participants seem to be knowledgeable about these pieces of legislation.

3.10.2 Theme 2: Experiences of social workers in working with service users with co-occurring opioid use and mental health disorders

This theme emanated from the exploration of participants' experiences regarding service users with co-occurring disorders. The participants described their meaningful and unfavourable experiences.

- **Sub-theme 2.1 Meaningful experiences**

All the participants emphasised that they become fulfilled when the service users recuperate and regain control over their lives. The following statements reveal the participants' most fulfilling experiences when working with service users with co-occurring disorders.

PAR 1 – "...seeing them become functional again in society. Some of them are lucky enough to regain their functionality. They take their medication if they follow up in a hospital or psychiatry and all of that and also with the social worker. So it helps."

PAR 2– "...seeing them able to lead a normal life again. Also, family reunification especially if the person was staying on the street, and then they got help and they are back home and adjusting well again at home. Seeing like their lives getting back together is the most fulfilling."

PAR 3 – "... because he was also suicidal but after that, the client was fine, was fully functional. So, I was happy with that."

PAR 4 – "Honestly speaking my most fulfilling experience is when the client finally gets to see their potential. When the lies, the name-calling, and everything that has been posted on them by society finally walks off they now get to see that they are human beings after all and they matter. That for me matters the most."

The statements above show that the most fulfilling experience for social workers is seeing clients reintegrate into society. The assertions below concur with the social workers' delightfulness.

PAR 1 – "...because as practitioners whether we like it or not we also gain happiness from the changes that we see."

PAR 3 – "...yes, it makes me feel like, yeah... good job."

The statements above give a viewpoint that meaningful experiences cultivate affirmative corollaries in the social workers and the work organisation (Tan, Lew & Sim, 2019:615). Lysova *et al.* (2018:374) argue that practitioners who normally have meaningful experiences are working in organisations that are "(1) well-designed, good-fitting, and have quality jobs that provide opportunities to job craft, (2) facilitative leaders, cultures, policies and practices, and high-quality relationships, and (3) have access to decent work". The researcher agrees with the last author that the workers who come across fulfilling encounters tend to be content in the workplace. This is also supported by the biopsychosocial model as it views the "human experience as one bio-psycho-social experience" (Dwairy, 2013:103). Thus, to have meaningful experiences, the body (biological), mind (psychological) and environment (social) must be in a good state and the needs in these three areas must be fulfilled. For this reason, the above participants are possibly having positive bio-psycho-social experiences, which led to greater work satisfaction.

- **Sub-theme 2.2 Unfavourable experiences**

The participants highlighted their most unfulfilling experiences in working with service users with opioid use and mental health disorders. They pointed out that relapses are common. Thus, it is not satisfying for social workers to see service users revert to their past habits and display symptoms again. The participants also indicated that sometimes service users display uncontrollable behaviour that is difficult to handle. This is an unfulfilling experience as such behaviour may come with aggression that may unsettle the social workers. The following statements demonstrate the participants' unfavourable encounters with service users with co-occurring disorders.

PAR 1 – "...relapses...yeah... and then the worst type of relapse is with a mental health disorder. Where a person tries to kill themselves, tries to harm other people, or someone reports that they saw the person running from wherever to wherever and

he was not even being chased, and now you have to start the process from scratch again.”

PAR 2 – “...it’s getting patients that are aggressive because others come here and you get that they’re aggressive. And as a social worker you know you’re not supposed to judge, and you’re not supposed to discriminate. But sometimes you get scared and become afraid and you end up not knowing how to engage with that particular client at the office. So, that is not a good experience. Also, seeing your patients relapse because of maybe they have depression, or they have other issues individually because maybe they can’t handle stress.”

PAR 3 – “With this one, I feel like crying but I’ll be strong. So, there was this client, he was on nyaope and we gave him treatment and then he was fine. Unfortunately, he substituted nyaope with crystal meth, and then when it started, I could see that no, now he’s on another drug but I wasn’t sure which one.”

The aforementioned quotes reveal that the most unfavourable experience is dealing with relapses, and these relapses on unfavourable experiences usually make social workers view their work as meaningless, as stated below.

PAR 3 – “...yeah, I feel like I failed him.”

PAR 1 – “As we help people and this person has been doing so well, went back to school, they are following up on their dreams, and then out of nowhere it’s all gone and now you have to explain to everyone else and convince them that this is just an episode.”

Tan, Cham, and Sim (2023:6) argue that social workers develop a sense of meaninglessness when their work has not achieved its purpose. In this regard, the psychological and social elements of the bio-psychosocial model are related to social workers’ unfavourable experiences since they usually come across complex matters (psychological) and undesirable work environments (social) (Camacho, 2016:682). Thus, lower meaningful work experiences are expected in social workers, and they may lead to the inability to help clients effectively, and as a result feelings of failure may come to pass.

3.10.3 Theme 3: Roles and tasks of social workers when working with service users with co-occurring opioid use and mental health disorders

The roles of social workers and services provided to service users with co-occurring opioid use and mental health disorders at COSUP were explored. Six sub-themes relating to the roles of social workers have emerged. The following roles were highlighted by the participants.

- **Sub-theme 3.1 Social Workers as counsellors and therapists**

All the participants emphasised that psychotherapy is among the core services offered to service users with co-occurring disorders at COSUP. Participants 2 and 3 indicated that counselling is a method used to offer psychosocial support to service users, and to determine all factors surrounding the disorder.

PAR 3 – “I provide psychosocial services and also counselling just to find out the core roots of the mental issue, where it started, and then where is it going...”

PAR 2 – “Here at COSUP, the social worker’s role is psychosocial support. So we offer your counselling...”

The statements below illustrate that families are also involved in counselling and therapy. Thus, the focus is not only on individual clients but also on relatives or significant others.

PAR 1 – “...counselling, psychotherapy with individuals, families, groups...”

PAR 4 – “...we also do family counselling, we stick with the family, we engage them... and we understand that sometimes there are issues between the client and the family, then that’s where we come in to provide family therapy.”

The information above shows that counselling and therapy are the core services provided to service users. These services are intended to address relapses, to determine the causes, symptoms, and effects of the disorder on the individual as well as to enable the service users to reintegrate effectively in families and communities (Priester *et al.*, 2016:47-48). The study findings of Matebesi (2021:61) support the above statements as they revealed that families are usually involved in counselling and therapy with service users with mental health disorders. This suggests that social workers at COSUP are the psychotherapists who apply

the biopsychosocial model to offer psychosocial and support services to service users with co-occurring disorders.

- **Sub-theme 3.2 Social Workers as educators**

The role of an educator is vital to inform and educate service users and others about the impediments surrounding them. The quote below shows that social workers at COSUP fulfil this role by empowering the service users and families with knowledge and understanding regarding opioid use and mental health disorders.

PAR 4 – “...both the clients and the family to help them understand what this challenge is that they are faced with. Why all of a sudden do they feel certain emotions? Why are they not able to cope with certain challenges, what’s happening with certain changes in their body, and then why do they have to take certain treatments? So, I support them. I provide them also with knowledge, for them to understand what’s going on.”

The participants below stated that they also conduct awareness in communities. They also engage with other organisations to educate communities about opioid use and mental health disorders.

PAR 1 – “...also educate communities about such things and how to approach them...”

PAR 2 – “...we also do your awareness in the community to let them know of certain things that are happening in the community... joint sessions with stakeholders who are dealing with mental health issues.”

The statements above show that social workers in collaboration with other professionals are striving to inform and educate the service users, families, and communities about substance use and mental health disorders. Grove, Reupert and Maybery (2015:377) are of the viewpoint that informing and making individuals aware of perturbing issues affecting them builds a foundation of recovery. The bio-psycho-social model shows that individuals need to be well-informed about the biological, psychological, and social factors that contribute to the occurrence of substance and mental health disorders. Thus, education on the bio-psycho-social aspects of illnesses can promote recovery and enable service users to regain control over their lives (Tew, 2013:364). The researcher deduces that when individuals are

knowledgeable about health issues affecting them, they can make proper decisions regarding their health.

- **Sub-theme 3.3 Social Workers as advocates**

The statements from the participants below illustrate that social workers at COSUP are the voice of service users. As service users with substance use and mental disorders are faced with issues such as stigma and discrimination, the social workers normally speak on their behalf to ensure that they receive fair treatment and adequate services.

PAR 2– “...and also as an advocate for their rights, but also mentioning that they have responsibilities because sometimes they can come for assistance but forgetting that they also have responsibilities. And also, be a voice for them in the community because there is a stigma on them. So sometimes you have to be a voice in the community that these people deserve a second chance also.”

PAR 4 – “So we ensure that their rights are honoured as people, and we do this by advocating for them because one of the roles that we take as COSUP social workers is to advocate because we have a challenge where a client comes in to test and test positive for HIV. Then they have to go to the clinic where they need to be initiated on treatment. But they get harsh treatment. Sometimes they’re not even helped at all. It’s my responsibility as a social worker to take the role of advocacy. Make sure that I go to the clinic with them and make sure that they get initiated on the treatment and they get the treatment.”

In support of the data above, Lander, Howsare and Byrne (2013:200) put forward that social workers are found in multi-disciplinary teams to advocate for the care and rehabilitation of clients. In communities, social workers advocate for service users’ access to available resources (Powell, Garrow, Woodford & Perron, 2013:379). The advocacy role is aligned with the bio-psycho-social and harm reduction models. As service users with co-occurring disorders tend to have multidimensional issues (Jaini & Lee, 2015:52), the bio-psycho-social and harm reduction models propose that service users’ bio-psycho-social challenges and the associated harm must be concurrently dealt with. It is, therefore, the role of social workers to promote the rights and well-being of service users by ensuring that their challenges are heard and addressed by relevant professionals and institutions.

- **Sub-theme 3.4 Social Workers as facilitators**

The participants described the facilitation role by explaining that they facilitate groups with service users and families. The following participants shed more light on the groups they facilitate.

PAR – 1 “We have groups and all of that, which we provide to the client and their families.”

PAR – 2 “We offer family support, joint sessions with the families, we do support groups... where we discuss different topics...”

PAR – 4 “We facilitate support, we facilitate support groups, and my support groups are on Tuesdays and Thursdays.”

Regarding the social worker’s facilitating role, Lander, Howsare and Byrne (2013:203) highlight the imperativeness of family systems to participate in treatment programmes as there is reciprocity between mental disorders and the environmental aspects. This corroborates with the social aspect of the bio-psycho-social model, which demonstrates that the environment (family) influences the individual’s daily functioning, hence the involvement of family systems in treatment. For that reason, the decision on which group to facilitate and which family member to involve is influenced by the outcome of the bio-psycho-social assessment that determines the factors contributing to the problem and the support or treatment required (Webb, 2019:11). The information above implies that the social workers at COSUP are facilitating care and support to service users and families to help them deal effectively with their issues.

- **Sub-theme 3.5 Social Workers as brokers**

All the participants highlighted the role of a broker. They posited that they often link service users with other practitioners to deal further with their challenges. Bearing in mind that opioid use and mental health disorders are rising in popularity and the fact that these disorders are normally hard to treat, Donovan, Ingalsbe, Benbow and Daley (2013:313) emphasise that social workers are obligated to make referrals and link service users with appropriate interventions. The following participants put more emphasis on the role of a broker.

PAR – 2 “So if I can see that this one I can’t diagnose but maybe I’m suspecting, with your general knowledge you can suspect that this person has those symptoms and it’s the symptoms, maybe of depression or something, then I refer to like a psychologist or psychiatrist.”

PAR – 3 “...then after that, that’s when I refer to the clinical associate.”

PAR – 4 “...and then the other role that we take, we take the role of a broker. This is where now we link them to different services, for example, as I said, we have a skills development programme as we know that some of our guys who are using substances, have dropped out of school at a very young age, and some of them, unfortunately, have gone to jail. This now makes it hard for them to get employment, even after they have tried to transform their lives. So how we help is we link them to skills centres where they get skills and be encouraged to use those skills to start their businesses. Then they can have income and be able to survive.”

The above participants indicated that they normally refer when they are unable to assist, especially because they are not in a position to diagnose and treat certain mental health disorders. With that said, it is hypothesised that social workers must work in collaboration with other professionals and institutions to ensure an overall care plan for service users, families, and communities (Mueser, 2013:425). The participant below supports Mueser’s (2013:425) viewpoint that social workers initiate links and collaborate with other service providers to treat co-occurring disorders.

PAR – 1 “...and then also establishing referral links to other services.”

The study findings of Craig and Muskat (2013:11) substantiate the data above as they reveal that social workers regard themselves as links and brokers of information and services to improve external support and resources for service users. The bio-psychosocial model emphasises that the biological, psychological, and social aspects of mental disorders must be treated (Babalola, Noel & White, 2017:292). Given that social workers are not eligible to treat some biological and psychological factors of mental disorders, they are required to make referrals to relevant practitioners. This means that the social workers at COSUP are part of the multi-disciplinary, inter-sectoral, and multi-sectoral teams that are linked with service users for further interventions.

- **Sub-theme 3.6 Social Workers as researchers**

In exploring more about the social worker's roles, one participant mentioned the role of the researcher. It came to the fore that social workers play a significant role in contributing to research and policy development concerning imminent health issues.

PAR – 1 “...and participating in policy development and research.”

The notion above is espoused by Weiss-Gal (2017:287), who urges that social workers participate in policy development and research to reinforce social justice and welfare for everyone. The biopsychosocial model is often the key incentive for health research. It is used in health research to determine the factors that influence the occurrence of illnesses and guide the implementation of appropriate interventions (Skorunka, 2019:16). In this research, the biopsychosocial model was used to acquaint the researcher with the biological, psychological, emotional, and social factors that lead to the occurrence of co-occurring disorders and how these factors influence one another as well as how social workers integrate them in practice. This shows that social workers contribute to the amendments and development of policies and research on issues relating to mental health disorders.

3.10.4 Theme 4: Challenges experienced by social workers when rendering services to service users with co-occurring opioid use and mental health disorders

The study also investigated the challenges experienced by social workers when they render services. The participants expressed that insufficient support and supervision, scarcity of resources, and inadequate educational training are the main challenges affecting them.

- **Sub-theme 4.1 Lack of support and supervision**

Concerning support and supervision, one participant mentioned that there is no supervision.

PAR 3 – “The difficulties that I face is because there is no supervision...”

Other participants stated that they do receive support and supervision; however, it is neither enough nor helpful. They affirmed that supervision does not happen as often as desired. One participant suggested that it would be better if supervision could happen regularly.

PAR 2 – “In terms of people with co-occurring disorders the challenge is the one that I just mentioned regarding supervision. We have supervision... so we used to have

meetings, monthly. But it hasn't been happening a lot currently... but then I wish that it could happen often. I feel like it has to happen often so that every time you can get a bit of advice or something, some guideline with this case, how you deal with it, especially if you're new in the field..."

PAR 3 – "We do have a psychologist, right? She comes once a month and we do the debriefing session with her but still, when she comes, she doesn't ask us what I can help you with so she comes with her topic. Sometimes you feel like I don't really need this, you understand. But there's something that I need. So, I feel like the psychologists should come and ask us one by one, how can I assist you today? How can I ... if it's a group thing, then we can sit as a group. But if it's an individual thing, then you can sit on with the person. The support is there, but it's not helpful. For my site, it's not helping because even if we have supervision, it's not about the clients who have co-occurring disorders, it's about something else."

Other participants mentioned that they do have supervision sessions with the supervisors or lead social workers although they predominantly appreciate the support they receive from the team. They emphasised that the social workers normally support each other, and they also receive support from other professionals they work with.

PAR 4 – "And then we have supervision sessions. So, it's just us social workers with our lead social worker because at the moment we don't have a supervising social worker at COSUP. So, with the lead social workers, this is where we now do case discussions and then we just discuss these issues that we face as social workers within the sites or COSUP as a whole. Those are the support that we have so far."

PAR 2 – "We used to have like monthly meetings with our supervisor and then also if I have a challenging case, I contact my supervisor to help with it. And then they can help me with that one. And also, because I work in a multi-disciplinary team with peer educators and clinical associates ... when you debrief with your team and then maybe you can get support also from them..."

Concerning support and supervision for social workers, the study findings of Mamabolo (2021:77) reveal that health care social workers receive minimal or no support in their work. Ornellas (2014:52) hypothesises that it is demanding for social workers to treat co-occurring disorders. Consequently, social workers usually feel overwhelmed and tend to experience

burnout (Khanyi & Malesa, 2022:1). The findings above substantiate the viewpoint of Simpson, Holopainen, Schütze, O’Sullivan, Smith, Linton, Nicholas and Kent (2021:2) that support and supervision must be prioritised as substance use and mental health interventions have transitioned to the bio-psychosocial dominions, which social workers do not fully comprehend. Accordingly, the bio-psychosocial model is significant in supporting and supervising social workers to enhance their “competencies to deliver biopsychosocial interventions and adhere to intervention protocols” (Simpson *et al.*, 2021:8). Reflecting on the above statements, the researcher infers that the support and supervision offered to social workers at COSUP need to be strengthened. The social workers are receiving support and supervision, but it is not enough. They need to be frequently supported, supervised, and debriefed.

- **Sub-theme 4.2 Lack of adequate resources and referral links**

The participants pointed out that they are often challenged by the inadequacy of resources and the inability of stakeholders to assist the service users efficiently. The participant below specifically mentioned that lack of funding is relatively hindering service delivery at COSUP.

PAR 4 – “So the main challenge that we have is we have a challenge of funding... because the way that COSUP has been set up with its facilities, we can’t say when money is needed the families will provide. We don’t have money to provide for all of our clients.”

The statement above corroborates the argument of Maluleke (2013:70) that many organisations offering substance rehabilitation and mental health care services are not functional due to a lack of funding. Van Wyk (2011:81) further elaborates that substance use and mental health services are usually costly. Hence, many service users are unable to afford the services. Additionally, institutions are usually not able to meet all the needs of the service users due to financial constraints. The researcher’s viewpoint is that due to lack of funds the workers in these organisations may not be adequately remunerated.

The following quotes signify that there are challenges with referrals to other organisations.

PAR 1 – “That will be a lack of referral streams. So, you refer to hospital maybe and then they come back, and the family system is not adequately trained to deal with the present and now, the person is back in the streets and the behaviours up again... such things.”

PAR 2– “And then the other one is that you get people who are using substances, not the ones you started within the programme, the new ones that come to you and they say they need help and then sometimes when you send them or maybe when you refer them maybe to other organisations or the hospital they get rejected, they don’t get like the full services they know they have to receive or you refer a person who is having psychosis and to be observed at a psychiatric unit, then you find out that the person will be admitted for one day and then tomorrow they will return that person and that person is still the same.”

PAR 3 – “...no resources, so I need to do what I do with the clients for me to help the clients. So whatever knowledge that I have or whatever little resources that I have that’s what I use to help the clients even though it’s difficult because sometimes even the hospitals are failing, I think they are failing because when we refer them, we expect them to come back better, being able to interact with them but it seems like the client didn’t even go to the hospital even though they went there when they come back, it’s still the same.”

PAR 4 – “...the other challenge that you face is the backlog like with other organisations because now the free services like rehab you have to wait for plus minus two months, sometimes three months. If you are lucky, it is only a month for a client to get into rehab and other facilities. And then during that time, some are relapsing.”

The quotes above suggest that social workers are not content with the interventions provided to service users by other organisations to which the service users have been referred. This implies that there is greater inaccessibility and unavailability of resources to help with substance use and mental health disorders (Van Wyk, 2011:81). The researcher put forward that the lack of resources, such as rehabilitation facilities and professionals with the ability to treat substance use and mental health disorders, is an issue that still needs to be addressed in South Africa. To remedy these challenges, a holistic approach to service delivery must be applied. This is seen in the bio-psychosocial model, which connects different services and relationships between service users and practitioners (Riga, Riga, Geacă & Ardelean, 2014:203). This model advocates for the collaboration of physical and psychosocial interventions to ensure that services are attainable in all facilities.

- **Sub-theme 4.3 Lack of educational training**

When asked about educational training regarding co-occurring disorders, participants alluded that they are not adequately trained to treat co-occurring disorders. They mentioned that their knowledge and understanding regarding co-occurring disorders is insufficient.

PAR 3 – “I’ll be honest with you, no...no... we’ve been asking them to provide us with training, but nothing is happening. The only thing that we receive is mental health webinars. But mental health webinars that I attend are broad. We need something that is a dual thing like mental health and substance use. We have never received that training. I don’t think I’m adequately trained to perform these roles. So, I just do what I do with my knowledge and my research.”

PAR 2 – “And then you get to this person is dealing with substance also, they have this disorder. They have bipolar; they have schizophrenia, now I don’t know what to do... With other mental health disorders co-occurring with substances, I don’t think we are adequately trained because training we don’t receive them as often. I don’t think so... Sometimes you get stuck and you’re like, okay, what do I do with this person? Regarding mental health, to be honest, I feel like we need training, especially in dealing with people with co-occurring disorders. So that one I feel like they need to improve on.”

PAR 1 – “...also knowledge as to what is happening with this person. Such things are quite a challenge when it comes to substance use disorders.”

The lack of training for social workers is confirmed by Wells *et al.* (2013:12) who emphasised that social workers are not passably skilled to clinically treat individuals with mental disorders. They are not in a position to make diagnostic decisions, as the treatment of mental health disorders normally requires specialised training that is not included in their undergraduate curriculum (Olckers, 2013:163). To address this challenge, Bowen and Walton (2015:62-63) propose that health professionals must be trained to identify and treat the biological, psychological, and social determinants of health impediments. This means that the biopsychosocial model is relevant in clinically preparing social workers to assess, diagnose, and treat substance use and mental disorders.

3.10.5 Theme 5: Strategies to improve services regarding the co-occurrence of opioid use and mental health disorders

Theme 5 focuses on providing suggestions to improve service delivery to service users with co-occurring opioid use and mental health disorders. Four sub-themes were established from the suggestions and recommendations made by participants.

- **Sub-theme 5.1: Development and implementation of mental health training for social workers**

As lack of knowledge and understanding regarding co-occurring disorders was reported to be one of the challenges faced by social workers, it is suggested that training on this phenomenon must be provided. The participants highlighted that they need thorough training on co-occurring disorders to effectively address this ordeal.

PAR 2 – “More training, training, and training... because that one is lacking a lot.”

PAR 3 – “I think the recommendation is for us to have proper training on co-occurring opioid use and mental health disorders, a proper one, not mental health in general.”

The assertion below divulges that other practitioners are also not adequately equipped to treat co-occurring disorders. Thus, not only social workers require training but all professionals rendering services to service users with co-occurring disorders need to be regularly trained. It is, therefore, suggested that all professionals at COSUP must be trained to treat co-occurring disorders.

PAR 1 – “Training, we need training for mental health disorders and opioid use disorders... you as a social worker, you are limited as to how to respond to this and now you have to take this person to a psychiatric ward. Then they also are not as equipped to deal with such an outbreak at this point.”

The biopsychosocial model brings forth the viewpoint that social workers must be knowledgeable about all aspects surrounding co-occurring disorders (Webb, 2019:11). This model focuses on the physical and psychosocial factors that may influence the problem. This means that social workers must receive specialised training regarding the bio-psychosocial aspects surrounding co-occurring disorders to assess, identify, and treat these disorders (Shaffer & Wendt, 2015:109). Lack of training on mental health disorders is linked with the

misdiagnosis and under-treatment of these disorders (Priester *et al.*, 2016:55). It is, therefore, vital for all practitioners rendering substance use and mental health care services to possess the relevant educational training regarding this phenomenon.

- **Sub-theme 5.2 Community education at all levels (micro, mezzo, and macro)**

The participants emphasised that to improve service delivery for co-occurring disorders, all people, young and old, ought to be educated and made aware of these disorders. In this respect, education must be done at all levels (micro, mezzo, and macro), from individuals to groups and major organisations, as substance use, and mental health disorders affect everyone.

PAR 2 – “And if there can be interventions at the ground level, especially at schools. And then teaching kids about mental health issues and also teaching them about these co-occurring disorders... because your depression, your anxiety, sometimes these kids don’t even know that maybe they’re suffering from anxiety and then their parents also or the community also, they are not educated enough on mental health issues. So the community will be labelling a person as “crazy” not knowing the underlying issues.”

PAR 3 – “Yes, because even now 14-year-old kids at primary schools are smoking and drinking. So, it’s a lot if they are smoking at such a young age, we don’t have youth. We don’t have future leaders of tomorrow...”

PAR 1 – “...in communities now, for example, the townships, the social workers we are experiencing a huge influx of young people experiencing mental health disorders and the chances that many social workers will meet with a person who has a mental health disorder are so high that we all need to be equipped to respond to mental health disorders.”

The participants above explained that all individuals should be well-informed about substance use and mental health issues. Educating individuals regarding issues affecting them can “influence antecedents of behaviour, awareness, information, knowledge, skills, beliefs, attitudes, and values so that healthy behaviours develop voluntarily, without coercion” (Sharma, 2021:5). It is postulated by Wong *et al.* (2021:1) that education on the physical, mental, and environmental factors encompassing substance and mental health maladies is imperative. This necessitates the employment of the bio-psychosocial model in

community education and health promotion. In other words, education can modify behaviour and enforce informed decisions regarding mental health issues. This means that prevention intervention services must be prioritised to resolve substance use and mental health issues.

- **Sub-theme 5.3 Ensuring access and availability of resources**

Lack of resources has been emphasised as a challenge hindering service delivery for substance use and mental disorders. To resolve this challenge, the participants suggested that the necessary resources must be available and accessible to everyone. The statement below explicates that to successfully address co-occurring disorders; professionals with the ability to treat these disorders must be employed. Additionally, facilities such as rehabilitation centres and hospitals need to be in place. Moreover, substance use, and mental health services must be available and accessible in impoverished areas as people in these areas usually struggle to access services. Finally, treatment for co-occurring disorders seems to be limited, it is suggested that treatment for these disorders, especially pharmacological treatments, must be available and accessible to everyone.

PAR 1 – “Yes, we need more psychiatrists, even at the clinic level because that is the first closest healthcare stop... More community-based centres and rehabilitation are needed to address mental health disorders and mental health issues. If we are to adequately respond to it, we need these types of services to be implemented, to be developed, we need our services to be moved to townships, to villages because in the villages, for example, if you have a mental breakdown the responses are so minimal, not even get the help, but they need to live a better life after all.”

PAR 4 – “...we also have clients who are smoking crystal and unfortunately we do not have medication for that...”

The following participant further suggested that the service providers must accommodate everyone because it has been shown that service users with opioid use and mental disorders are normally discriminated against and stigmatised.

PAR 4 – “So, if the government could make our services inclusive because now psychosis is a mental health disorder... now you are discriminating against someone because they have a mental disorder, and the truth is that the only cure for crystal is rehab. But now if rehab does not take you in it means now it’s over for you. So if the

organisations can try and be a bit more inclusive and not discriminate our clients we will truly go far as organisations.”

The statement below emphasises that COSUP needs funding to efficiently render services. It is herein recommended that the organisations providing substance use and mental health services must be supported through funding as a lot of them are usually non-operational due to a lack of funds.

PAR 4 – “...make more funding available. If we had money, I honestly believe if COSUP had money, we could go a long way and open more facilities that are non-discriminative.”

In support of the above arguments, the study results of Douthit, Kiv, Dwolatzky and Biswas (2015:611) reveal that there are greater healthcare disparities between urban and rural communities. Thus, rural communities often have minimal or no access to healthcare services due to a lack of finances, transport, and difficulties in employing and attracting healthcare practitioners (Douthit *et al.*, 2015:611). Levesque, Harris and Russell (2013:5) indicate that to make resources accessible and available, services must be approachable, acceptable, accommodative, affordable, and appropriate for everyone. This signifies that co-occurring opioid use and mental health disorders can be successfully addressed with the relevant resources. This warrants the utilisation of the biopsychosocial approach through the collaboration of medical and psychosocial interventions.

- **Sub-theme 5.4 Implementation of harm reduction programmes**

Since COSUP is the only organisation in South Africa using the harm reduction approach to address substance misuse, one participant suggested that opioid use and mental health disorders can be effectively dealt with if more harm reduction programmes can be implemented across the country.

PAR 4 – “...and another thing that can be done or that we can do is that let the government implement more harm reduction programmes because COSUP is the only harm reduction approach organisation I think in South Africa...”

Given the above, Tshabalala *et al.* (2019:188) put forward that COSUP has been pragmatically addressing issues concerning opioid use and mental disorders in Tshwane, South Africa. COSUP’s methadone programme is said to significantly improve the

psychosocial health of individuals with co-occurring disorders (Craig, 2012:103). With that said, the researcher is in support of the recommendation that more harm reduction programmes must be implemented in South Africa to deal effectively with substance use and mental health challenges. The harm reduction programmes guided by the harm reduction model can be the answer to the ever-increasing numbers of substance use and mental health disorders in South Africa.

3.11 Summary

The research methodology, ethical considerations, and findings of the study were outlined in this chapter. The findings were presented in the form of themes and sub-themes. Subsequently, five themes and twenty sub-themes were derived from the analysed data. The findings revealed the social workers' perceptions, experiences, services, and challenges faced when working with service users with co-occurring opioid use and mental health disorders. These findings were corroborated by direct statements from participants and views from literature sources consulted for this study.

The next chapter describes the key findings, conclusions, and recommendations of this study.

CHAPTER 4: KEY FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

4.1 Introduction

The preceding chapter discussed the research methodology employed in this study. This chapter focuses on describing the key findings, conclusions, and recommendations for the study. A description of how the study's goal and objectives were met is first outlined, followed by the findings, conclusions, and recommendations. The recommendations for future research are provided at the end of this chapter.

4.2 Goal and objectives

The goal of the study was to explore and describe the perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders at COSUP. This goal was met by achieving the following objectives:

- **Objective 1: To explore and describe the social workers' knowledge and experiences of service users with co-occurring opioid use and mental health disorders at COSUP**

This objective was aimed at determining the knowledge and understanding of social workers regarding co-occurring opioid use and mental health disorders. It also focused on describing the experiences of social workers in working with service users with co-occurring opioid use and mental health disorders. This objective was attained in Section 3.10, particularly Theme 1. The analysis and findings of Theme 1, under Section 3.10.1, describe the knowledge and understanding of social workers regarding co-occurring opioid use and mental health disorders. Theme 2 then focuses on revealing the experiences of social workers regarding service users with opioid use and mental health disorders. From the findings of this study, it can be deduced that social workers have limited knowledge and understanding regarding co-occurring opioid use and mental health disorders. Concerning the experiences of social workers in working with service users with opioid use and mental health disorders, the study revealed that social workers have both meaningful and unfavourable experiences.

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

The forms of social work services offered to service users with co-occurring opioid use and mental health disorders were emphasised in the literature review and also in the analysed findings. Section 2.5 in the literature review and Section 3.10.3 in the analysed findings (Theme 3) discuss social work interventions regarding service users with opioid use and mental health disorders. Both the literature review and the research findings show that all three methods (casework, group work, and community work) are rendered to service users with opioid use and mental health disorders at COSUP. They also denote that social workers serve counselling, educating, advocating, facilitating, researching, and broker roles when working with service users with co-occurring disorders.

- **Objective 3: To explore and describe challenges social workers face when rendering bio-psychosocial services to service users with co-occurring opioid use and mental health disorders**

This objective was attained in the literature review under paragraph 2.6 where the factors affecting social work interventions were described. Theme 4 under Section 3.10.4 also discusses the challenges faced by social workers when rendering services to service users with opioid use and mental health disorders. From the literature review and the research findings, it is apparent that social workers working with service users with opioid use and mental health disorders are faced with challenges such as lack of support and supervision, lack of resources, and lack of educational training, which still need to be addressed.

- **Objective 4: To explore and describe the psychosocial support services available for social workers who are rendering assistance and supporting service users with co-occurring opioid use and mental health disorders at COSUP**

Social workers in this study expressed their views regarding the support they receive when working with service users with co-occurring opioid use and mental health disorders. Their views regarding the support services available to them are highlighted in Section 3.10.4 under Sub-theme 4.1. Sub-section 2.6.1 in the literature also discusses the availability of support services for social workers working with service users with co-occurring disorders.

The findings and the literature review show that the psychosocial and support services available for social workers working with service users with co-occurring disorders are not enough and they are sometimes not available.

- **Objective 5: To recommend strategies social workers can use to support service users affected by co-occurring opioid use and mental health disorders**

This objective was reached in the analysed findings, in Theme 5. From this, four strategies were suggested. These strategies focused on mental health training, education, availability, and accessibility of resources, and implementation of harm reduction programmes. Thus, to improve social work interventions at COSUP and other organisations rendering substance use and mental health services, social workers must be continuously trained regarding mental health disorders; all citizens must be well-informed about substance and mental health issues; services must be available and accessible for everyone; and more harm reduction programmes must be implemented in the whole of South Africa.

4.3 Research question

The study aimed to answer the following research question:

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

A qualitative research study was conducted, and the findings thereof answered the research question.

4.4 Key findings, conclusions, and recommendations

The following data present the key findings, conclusions, and recommendations regarding the study.

4.4.1 Theme 1: Knowledge and understanding of opioid use and mental health disorders

Key findings

This theme appeared in the early stages of data analysis. It focused on determining how social workers comprehend opioid use and mental health disorders. Six sub-themes emerged from this theme. These sub-themes expanded the main theme by highlighting the social workers' knowledge and understanding regarding the co-occurrence of opioid use and mental health disorders as well as the contributing factors, treatment, and policies guiding practices.

The research findings indicated that social workers are aware of the co-occurrence of opioid use and mental health disorders. However, they are not well-informed about other aspects relating to these disorders, such as treatment and diagnosis. Thus, their knowledge is limited since they are not in a position to diagnose and medically treat mental health disorders. Nonetheless, the researcher was content with how the participants described their knowledge and understanding of opioid use and mental health disorders. They partially described the symptoms, risk factors, treatment, policies, and effects of opioid use and mental health disorders. These findings indicate that social workers are willing to learn and work with service users with a range of mental disorders.

Conclusions

The social workers' knowledge and understanding regarding co-occurring opioid use and mental health disorders is inadequate. The literature also emphasised that social workers still require training to deal effectively with mental health disorders. Although social workers attempt to understand and address mental health disorders, they do not describe these disorders according to the DSM-5. The social workers are fairly knowledgeable regarding the contributing factors, treatment, and policies guiding interventions. The study participants had experience in working with service users with opioid use and mental health disorders. They have observed and acquainted themselves with the main factors surrounding opioid use and mental health disorders. The researcher concludes that having the relevant knowledge and understanding regarding co-occurring disorders can place social workers in a better place to treat these disorders.

Recommendations

The proper meaning, prognosis, and treatment of mental health disorders are provided in the DSM-5. It is recommended that social workers must be equipped and be familiar with the DSM-5 and the biopsychosocial model to effectively assess, identify, and treat co-occurring opioid use and mental health disorders.

4.4.2 Theme 2: Experiences of social workers in working with service users with co-occurring opioid use and mental health disorders

Key findings

The research results revealed that social workers have both meaningful and unfavourable experiences in working with service users with co-occurring opioid use and mental health disorders. The most fulfilling experiences for social workers relate to clients' recovery and reintegration into society. Thus, seeing service users improve and sustain normal lives again is meaningful to social workers. On the contrary, service users' relapses have been revealed to be unpleasant experiences for social workers and this leads them to view their work as insignificant.

Conclusions

According to the literature, meaningful experiences exert positive corollaries, while unpleasant experiences make the work uninspiring. The participants in this study have both meaningful and unfavourable experiences in working with service users with co-occurring opioid use and mental health disorders. They seem to be content in working with service users with co-occurring opioid use and mental health disorders despite the unfavourable experiences encountered. It is, therefore, concluded that social workers need to have positive bio-psychosocial experiences when addressing substance use and mental health disorders to be productive and prevent undesirable work outcomes.

Recommendations

Concerning the above data, the researcher recommends that the work organisations must be conducive and provide opportunities for growth and development for social workers. The organisations must empower and support the social workers, recognise their efforts, and encourage professionalism within the workplace. This may avert unpleasant experiences

and lead to the experience of greater work satisfaction and meaningfulness for social workers.

4.4.3 Theme 3: Roles and tasks of social workers when working with service users with co-occurring opioid use and mental health disorders

Key findings

The third theme determined the roles of social workers and services provided to service users with co-occurring disorders. Six sub-themes relating to the roles and tasks of social workers emanated from the study findings. The study findings revealed that social workers serve many roles. They are therapists, educators, advocates, brokers, facilitators, and researchers, among others. To fulfil these roles, social workers render a variety of services, such as psychosocial and support services, and collaborate with other professionals to ensure a holistic care plan for service users. The findings also revealed that the roles and services of social workers are executed in all the intervention methods (casework, group work, and community work). All the participants clarified their roles and they seemed to carry out their roles and tasks proficiently.

Conclusions

The study surmises that social workers are important role players in addressing mental health disorders. They strive to advocate, empower, and link service users and families with relevant resources, despite the challenges they encounter in service delivery. The study further concludes that social workers are among the professionals at the forefront of addressing substance use and mental health issues. Their services alleviate the suffering associated with co-occurring disorders.

Recommendations

It is recommended that social workers must be conversant with theories and policies concerning substance use and mental health disorders to adequately execute their roles and tasks. The researcher noticed that the roles of social workers in mental health practices are not clearly specified. To deal with this, frameworks that specifically clarify the roles of social workers in mental health care practices must be developed to prevent role confusion and duplication of services.

4.4.4 Theme 4: Challenges experienced by social workers when rendering services to service users with co-occurring opioid use and mental health disorders

Key findings

The challenges experienced by social workers are noteworthy. The research findings revealed that social workers face particular challenges relating to lack of support and supervision, lack of access and the availability of resources, and lack of educational training. The research results indicated that minimal support and supervision lead to the experience of burnout by social workers; lack of resources, such as funding and referral links, leads to unfulfillment of service users' needs by social workers and institutions; and lack of educational training results in insufficient knowledge and understanding regarding co-occurring conditions and the social workers' incapability to deal with these conditions.

Conclusions

The majority of social workers feel overwhelmed and are burntout. They need proper support and thorough supervision to boost their morale and prevent burnout. The study revealed that dealing with co-occurring disorders is challenging for both social workers and institutions. This concludes that social workers and organisations rendering substance use and mental health services are not well-equipped to render such services. There are gaps in educational training for social workers and also in the allocation of resources for institutions. This necessitates the restructuring of social work education, proper allocation of resources, and provision of services to address co-occurring disorders.

Recommendations

To address the above-mentioned challenges, the following are recommended:

- Social workers and other health and allied health practitioners must be well-trained to assess, identify, and support service users with mental health problems.
- Social workers must be continuously supported and supervised to enable them to deal effectively with substance use and mental health issues, and to prevent issues relating to burnout and work dissatisfaction.

- Organisations providing substance use and mental health services must collaborate to promote the care and protection of service users, and also be strengthened through funding.

4.4.5 Theme 5: Strategies to improve services regarding the co-occurrence of opioid use and mental health disorders

Key findings

To improve services for co-occurring opioid use and mental health disorders, the study revealed that the following needs to happen; mental health training for social workers must be developed and implemented; all people must be educated and made aware of substance use and mental health issues; resources must be available and accessible for everyone; and harm reduction programmes must be implemented across the nation. These strategies may be the starting point to deal effectively with co-occurring disorders and ultimately eradicate substance misuse and mental health issues.

Conclusions

Service provision for co-occurring opioid use and mental health disorders is compromised mainly due to a lack of knowledge, resources, and access to services. The research used biopsychosocial and harm reduction models to elaborate on the factors encompassing co-occurring opioid use and mental health disorders. This established the need for education at all levels of intervention, namely, micro, mezzo, and macro levels. Thus, not only health professionals must be well-informed but also the communities must be knowledgeable regarding the co-occurrence of opioid use and mental health disorders. Furthermore, the services in these levels of intervention must be inclusive, accessible, and available for everyone. The need for qualified professionals and institutions that are capable of dealing with co-occurring disorders is pointed out by this study.

Recommendations

It is recommended that the mental health services be improved through education. The study espouses the quote that “education is the most powerful weapon you can use to change the world” (Mandela, 1990). With that said, the study recommends continuous education and awareness regarding substance use and mental health issues. Furthermore, it is recommended that the scope of work, substance use and mental health training for

social workers, and mental health policies must be re-evaluated to enable social workers to diagnose and treat substance use and mental health disorders and fill the gaps in service delivery. Additionally, the researcher recommends the establishment of more harm reduction programmes in all South African provinces.

4.5 Recommendations for future research

- In South Africa, programmes and rehabilitation centres that deal with co-occurring disorders are not enough, and those available are usually not functional. As a result, there is a greater need for services and institutions that focus on co-occurring disorders. Future research on the programmes and organisations that render services for co-occurring substance use and mental health disorders must be undertaken to establish the challenges relating to these institutions' non-functionality and suggest ways to support them to be fully operational.
- Social workers in South Africa are faced with many challenges, and some are outlined in the study. As a result, social work practice challenges, especially those relating to treatment of mental health disorders, still need to be explored. Future research must focus on improving social work services regarding the treatment of mental health disorders.
- The Community-Oriented Substance Use Programme (COSUP) is by far the only organisation that utilises the harm reduction approach in South Africa. A focus on the utilisation of harm reduction approaches, is, therefore, recommended to establish and implement more harm reduction programmes in South Africa.

4.6 Summary

The set goal and objectives for the study were reached. The study has shown that social workers play a vital role in addressing co-occurring opioid use and mental health disorders. From the study, lack of support and lack of educational training are some of the challenges experienced by social workers. Due to these challenges, social workers normally feel discouraged and burntout. The study also described the different roles and tasks of social workers when working with service users with mental disorders. With these services, social workers can address, and curb, substance use and mental health impediments.

COSUP is considered to be a relevant programme for addressing substance use and mental health issues. It has been proactively addressing substance use challenges in Tshwane, South Africa. The study revealed that COSUP can be beneficial to South Africa once implemented in all high-risk substance use areas across the country. As the prevalence of substance use and mental health disorders is enormous in South Africa, the research offered suggestions to be considered for the improvement of services. The study also exposed the areas where future research can be focused to explore more about the phenomenon under study.

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APPENDICES

Appendix A: Request for approval to conduct research



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



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

2023-02-13

Prof J. Hugo

Head: COPC Research Unit

Faculty of Health Sciences

UP

Attention: Dr L. Kroukamp and Ms Pam Ntombela

COSUP

Dear Prof Hugo

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

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

The data collection will proceed once the Faculty of Humanities Research Ethics Committee has approved their proposed study. The **title** of the group research project is: **The perceptions of social workers regarding service users with co-occurrence of opioid**

use and mental health disorders at the Community Oriented Substance Use Programme (COSUP). The goal of the study is: to explore and describe the perceptions of social workers regarding service users with co-occurring opioid use and mental health disorders at COSUP.

The objectives of the study are:

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

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

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

Possible benefits for COSUP can be summarised as follows:

- The study will help professionals to improve their understanding of the experiences of social workers working with service users with opioid use and mental health disorders.

- Recommendations will be provided that will help to improve the delivery of services to service users with co-occurring opioid use and mental health disorders.

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

Yours sincerely,



Prof N.J. Bila


Supervisor





Ms Elizabeth Moshidi

Researcher

Appendix B: Permission letter to conduct research



**COMMUNITY ORIENTED
SUBSTANCE USE PROGRAMME | COSUP**

in partnership with  

Chairperson
Research and Ethics Committee
Faculty of Humanities

Permission for Research

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

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


Supervisor: Profs. CL Carbonatto and NJ Bila

DEPARTMENT: Social Work and Criminology

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

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

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



Prof. JFM Hugo
Director UP COPC Research Unit
Principal Investigator COSUP
22 March 2023

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Appendix C: Ethics approval letter



Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



23 July 2023

Dear Ms E Moshidi

Project Title: The perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders at the Community Oriented Substance Use Programme (COSUP)
Researcher: Ms E Moshidi
Supervisor(s): Prof NJ Bila
Department: Social Work and Criminology
Reference number: 21712833 (HUM046/0523)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 6 July 2023. Please note that before research can commence all other approvals must have been received.

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

We wish you success with the project.

Sincerely,

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

Research Ethics Committee Members: Prof KJ Harris (Chair), Mr A Bizos, Dr A-M de Beer, Dr A dos Santos, Dr P Guturka, Ms KT Govindar Andrew, Dr E Johnson, Dr D Krige, Prof D Maree, Mr A Mohamed, Dr I Nkomo, Dr J Okeke, Dr C Puttergill, Prof D Rayburn, Prof M Soer, Prof E Taljard, Ms D Mokalapa

Room 7-27, Humanities Building, University of Pretoria, Private Bag 202, Hatfield 2028, South Africa
Tel +27 (0)12 420 4853; Fax +27 (0)12 420 4502; Email pghumanities@up.ac.za | www.up.ac.za/faculty-of-humanities

Appendix D: Interview schedule

Semi-structured interview schedule for social workers

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

1. Biographical details

Code name:

Age:

Male		Female		Other		Prefer not to say	
------	--	--------	--	-------	--	-------------------	--

Marital status:

Home language:

Position at COSUP:

COSUP site stationed at:

How long you have been working for COSUP?

Highest Qualification:

University Attended:

Registration with SACSSP:

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

1. What is your general understanding of mental health?
2. What is your experience in providing mental health care services to service users with co-occurring disorders?
3. What do you understand by opioid use disorder?
4. What is your general understanding of mental health disorders?

5. What do you understand by co-occurring opioid use and mental health disorders?
6. What do you think are the main factors contributing to co-occurring opioid use and mental health disorders?
7. As a social worker, what services are you providing to service users with co-occurring opioid use and mental health disorders?
8. What do you understand regarding the treatment of co-occurring opioid use and mental health disorders?
9. Which policies guide your practice as a social worker offering services to service users with co-occurring opioid use and mental health disorders?

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

1. What are your roles as a social worker in offering services to people with co-occurring substance use and mental health disorders?
2. How often do you offer these services and for how long?
3. Which roles do you think are the most important?
4. What skills and knowledge do you require to perform these roles well?
5. Do you think you are adequately trained to perform these roles?
6. What kind of support do you get in fulfilling those roles?
7. What is your view of the supervision you receive with regard to offering the services?

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

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

Recommendations

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

Appendix E: Informed consent



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



Date: 23/05/2023

Name: Elizabeth Moshidi

Email: lisaem.moshidi@gmail.com

Cellphone No: 0798779373/0605378081

LETTER OF INFORMED CONSENT

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

Title of the study

The perceptions of social workers regarding service users with co-occurrence of opioid use and mental health disorders at COSUP.

Purpose of the study

The purpose of the study is to explore and describe the perceptions of social workers regarding service users with opioid use and mental health disorders at COSUP. The study findings will be useful for raising awareness in communities, policy development, understanding the experiences of social workers in service delivery, and contributing to improving services.

Procedures

Data collection will be done via the face-to-face interview at a COSUP site or virtually if needed. You have been notified of the study and have provided your contact information, so

that the researcher may contact you regarding possible participation. The researcher will schedule an individual interview with you at a time that is convenient for you. With your consent, the interview will be recorded to guarantee that all the information you share is collected accurately for research purposes. Please keep in mind that the recording will only be used for research data analysis and will be kept confidential. To collect the data, the researcher will interview you and ask you some questions related to the study, guided by a semi-structured interview schedule. Once you sign this letter, you consent to participate in the study.

Risks and discomforts

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

Benefits

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

Participants' rights and confidentiality

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

Data usage and storage

Please keep in mind that the information gathered may be used for future research, conference papers, or journal articles. The collected data will be kept in the Department of

Social Work and Criminology at the University of Pretoria for the requisite 15 years as required for archival purposes and possible future research.

Access to the researcher

You may contact the researcher using the following contact details for the duration of the study. Name: Elizabeth Moshidi. Cell: 0798779373 or Email: lisaem.moshidi@gmail.com
Ensure everything is clear and there are no uncertainties regarding the study before signing. Please sign Section B on the next page if you agree to participate voluntarily in the study.

Yours sincerely,

Elizabeth Moshidi

Researcher

SECTION B: INFORMED CONSENT OF PARTICIPANT

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

Participant: -----

Date: -----

Signature: -----

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

Researcher: Elizabeth Moshidi

Date:

Signature:.....

Appendix F: Debriefing letter

4529 Extension 4

Soshanguve

0152

Contact: 082 042 8168

E-mail: nmakola@nwpq.gov.za


To: Whom it may concern

Social Worker for Debriefing of Participants

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

I hereby confirm that I, Nthabiseng Johanna Makola (social worker) will provide psychological-support (debriefing) free of charge to participants in the study by Ms. Elizabeth Moshidi.

Practice Number: 10-25559



Signature: _____



Researcher: _____

Date: 31 January 2023

To contact the researcher:

Elizabeth Moshidi:

lisaem.moshidi@gmail.com

0780267410 / 0798779373

Appendix G: Editing certificate

LET'S EDIT

EDITING CERTIFICATE

10 May 2024

TO WHOM IT MAY CONCERN

DECLARATION: Editing of Mini-dissertation

I hereby confirm that the Master of Social Work in Health Care mini-dissertation titled “**THE PERCEPTIONS OF SOCIAL WORKERS REGARDING SERVICE USERS WITH CO-OCCURRENCE OF OPIOID USE AND MENTAL HEALTH DISORDERS AT THE COMMUNITY ORIENTED SUBSTANCE USE PROGRAMME (COSUP)**” was professionally edited and proofread by a qualified professional at Let’s Edit. Neither the research content nor the author’s intention were altered. Two versions of the document were provided to the student – one version with tracked changes and another version with all changes finalised. The editor shall not be responsible for any subsequent additions or deletions made by the students in their document. Additionally, it is the final responsibility of the student to make sure of the correctness of the mini-dissertation.

Edited by:



Nontsikelelo Mgxabayi

*Master of Arts in International Education and Development (**cum laude**) and Bachelor of Social Work (**cum laude**)*

Reviewed by:



Khomotso Bopape

Full Member of the Professional Editors’ Guild

Professional
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Guild

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