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**THE EXPERIENCES OF SOCIAL WORKERS IN THE PROVISION OF MENTAL
HEALTH SERVICES AT WESKOPPIES MENTAL HEALTH FACILITY**

A mini-dissertation

by

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DECLARATION OF ORIGINALITY

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First and foremost, I would like to thank the Almighty God for giving me the strength to complete my research.

To my supervisor, thank you for being a hand to hold in the dark and enlightening my path with wisdom. Your sage assistance will follow me in the path that will unfold before me under the penmanship of God's hand. Life is unpredictable, but I know your wisdom I will carry like a favoured pendant in my pocket.

To my family, your utmost support that has been unwavering is deeply appreciated. Thank you for being a shoulder that anchored all my pain, doubts and fears and for wiping away my tears with your unshakeable support. For you, I dedicate the following quote:

‘Being a family means you are part of something wonderful. It means you will love and be loved for the rest of your life.’- Lisa Weed.

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ABSTRACT

Student Name : Poopedi Lehlogonolo Kwena

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Topic: The experiences of social workers in the provision of mental health services at Weskoppies mental health facility.

Mental health seems to be a growing area of concern worldwide with the number of people suffering from mental health issues rapidly increasing. In South Africa, over 17 million people are reported to be suffering from mental illness and mental health problems. Those suffering from mental health problems are identified as a vulnerable group greatly depending on the social work intervention and service provision for recovery. As a result, social workers form part of the five core professional groups in the field of mental health worldwide. The provision of mental health services by social workers is subject to numerous realities that have a significant impact on their overall experiences in the field however there has been little to no research conducted on the experiences of social workers in providing mental health services. Therefore, the rationale of the present study was to address the identified knowledge gap in literature by conducting research specifically looking into the experiences of social workers in the provision of mental health services at Weskoppies mental health facility.

The goal of the present study was to explore and describe the experiences of social workers in the provision of mental healthcare services specifically at Weskoppies mental health facility.

The present study was qualitative and employed the instrumental case study design in order to generate an understanding of the experiences of social workers in providing mental health services through thick and rich descriptions of the cases studied. The ten (10) social workers who participated in the present study were purposively sampled using the following sampling criteria: the social worker had to be providing mental health services at Weskoppies mental health facility; be registered with the

South African Council for Social Service Professionals (SACSSP) and be in possession of a recognised bachelor's degree from a South African university; have six months or more experience in mental health; give consent to participate in the study and be able to speak and understand or converse in English. Semi-structured one-on-one interviews with an interview schedule were utilised to collect data from the participants.

The research findings show that the absence of a clear set scope of practice for social workers providing mental health services results in role confusion and also in social workers being subject to tasks falling outside of their broad scope of social work practice (for example, accompanying patients to the ATM or collecting patient parcels at an institutional gate/entrance). The risks with such tasks are observably not covered in danger allowances as the research explains in detail in analysed findings. In addition to the above, a lack of resources was identified as the main challenge affecting the overall quality of social work service provision and interventions. The findings also indicate that there is a great gap in mental health content within the undergraduate social work degree and that the degree alone is inadequate in capacitating social workers to undertake effective practice in mental health. Supervision and workplace training seem to be effective measures in bridging the presenting gaps resulting from the undergraduate BSW degree.

Recommendations include capacity building for social workers providing mental health services through the Inclusion of mental health modules in the undergraduate social work degree as well as the development of a clear set scope of practice for social workers providing mental health services.

Key Concepts: Social Worker, Mental health, Mental health services, Mental illness, Mental healthcare user, Metal health facility, Weskoppies mental health facility, Experiences

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LIST OF ACRONYMS

SAASWIPP	South African Association of Social Workers in Private Practice
SACAP	South African College of Psychology
SACSSP	South African Council for Social Service Professions
WHO	World Health Organisation
BSW	Bachelor of Social Work
MHCU	Mental Health Care User
MHCUs	Mental Health Care Users
MSW	Masters of Social Work
DPhil	Doctor of Philosophy

CHAPTER ONE

GENERAL INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

The rapid increase in the number of people suffering from mental health problems is undeniable and continues to cause more and more troubles for individuals, households and communities across the world (World Health Organisation, (WHO), 2019). This is no different in South Africa where it is estimated that over 17 million people are reported to be suffering from mental illness and mental health problems, with schizophrenia, bipolar disorder, depression, substance abuse and anxiety being the most common (Chiumia & Van Wyk, 2014:1). The South African College of Psychology (SACAP) (2018) further emphasises that over the last five years South Africa experienced a rapid increase in the number of people suffering from mental health issues that led to a severe crisis in the state of the country's mental wellbeing.

People living with mental health illnesses have numerous bio-psychosocial needs and the meeting of these needs greatly depends on social workers, more specifically mental health social workers (Olckers, 2013:29). Mental health social workers mainly assess, evaluate and work with people who have mental disorders, behavioural and addiction problems that often occur alongside these disorders (Cox, Tice & Long, 2019:368). Furthermore, many social workers deal with a client load comprising various mental health disorders (Olckers, 2013:29). As a result of this, the provision of mental health services by social workers is subject to numerous realities that have a significant impact on their overall experiences in the field. However, not much is known about how these social workers experience the provision of services to mental health care service users because there has been no research conducted to explore these experiences.

When conducting a SABINET search, the researcher realised that a knowledge gap exists in literature regarding the experiences of social workers in providing mental health services. For this reason, the present study aimed to address this knowledge gap by conducting research specifically on the experiences of social workers in providing mental health services at Weskoppies mental health facility.

1.2 Conceptualisation

The following key concepts are defined in the present study:

- **Social worker**

Social work is defined as “a professional person who helps others to resolve problems and obtain resources, provides support during crises and facilitates social responses to needs” (DuBois & Miley, 2011:3). For the purpose of the present study, the focus will be on mental health social workers. These professionals are alternatively known as clinical social workers and are primarily focussed on helping diverse individuals with mental or emotional disorders to manage their social problems and life challenges (Cox et al., 2019:368). Within the context of the present study, a ‘social worker’ will refer to a professional person who is registered and regulated by the South African Social Service Professionals (SACSSP) rendering mental health services to mental health care service users and their families at Weskoppies mental health facility.

- **Mental health**

Pilgrim (2017:2) defines mental health as “a positive state of psychological well-being of an individual”. It connotes a relative state of emotional well-being, whereby one is free from incapacitating conflicts and is consistently able to make rational decisions and cope with environmental stresses as well as internal pressures (Cox et al., 2019:371). Within the context of the present study mental health will refer to the positive state of psychological well-being of the service users at Weskoppies mental health facility.

- **Mental health services**

Mental health services refer to facilities used by or imposed upon people with a wide range of mental health problems (Pilgrim, 2017:4). Within the context of the present study, it will refer to a wide variety of mental health services provided by social workers at Weskoppies mental health facility.

- **Mental illness**

Mental illness means a positive diagnosis of a mental health related illness in terms of accepted diagnostic criteria made by a mental health care practitioner authorised to

make such a diagnosis (*Mental Health Care Act 17 of 2002*). Within the context of the present study, mental illness refers to the diagnosis of a mental health related illness.

- **Mental health care user (MHCU)**

MHCU means a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of a user (*Mental Health Care Act 17 of 2002*). Within the context of the present study, MHCUs will refer to the service users receiving mental health services from social workers at Weskoppies mental health facility.

- **Mental health facility**

It is a facility that focuses on the management of mental disorders and the clinical and social problems related to it (*Mental Health Atlas, 2014:66*). Within the context of this study, 'mental health facility' will refer to Weskoppies mental health facility.

- **Weskoppies mental health facility**

Weskoppies is a government owned psychiatric institution in Pretoria which offers treatment for a variety of mental illnesses. The hospital is identified as one of the largest mental health facilities in South Africa with approximately 1400 beds, capable of accommodating roughly 5000 annual admissions and 5200 outpatients per annum (Van Der Walt, 2009:13).

- **Experiences**

Experiences are defined as knowledge and skills gained over time (*Paperback Oxford English Dictionary, 2012:249*). Within the context of the present study, experiences will refer to the experiences of social workers in providing mental health services at Weskoppies mental health facility.

1.3 Theoretical framework

The present study was underpinned by the ecological systems theory developed by Urie Bronfenbrenner. The underlying assumption of this theory is that the behaviour and experiences of individuals are shaped by various spheres of influence (Ettedal & Mahoney, 2017:293; Strayhorn, 2015:34). Figure 1 illustrates the main components and elements of the theory:

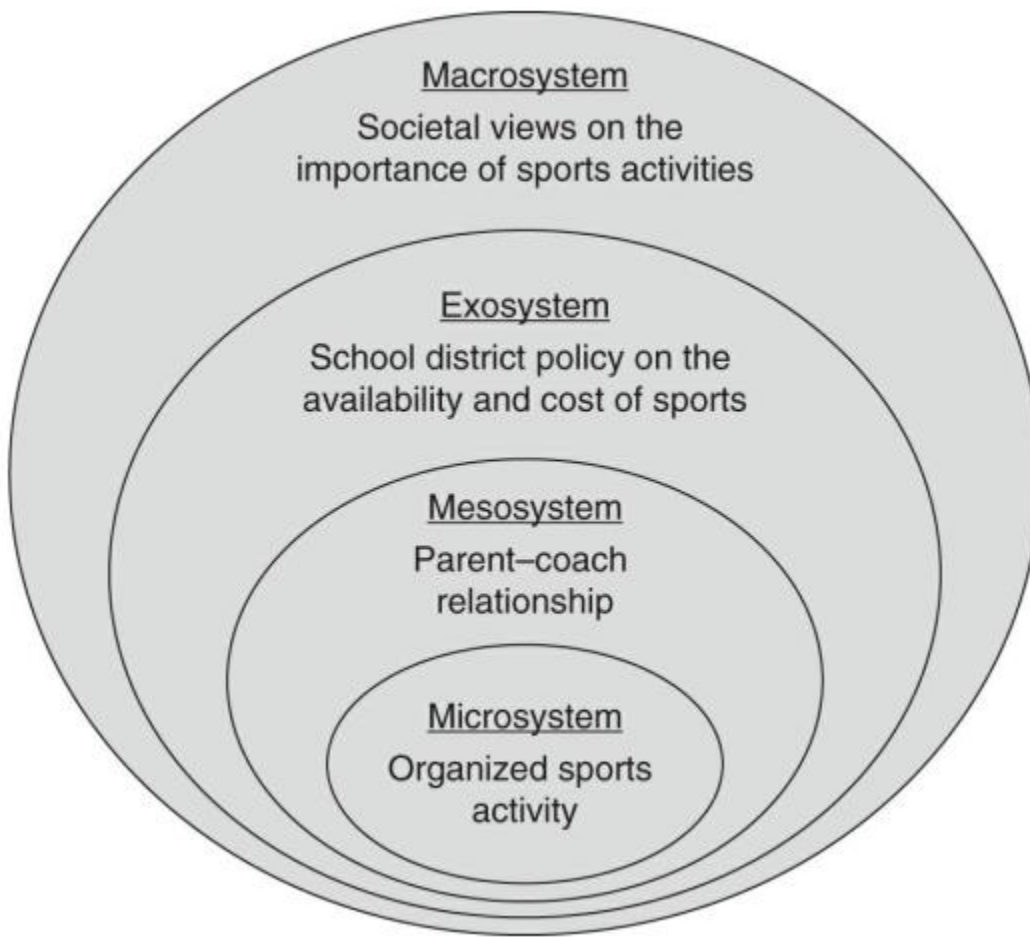


Figure 3.1: Ecological systems model

Source: Ettekal & Mahoney (2017)

The theory further explains how different types of environmental systems influence the development of humans and proposes that development happens over time as part of a complex process involving a system of interactions within the individual and between the individual and the environmental context of which he/she is part of (Ettekal & Mahoney, 2017:293). The theory additionally posits that four interrelated types of environmental systems exist (micro, meso, exo and macro) representing smaller proximal settings in which individuals directly interact with larger distal settings that indirectly influence development (Ettekal & Mahoney, 2017:294).

Micro system

The micro system is the innermost circle of the ecological systems theory. This circle consists of a pattern of activities, interactions, roles and interpersonal relations experienced by the developing person with their immediate settings in a given setting

with particular physical and material characteristics (Zhang, 2018:1765; Strayhorn, 2015:32-33). The primary micro system interactions that social workers in mental health are likely to have include interactions with mental health service users and colleagues. Therefore, this approach helped the researcher to explore and understand how these direct social interactions that social workers in mental health have contribute to their overall experiences in providing mental health services.

The ecological systems theory's micro-system level was depicted in this study as the social worker's immediate proximate neighbours, and interactions; the patient, the family members of the patient, supervisors and other MDT members in mental health services. The determination of these relationships in theory and in line with exploring and describing the experiences of social workers in the provision of mental health services, aided in explaining their challenges, opportunities and capacity in ensuring quality mental health interventions.

Meso system

The meso system can be described as a collection of micro systems and how these systems interact with each other (Zhang, 2018:1766). In summary, this system consists of the relationships between the micro systems in an individual's life. For mental health social workers, the meso system was applied in the context of enquiries pertaining to the relationships in the social worker's personal life, such as marital status, length of duration in mental health services, and neighbourhood relations such as supervisor-social worker support at the Weskoppies mental health facility. This was deemed in the research to project outcomes that explain the implications and/or consequences of such relationships in their microsystem interactions on the quality of mental health interventions exhibited in practice.

Exo system

The exo system includes and incorporates other specific social structures and institutions both formal and informal, in which the individual does not directly participate but may be indirectly influenced by (Zhang, 2018:1776; Strayhorn, 2015:33). With respect to mental health social work, the exo-system consists of policies, legislation and other events in the wider healthcare field that indirectly affect social workers providing services within the field. It is evident from some of the

provided information in the literature review section of this proposal (for example, deinstitutionalisation) that despite not being directly linked to some social structures, mental health social workers are still greatly affected by the decisions made within those structures. Therefore, this component of the theory helped the researcher to explore, obtain rich data and make sense of how such interactions contribute and have a bearing on the overall experiences of social workers in providing mental health services. In doing so, the theory managed to influence the design of the data collection instrument to focus its enquiry on the social structures and institutional support dynamics for the social worker as may be defined in the exo system level towards the provision of mental health services.

Macro System

Strayhorn (2015:32-33) states that the macro system represents the individual interactions with cultural norms, beliefs, values and expectations. This is further emphasised by Zhang (2018:1767) who mentions that the macro-system is “the overarching institutional patterns of the culture or subculture, such as the economic, social, educational, legal, and political systems, of which micro-, meso-, and exo-systems are the concrete manifestations”. In mental health social work, the macro system is composed of influences that are outside of the determination of social workers, these include urban or rural culture, government mental health policies and global mental health boards. Similarly, to the other components of this approach the macro system component gave the researcher an insight into how influences that are beyond mental health social workers affect them and contribute to their overall experiences in the provision of mental health services.

Combined the four systems represent a nested network of interactions reflecting an individual’s ecology. In conclusion, this theory was applicable to the present study because it provided the researcher with a holistic framework for understanding how different relationships and environmental factors interact and thus build up the experiences of the social workers in the provision of mental health services. It further allowed a modelling of how factors in the immediate as well as the wider context influence social workers providing mental health services as they interact with individuals and social, educational, and healthcare environments over time (Hickey, Harrison & Sumsion, 2012:6).

Overall, the theory permitted the researcher to take into consideration the multiple interconnected and interdependent factors directly or indirectly related to the mental health social workers, which may be influencing their experiences in the field. For instance, using this theory the social worker was considered as the centre being influenced by the different contexts (for example, mental health service users, organisations, policies, etc.) which all contribute to the whole; which is the experiences that the researcher is sought to explore.

1.4 Problem statement and rationale

After a careful review of the literature, it is confirmed that previously conducted studies about mental health social workers have not yet succeeded in exploring and describing the experiences of social workers in providing mental health services. Social workers form a vital part in the provision of mental health services. While their roles and competencies seem to be understood, their experiences are not well understood or fully known, as there are no formal studies that have been conducted specifically on the subject (Allen, 2014:8). As mentioned before, the majority of previous research studies rather focus on the role of social workers in mental health or other aspects such as the lived experiences of patients with mental health issues and not those of the social workers' providing mental health services. For example; South African studies conducted by Olckers (2013) and Ornellas (2014) both outline the context of mental health social work, however their main focus was on the role and not the experiences of social workers in providing mental health services. Similarly, Conway's research in 2016 explored the experiences of mental health social workers but her focus was rather on their state of wellbeing and support, not on their overall experiences like the present study is anticipating to do (Conway, 2016:2).

Furthermore, Ornellas (2014:) recognises that, overall, there is a great lack of adequate literature on the topic of social work in mental within the South African context. The researcher can confirm that Ornellas's assertion is true, because when reviewing literature, she too noticed that only a few studies on this topic have been conducted. Nonetheless, none of the few existing research studies was conducted with the goal to explore and describe the experiences of social workers in providing

mental health services. Based on the latter, Ornellas recommended that future researchers should conduct more research on the field of social work in mental health and stated the rendering of social work services to MHCUs with mental disorder as one of the potential research avenues they can particularly examine and explore.

The present study therefore attended to the experiences of social workers in providing mental health services. The importance and purpose of the present research was to explore and describe the experiences of social workers in the provision on mental health services. The research specifically focused on social workers in Weskoppies mental health facility. By exploring and describing the experiences of social workers in the provision of mental health services, the research report proposes to fill the knowledge gap, which has not been researched before. Based on the results of the research, strategies to improve the provision of mental health service by social workers and legislation could be provided. Additionally, clarity regarding many of the highlighted debates about mental health social workers in the literature review can be provided.

The main research question for this study was outlined as follows: “What are the experiences of social workers in the provision of mental health services at Weskoppies mental health facility?”

Considering that there is a research question to be answered the researcher set a goal and objectives towards achieving the goal. The set goal and objectives of the study will be outlined below.

1.5 Research goal and objectives

The **goal** of the study was to explore and describe the experiences of social workers in the provision of mental health services in Weskoppies mental health facility.

For the goal to be achieved, the following objectives have to be achieved:

- To contextualise the provision of mental health services by social workers internationally and locally.

- To ascertain the views of social workers regarding their role and task in the provision of mental health services.
- To determine the capacity of social workers in rendering mental health services.
- To establish the needs of social workers in the provision of mental health services.
- To suggest strategies on improving the provision of mental health services by social workers.

1.6 Overview of research methods

A brief account of the research methodology utilised for the present study will be provided below:

The present study employed a qualitative research approach. This approach, is a systematic inquiry into social phenomena in natural settings (Teherani, Martimianakis, Stenfors-Hayes, Wadhwa & Varpio, 2015:669). It was found to be suitable for the current study because there was little known about the phenomenon being researched specifically the “experiences of social workers in providing mental health services”. The present study was applied in nature. Semi-structured one-on-one interviews with an interview schedule were used to gather data. A digital recorder was utilised in conjunction with the interviews through the permission of the participants. This helped to secure all the contents of the interviews in order to avoid data/information loss as well as excessive note taking during the interview sessions. Utilising this tool allowed the researcher to fully focus on the interview sessions and prompt for further responses when needed (Nieuwenhuis, 2016(b):94).

An instrumental case study design was used. This design was found suitable because of its ability to provide extensive descriptions and its flexibility which allows for a wide exploration of research questions to result in a more robust study (Gustafsson, 2017:3; Nieuwenhuis, 2016 (b):82). The population group for the present study comprised of social workers providing mental health services at Weskoppies Mental Health facility. The researcher utilised non-probability sampling because there was a pre-determined criterion of the suitable participants for the present study. The research methodology

will further be unpacked and described in more detail in Chapter 3 along with the ethical considerations applicable to the present study.

1.7 Limitations of the study

The study opted to use a qualitative research approach which entailed conducting face-to-face interviews with semi-structured questions. The generalisability of the research findings is typically challenged with small sample size research that also would not use survey enquiries. This research, however, mitigated this limitation to generalisability of the research by ensuring that the selected research participants are professionals with direct involvement in mental health service provision, thereby provisioning for quality rich insights that explained the research phenomenon with a sound audit trail.

Due to the current Covid-19 pandemic affecting socio-economic activity, the process of data collection was nearly threatened from successful collection. The pandemic disallowed the researcher from having the opportunity to observe facial expressions and some non-verbal cues during the recorded interviews due to the wearing of masks as a precautionary measure. This posited to limit the tri-angulation of data at analysis to better identify emerging themes from findings. However, the researcher was able to use transcribed audios to ascertain some non-verbal cues such as sighs, murmurs and voice tones from participants in the recorded interviews to better understand and interpret the meanings of the answers from the open-ended enquiries that they were subjected to. The effect was to mitigate researcher bias and failure to fully comprehend the full meanings of responses given for subsequent thematic data analysis to commence and interpret the findings adequately.

1.8 Chapter outline

The organisation of chapters for this study is outlined as follows:

Chapter 2: Literature Review - Will outline the literature review on the experiences of social workers providing mental health services.

Chapter 3: Research findings and interpretation - Will discuss the research methodology, the ethical issues and the limitations of the study. The empirical findings

and interpretations from the literature perspective as well as the ethical issues and limitations of the study will also be presented.

Chapter 4: Conclusions and Recommendations - In the final chapter, the achievement of the goal and objectives of the study will be discussed, as well as the key findings. Based on the key findings, conclusions will be drawn and feasible recommendations proffered.

1.8 Summary

This chapter presented the research phenomenon focused on social work and its interventions in mental health services at Weskoppies Mental health facility.

The research objectives and the goal of the study has been explained as focusing on exploring and describing the experiences of social workers in the provision of mental health services in Weskoppies mental health facility. The next chapter provides a literature review pertaining to the context and role of social work in mental health service interventions. The history of mental health in South Africa is introduced, as well as the legislative framework that guides the implementation of mental health service provisions in the South African context. The capacity of social workers, their needs and an explanation of the theory underpinning the study is also discussed in the chapter.

CHAPTER TWO

LITERATURE REVIEW ON SOCIAL WORK INVOLVEMENT IN MENTAL HEALTH SERVICE

2.1 Introduction

Social work has undeniably grown to be one of the largest groups of service providers within the field of mental health (Bila, 2019:342). The extensive involvement and employment of social workers in mental health settings, gradually led to the recognition of this profession as a primary and specialised field of service provision within the broad mental health field (Francis & Tinning, 2014:28). Individuals struggling with ongoing mental health problems experience various challenges in all spheres of functioning on a daily basis (Bila, 2019:343). Therefore, social workers in mental health carry the responsibility of attending to the experienced effects of mental health issues as well as the social issues influencing the problems (Heller & Gitterman, 2010:1). From these arguments, the researcher is of the view that various aspects related to the broad field of mental health as well as social work have a bearing on and contribute to the overall experiences of social workers in the provision of mental health services.

Taking the above-mentioned information into account, this chapter will provide an in-depth review of available literature in the field of social work in mental health. The literature review will examine some of the critical issues surrounding the field of social work in mental health in-depth. The focus will first be on contextualising the field of social work in mental health. The researcher will do this by discussing the field of social work in mental health within the global and local context; its history within the South African context as well as the prevalence of mental health problems. The researcher will further contextualise this field by discussing the services, roles, tasks and the challenges of mental health social workers.

Furthermore, a discussion of mental health service users as a vulnerable group will be provided in a quest to highlight the need for social work interventions within the field of mental health. The researcher will proceed with the literature review by further focussing on the capacity of social workers in dealing with mental health problems.

This will be done by specifically looking into the training of social workers in mental health; their knowledge and skills, as well as their scope of practice. Lastly, the legislation governing the field of social work in mental health will be discussed, specifically the *Mental Health Care Act 17 of 2002*. A brief conclusion to this chapter will also be provided.

2.2 Contextualisation of social work in mental health

The social work profession has a dual mission, namely, to enhance human well-being and to help meet the basic human needs of all people (Bila, 2019:344). Particular attention is paid to the needs and empowerment of those who are vulnerable including those with mental health problems (Heller & Gitterman, 2010:1). It is commonly known that a wide range of social and personal conditions mitigate mental health problems as well as mental illness (Nejkar, 2017:90). Therefore, the domain of social work in mental health is that of the social context and the social consequences of mental health problems/mental illness. In accordance to their profession's mission, social workers in mental health help with the restoration of the optimal levels of functioning in various domains of life for those affected by mental health problems. The main purpose of their practice is to restore individual, family and community wellbeing as well as to promote the development of each individual's power and control over their lives and to promote the principles of social justice (Francis & Tinning, 2014:30).

Mental health social workers often work across boundaries, regularly serving many mental health service users with a combination of disability as well as substance abuse problems (Cox et al., 2019:388). Additionally, the researcher is of the view that social workers are frequently required to collaborate with professionals across various fields such as medical, criminal justice and education (Cox et al., 2019:388). It can be posited in the above literature arguments that two emerging areas of social work in mental health can be identified as "assisting clients to obtain supportive competitive employment and working with clients to obtain post-secondary education" (Cox et al. 2019:367). In this section social work in mental health is contextualised within the global and local context. This field is further contextualised by its history within the South Africa context, prevalence, services provided, roles and tasks and the challenges thereof.

2.2.1 Social work in mental health (Global context)

Morris and Lezak (2010:85) state that social workers form part of the five core professional groups in the field of mental health worldwide. Globally the field of social work in mental health has greatly grown and evolved over the years (Francis & Tinning, 2013). Currently, social workers are recognised and appreciated for the significant contribution they make towards the field of mental health worldwide (Cox et al. 2019:402). As a result, there is also a growing demand for these professionals within the field of mental health (Nejkar, 2017:91). The growing demand for mental health social workers was also noticed by Heller and Gitterman (2010:1) who used a survey conducted by the NASW in 2006 as an example. The results of the survey indicated that 37% of American social workers worked in mental health more than in any other single field of practice (Heller and Gitterman, 2010:1). Cox et al. (2019:405) concur with Heller and Gitterman that the demand for mental health social workers is indeed rapidly increasing globally. Cox et al., (2019:405) further went on to emphasise that this growth was also predicted by government economists who mentioned that by 2020, job growth will be much faster for mental health social workers than the average for all careers.

Observing, the overall impact of the COVID19 pandemic on individuals, families and communities globally, it is evident to the researcher that the predictions made by the economists as stated by Cox et al. (2019:405) are proving to be true. The researcher is without doubt that the observed spike in mental health problems will call for the deployment of many social workers to deal with experienced mental health problems.

Globally, social work in mental health is divided into a public sector and private sector and its practice starts with the individual and spreads to the family, social networks and to the broader community (Francis & Tinning, 2014; Olckers, 2013:33). In the same vein, Gajendragad, Kiran, Pandian, Deuri and Sekar (2016:91) state that social work in mental health practice at the micro and meso levels is primarily concerned with the social, physical, mental and spiritual well-being of individual clients and their families. Additionally, at macro level practice takes into consideration the broader human, social and political issues in mental health by looking beyond the illness and treatment issues (Gajendragad et al., 2016:91). The AASW (2015:5) emphasises that

this ability of social workers to maintain a dual focus on both the individual and family/contextual domains is what distinguishes their contribution and practice from that of other mental health professionals in the field of mental health.

Moreover, Francis and Tinning (2014) assert that within the global context the field of social work in mental health is mainly concerned with the social context and the social consequences of mental illness. In the social context, practice is mainly concerned with the way that the social environment shapes everyone's experience of mental illness and mental health problems (Bland et al., 2015:24). At the social consequences level, the concern is mainly on the impact of illnesses and mental health on the individual, family and personal relationships and the broader community (Bland et al., 2015:25). Lastly, at the social justice level practice is mainly focussed on making all human services more accessible and responsive to the specific needs of the people with mental health issues, their families and other carers (Bland et al., 2015:25).

Overall, the researcher is of the view that globally, mental health services have undergone significant transformation in relation to structure, services and approaches to service delivery (Bila, 2019:344). This therefore requires a comparative analysis with how social work interventions in the South African context differ with the structuring and strategic focus of social work interventions as mentioned on a global context. This is then related to the individual, family, and more importantly, the social worker's understanding and experience of the social context and consequences of mental disorder interventions.

2.2.2 Social work in mental health (Local Context)

In South Africa, the social work profession is also recognised as one of the primary providers of mental health services (Engelbrecht & Ornellas, 2014:18). The research conducted by Olckers (2013:29) found that within the South African context more and more social workers deal with a client load that includes various mental health disorders, sometimes-overlapping disorders, and patients who are using prescribed psychotropic medication. Olckers, however, states that within the South African context, as in many other countries, questions and controversial issues arise when the social work profession in mental health is examined (Olckers, 2013:30). Questions

such as: Are social workers adequately trained to intervene diagnostically? Is there any need for a social worker to know or use a diagnostic model? Are social workers recognised as mental health team members? What is the scope of practice for social workers in the mental health discipline? These are some of the controversial issues pertaining to social workers in mental health in South Africa. Olckers further asserts that there is a lack of a formal recognised scope of practice for social workers in South Africa despite being recognised in the South African Mental Health Care Act (17 of 2002 section 1: xvii) as mental health care practitioners (Olckers, 2013:34).

Engelbrecht and Ornellas (2014:19) emphasise that, overall, the effects of policy change in mental health over the past two decades in South Africa unwittingly adversely affected many social workers operating in a mental health context and that mental health social workers are vulnerable and therefore need structured and professional supervision. Faydi, Flisher, Funk, Kim, Kleintjies and Mwanza (2011) as cited by Engelbrecht and Ornellas (2014:22) highlight that when reflecting upon mental health services in South Africa, a significant gap exists between mental health needs and the availability of quality services towards appropriately addressing the needs. In conclusion, Olckers (2013:47) emphasises that currently important debates and controversial statements with regards to the role of social workers in mental health care are still ongoing in South Africa.

The researcher is of the view that the history of South Africa has had a great bearing on the current state of the mental health system in the country. The effects of the history did not only have an impact on the system but on the professionals providing services within the field, social workers included. As a result, the history cannot be ignored when discussing the mental health field as it provides a background and understanding to the current state of this field as discussed above. Against this background, the researcher next discusses the history of mental health in South Africa.

2.3 History of mental health in South Africa

South Africa has a legacy of racially inequitable, fragmented and inadequately resourced mental health care services (Olckers, 2013:29). Under the apartheid government the mental health care system in South Africa was strongly focussed on

institutionalised care, however a policy shift to universal primary care in post-apartheid South Africa resulted in a process of deinstitutionalisation, whereby relevant policy documents established the grounds for the decentralisation of mental health services (Bila, 2019:345; Engelbrecht & Ornellas, 2014:21; Petersen, Bhana, Campbell-Hall, Mjadu, Lund, Kleintjies, Hosegood & Flisher, 2009:141). The adoption of the deinstitutionalisation policy led to a fragmentation of specialised mental health services and additionally disputed the quality of care available to mental health care users (Engelbrecht & Ornellas, 2014:21).

Deinstitutionalisation further resulted in the closing down of many mental health institutions; poor development of community-based initiatives and generalist NGO's focussing on service rendering for people with mental health problems and a significant decrease in the availability of adequate services and care (Engelbrecht & Ornellas, 2014:22). Alternatively, the effects of deinstitutionalisation have impacted on the social work profession and the role of the social worker in dealing with mental health care (Engelbrecht & Ornellas, 2014:22). The effect is evident in the diminished number of clinical social workers who are specialists in mental health care; diffused understanding of the role of social workers in providing mental health care and the increased number of generalist social workers currently working in mental health despite insufficient knowledge and training (Engelbrecht & Ornellas, 2014:23).

Deinstitutionalisation of mental health services further bore adverse effects for many social workers operating in a mental health context, due to a lack of structural resources, role confusion of stakeholders and a skills deficit regarding the specialised nature of mental health service delivery (Engelbrecht & Ornellas, 2014:19-20). These authors conclude that despite some significant developments in policy, post-apartheid, studies have found that the process of decentralisation and deinstitutionalisation have had a negative impact on social work service rendering and service availability for the mentally ill individuals within the South African context (Engelbrecht & Ornellas, 2014:21).

2.4 Prevalence of mental health problems

WHO (2019) estimates that almost 450 million people in the world currently suffer from mental health issues and mental disorders which are among the leading causes of ill health and disability internationally. The Lancet commission (2018:1) similarly mentions that mental health issues are on the rise in every country in the world and further assert that if not addressed they could cost the global economy up to \$16 trillion between 2010 and 2030. Roestenburg, Carbonatto and Bila (2016:168) state that 14% of the global burden of disease can be attributed to neuropsychiatric disorders, three-quarters of which occur in developing countries. Ritchie (2018:2) presents a rather contrasting view by arguing that the true prevalence of mental health issues remains poorly understood worldwide. According to Ritchie (2018) diagnosis statistics alone are not a true reflection of the true figures or prevalence of mental health and mainly attributes this to the fact that mental health is typically under-reported and under-diagnosed.

Zooming into the African context, the prevalence of mental health issues, similarly to the global context, remains high. Abdulmalik and Gureje (2018:6) state that 70% of the global burden of mental health problems are located in low- and middle-income countries including Sub-Saharan Africa. Low- and middle-income countries in Africa bear a disproportionate burden of mental health problems and disorders (WHO, 2013) as cited by M'Carthy & Sossou (2017:129). It is further estimated that 10% of Ghanaians live with mental illnesses, such as schizophrenia, and that the majority of the people with mental health problems within the African context use mental health services outside of the formal health institutions (M'Carthy & Sossou, 2017:129). As a result of this, there are no accurate epidemiological data on people with mental health problems because the traditional and faith healers do not normally keep records on their patients. In a nutshell, the prevalence of mental health problems within the African context is high, however, there is a paucity of information about the status of and prevalence of mental health services in most African countries (Abdulmalik & Gureje, 2018:6). The available data, however, indicates an overall uniformly weak mental health system across the region with slight differences between countries (Abdulmalik & Gureje, 2018:6).

The researcher is of the view that high prevalence of mental health issues is by no means unique to the global and African context. In South Africa, it is reported that as many as one in six South Africans suffer from anxiety, depression or substance-use problems (excluding more serious conditions such as bipolar disorder or schizophrenia) (SACAP, 2018). Engelbrecht and Ornellas (2014:19) state that the incidence of mental health problems in South Africa is ranked third to HIV and other infectious diseases in the contribution to the burden of disease. It is further estimated that mental disorders have increased by 22.7% from 2017 in South Africa with 30% of people reporting life-long psychiatric disorders. Similarly, the lifetime prevalence for mental health problems in South Africa is 30.3% with neuropsychiatric disorders ranking third in their contribution to the burden of disease in South Africa (Simpson & Chipps, 2012:47).

Owing to the high prevalence of mental health problems, the national health policies of mental health have been established as a priority as there is a growing recognition of mental health as a significant public health issue in South Africa (Engelbrecht & Ornellas, 2014:21). In Roestenburg et al.'s (2016:168) view, the highest proportion of the prevalence and burden of mental health problems is accounted for by common mental disorders such as depression and anxiety. This is attributed to the fact that these disorders often receive little, if any, attention within the healthcare sphere (Roestenburg et al., 2016:168).

In summary, it is evident from the information provided in this section that mental health problems are on the rise not just in South Africa but in Africa and throughout the world. Currently the COVID19 pandemic brought with it a mental health crisis. Observing and taking into consideration its impact globally and in Africa, the researcher is of the opinion that by the end of 2020 mental health problems might possibly rank first in their contribution to the burden of disease worldwide. The researcher's opinion is influenced by the observed spike in mental health problems as a result of the pandemic and the lockdown which was aimed at curbing the spread of the corona virus. For example, in South Africa Retief (2020) quotes 'Cassey Chambers', the Operations Director at the South African Depression and Anxiety Group (SADAG) explaining that calls to their organisation have doubled since the start of national lockdown. In her words:

“Before lockdown, we were receiving 600 calls per day. And now (during April) we are getting 1,200 to 1,400+ each day. That is just incoming calls – this excludes the follow-up calls and the outgoing calls we get to do to help in crisis interventions”.

In conclusion, the high prevalence of mental health issues as discussed in this section clearly indicates that the field of social work in mental health will keep growing. Furthermore, it indicates that social workers are continuously going to deal with mental health problems in their places of work over many years to come. To curb and combat the high prevalence of mental health issues, social workers provide a range of services to mental health service users, their families as well as their communities. In the next section, the researcher will provide an account of some of the services provided by mental health social workers.

2.5 Services provided by social workers in mental health

Bland et al. (2015:4) state that social work is central to the range of services provided in mental health agencies. Social workers provide various mental health services to individuals with mental health problems, however; the services provided vary according to different work settings (Olckers, 2013:32; Nejkar, 2017:92). For example, services offered by a social worker in a hospital setting may vary from those of a social worker in a school setting. All the services provided by social workers in mental health can either be accessed through the public or private sector (Olckers, 2013:32; Nejkar, 2017:92; M’Carthy and Sossou, 2017:126).

Mental health services can be broadly categorised as mental health services integrated into health services; community-based mental health services and institutional services provided by mental hospitals. These services include but are not limited to, psychotherapy, educating families and individuals about diagnosis and treatment options, diagnosis of mental illness, crisis intervention, completing psychosocial assessments and referring to outpatient services, planning discharge, behavioural interventions, advocating for patient’s rights, individual therapy, substance abuse treatment, group therapy and many others (National Association of Social Workers, 2011 as cited by Conway, 2016:13-15; Nekjar, 2017:92; Olckers, 2013:32).

Gajendragad et al. (2016:85) also list the following as professional services provided by mental health social workers:

- Direct Services to individuals, couples, families and groups in the form of counselling, crisis intervention, therapy, advocacy, coordination of resources, etc.
- Case Management - coordinating inter-disciplinary services to a specified client, group or population.
- Community Development - working with communities to facilitate the identification of mental health issues and the development of mental health resources from a community needs perspective.
- Supervision - clinical supervision/consultation of other community health workers and other social workers involved in mental health service delivery.
- Program Management/Administration - overseeing a mental health program and/or service delivery system as well as organisational development.
- Program, Policy and Resource Development - analysis, planning and establishing of standards.
- Research and Evaluation

From all the mentioned services, Roestenburg et al. (2016:184) perceive individual therapy to be the most frequently used service provided by social workers in mental health. Roestenburg et al. (2016:184) further stress that many services predominantly offered by social workers in mental health are also offered by psychologists. In the researcher's opinion, this can perhaps be attributed to the lack of a clearly defined scope of practice for mental health social workers. In the same vein, Starnino (2009:836 in Roestenburg et al. (2016:46) through observation, noted that many social workers rather address poverty, administration, social policy and other non-mental health concerns. In the researcher's opinion what Starnino asserts can spark debates around whether social work in mental health should be regulated as a specialised field of practice. This is because if Starnino's assertion is true, the question of why this field should be regulated if it's the same as general social work practice could be raised. Taking this into consideration, the researcher therefore believes that the current research can shed some light on this instance. The researcher attributes this to the fact that the current research can reveal whether there are any mental health specific services offered by social workers in this field to generalist social workers. Overall, the

services provided by social workers in mental health are vital to advance the quality of life of mental health service users and ensuring that their basic needs are met (Engelbrecht & Ornellas, 2014:23).

2.6 Roles and tasks of social workers in mental health.

A discussion of the roles and tasks of mental health social workers will be outlined below.

2.6.1 Roles of social workers in mental health

Aviram (2002:617) states that social workers have been playing a role in the mental health service system since the early days of the profession. The role of a social worker varies slightly according to the different mental health settings (Olckers, 2013:47). The traditional role of social workers in mental health care, however, initially included working with patients and families to facilitate effective communication between patients, families and health care teams in ways that will mitigate barriers caused by poor health knowledge (Engelbrecht & Ornellas, 2014:23). In the same vein, Aviram (2002:619) highlights that at first the role of the social workers in the mental health service system was limited to obtaining information regarding the patients and their families.

The role of social workers in the mental health context has expanded to include many additional activities such as case management of both in and outpatient care, supported employment, residential care, psychosocial support, family therapy and support, assistance with basic reintegration into society and the needs associated with this, and to include responsibility for acting as liaisons between the patient, his/her family and the institution (Barlow & Durand, 2011 as cited by Engelbrecht & Ornellas, 2014:23; Ornellas, 2014:4-5). They can perform the role of a coordinator, manager, clinician, researcher, trainer, leader and liaison worker for the detention of mental illness in the community (Gajendragad et al., 2016:39).

Furthermore, social workers in mental health may serve as advocates for policy change and as activists to advance movements for the cause of those with mental illnesses (Cox et al., 2019:405). Social workers further play an important role in

rendering services of assessment, planning and coordination of services, and crisis intervention, which is a service not usually rendered by any other mental health professional in either inpatient or outpatient or a community-based setting (Engelbrecht & Ornellas, 2014:23). Lastly, based on a comprehensive psychosocial assessment, mental health social workers conduct interventions that include helping patients and families to obtain and understand health information and to apply that information to better their health after discharge (this is a service not rendered by any other mental health professional both in the inpatient, outpatient and community-based setting) (Ornellas, 2014:6).

Mental health social workers also have a significant role to play in ensuring maximum recovery of persons with severe mental illnesses (Ornellas, 2014:7; Aviram, 2002:615). Their role further encompasses assisting individuals with mental health problems to overcome or compensate for the psychosocial and social integration difficulties that they undergo (Nejkar, 2017:93). This is done by giving them support in their daily lives in the community as well as in undertaking and handling the different roles and demands represented by living, working and mixing in different community environments (Gajendragad et al., 2016:79).

Despite the evident roles that social workers play in mental health care, Aviram (2002:620) mentions that there is a lack of consensus among social workers regarding their role in the field of mental health, nor is there an agreement between social workers and other professional groups involved in providing mental health services regarding the role of the social workers in mental health service system and the boundaries of their domain. Gajendragad et al. (2016:90) similarly acknowledge the role confusion and agrees that the majority of the roles performed by social workers are common to all mental health disciplines. However, in their view “specific to the domain of social work are roles of building partnerships among professionals, caregivers and families; collaborating with the community, usually with the goal of creating supportive environments for clients; advocating for adequate service, treatment models and resources; challenging and changing social policy to address issues of poverty, employment, housing and social justice; and supporting the development of preventive programs.” (Gajendragad et al., 2016:90). The current study has the potential to provide further clarity around the role confusion surrounding

the profession of social work in mental health. Social workers in mental health perform certain tasks in addition to the above described roles. Based on this, the researcher will next discuss and outline these tasks.

2.6.2 Tasks of social workers in mental health

Cox et al. (2019:389) assert that there are multiple existing tasks that are often the responsibility of either BSW or MSW prepared social workers (Cox et al., 2019:389). Their tasks include but are not limited to assessing the client's impairment in his or her social environment; helping people to obtain tangible services; counselling and psychotherapy with individuals, families, and groups; helping communities or groups provide social and health services and participating in relevant legislative processes (Olckers, 2013:47). Further tasks include maintaining, restoring and improving psychosocial functioning; helping people enhance and more effectively utilise their own problem solving and coping capacities; facilitating interaction, modifying and strengthening relationships between people within the resource system; and establishing initial linkages between people and resource system (Olckers, 2013:47). In summary Roestenburg et al. (2016:45) stress that the tasks of social workers in mental health are centred around assisting mental health service users to develop coping tools for their situations rather than on the presence of mental health disorders. Cox et al. (2019:389) summarise the tasks of mental health social workers as follows:

Exhibit 9.3 What Mental Health Social Workers Do

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- DIRECT SERVICES**
 - Interview clients to assess the presenting situation and client
 - Counsel and aid family members to assist them in understanding, dealing with, and supporting the client or patient
 - Counsel clients in individual and group sessions to help them manage their mental illness as well as physical illness, substance use, poverty, unemployment, or physical abuse
 - CASE ADVOCACY**
 - Refer patient, client, or family to community resources for housing or treatment to assist in recovery from mental or physical illness, and follow through to ensure service efficacy
 - Review client records and confer with other professionals
 - Collaborate with counselors, physicians, and nurses to plan and coordinate treatment, drawing on social work experiences and patient needs
 - Monitor, evaluate, and record client progress with regard to treatment goals
 - Modify treatment plans according to changes in client status
 - Advocate for needed change(s) with the client
 - CAUSE ADVOCACY**
 - Supervise and direct other workers who provide services to clients or patients
 - Develop or advise on social policy and assist in community development
 - Plan and conduct programs to combat social problems that typically affect people with mental disorders or to improve health and counseling services in the community
 - Conduct social research to advance knowledge in the social work field
 - Advocate with clients and stakeholders for larger-scale changes in policies, programs, and process

Figure 2.1: What Mental Health Social Workers Do

Adaptation: Cox et al. (2019:389)

In providing mental health services and undertaking the above discussed roles and tasks, social workers encounter a myriad of challenges that affect their professional and personal life. The researcher will outline some of these challenges below.

2.7 Challenges for social work in mental health care

Social work in both the global and local context is plagued with various challenges. Gould (2016:58) places emphasis on the fact that the mental health environment brings about opportunities and challenges leaving social workers to cope with a range of tensions. Bland et al. (2015:4) similarly states that despite the long and positive connection between social work and mental health, significant challenges now confront the profession in responding to the rapidly changing environment. Bland et al. (2015:4) further emphasises that social work in mental health suggests a number of major challenges including the highly contested workplace; the unrelenting competition for authority; and expertise within the multidisciplinary teams from other disciplines. Conway (2016:2) similarly to Bland et al., places emphasis on the fact that mental health social workers experience unique challenges on a daily basis affecting their well-being.

With the focus increasingly being on outpatient and community-based services and reduced availability of specialised social workers, generalist social workers currently face the task of having to reach out to mental health patients as a vulnerable group (Engelbrecht & Ornellas, 2014:23). Additionally, the high prevalence of mentally ill individuals who are unstable and untreated in local communities also has an effect on generalist social work practice spilling over into crime; family structures and functioning; child abuse and domestic violence (Engelbrecht & Ornellas, 2014:23). Additionally, government policies have an impact on the work of social workers. The policies result in inadequate facilities, unmanageable workloads, lack of skills, constantly having to deal with the desperation of patients and families, safety issues as well as their role in the multidisciplinary team (Engelbrecht & Ornellas, 2014:24). The lack of funds allocated to the field of mental health specifically in African governments is also one of the major challenges affecting social workers. Roestenburg et al. (2016:169) mentions that this affects the expansion of services to

adequately meet the high demand. Burnout in the mental health social work field is also a reality (Cox et al., 2019:405).

These challenges do not only affect the social worker at an individual level, but further affect the agency and client outcomes which in turn impacts the mental health system (Conway, 2016:5).

2.8 Mental health care users as a vulnerable group

Nejkar (2017:93) emphasises that mental health care users may range from those suffering with schizophrenia to those with complex sets of co-occurring conditions such as depression, bipolar disorder, anxiety and others. Furthermore, the WHO (2010:1) asserts that people with mental health conditions meet the major criteria for vulnerability. This is further substantiated by Simpson and Chipps, (2012:47) who similarly state that people with mental health problems are amongst the most vulnerable and oppressed people in society and that they comprise of a considerable proportion of the South African society. This is attributed to the fact that, they are among the most marginalised and vulnerable groups and are subject to stigma and discrimination on a daily basis. Furthermore, they experience high rates of physical and sexual victimisation (McBratney, 2007:8). Their vulnerability is further attributed to societal factors and the environments where they live whereby they often face exclusion from mainstream social and economic activities and on issues that affect them (WHO, 2010:1). Additionally, their ability to access essential health and social care is restricted and they face endless barriers in attending school and finding employment. All these factors put people with mental health conditions at a higher risk of experiencing disabilities and dying prematurely as compared to the general public (WHO, 2010:1-2; Drew, Faydi, Freeman & Funk, 2010:1-8).

McBratney (2007:9) additionally emphasises that people with mental illness are more likely to be victimised than the general population and are on average 11.8 times more likely to be the victims of violent crimes and are easy targets of physical and mental abuse. Taking into consideration the above provided information, it is evident that social workers in mental health have an obligation of protecting, respecting and fulfilling the rights of mental health service users to ensure that they are not stigmatised

and discriminated against, but are rather liberated and free to exercise their fundamental human rights (WHO, 2010).

Against this background, it is evident that people with mental health problems are indeed a vulnerable group. Allen (2014:13) states that the ethos of social work is to protect human rights and to intervene to prevent or end discrimination and inequality and protect vulnerable people from harm. Fulfilling this requires that social workers apply a wide range of knowledge and skills to understand and build relationships and to work directly with individuals and their families in order to enable and empower them to achieve the best health outcomes possible. As a result, the next section will look into the capacity of social workers in dealing with mental health problems.

2.9 Capacity of social workers in dealing with mental health problems

All social workers, whether in specialist or generalist practice settings, need specific training, knowledge, skills, and values to work effectively with people with mental health problems (Francis, 2014:5). This is attributed to the fact that social workers are often the front-line responders to individuals with mental illnesses, thus making it important that they be competent in this area so that they can best help to enhance the quality-of-life of these individuals. In this section the capacity of social workers in dealing with mental health problems will be discussed with specific reference to their training, knowledge, skills and values as well as their scope of practice.

2.9.1 Training

In this sub-section, the researcher will discuss the educational training of social workers in mental health, their training pertaining to the use of the DSM in practice and in their educational training.

2.9.1.1 Training of social workers in mental health care

Bland et al. (2015:3) emphasises that social workers have been employed in mental health settings for many years and that mental health has been a traditional field of specialist social work practice. Social workers provide mental health services across a wide range of mental health divisions and it is evident that they possess the ability

to influence the success of mental health treatment and services at a systematic level (Conway, 2016:61-62). Despite the significant contribution they make towards the provision of mental health services, Bland et al. (2015:12) argues that the generic nature of social work education has meant that many social work graduates are not well prepared for practice in mental health.

A review of the teaching of mental health content in schools of social work in Australia has shown that, while some schools offer students a solid basis for mental health practice, many other schools offer very little mental health content in their courses (Bland et al., 2015:12). The review further found that students were given very little positive direction about the scope of mental health problems and that, as a result of this, social work students emerge as graduates or social workers without a solid understanding of mental health theory and skills (Bland et al., 2015:12).

Triplett (2017:1-2) concurs with Bland and his co-authors that social work graduates are indeed not adequately prepared for practise within the field of mental health care. Triplett (2017:2) asserts that with regards to course work, most social work undergraduate students are not required to take a course designed explicitly around mental health and that even on a master's level, graduates are only required to take one class on psychopathology and diagnosis thus giving them a limited insight into mental health. This author further emphasises that, in Australia, it was found that only nine of the twenty respondent schools offer a separate mental health class (Triplett, 2017:2).

Roestenburg et al. (2016:187) state that within the South African context, social work services in mental health contexts require either a Master's degree in clinical social work or mental health specialisation before they can effectively practice within the field. Roestenburg et al. (2016:187) further state that currently the basic requirement for specialisation is either an appropriate Master's degree in clinical social work or five years' experience in a clinical setting or a combination of formal clinical training and experience. However, many social workers perform mental health as well as clinical work without meeting the above stated requirements (Roestenburg et al. 2013:187). Taking into consideration the fact that further training and education are required beyond the undergraduate social work degree in order for social workers to effectively

undertake practice in mental health as asserted by Roestenburg and his co-authors, the researcher is of the opinion that, similarly to the earlier stated countries, many mental health social workers within the South African context are inadequately trained and equipped for practice within this field. Bland et al. (2015:4) state that, overall, the majority of the social workers still needed to gain skills and knowledge on the job often with little support or direction and were ill prepared for practice in mental health. Aviram (2002:616), similarly to Bland and his co-authors and Triplett, emphasises that changes must take place in the practice of social workers in mental health service system as well as in the education and training of social workers.

Based on the above information, and from personal experience as a student social worker who has worked in a mental health setting, the researcher is of the opinion that the lack of training and inclusion of mental health content in the social work curriculum indeed disadvantages social workers in the practice and provision of mental health services. Therefore, undertaking the present study by exploring the experiences of social workers in providing mental health services will provide more insight into whether social workers are indeed undertrained and ill-prepared for practice within the field of mental health and whether specific changes must be implemented in the education and training of social workers like Aviram suggests.

Another subject of debate related to the training of social workers in mental health is primarily centred on the Diagnostic Statistic Manual (DSM) both in the practice and education of social work in mental health. As a result, the researcher will next discuss the DSM.

2.9.1.2. DSM and social work practice

The Diagnostic and Statistical Manual of Mental Disorders (DSM) serves to provide a definition of mental illness by offering an overview of respective classifications of disorders seen and treated by American psychiatrist and clinical psychologists (Coppock & Dunn, 2010). This manual was published by the American Psychiatric Association and serves as a universal authority for psychiatric diagnosis. The majority of the treatment recommendations are also determined by its diagnostic codes (Cox et al. 2019:375).

Mental health social workers routinely use the DSM to label service users, particularly at inpatient hospitals, mental health clinics and outpatient health centres (Cox et al., 2019:375). Alternatively, an increasing number of graduate social work schools in America are also reported to be currently offering and requiring specific courses in the use of the DSM (Hitchens & Becker, 2013:303). Regardless of its obvious use within this field, Hitchens and Becker (2013:304) observe that this manual has rather had an irresolute association with social work. Olckers (2013:68) similarly notes that the increasing utilisation of the DSM within the field of mental health has created a professional boundary problem, more especially for non-medical practitioners, such as social workers.

Olckers (2013:30) also highlights that on an international level, social workers are divided in their opinions over the DSM system. Social workers are either in support of or are against the utilisation of the DSM with various arguments to substantiate their views. Internationally, a study conducted by Hitchens and Becker in 2013 revealed that social workers in support of the DSM were ambivalent about its use in their daily practice and further perceived it to have clinical utility (Hitchens & Becker, 2013:312). Furthermore, the majority reflected a belief that the DSM aids in and eases the assessment process, thus providing a better understanding of specific problems (Hitchens & Becker, 2013:312). Additionally, it was argued that the DSM provides a point of reference which helps to guide practice; supports professional identity; and that it would be impossible to work with other mental health professionals without having a good working knowledge of the DSM diagnoses (Hitchens & Becker, 2013:312). Lastly, it was commended for being congruent with the mission of social work (Hitchens & Becker, 2013:313).

On the other hand, the DSM was criticised by some social workers. It was criticised for placing too much emphasis on pathology and for often leading to inappropriate treatment. Additionally, it was criticised for often detracting from an in-depth understanding of clients and obscuring individual differences (Hitchens & Becker, 2013:313). These social workers further asserted that inaccuracies in the DSM and its assessment practices were harmful to clients. The DSM was also perceived as a

biased instrument lacking cultural sensitivity; possessing harmful stigmatization and not encouraging the exploitation of a client's strengths (Hitchens & Becker, 2013:313).

When reviewing literature, the researcher realised that the majority of the social workers in mental health utilise the DSM in their daily practice. Their reasons for using the manual differ, however there is consensus with regards to the fact this manual is useful to their practice and that it would be impossible for them to work with other mental health MDT professionals. The researcher also realised that majority of the research with regards to the use of the DSM by social workers was conducted internationally. Within the South African context there is a paucity of information about social work in mental health and their perceptions regarding the use and relevance of the manual in their practice.

2.9.1.3. DSM in relation to social work education

Alternatively, social work educators continue to debate the effectiveness of teaching the DSM classification schemas despite its regular occurrence in real-world social work practice (Cox et al., 2019:376). These educators agree that the DSM is useful in enhancing diagnostic skills, planning interventions, facilitating communication and understanding mental health service users (Hitchens & Becker, 2013:304). However, they also express their concerns about the fit in-between the use of the DSM and the social work values (Hitchens & Becker, 2013:304).

When going through literature, the researcher noticed that this debate stems from decades back. In 1995, Kutchins and Kirk argued that the use of the DSM within the field of social work in mental health should not even be a subject of debate. They supported their argument by asserting that the approach taken in this manual contradicts many of the basic tenets of social work such as the systems theory and the strengths perspective (Kutchins & Kirk, 1995:159). Another major argument brought forth by these authors was that the DSM was never intended to be a guide or textbook for social work practice but rather as a list of definitions of medical labels for classifying psychopathological conditions (Kutchins & Kirk, 1995:159).

Kutchins and Kirk (1995:160) further asserted that social workers should only be familiar with the DSM just as they are with governing civil laws. However, emphasis was placed on the fact that acknowledging that social workers should be familiar with the DSM did not mean agreeing that the manual should be the basis for teaching mental health practice (Kutchins & Kirk, 1995:160). These authors concluded their argument by emphasising that they are against embracing and utilising the DSM as a basis for teaching social work practice in mental health. To date, many other authors continue to base their arguments against the use of the DSM in social work within mental health based on the viewpoints passed by Kutchins and Kirk in 1995.

Taking into consideration the growing use of the DSM by social work organisations in mental health, the researcher is of the opinion that social workers who hold these perceptions are more likely to be disadvantaged in their practice within the field of mental health. The researcher attributes this to the fact that many mental health organisations expect their social workers to have basic or some knowledge of the DSM. This is supported by Olckers (2013:1) who mentions that in her experience as a social worker both in the United Kingdom and in South Africa, agencies expected her to utilise the DSM system regardless of her knowledge or lack thereof.

In light of this, Olckers (2013:29) proposed that training in the utilisation of the DSM should be offered as it could empower social workers and also assist them to deal with their clientele even more efficiently. Hitchens and Becker (2013:305) also concur with Olckers and acknowledge that teaching the DSM is an essential component of social work education. Hitchens and Becker (2013:305) however warn that caution must be taken in the way this manual is taught to social workers. They substantiate this warning by emphasising that if the DSM is taught to social work students in a mindless way, they are likely to think of their clients as sick and, therefore, overlook their strengths as well as the impact of environmental factors on their lives (Hitchens and Becker, 2013:305). Additionally, they might think of the diagnostic categories as facts rather than social constructions.

In conclusion, Cox et al. (2019:376) assert that despite the controversy, social workers in the mental health field need to be familiar with the following types of disorders and the way they are defined in the DSM-5:

- Neurocognitive disorders
- Personality disorders
- Anxiety disorders
- Depressive disorders
- Bipolar disorder
- Psychotic disorders
- Eating disorders
- Neurodevelopmental disorders
- Post-traumatic stress disorder (PTSD)

2.9.2. Knowledge of social work in mental health

Practice of social work in mental healthcare is built on a foundation of knowledge that is applicable to a wide variety of psychosocial problems at the micro, meso and macro systems. Therefore, it is important for social workers to be equipped with the knowledge for effective practice within the field of mental health. Often social workers work as part of the mental health multidisciplinary team of professionals. Roestenburg et al. (2016:45), however, note that social workers seem to possess a poor knowledge base of mental health as compared to the rest of the multidisciplinary team. In the researcher's opinion, this lack of knowledge can serve as the reason why the social workers often do not involve other professionals, but are rather involved by other professionals as discovered by Roestenburg et al. (2016:45). Gajendragad et al. (2016:6) state that mental health social workers should possess a general knowledge of normal and abnormal human development and behaviour as well as recognised treatment interventions such as behaviour modification; family, group, and individual psychotherapies; etc. In a similar way, Cox et al. (2019:405) emphasise that mental health social workers must be familiar with mental illnesses together with community resources and viable treatment strategies. It is further imperative for mental health social workers to have a good knowledge of legislation (for example, the *Mental Health Care Act*) because legislation is central to good social work practice (Coppock & Dunn, 2010:84).

Furthermore, having knowledge of stigma and mental health can help influence a positive relationship between the social worker and the client (Triplet, 2017:5). Hoop, DiPasquale, Hernandez and Roberts (2008:354) add that it is important for mental health social workers to have a thorough knowledge of both cultural and ethical issues in mental health due to the rise of bioethics-based issues in health care. Lastly, Wilson et al. (2008:589) in Roestenburg et al. (2016:45) state that social workers need to have a good working knowledge of the psychiatric classifications of mental distress. Social workers should, however, take caution to retain their distinctive perspective on mental health work, which is about the total system of care and how to work effectively with the system.

2.9.3 Skills and values of social work in mental health

Social work is a values-based profession and the National Association of Social Workers (NASW) code of ethics provides the primary framework for ethical practice for social workers (Congress, 2018:17). The values and skills underpinning the social work profession provide a unique platform from which to offer a service that is both mindful of the individual challenges faced by people with mental health problems and committed to social justice at a broader community level to reduce the impact of stigma and isolation (Francis & Tinning, 2014:98). Social workers further utilise professional skills to protect human rights, promote self-determination of solutions and enable people and communities often in difficult circumstances to make change (Allen, 2014:10).

Some of the skills required in the practice of mental health social work include advanced relationship skills; therapeutic skills to assess, treat and prevent mental health problems; and behavioural, emotional, social and environmental problems affecting individuals negatively (Allen, 2014:5; Conway, 2016:10; Olckers 2013:41). Furthermore, all social workers in mental health should have diagnostic skills for using mental health diagnostic criteria (Olckers, 2013:36). Social workers in mental health should further be trained in methods and skills to utilise theories of human behaviour and social systems to conduct social interventions; and possess skills to intervene where people interact with their environments in order to promote social well-being (Olckers, 2013:49-67).

Gajendragad et al. (2016:6) list the following as the requisite skills of mental health social workers:

- Skill in developing and maintaining a therapeutic relationship with mentally ill patients.
- Skill in communicating with patients and families who may be experiencing distress.
- Skill in conducting and teaching individual, family and group therapies.
- Skill in patient and family education regarding various aspects of mental illness.
- Skill in interviewing to gather data needed to diagnose the needs of individuals and their families.
- Skill in preparing clear, concise written case narratives and reports.
- Skill in functioning as patient advocate to ensure that appropriate social services are being delivered which could include working with state and federal agencies and community organisations for the coordination of services.

Overall the values of the profession apply to social workers in mental health, however, (Karban, 2011:3) states that two social work values are central to mental health namely, human rights and social justice. In the words of the International Federation of Social Workers, “these values are central to mental health because all people have an equal right to enjoy the social conditions that underpin human health and to access services and other resources to promote health and deal with illness.” (International Federation of social workers, 2008 as cited by Karban, 2011:3).

2.10 Scope of social work in mental health

Ashcroft, Kourgiantakis and Brown (2017:2) refer to the scope as “the range of roles, functions, responsibilities and activities that professionals are educated and authorised to perform.” These authors, however, state that little is known about the scope of social work particularly in the provision of mental health services (Ashcroft et al., 2017:1). Francis and Tinning (2014) similarly highlight that there is a lot of debate about what social workers do in the mental health field. However; these authors

conclude that the significant contribution of social workers towards this field is undeniable.

Olckers (2013:12) as mentioned earlier, also emphasised that this is the case in South Africa because there is a lack or rather an absence of a finalised scope of practice for social workers providing mental health services despite their practice within the field. In Olckers's view, this is due to the fact that there is not yet a clear agreement between the role players such as the South African Council for Social Service Professions (SACSSP) and South African Association of Social Workers in Private Practice (SAASWIPP) (Olckers, 2013). Social workers, however, continue to play multiple roles in the absence of a clearly defined scope.

From this section the researcher gathers that the capacity of social workers in mental health is critiqued, questioned and perceived to be inadequate by the majority of the authors. Many authors, as outlined in this section, believe that social workers are not adequately trained to undertake practice in mental health and therefore require further training focussing specifically on mental health.

In the next section the researcher will discuss the field of social work in mental health.

2.11 Legislation

Legislation is central to good social work practice as mentioned earlier in this chapter. Roestenburg et al. (2016:170) note that the policy impetus for the improvement of mental health services seems to be growing in South Africa. In Stein's (2014:115) view, this was brought about by the awareness that mental health has been neglected in South Africa and that the transition to democracy required paying much more attention to it. In 1997, the Department of Health published the white paper for the transformation of the health system which recommended that mental health services be transformed. Emphasis was mainly placed on the fact that mental health services should be made more comprehensive, community based and integrated with other health services (Simpson & Chipps, 2012:47). The *Mental Health Care Act No 17 of 2002* was one of the attempts made to transform the mental health system. In light of this, the researcher will discuss the Act below.

2.11.1 Mental Health Care Act 17 of 2002

The *Mental Health Care Act 17 of 2002* was enacted in 2002 and promulgated in December 2004 (Lund, Kleintjies, Campbell-Hall, Mjandu, Petersen, Bhana, Mlanjeni, Bird, Drew, Faydi, Funk, Green, Omar & Flisher, 2008:12). The Act was passed at the National Assembly of South Africa and the National Council of Provinces (Simpson & Chipps, 2012:49). The *Mental Health Care Act 17 of 2002* governs both mental health and mental health care and provides a legal framework for health in South Africa (Hosking, 2019:11; Denill, 2012:201). The human rights of people living with mental disorders as well as the different mechanisms to protect and uphold those rights are also enshrined in the Act (Roestenburg et al., 2016:170). Furthermore, a provision for both mental health care users and mental health care service providers as well as for the protection of the people is made in the Act (Roestenburg et al., 2016:186). Social workers are also acknowledged among mental health care practitioners/mental health care providers in section 1: xvii and xviii of the Act.

Simpson and Chipps outline the aim of the Act as follows:

“This Act aims “to provide for the care, treatment and rehabilitation of persons who are mentally ill; to set out different procedures to be followed in the admission of such persons; to establish Review Boards in respect of every health establishment; to determine their powers and functions; to provide for the care and administration of the property of mentally ill persons; to repeal certain laws; and to provide for matters connected therewith” (Mental Health Care Act, No. 17 of 2002).” (Simpson & Chipps, 2012:49)

This Act further aims to emphasise community care, to protect public safety and to improve mental health services through a primary health care approach (Roestenburg et al., 2016:170).

Lund et al. (2008:89) summarised the content of the *Mental Health Care Act 17 of 2002* as comprising of the following areas:

- access to mental health care including access to the least restrictive care;

- rights of mental health service users, family members, and other care givers;
- competency, capacity, and guardianship issues for people with mental illness;
- voluntary and involuntary treatment;
- accreditation of professionals and facilities;
- law enforcement and other judicial system issues for people with mental illness;
- mechanisms to oversee involuntary admission and treatment practices; and
- mechanisms to implement the provisions of mental health legislation.

Roestenburg et al. (2016) and Lund et al. (2008:12) both agree that this Act provides an excellent framework for mental health services. Lund et al. (2008:12) even went as far as commending the government for promulgating this Act and identifying it as a strength of the South African mental health system because it keeps up with international human rights. Despite having praised this Act, Lund et al. (2008:12), in contrast, acknowledged that some of the provisions put forward in this Act (e.g. deinstitutionalisation) have evidently had a negative impact on mental health social workers. In the researcher's opinion, the "Life Esidimeni tragedy" serves as a good example of how government policies affect the work of social workers. Engelbrecht and Ornellas (2014:24) similarly recognise that as much as policy is important, a blind eye cannot be turned to the fact it affects the work of social workers and that unfortunately the voices of social workers are not heard with regards to the effects of government policies on their work.

Nonetheless, it is clear to the researcher that despite being flawed, the *Mental health Care Act (17 of 2002)* provides an excellent framework for mental health services. However, irrespective of its importance to mental health practitioners, Ornellas (2014:126) discovered that the majority of the mental health social workers who participated in her research possessed a generally poor knowledge of this Act. According to Ornellas (2014:126), these participants were aware of the existence of

the *Mental Health Care Act (17 of 2002)*, however, they indicated that they did not have much knowledge of the its contents and that they had not even read the act.

This Act is evidently centred more around mental health service users than on mental health professionals. It is a legislative measure for protecting the rights of persons with mental problems and mental illness. This, is even more reason for mental health social workers to familiarise themselves with this Act because it forms the background of their practice since it is centred around their primary service users. This is further supported by Gajendragad et al. (2016:88) who emphasise that it is imperative for mental health social workers to be well informed of the legislative measures in respect of people with mental disorders. This is attributed to the fact that mental health legislation is essential for protecting the rights and dignity of persons with mental disorders, and for developing accessible and effective mental health services.

Based on the latter, the researcher finds the findings by Ornellas's study concerning and threatening to the practice of social work in mental health as well as the quality of services offered by mental health social workers to their service users. The reason being the question of how mental health social workers will best advocate and adequately cater for the needs of their service users without a basic knowledge and understanding of this Act; which is one of the primary foundations of mental health care practice in the country.

In summary, a few authors, namely (Ornellas, 2014:105; Roestenburg et al., 2016:169; Simpson and Chipps, 2012:50; Lund et al., 2008:12) have determined that there in an absence of officially endorsed mental health policies outside of the *Mental Health Care Act (17 of 2002)* for the overall development of this field in South Africa. Roestenburg et al. (2016:170) attributes this absence to the fact that the execution of newest policies is often hindered by numerous obstacles, more specifically the scarcity of human resources. In light of this, Lund et al. (2008:12) believe that bridging this gap requires the development of a national mental health policy through a process of consulting and building consensus with various stakeholders throughout the country.

2.12 Summary

From the literature review it is evident that various profound constraints related to different aspects of practice place tremendous stress on the capabilities of social workers, in providing services within the field of mental health. Unfortunately, the voices of social workers are unheard about the experiences emanating from many of the aspects discussed in the literature review.

The next chapter establishes the research methods and design part of the study, which explains how the researcher chose to use a qualitative research study with a case study design at Weskoppies mental health facility. The manner of sampling technique used, data gathering and analysis is discussed, and the presentation of the research findings gathered follows in the same chapter.

CHAPTER 3

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS OF THE STUDY

3.1 Introduction

This chapter outlines and describes the research methodology utilised for the study. The focus will specifically be on the research approach, research type, research design as well as the research methods. The chapter will further outline the study population, sampling methods, data collection, analysis and verification. A detailed account of the data collection and analysis will be provided as well as the ethical considerations that guided the study. The pilot study process and outcomes from the empirical evidence gathered are discussed in line with the research objectives and emergent themes from the analysed findings are discussed along with the research findings.

3.2 Research approach

The study employed a qualitative research approach to explore and describe the experiences of social workers in the provision of mental health services through obtaining a detailed account of these experiences to get a better understanding.

Qualitative research is a systematic inquiry into social phenomena in natural settings. It entails making sense of or interpreting phenomena in terms of the meanings that people bring to them (Teherani et al., 2015:669; Babbie & Mouton, 2012). The qualitative research approach is more suitable when studying and trying to get an understanding of phenomena about which is little known (Fouche & De Vos, 2011:64). In this case, there were no earlier research studies to which reference could be made for information regarding the experiences of social workers in the provision of mental health services. Taking this and the broadness of the research topic into consideration, the researcher found this approach to be more suitable because of its flexible nature which allows for a much richer and deeper understanding of a phenomenon. It enables one to achieve new insights into a phenomenon and helps one to understand the

meanings that people attach to situations (Braun & Clarke, 2013:24; Teherani et al., 2015:669; Fouche & De Vos 2011:64; Nieuwenhuis, 2016 (a):54; Akhtar, 2016:73).

This approach enabled the researcher to explore and further understand the experiences of social workers in the provision of mental health services in-depth within their natural setting (De Vos, Strydom, Fouché & Delport, 2011:308). Furthermore, through utilising this approach the researcher was able to make use of a smaller sample of participants to answer the research question, in a way that offered a more comprehensive understanding of the research problem identified (Fouché & De Vos, 2011:90).

This study was underpinned by the “interpretivism” paradigm. This is an approach that seeks to understand people and is rooted in an empathic understanding of the everyday lived experiences of people in specific historical settings. This paradigm was suitable for the study because this research sought to understand a phenomenon, namely “the experiences of social workers in the provision of mental health services”, through the meanings that social workers assign to those particular experiences (Thomas, 2010:296).

3.4. Type of research

This research was applied in nature because the researcher was seeking to contextualise the experiences of social workers in the provision of mental health services. Applied research refers to research that is field based and designed to solve problems (Brodsky and Welsh, 2012:2). This type of research is primarily aimed at contributing towards practical issues of problem solving, decision making, policy analysis and community development (Durrheim, 2006:45-46). As a result, this research was applied because it was not just focussed on acquiring knowledge about the experiences of social workers in providing mental health services, but further looking to apply the knowledge to solve problems in practice and to inform governmental policy and legislation to address pressing issues concerning the field of social work in mental health (Brodsky & Welsh, 2012:2; Fouché & De Vos, 2011:95).

Furthermore, through contextualising the experiences of social workers in the provision of mental health services, the results of the study can be utilised to inform both undergraduate and postgraduate social work curriculum and to formulate programmes as well as intervention strategies to help social workers who are already working within the field of mental health by using the gathered data to address gaps in practice (Patton, 2015:250).

3.5 Research design

A research is valid when the research design is the conceptual blueprint within which the research is conducted. Akhtar (2016:68) describes a research design as the structure of a research or rather the glue that holds all the research project elements together. The present study employed the case study research design, specifically the instrumental case study subtype. This design refers to the study of a specific case or instance (e.g., person, specific group, occupation, department, organisation) to provide insight into a particular issue, redraw generalisations, or build theory (Grandy, 2012:2). The selected design mainly serves to generate an understanding of and insight into a particular phenomenon by providing thick and rich descriptions of the case and extending its relations to broader contexts (Rule & John, 2011:3).

The present study sought to explore a relatively new area of research for which there is little or limited available information and knowledge about. As a result, this design was found suitable because it allowed the researcher to explore the phenomenon namely the “the experiences of social workers in providing mental health services” in depth and further offered thick and rich descriptions which provided the researcher with an insight and better understanding of the phenomenon under study (Mills, Durepos & Wiebe, 2009:473-474; Grandy, 2012:3; Nieuwenhuis, 2016(b):82). Additionally, the design was useful because it allowed the researcher to utilise individual secondary cases in order to gain insight into a broader phenomenon (Mills et al., 2009:474).

3.6. Research methods

This section will focus on the research methods employed in the present study. The focus will specifically be on the study population and sampling, utilised method of data collection, data analysis, data quality and lastly the pilot study.

3.7 Study population and Sampling

This section discusses the study population and sampling strategy used in selection of the study participants.

3.7.1 Study Population

Check and Schutt (2012:92) describe population as the entire set of individuals or other entities to which the study findings are generalised. The population group for the present study involved all registered social workers providing mental health services in South Africa. However, the population of interest which refers to the specific target population the researcher intended to study comprised of social workers providing mental health services specifically at Weskoppies mental health facility (Majid, 2018:1). The researcher's decision to specifically target this facility was based on three reasons. Firstly, Weskoppies is one of the biggest and longest serving known mental health facilities within the whole country. Secondly, the facility has one of the biggest social work departments as compared to majority of existing mental health facilities within South Africa. Lastly, the social workers at Weskoppies primarily deal with mental health problems, strictly provide mental health services and thus fitted the inclusion criteria for the present study perfectly.

3.7.2 Sample

For this study, it was not feasible to include the entire population of interest to participate, as a result the researcher drew a sample to be included in this study from the population of interest (Majid, 2018:3). A sample refers to a carefully selected group of cases chosen to represent a larger group of people or the population from which it has been drawn (Shields, 2017:1543; Henn, Weinstein & Foard, 2009:337). Therefore,

the first ten participants who met the inclusion criteria made up the sample for the present study.

3.7.3 Sampling method

Sampling can be described as the process of selecting a statistically representative sample of individuals from the population of interest (Majid, 2018:3). For the purpose of the present study, the researcher utilised non-probability sampling to select social workers to participate. Purposive sampling was specifically utilised because the researcher had a predetermined criterion of the characteristics of the social workers she wanted to sample (Maree & Pietersen, 2016:197). This method was further applicable because the population of interest consisted of more individuals than required to be included in the present study, therefore this method allowed for the researcher to decide on the elements or rather a selection criterion to be met by the participants to be included in the sample (Majid, 2018:3).

To be included in the present study potential research participants had to meet the following inclusion criteria:

- The social worker had to be providing mental health services at Weskoppies mental health facility.
- The social worker had to be registered with the South African Council for Social Service Professionals (SACSSP) and be in possession of a recognised bachelor's degree from a South African university.
- The social worker had to have six months or more experience in mental health and had to give consent to participate in the study.
- The social worker had to be able to speak and understand or converse in English.
- There were no limitations with regards to age or gender.

3.7.4 Recruitment of participants

The research first requested permission to proceed with the study from the CEO of Weskoppies mental health facility. Once permission was granted, she contacted the HOD of the social work department to discuss a way forward regarding the recruitment of participants. The researcher was first invited for a meeting with management to

discuss the research. During the meeting the HOD suggested that it was more feasible for the researcher to address the team as a whole rather than individually. Post the meeting with management, the HOD informed the social workers about the study verbally and further invited the researcher to a team building meeting where the majority of the social workers were present. The first ten minutes of the meeting were therefore allocated to the researcher in order to brief all the present social workers about her research project and further request them to participate. The social workers indicated an interest as well as willingness to participate in the study. Following this, the researcher handed out informed consent forms to be reviewed and signed by the social workers who indicated an interest to participate in the study. Once completed, the informed consent forms were collected after a week by the researcher and further arrangements for interviews made with each participant.

3.8 Data Collection

The researcher chose semi-structured contact interviews to collect data for the present study. This method refers to a conversation between the participant and researcher where the researcher asks questions to collect data from the participant with the aim to obtain the perspectives of the participants to assist the researcher to understand the phenomenon (Nieuwenhuis, 2016 (b):93-94). Semi-structured interviews are often "...guided by a flexible interview protocol and supplemented by follow-up questions, probes and comments" (DeJonckheere & Vaughn, 2019:1).

Before the commencement of data collection, a deadly worldwide pandemic (COVID19) occurred. Due to the rapid spread of the virus, the government implemented a national lockdown as a precautionary measure to curb the virus. As a result of this, both the Humanities ethics committee and the Weskoppies mental health facility suggested that the researcher resort to non-contact methods of data collection in order to observe the lockdown conditions as suggested by government. Taking into consideration the recommendations as provided, the researcher made a provision for virtual interviews using various virtual platforms (for example, WhatsApp video call, Zoom and Google Meet).

However, before she could proceed with data collection the lockdown was reduced to Level 1, which permitted for contact interviews provided that precautionary measures were observed. In light of this the participants indicated more preference for contact over virtual interviews and perceived them to be more feasible for them when arranging for interviews with the researcher. Participants mostly indicated concern over poor network connectivity at the facility, confidentiality, cost of data, limited familiarity with certain virtual platforms and poor suitability of their devices for virtual face to face interviews (e.g. no microphone/camera). Taking these concerns into consideration, it became apparent to the researcher that virtual data collection was not feasible for the majority of the participants. Therefore, the researcher took up all the expressed concerns with the social work department management and, upon discussion, it was agreed that the researcher can proceed with contact interviews as initially planned taking into consideration that Level 1 conditions permitted this. As a result of this the researcher conducted contact face-to-face interviews with all the participants in their offices at Weskoppies. All the compulsory precautionary measures for contact under Level 1, as suggested by government (for example, maintaining social distancing, sanitising, wearing a mask, et cetera), were adhered to throughout each and every interview.

Therefore, utilising contact semi-structured interviews helped the researcher to explore and describe the experiences of social workers in the provision of mental health services by focussing on the participants and not her own perceptions (Nieuwenhuis (b), 2016:93). Furthermore, the open-ended and flexible nature of this data collection method allowed for the researcher to explore spontaneous issues raised by the participants and alternatively allowed the participants to provide further insights about their experiences in the provision of mental health services (Nieuwenhuis, 2016 (b):93; Ryan, Coughlan & Cronin, 2009:310). Additionally, this facilitated the collection of richer and more textured data from the participants than could have been gained via a more structured interview (Ryan et al., 2009:310).

An interview schedule was used as a guide for all the interviews by the researcher. Jamshed (2014:87) describes this tool as a schematic presentation of questions or topics that need to be explored by the researcher. Therefore, utilising this tool

specifically helped the researcher to focus on and not deviate from the main goal of the study (Fowler, 2011:519).

In order to avoid excessive note taking and to effectively capture the data provided in the interviews, the researcher made use of a digital recorder with the permission of the participants (Nieuwenhuis, 2016 (b):94; Jamshed, 2014:87). The researcher found this tool effective and advantageous for the present study because it gave her an opportunity to fully concentrate on the interview content, to prompt for further responses where she deemed appropriate and to generate verbatim transcripts of the interviews for further data analysis (Jamshed, 2014:87).

The researcher conducted interviews until data saturation was reached.

3.9 Data Analysis

Ravindran (2019:40) states that the process of data analysis primarily focusses on bringing out tacit meanings attached by people to their actions and responses related to a phenomenon. To successfully bring out these meanings, the researcher as the primary instrument should deeply engage with the data as well as the individuals sharing their stories (Ravindran, 2019:40).

For the present study, the data was analysed in accordance with the six steps of the thematic analysis process as proposed by Braun, Clarke & Hayfield (2015:222). The steps are: “familiarisation, coding, searching for themes, reviewing themes, identifying and naming themes and writing the report”. After the data collection process, the researcher applied the stated steps of the thematic analysis process as follows:

Step 1: Familiarisation - The researcher familiarised herself with the entire data set by first listening to the audio recordings and transcribing the interview contents on a soft copy using Microsoft Word. Post transcription, the researcher continued to deeply engage with the data by thoroughly reading and rereading through all the textual data. Casual observation notes were also made in the process (Clarke et al., 2015:230). By using the stated methods to familiarise herself with the data set, the researcher was able to obtain a thorough overview and understanding of all the collected data.

Step 2: Coding - Once familiar with the data set the researcher started generating codes. Codes refer to brief phrases capturing the essence of why one thinks particular bits of data may be useful (Braun & Clarke, 2013:207). The researcher achieved this by identifying similar responses and all information she perceived as relevant to the research question across all the transcripts (Terry, Hayfield, Clarke, & Braun, 2017:12; Clarke et al., 2015:235). Different text colours were used to highlight the identified similarities and to further differentiate the codes. Once highlighted, the Microsoft Word cut and paste function was used to cluster the generated codes into new files. This step helped the researcher to reduce and to further organise the collected data (Terry et al., 2017:21).

Step 3: Searching for Themes - To derive themes, the researcher took time to review and examine the generated codes. Similar codes were clustered together to identify key patterns in order to create themes (Clarke et al., 2015:236). Furthermore, the researcher converted codes that covered a number of other generated codes within their boundaries into themes (Terry et al., 2017:18).

Step 4: Reviewing Themes - Clarke et al. (2015:238) mentions that during this step the researcher pauses the theme generation process to check whether the generated themes exhibit a good fit with the coded data and with the entire data set. For the present study the researcher compared all the themes to the codes generated as well as the entire data set from which the codes were drawn from. The themes were found to be coherent and distinctive from each other. Overall, this step provided the researcher with a good overview and understanding of the different themes, how they fit together and the overall story they tell about the data (Nowell, Norris, White & Moules, 2017:10).

Step 5: Defining and Naming Themes - This step entails writing theme definitions and selecting theme names (Clarke et al., 2015:240). For The present study, the researcher allocated names to identify each theme. Furthermore, the researcher defined all the themes by writing short summaries for each (Terry et al., 2017:21).

Step 6: Writing the Report - This phase entails compiling and editing existing analytical writing as well as producing new writing (Clarke et al. (2015:241). To write up the research report, the researcher compiled all the analysed data and scholarly data, as well as other literature, into a single report in order to draw analytic conclusions aimed at answering the research question (Terry et al., 2017:25). Additionally, the researcher utilised direct quotations from the data set in order to support the present study themes.

3.10 Data quality

Data quality is of utmost importance in research, as a result all qualitative studies should achieve trustworthiness (Nieuwenhuis, 2016 (a):123; Lietz & Zayas, 2010:191). The present study was trustworthy because the data was authentically gathered and the perspectives of the research participants accurately represented as closely as possible (Lietz & Zayas, 2010:191). The researcher achieved trustworthiness by taking into consideration the four constructs used for assessing the quality of qualitative research namely credibility, transferability, dependability and confirmability (Lietz & Zayas, 2010). The stated constructs will be further discussed below:

Credibility – This refers to the degree to which the findings of a study represent the meanings of the research participants (Lietz & Zayas, 2010:191). This construct “establishes whether the research findings represent plausible information drawn from the participants’ original data and is a correct interpretation of the participants’ original views” (Korstjens & Moser, 2018:121). Therefore, to achieve credibility, the researcher had to first manage the risk of research reactivity and bias by refraining from displaying affirming and non-affirming nonverbal communication when asking interview questions and by being mindful of her own biases with regards to the research topic (Lietz & Zayas, 2010:192-193).

The researcher additionally employed the following strategies to ensure credibility in the present study:

- **Peer Debriefing**

This strategy entails consulting and discussing research decisions and procedures with others who are experienced in methodology in order to obtain important feedback to enhance the quality of the project (Lietz & Zayas, 2010:196). For the present study, the researcher frequently discussed and sought feedback pertaining to the research project from her research supervisor and colleagues with a background and experience in social work in mental health. This was done to discuss the research project process and to further reflect on whether the data had been appropriately interpreted and valid conclusions drawn thereof (Leedy & Ormrod, 2010:101).

- **Thick Descriptions**

To derive thick descriptions, the researcher must explore phenomena in-depth or in detail by going beyond the level of surface appearances in order to produce deep, dense and detailed accounts of the phenomena of inquiry (Lietz & Zayas, 2010:194). For the present study, the researcher used various interviewing skills such as probing, seeking clarification and reflecting on content. This enabled the researcher to go beyond the interview schedule guiding questions by further exploring some of the responses provided in order to obtain more information. This resulted in detailed and rich data pertaining to the experiences of social workers in the provision of mental health services (Lietz & Zayas, 2010:194).

- **Triangulation**

Lietz and Zayas (2010:193) refer to this strategy as involving the use of two or more sources in order to achieve a comprehensive picture of a fixed point of reference. For the present study, literature from various secondary data sources (for example, academic journals) was reviewed and additionally used in to support the primary data obtained through the interviews (Lietz & Zayas, 2010:193).

Transferability - refers to the extent to which the study findings are applicable or useful in theory, practice and future research (Lietz & Zayas, 2010:195). Transferability invites the research readers to make connections between the study elements and their own experience or research (Nieuwenhuis, 2016 (a):124). To ensure transferability, the researcher utilised:

- **Triangulation and Thick Descriptions**

By using secondary multiple sources for literature in order to support the primary data collected, the researcher was able to generate thick descriptions. As a result, the experiences of social workers in providing mental health services were described in depth. In the researcher's opinion, the provided detailed account of these experiences as described by herself will allow the research readers or other external parties to form their own opinion about the degree to which the findings of the present study are useful to different contexts (Nieuwenhuis, 2016 (a):124; Lietz & Zayas, 2010:195). Moreover, the research readers and external parties can make use of the present study's findings, as well as recommendations, to conduct further studies about the field of social work in mental health or in other related fields of study (Lietz & Zayas, 2010:195).

Dependability- refers to the extent to which the procedures of the research are documented, allowing someone outside of the project to follow and critique the research procedures (Lietz & Zayas, 2010:195). To ensure auditability the researcher employed the following strategy:

- **Audit trail**

This strategy entails keeping a written account of the research process by reporting what occurred throughout the research process as well as keeping field notes, informed consent forms, and interview tape transcripts (Lietz & Zayas, 2010:196). Therefore, the researcher kept a written account of the research process followed from the beginning to the end of the research project using both a hardcopy journal and soft copy Microsoft Word document. Additionally, all the research data, more specifically the participants' informed consent forms, interview recordings, transcripts, field notes and drafts were safely stored (Leedy & Ormrod, 2010:101; Lietz & Zayas, 2010:196).

Confirmability- refers to the ability of others to confirm or corroborate the findings (Lietz & Zayas, 2010:197). To ensure that the research findings as far as possible were the result of the experiences and ideas of social workers providing mental health

services rather than her own, the researcher employed the following strategies (Lietz & Zayas:197-198):

- **Audit trail**

With regards to confirmability written account of the research process kept by the researcher served as a great guide. This is attributed to the fact that the researcher could always refer back to her audit trail in order to ensure that the findings and the interpretations thereof were rooted and derived from the data collected from the social workers and not on her own perceptions (Korstjens & Mosser, 2017:121).

- **Peer debriefing**

The researcher constantly consulted and sought feedback from the research supervisor pertaining to the entire research more especially the data interpretation and research findings. Additionally, the researcher's colleagues with experience in the field of social work in mental health served as a further soundboard for the research as far as data interpretation and research findings and decisions were concerned (Lietz & Zayas, 2010:198).

3.11 Pilot study

The pilot study is a feasibility study where the larger study is implemented on a small scale to work out potential shortfalls in the study and to test the data collection instruments before embarking on the larger study (Schreiber, 2012:625; Melnyk, Morrison-Beedy & Moore, 2012:41). Within the context of the present study, the pilot study was mainly aimed at testing the interview schedule, the audio recording device as well as the duration of the interview.

The researcher had initially planned to conduct the pilot study using three social workers at Weskoppies mental health facility. However, during the first meeting with the researcher, the social work department management, comprising of the social work department HOD and chief supervisor, reviewed the interview schedule in order to check its suitability and looked at the interview questions outlined. This was done by going through all the details and questions on the interview schedule. Post review they asserted that they approved the tool and deemed it to be suitable and all the

questions relevant to the provision of mental health services by social workers at the facility. No changes were suggested in this regard. Taking into consideration that the social work department management members have extensive experience in the field of social work in mental health, and deemed the interview schedule to be suitable, the researcher reduced the number of the pilot study participants to one instead of three social workers. Based on the latter, the methods were further tested using one social worker at Weskoppies Mental health facility. The pilot participant met the sampling criteria as the rest of the participants for the main study. The data obtained from the participant was rich and in-depth owing to their extensive years of experience in providing mental health services. As a result of this, the data obtained in the pilot was included as part of the main study findings. Furthermore, all the methods were found suitable and no adjustments were therefore made in this regard.

3.12 Ethical considerations

All studies that involve humans must be reviewed by the institutional review board to assure that participants' rights are protected. The task of the institutional review boards is to ensure that participants are subject to minimal risk in the research (Babbie, 2017:72-73). For the present study, an ethical application (HUM044/0620) was submitted for revision and later approved by the Postgraduate Committee and the Research Ethics Committee of the Faculty of Humanities. The researcher ensured the protection of all research participants by employing and applying appropriate ethical principles applicable to a qualitative research study (Arifin, 2018:30).

The following ethical principles were adhered to by the researcher:

Avoidance of harm

Initially the researcher did not anticipate any physical harm that the present study could potentially impose on the participants. However, after the pandemic occurred it was evident that contracting the virus posed a threat of physical harm. This meant that any negligence as well as poor compliance to the precautionary measures suggested for contact under lockdown Level 1 could compromise and further put the physical health and safety of the participants at a risk. To counter this, the researcher always

ensured strict compliance and adherence to the national, as well as Weskoppies mental health facility, precautionary measures (e.g. health screening, sanitising, maintaining social distancing etc.) in order to protect both her and, most importantly, the participants' health and safety.

Furthermore, the researcher was aware of the fact that harm extends beyond the physical and includes emotional distress as well (Strydom, 2011:116; Babbie, 2017:71). For the present study, the researcher was aware that certain aspects and focus areas encompassed in the research topic (for example, negative experiences and challenges encountered in the provision of mental health services) were sensitive issues and that their discussion might cause some emotional distress or harm for the participants. This was countered in two ways. Firstly, during recruitment, the researcher briefed the participants about the main focus areas of social work in mental health the study was aimed at exploring. This was done in order to give the participants an opportunity to decide whether they would be willing and comfortable to discuss and engage in such topics. Lastly, the researcher arranged with a registered social worker employed at another organisation to provide debriefing as well as counselling where needed by the participants. However, none of the participants indicated nor requested the services after the interviews.

Voluntary participation and Informed consent

Babbie (2017:64) places great emphasis on the importance of ensuring that participants have a full understanding of the probable risks involved in the study prior to participation. This means, "...to participate in a research study, participants need to be adequately informed about the research, comprehend the information and have a power of freedom of choice to allow them to decide" (Arifin, 2018:30). For the present study, after briefing the potential participants about the full details pertaining to what her research entailed, the researcher left a bunch of informed consent forms to be taken, reviewed and signed by those willing to be included. Furthermore, the participants were given an opportunity to ask the researcher questions about the study.

The forms clearly outlined and discussed all the accurate information pertaining to the study, which the researcher perceived as important for every participant to be aware of prior to participating e.g. study purpose, procedure, benefits, data usage, etc (Christensen, Johnson & Turner, 2015:127). The researcher was confident that the information included in the informed consent will fully equip potential participants with a thorough overview of what the study entailed. The forms were with the Weskoppies mental health facility social workers a period of five days after the briefing session. This was done with the aim to give potential participants enough time to read through, understand and thus become familiar with the necessary details about the study. In this manner voluntary participation was promoted. This refers to participants freely deciding to participate in a research study without being forced or rather threatened by the researcher to do so against their will (Arifin, 2018:30; Babbie, 2017:63). Voluntary participation was therefore achieved by giving all the participants an opportunity to further review the informed consent and individually decide if they wanted to participate, without any duress.

No deception of participants

Deception refers to an instance where the researcher withholds or gives false information to the participants in order to get them to agree to be part of the study where they otherwise would not have agreed (Strydom, 2011:19). Deceiving people is unethical and deception within social research needs to be justified by compelling scientific and administrative concerns (Babbie, 2017:67-70). Therefore, the researcher avoided this by being honest and refraining from withholding any information pertaining to the study from the participants, both during the recruitment and the data collection process. Furthermore, accurate information with regards to both the expectations of the researcher as well as those that the participants could expect from the study was provided. Additionally, the researcher answered all the questions presented by the participants truthfully and provided her contact details for participants to reach her regarding any further concerns and questions they had.

Anonymity and confidentiality

This norm entails guarding the participants' interests and well-being by protecting their identity especially if revealing their identity would result in any form of injury

(Babbie,2017:67-70). The participants were known to the researcher owing to the nature of recruitment process and method of data collection used. As a result of this, anonymity could not be guaranteed. However, the researcher ensured confidentiality through the use of a numbers for each participant (e.g. Participant 1, Participant 2) for both data analysis and reporting of the research findings (Coffelt, 2018:1-2). Furthermore, the researcher refrained from using any identifying information to ensure that readers of the research findings are unable to link responses to the participants. Moreover, all the research data captured electronically was password protected (Strydom, 2011:119). Conducting the interviews in the offices of the participants also ensured privacy, because it is an intimate, private space. Lastly all the data collected will be safely stored at the University of Pretoria, in the Department of Social Work and Criminology for a period of 15 years.

Debriefing

McNallie (2018:385) defines debriefing as the act of informing participants about the intentions of the study in which they just participated. Kelly and Lavrakas (2008:182) asserts that the main two purposes of debriefing sessions are firstly, to get feedback from the participants and secondly to deal with any harm that may have resulted from the study. At the end of interviews the researcher checked with each participant on how the interview was as well as how it made them feel with the aim of reducing any negative effects and feelings that might have been prompted by engaging in the research process (McNallie, 2018:386). Doing this ensured that all the lingering issues concerning the study were accordingly addressed.

Publication of the findings

Strydom (2011:126) places emphasis on the importance of publishing research findings in a written form. The research findings of this study are documented in a mini dissertation submitted at the University of Pretoria and Weskoppies mental health facility. The data obtained through this research will also be utilised for compiling an article to be submitted for possible publication. The researcher reported all the findings in an honest manner and did not manipulate nor misinterpret any data. The researcher ensures that the inputs of the social workers on their experiences in providing mental health services were accurately reflected and reported. Furthermore, the researcher

complied with the plagiarism policy of the University of Pretoria by citing and acknowledging all the sources used in the reference list in the submitted final copy.

Competence of the researcher

Strydom (2011:123) mentions that researchers further have an ethical obligation to ensure that they are competent and adequately skilled to undertake research. The researcher has conducted prior research in an undergraduate capacity as a partial requirement for the fulfilment of the Bachelor of Social Work degree. The researcher further undertook a research methodology module on postgraduate level during the coursework year in 2019. Moreover, the researcher had a supervisor with extensive experience both in academia and mental health throughout the course of the present study. All these equipped the researcher with the necessary knowledge, skills and competencies to carry out a research project.

3.13 EMPIRICAL FINDINGS

Empirical findings of the research are explained in this section.

3.13.1 DEMOGRAPHIC INFORMATION

The demographic background of the ten (10) research participants of the present study is presented and explained in this section. These entail the gender of the participants, marital status, age range, duration in current employment position at Weskoppies mental health facility and the years' experience working with mental health service provisions.

3.13.1.1 Age range

The age range of the research participants is shown in Figure 3.1 and explained thereafter.

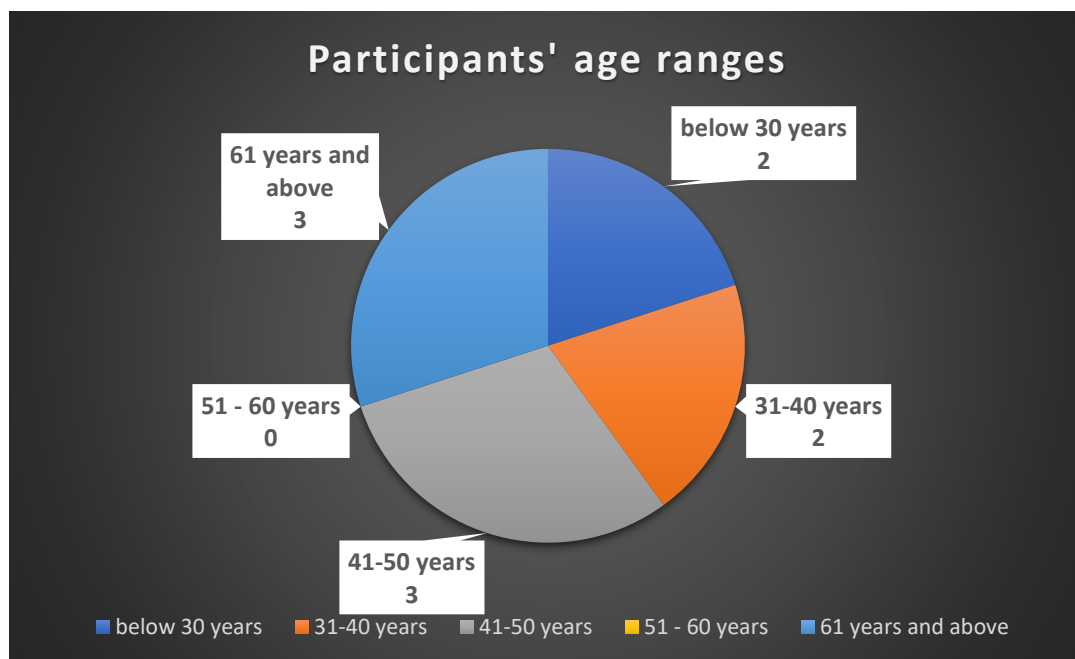


Figure 3.1: Age range

Data shown above (Figure 3.1) reveals only two (2) of the research participants are below the age of 30 years. This forms as one of the least represented age group in the sample together with the 31 to 40 years age group that also represents as only two (2) participants of the sample. Participants in the 41 to 50 age group were only three (3) in the sample. This forms as the highest age group representation together with the 61 years and above age group in the study. The age ranges show that the social workers in the present study are generally of middle age to older age in terms of their ages. This may indicate that richer insights were gathered from participants who may also have longer working experience in the provision of mental health services considering their ages. In summary, it can be deduced that six (6) of the research participants are above 40 years.

3.13.1.2 Gender

All participants in the study were female. This implies mental health interventions are mostly occupied by female social workers. In other words, the findings significantly revealed the existence of a virtually female population domination in the social work profession within the South African context. The study also established that this female gender domination may also present as an unintended challenge when it comes to assessments and patient interventions. The researcher is of the view that this might

be the case where male patients may not be comfortable to disclose some critical information because of potential cultural perceptions that may affect their level of openness thus affecting the overall quality of social work services provided.

3.13.1.3 Marital status

Figure 3.2 reveals the marital status of the research participants in the present study.

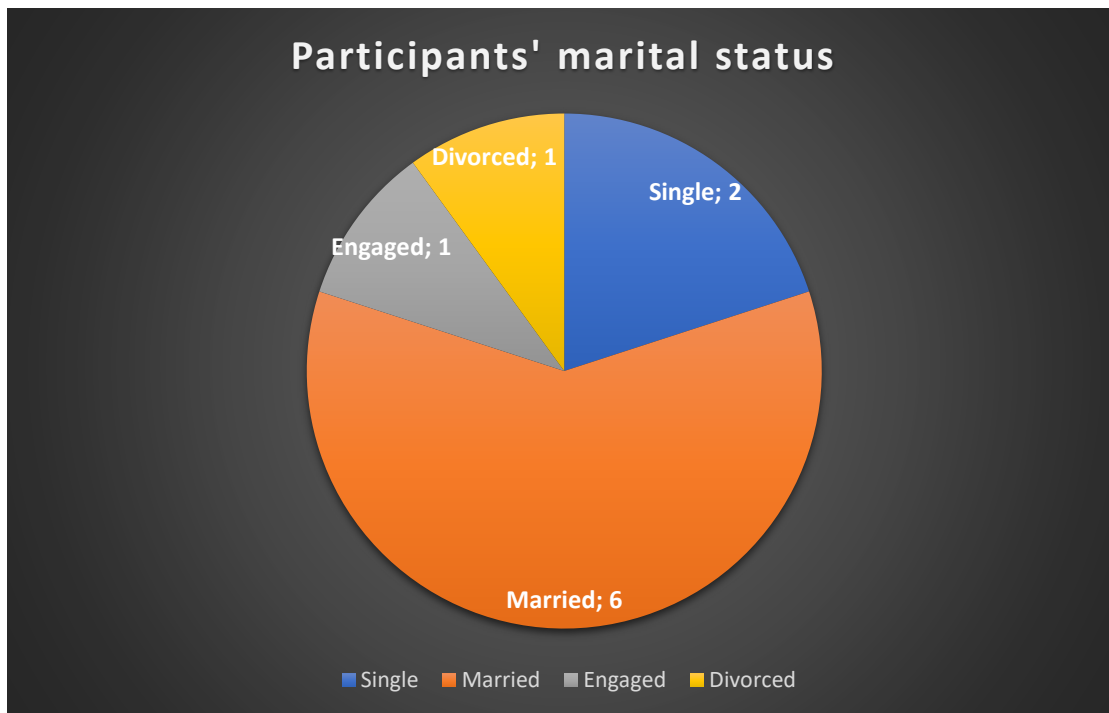


Figure 3.2: Marital status

Data shown in Figure 3.2 reveals six (6) of the research participants to be married. Only two (2) were single, while one (1) is divorced and one (1) is engaged. The data shows the majority of the sampled participants as married, implying that most of social workers at Weskoppies mental health facility are married.

3.13.1.4 Highest educational qualifications

The highest educational qualifications of the research interviewees are shown in Figure 3.3 below and explained thereafter.

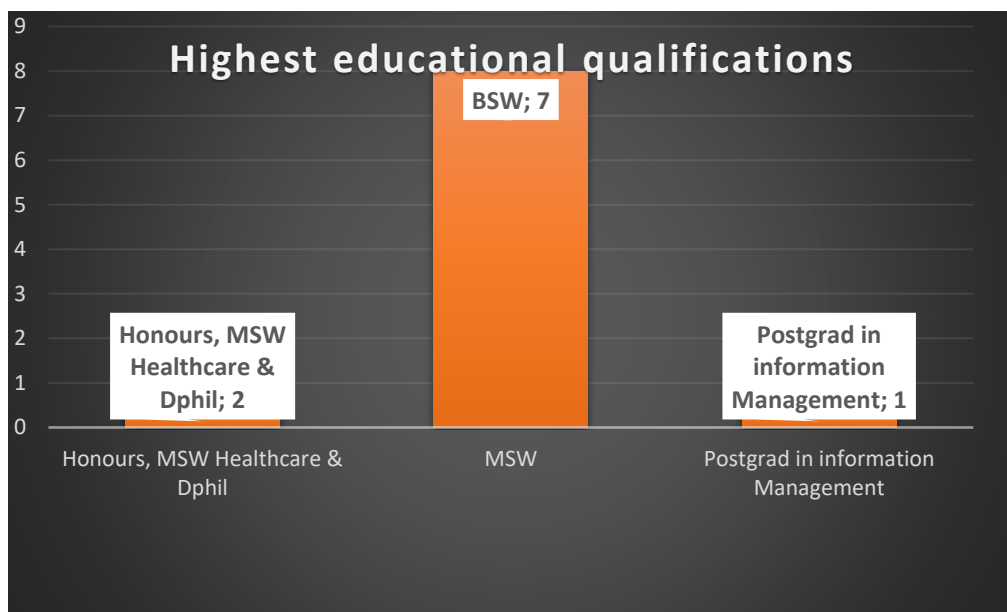


Figure 3.3: Highest educational qualification

The data shown in Figure 3.3 shows seven (7) of the sample participants indicating the undergraduate Bachelor of Social Work degree as their highest educational qualification. Two (2) of the participants have obtained a Masters of Social Work in Healthcare qualification with one of these two participants having an additional Doctorate focusing the needs of care givers of bipolar patients' caregivers as her major area of specialised research. Only one (1) participant asserts to have a post graduate qualification in information management. The data implies that all social workers in the present study have obtained adequate and necessary social work qualifications required for the provision of mental health services. The high representation of the undergraduate BSW degree as the highest qualification possessed by majority of the study participants may easily lead one to conclude that mental health content is adequately covered in this academic programme. However, as is to be observed in the findings, these qualifications are found inadequate on the inclusion of rich and detailed content material focusing on mental health.

3.13.1.5 Duration of current position in employment and social work experience at Weskoppies Psychiatric hospital

The demographic data on the duration of employment in the current position of each of the interviewees at Weskoppies Psychiatric Hospital are shown in Figure 3.4 below.

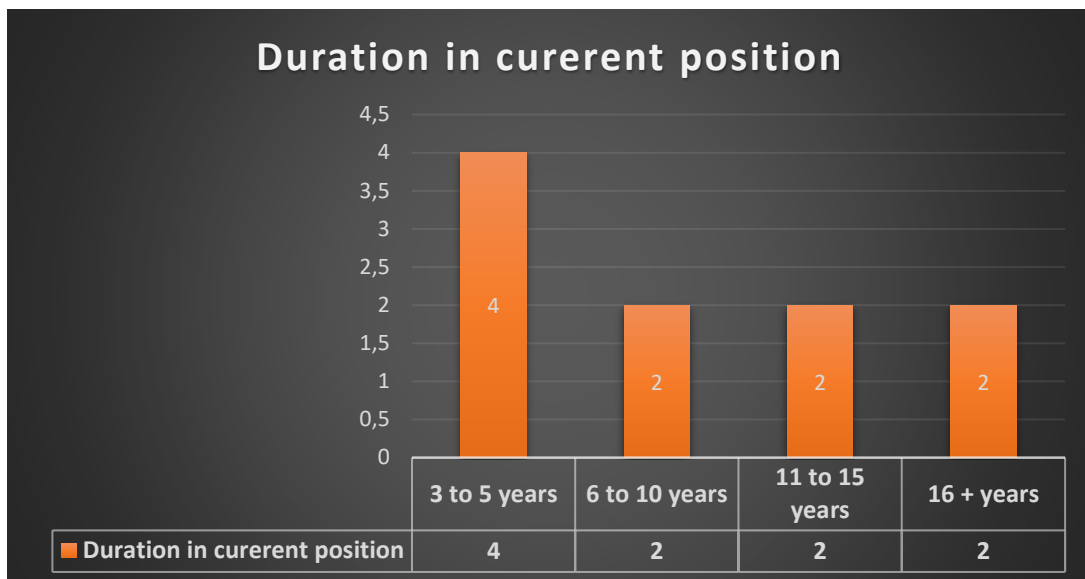


Figure 3.4: duration of current position

Data shows four (4) of the participants in the study with 3 to 5 years duration as social workers at Weskoppies mental health facility, forming the most represented duration of experience in the study. Social workers with 6 to 10 years, 11 to 15 years, and 16+ years of duration are represented by two participants respectively across the other durations of social work experience at the same institution. For instance, those with over 16 years duration working at the facility have worked for 29 years and 17 years respectively at Weskoppies Mental health facility. The findings revealed a heterogeneous representation of durations of employment and experience at the facility. For this study, this is reflected in the rich data insights that were obtained, leading to saturation, from the study with adequate experiences relating to interventions in mental health services explained by the participants.

3.13.1.6 Experience in the provision of mental health services

The experience, in number of years, working within the mental health services field by the social workers is reflected in Figure 3.5 below.

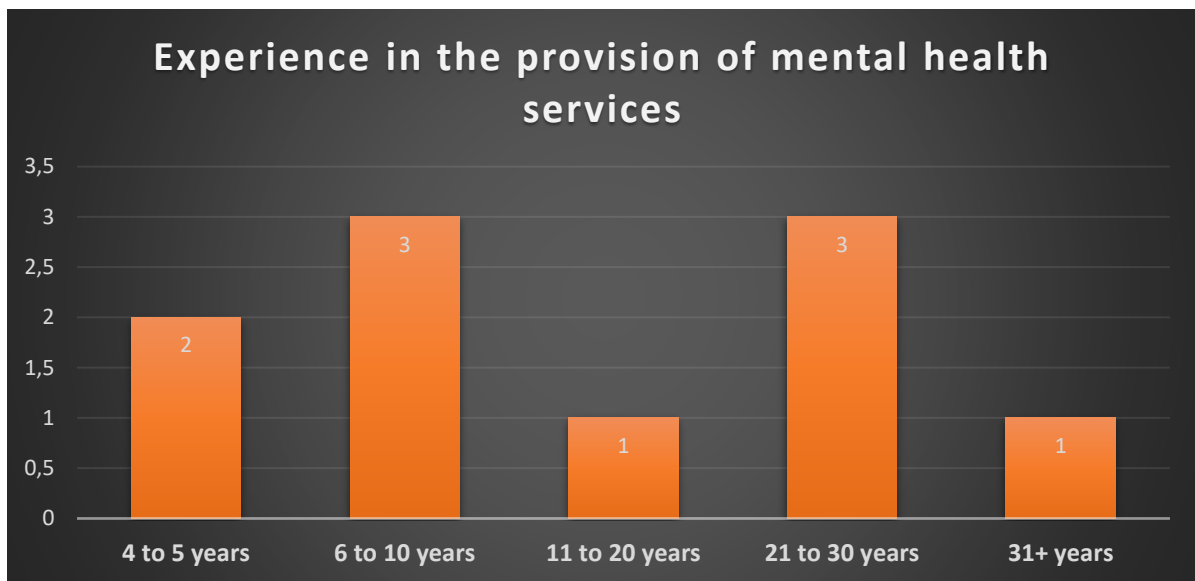


Figure 3.5: Experience in the provision of mental health services

Data shown in Figure 3.5 shows a normal distribution of number of years of experience in the provision of mental health services by the sample across the given ranges. It can be observed that those with slightly less than five years make up two (2) of the sample. Only those with 6 to 10 years' experience in the provision of mental health services are matched by the 21 to 30 years as the two ranges both have three (3) representations in the sample. The data shows those in the 11 to 20 years, and 31+ years of experience in the provision of mental health services as having one (1) representation respectively in the sample.

The diversity of the distribution of sample participants relative to their experience in the provision of mental health services provided for rich insights into the contemporary efficacies, challenges and opportunities on improvement of social-work interventions or service provision.

3.13.2 THEMATIC ANALYSIS OF THE STUDY

The themes established in this study are shown in Table 3.1 and explained thereafter.

Table 3.1: Themes and Subthemes of the study

Theme	Subthemes
Theme 1: Mental health services provided by social workers	Subtheme 1.1. Assessments rehabilitation and re-integration of MHCUs
	Subtheme 1.2. Generating periodical reports of MHCUs' progress
	Subtheme 1.3. Advocating and protection of the vulnerable
	Subtheme 1.4. Making family contact and to educate
Theme 2: Perceptions of social workers regarding their roles and tasks in the provision of mental health services	Subtheme 2.1. Social workers as the link between the patient and the mental health provision system
	Subtheme 2.2. Social workers as coordinators within the mental health service provision system
	Subtheme 2.3. Lack of seriousness in recognition of social work in mental health service provision
	Subtheme 2.4. Role conflict with the mental health service system
Theme 3: Knowledge and understanding of mental health services	Subtheme 3.1. Knowledge of the <i>Mental Health Care Act No. 17 of 2002</i>
	Subtheme 3.2. Knowledge of the DSM-5
Theme 4: The capacity of social workers in rendering mental health services	Subtheme 4.1. Lack of adequate resources for mental health service interventions
	Subtheme 4.2. The Scope of social worker interventions in mental health services

	Subtheme 4.3. Supervision for social work in mental health service interventions
Theme 5: Trainings in the provision of mental health services	Subtheme 5.1. In-house training
	Subtheme 5.2. Adequacy of trainings on mental health information and knowledge
	Subtheme 5.3. Trainings exposing undergraduate curriculum shortcomings on mental health service knowledge
	Subtheme 5.4. Outsourced trainings on mental health service interventions
Theme 6: The needs of social workers in the provision of mental health services	Subtheme 6.1. Danger allowance and low remuneration
	Subtheme 6.2. Social worker caseload and burnout
Theme 7: Strategies on improving the provision of mental health services by social workers	Subtheme 7.1. Inclusion of mental health modules at undergraduate degree programmes in social work
	Subtheme 7.2. Improvements on remuneration for social workers in mental health service interventions
	Subtheme 7.3. Eliminating roles outside the social worker's standard practice in mental health service provision
	Subtheme 7.4. Improving on planning and designing of mental health service training material for social workers
	Subtheme 7.5: Resource availability for social work in mental health service interventions

3.13.2.1 THEME 1: Mental health services provided by social workers

This theme was mainly focussed on contextualising the services provided by social workers at Weskoppies mental health facility. Four (4) themes emerged from the research findings with assessments, rehabilitations and re-integration of MHCUs,

generation of periodical reports of MHCUs progress, advocating and protecting the rights of MHCUs, and contacting family members inclusive of educating them on MHCUs interventions on their part of family members to the patient. The subthemes are discussed in the following sub-sections:

Subtheme 1.1: Assessments rehabilitation and re-integration of MHCUs

The participants highlighted that they carry out different services when they are conducting their duties. The assertions of the research participants show that social work in mental health services provision is primarily concerned with the assessment, rehabilitation and re-integration of MHCUs at Weskoppies mental health facility. Participants 1, 2 and 4 asserted the following:

“...recovery, the rehabilitation, to integrate the person again in the community...” – Participant 1.

“...it’s about uhm assessment in the first place; So, you have to assess the whole time...” – Participant 2.

“...Uhm assessment, assessment remains key because assessment is everything...”– Participant 4.

Participant 5 further corroborated the latter (Participants 1, 2 and 4) by asserting the following:

“... mental health is basically the psychiatric field, and Social Work in mental health focuses on providing services to, while we provide services to in-patients and out-patients such as Psychoeducation, tracing of relatives, assisting with any psychosocial matters (things like that)”- Participant 5.

Participant 6 asserted the following in corroboration with Participant 5:

“Okay, we do assessments of the patient, then you do... which includes your risk assessment, individual assessment, then the biopsychosocial background from the family, which includes collateral...we also assist with ID applications or NGO’S...uhm what else is there (thinking)...counselling, support, tracing of relatives”- Participant 6.

The submissions made by the participants were in line with the assertions made by the National Association of Social Workers (2011) as cited by Conway (2016:13-15), who highlighted that the services provided by social workers include the completion of psychosocial assessments.

The assertions further agree with literature from Conway (2016:14); Olckers (2013:32) and Nekjar (2017:94) who assert that social work in mental health services includes psychotherapy, educating families and individuals about diagnosis and treatment options, diagnosis of mental illness, crisis intervention, completing psychosocial assessments and referring to outpatient services, planning discharge, behavioural interventions, advocating for patient's rights, individual therapy, substance abuse treatment, group therapy and many others.

Participant 10 and 1 further presented that:

"...the psychosocial implications of the condition is then addressed by the social work services..."- Participant 10.

"...what is important is follow-up, even if the person is discharged, then you follow up. That follow up it helps again to prevent that the person must now be readmitted"- Participant 1.

Participant 6 illuminated on the latter's argument by stressing that follow-ups are done after the initial assessments have been done, to which appropriate intervention methods are applied before re-integration back into the community.

"...and then collateral services, that's our follow up after our first assessment..."- Participant 6.

The notion of the role and task of doing assessments, rehabilitations and eventual re-integration are programmes that are synonymous with social work in mental health service interventions (Gajendragad et al., 2016:43). The collateral service is also a critical stage of social work interventions in mental services as it brings security of interventions to the social worker and also the members who engage with the patient at different diagnosis levels (Ornellas, 2014:5).

The participants further indicated that what differentiates their services from generalist social workers is the fact that their services are primarily offered to mental health service users and their families and that the social worker is the glue that holds the whole mental health service system together. This is because all the other parties such as the MDT rely primarily on social work interventions to perform their own diagnostic and psychopathological interventions. The following quotes from participant 1, 3 and 8 can serve as an example in this regard.

“...at social development or any other NGO. There the focus is on the social problems, here social work is secondary...primarily the person is here because his got a mental illness...” – Participant 1.

“...here it’s a special field whereby we dwell more into psychiatry...”- Participant 3.

Roestenburg et al. (2016:45) agree with Participant 3 when they stress that the tasks of social workers in mental health are centred on assisting mental health service users to develop coping tools for their situations than on the presence of mental health disorders. Participant 8 further argues with the following:

“...in Weskoppies the whole hospital is dedicated to mental health. Whereas Kalafong only has one ward and their patients stay for a limited period...”- Participant 8.

Engelbrecht and Ornellas, (2014:18) agree with the above when they state that the social worker functions as the primary health services professional on engagement with patients with mental disorders. The tasks have been identified to include maintaining, restoring and improving psychosocial functioning; helping people enhance and more effectively utilise their own problem solving and coping capacities; facilitating interaction, and modifying and strengthening relationships between people within the resource system; and establishing initial linkages between people and resource system (Olckers, 2013:47).

Subtheme 1.2: Generating periodical reports on patient progress

The participants also spoke about the role of generating periodic reports that are evaluated by other MDT members such as doctors and nurses. Participant 1 asserted the following:

“When it comes to the social worker, we must also write the periodical report”-
Participant 1.

This includes the history of the MHCUs as mentioned by Participant 10:

“... Now, periodical is a 13 A, which is a how has the patient's condition been for the year? What is the MDT done in the year? What do we plan to do in the year how is the patient's conditions changed or stayed the same in a period of 12 months... This is submitted monthly urgh, annually once a year to the review board...”- Participant 10.

Participant 6 and 7 corroborated the latter with following:

“...in social work there's certain services such as biopsychosocial, like uhm psychosocial report that we do...that is specific services for mental health”-
Participant 6.

“...when a patient is to be presented in a conference and my role is to compile a psychosocial report, a full psychosocial report about the person...and it also helps the team in the diagnosis. As you know, they can't rely on the patient or the user themselves.”- Participant 7.

Periodical reporting is a critical part of the social worker's role that ensures other MDT members are gainfully assisted in diagnosis and intervention strategy on a patient (Ritchie, 2018:2). The researcher corroborates the findings with a strong view that periodical reports are important and must not be under-reported as they give data on patient progress. This aids in determining the best treatment for a specific patient towards his/her well-being from mental disorders diagnosed (Ritchie, 2018).

From a theoretical context, the results presented above seem to indicate the exo system level of Bronfenbrenner's ecological systems theory which includes social welfare services, legal services, neighbours, friends and family and mass media (Eriksson et al., 2018:442). In the context of this study, the interaction of the social worker with other MDTs can be understood in the periodic reports that are generated during involvement with patients. MDTs as neighbourhood elements subsequently use such information to perform appropriate mental health interventions that may also include specialised therapy.

Subtheme 1.3: Advocating and protection of the vulnerable

The participants mentioned that advocating for the protection of mental healthcare service users (MHCUs) as a vulnerable group is one of the main contexts of the social workers functions at Weskoppies mental health facility. Participant 10 supports the latter by identifying intervention on the vulnerability of a mental patient:

"...social work is very important where there is a medical condition, which impairs a patient's ability to function, or has any effect on his/her life"-
Participant 10.

Other participants asserted the following in relation to this subtheme:

"... It can be role to be the advocate for the user...sometimes you must even advocate towards the family...as they may not realise the illness...it is (also) a role of being the link."- Participant 1.

"...as social worker nhe, I am an advocate... I advocate for those who doesn't have more knowledge... and to empower them as well..." -
Participant 3.

"...obviously being an advocate is also very important like advocating very well, because sometimes somethings happened to you like, you know, no one's hearing my patient, or no one's hearing the story of the family very often..."- Participant 8.

"...Yeah, I think we advocate a lot for our patients... uhm I will feel a patient needs more help with his family but he's not psychotic anymore

or he's stable and the doctor feel that he needs to go, so you will have to advocate or that patient to stay longer..." -Participant 6.

The above agrees with Nejkar (2017:93) who stresses that mental health care users may range from those suffering with schizophrenia to those with complex sets of co-occurring conditions such as depression, bipolar disorder, anxiety and others. Their human rights as people living with mental disorders as well as the different mechanisms to protect and uphold those rights are promoted and enshrined in the *Mental Health Care Act No.17 of 2002*, (Roestenburg et al., 2016:170). Research findings from Conway (2016:13) and Olckers (2013:32) agree with the research participants in this study that social workers in mental health are also responsible for advocating for patient's rights which includes employment seeking and support, the right to shelter and education.

Participant 4 further asserts to the same argument on the protection of patient vulnerabilities by asserting the following:

"...I work with neuro, psychiatry, the geriatrics and the intellectually disabled"-
Participant 4.

Participant 4 and 10's assertions are also resonated by Allen (2014:13) who asserts that social workers need to utilise professional skills to protect human rights, promote self-determination of solutions and enable people and communities often in difficult circumstances to make change. In doing so, some of the social work skills requisite to fulfil the protection and advocacy of patient rights entail advanced relationship skills; therapeutic skills to assess, treat and prevent mental health problems; and behavioural, emotional, social and environmental problems affecting individuals negatively (Allen, 2014:5; Conway, 2016:10; Olckers, 2013:41).

Additionally, Simpson and Chipps, (2012:47) state that people with mental health problems are amongst the most vulnerable and oppressed people in society and that they comprise of a considerable proportion of the South African society. This can be explained in the micro system level of the social worker's life where proximate interactions are with the patient and the family, as well as the meso system level of

interactions among the micro system components in the ecological systems theory model (Eriksson et al., 2018:451). For instance, a social worker ought to know the challenges affecting a mentally disorderly individual to ensure there is adequate and relevant diagnosis by the rest of the MDT members at their different interaction levels concerning the patient.

Subtheme 1.4: Making family contact and to educate

Participants asserted that contacting family members and also providing education to family members is one of the contextual roles associated with social work. The following quotations from the participants support the above subtheme:

“.... again, maybe the family's not understanding, because we also have to keep on psycho educating them about mental illness...” – Participant 9.

“.... you psycho-educate the person and the family...”- Participant 7.

“...then we phone the family so that is us now obtaining collateral...”-Participant 8.

“...we involve the family...” -Participant 10.

Literature reviewed from Engelbrecht and Ornellas (2014:23) assert that the traditional role of social workers in mental health care includes working with patients and families to facilitate effective communication between patients, families and health care teams in ways that will mitigate barriers caused by poor health knowledge.

In the context of psycho-education, Nekjar, (2017:95) converges on its importance on family member education. Eriksson et al. (2018:445) specifically assert on the need to educate parents on multiple contextual knowledge areas such as cognitive development in individuals like their inpatient child, societal characteristics and behaviour as they present as a neighbourhood element of a proximate context of interaction at micro system level and its influence; and how the community can impede or help in the human development of the child. Conway (2016:13-15) in literature also

identified educating families and individuals about diagnosis and treatment options as one of the main services provided by social workers in mental health.

3.13.2.2 THEME 2: Perceptions of social workers regarding their roles and tasks in the provision of mental health services

In ascertaining the views of social workers concerning their roles and tasks in the provision of mental health services at Weskoppies mental health facility, the researcher generated four (4) subthemes from the interview findings. These emerged as being the link between the patient and the mental health service system, being the coordinator within the mental health service provision system, the lack of seriousness or recognition of the importance of social work in mental health service interventions; and the aspect of role conflict with the mental health services system. These subthemes are discussed in following sub-sections.

Subtheme 2.1: Social workers as the link between the patient and the mental health provision system

Five (5) participants posited the practice as being the link between the patient, the patient's family and the mental health service system. Participants asserted the following:

"...so, we are the link, I think also if you know, we got some things we put up in the ward as well that social work is the link..."- Participant 1.

"...we all work holistically, and you'll hear it you know, the doctors in every profession. But Social Work is sort of the link between all these things..."- Participant 10.

"...So, the social worker is very much a link in between the two of them and involving the family; involving the employer; involving all of them into their treatment..." – Participant 2.

"...Especially for us, because remember we are the link between the family and the team..." – Participant 5.

“... We really fill the link between the community and the hospital. We really join between this person and the team, in between this person and the NGO or wherever we are sending the patients...”- Participant 8.

The assertions made by the participants resonate with Conway (2016:15) and Nekjar (2017:92) who put forward that social work in mental health interventions includes educating family and the patient about diagnosis and treatment options, diagnosis of mental illness, crisis intervention, completing psychosocial assessments and referring to outpatient services, and planning discharge. In a study by Eriksson et al. (2018), a systematic review of 16 literature articles focused on the application of the ecological theory in public mental health also corroborates that social workers are the link between the patient or individual with mental disorder and the mental health provision system. Eriksson et al. (2018) observe that social workers are also critical in helping explain the transitions and development of an individual and communicate such findings with other MDT members for appropriate interventions for the patient.

Subtheme 2.2: Social workers as coordinators within the mental health service provision system

Participants mentioned that being a coordinator is one of the main social work roles undertaken at Weskoppies mental health facility. Participant 10 and 4 asserted the following on coordination:

“...at the end of the day, the patient is in the centre, and everybody comes in and out. But Social Work sort of coordinates all these things. I don't know how but we do in the way that all the services are coordinated...”- Participant 10.

“...you are coordinating psychology, eh OT, doctor, nursing you know...security. Now this patient that I was with, I have to co-ordinate transport, nursing, family, patient...”- Participant 4.

In agreement with the assertions above, findings from Gajendragad et al. (2016:39) reveal that social workers perform the role of a coordinator, manager, clinician, researcher, trainer, leader and liaison worker for the detention of mental illness in the community.

Furthermore, Engelbrecht & Ornellas (2014:23) in agreement with the research findings as mentioned by participants 10 and 4, emphasise that social workers play an important role in rendering services of assessment, planning, coordination of services and crisis intervention; which is a service not usually rendered by any other mental health professional in either inpatient, outpatient or community-based setting.

In line with the ecological systems theory underpinning this study, it can be posited that both the micro system level and the exo system levels are interacting through the meso system level. For instance, crisis intervention is a micro system activity and interaction, while coordination of services not only involves other social welfare services as depicted in the exo system level, but also neighbourhood elements who are proximate within the micro system level.

Subtheme 2.3: Lack of seriousness in recognition of social work in mental health service provision

Participants' responses on their perceptions in mental health services cites the lack of seriousness in the recognition of social workers in their provisioning of mental health services. Participants made the following assertions in this regard:

“At times you feel that your profession is not like taken.....uhm I don't know this word. Okare a ba le tseele hlogong (seems like you are not taken seriously)”
- Participant 3.

“...But here, you're sort of doing silly things, taking patients to ATM to withdraw money as well...”- Participant 8.

“...And sometimes, you know, sometimes the teams don't fully understand what is your job description, you get stupid things like how people find jobs and give money and all of that...”- Participant 8.

Participant 4 supports the notion of Participant 8 with the following arguments:

“...I think another one is that other MDT members don’t understand the social work role, dumping everything on us...that really causes a lot of burnout for us...” - Participant 4.

Participant 3 further asserted the following:

“...I don't think they are heard... if they were heard things should be in place right now. But I don't think we are here heard. We are complaining we are crying Yes, but people in up there who are supposed to do their work. Somebody is not doing their work up there” - Participant 3.

The unaddressed concerns and lack of understanding of roles for the social worker by other professionals relative to mental health service provisioning is viewed by the research participants as a sign of a lack of seriousness in recognising their profession as a critical part of the mental health service system. Meanwhile, Engelbrecht and Ornellas (2014:23); Ornellas (2014:5), and Aviram (2002:620) assert that the role of social workers in the mental health context has expanded to additional activities such as case management of both inpatient and outpatient care, supported employment, residential care, psychosocial support, family therapy and support and assistance with basic reintegration into society.

Eriksson et al. (2018:441) allude that the attitudes and cultures within the macro system have the responsibility of ensuring that there is employee satisfaction for the social worker as a recognition of the contribution of the profession in mental health services. This is because the macro system is responsible for policy governance and, therefore, has oversight over the planning and designing of facilitating environment for enhanced mental health service interventions for the social worker (Ettekal & Mahoney, 2017:294; Zhang, 2018:1767).

Subtheme 2.4 Role conflict with the mental health service system

Participants alluded that role conflicts can be prevalent in mental health service interventions. Participants asserted the following in this regard:

“There is a never a clear distinction...nee, it's an ongoing training, on-going discussion...yeah because people come from different backgrounds; they have

different expectations...uhm so it's a matter of explaining, and re-explaining and re-explaining and get an explanation of their role as well. It also differ from team to team..."- Participant 2.

Participant 4 supported assertions from Participant 2 and 8 with the following:

"...the tasks of a social worker here is really undefined, we define it along the way. So, every situation will define if it's our role"- Participant 4.

Participant 8 also alluded to role conflict with the following argument:

"...So obviously now they bring parcels and we are facilitating that as well, so I feel like our role all day we do everything and anything usually work that no one wants to do, social workers do. Now with this incident we arrange transport, we deliver medication. Basically, I feel like we are facilitators, we are busy facilitating for things to get done cause if we don't facilitate no one will step up and do things"- Participant 8.

The above responses reflect with assertions from Barlow and Durand (2011) who stress that social workers' roles include responsibility for acting as liaisons between the patient, his/her family and the institution. These assertions further corroborate Aviram's (2002:620) assertion regarding the lack of consensus among social workers and other mental health professionals regarding their role in the mental health field as well as the boundaries of their domain.

3.13.2.3 THEME 3: Knowledge and understanding of mental health services

The knowledge and understanding of mental health services were enquired in the study. Two subthemes emerged from the research results analysed and entailed as knowledge of *Mental Health Care Act No.17 of 2002*, and the knowledge of the social worker pertaining to the provisions of the DSM-5. The findings are explained in the sub-section that follows:

Subtheme 3.1: Knowledge of the *Mental Health Care Act No. 17 of 2002*

All the participants exhibited good knowledge and application of the *Mental Health Care Act of 2002*. Participant 7 asserts that there is importance need to know and understand the Act and others such as the Children's Act, the Health Act and the Criminal Act:

"... know the different Acts, know the different illnesses, mental illnesses, have knowledge of the DSM-5 and the different Acts such as the Children's Act, the Health Act and the Criminal Act...as there could be one state patient who might require the Criminal Act"- Participant 7.

Participant 4 also agreed with Participant 7 on legislative knowledge pertaining to social workers in the provision of mental health services by asserting the following:

"...you (social worker) need to know your National Health Act, you need to know the Mental Healthcare Act, you need to know the Pire Act"- Participant 4.

Participant 9 further identified with the *Mental Health Care Act* in the context of classification of a patient as being a state patient of normal patient:

"...it can be said, either they are going to be moved from being state patient to a normal patient (relative to patient status) ...that's Section 34, meaning they (patient) are being reclassified from Section 42 to that one (Section 34)"- Participant 9.

Participant 5 further highlighted knowledge of Section 34 to which she asserts its importance on classification of involuntary patients:

"Section 34 speaks about the involuntary patients...so that is someone who gets referred to us after a 72-hour observation"- Participant 5.

Participant 9 further stated knowledge on Section 27 of the *Mental Health Care Act* on its importance to the mental healthcare user:

“I mention(ed) Section 27 because it helps the mental healthcare user to understand the implications and the conditions they have to be in”- Participant 9.

The assertions of Participants 5 and 9 can be corroborated in literature by Gajendragad et al's. (2016:88) emphasis on the fact that it is imperative for mental health social workers to be well informed on the legislative measures in respect of people with mental health disorders. More literature by Gajendragad et al. (2016:89) corroborate the findings by asserting that mental health services legislation is essential for protecting the rights and dignity of persons with mental disorders, and for developing accessible and effective mental health services.

Bronfenbrenner's ecological systems theory further identifies legislation and policy at the macro system level where these are informed by the attitudes and culture of the influencing authorities and public entities as they frame policy interventions Zhang (2018:1767). The implications of understanding the mental health service policy therefore can be seen to also influence the exo system and meso systems as they are guided and defined by the pronouncements in the Mental Healthcare Act No.17 of 2002 (Conway, 2016).

Subtheme 3.2. Knowledge of the DSM-5

All the participants interviewed in the study agreed that the DSM-5 is crucial to social work practice in mental health. Participants asserted the following:

“...that is, I can say our bible, you know, working according to that. Uhm the ICD 10 codes and so on...” Participant 1.

“...It is very beneficial because as a social worker, I must be able to know my DSM 5...”- Participant 3

“...As a social worker, you must have knowledge of the DSM five...”- Participant 7.

Furthermore, the participants indicated a good knowledge and understanding of this manual; of the specific boundaries of the manual they should practice within as well

as the ones that fall outside of the social work scope of practice. The following quotes are provided as examples:

“...So, we as social workers have to really through the new Act, and every time we get the New DSM's we have to bring it down to social level because we are not psychiatrists, and so we cannot function on that model...”- Participant 10.

“...Uhm, well you have to know the DSM, you know, (the illnesses) in order to provide services for someone with whatever illness it is...”- Participant 5

“I need to understand certain symptoms, and the basics, the basics of the DSM, to know how to explain to the doctors to help them diagnose.” Participant 4.

“...but then you go to the DSM, you know you see this is the criteria for schizophrenia, you know, go according to that criteria, it can guide you, then now you can ask the family so did he do this? Is he hearing the voices, how is his self-care...”- Participant 1.

“...uhm obviously you use it in terms of the diagnosis of the patient... uhm if it's a patient diagnosed with Schizophrenia then you are not gonna ask them uhm about their personality because it's a psychotic disorder and not a personality...”- Participant 6.

The findings above resonate with the assertion made by Cox et al. (2019:375) that mental health social workers routinely use the DSM to label service users, particularly at inpatient hospitals, mental health clinics and outpatient health centres. Nonetheless, researchers such as Hitchens et al. (2013:304) and Olckers (2013:68) observe that the DSM-5 manual has rather had an irresolute association with social work. The increasing utilisation of the DSM within the field of mental health is observed to have created a professional boundary problem especially for non-medical practitioners who include social workers. This implies that social workers also ought to be aware of the boundaries of their roles in DSM-5 as some aspects of the criteria are reserved for

doctors, such as medical diagnosis procedures. Nonetheless, Hitchens and Becker (2013:312) reveal in an international study that the majority of social workers reflect a belief that the DSM aids and eases execution of assessment processes, and thus provision of a better understanding of mental patient specific problems.

To conclude from the above findings and analysis, the research agrees with Wilson et al. (2008:589) in Roestenburg et al. (2016:45) who state that social workers need to have a good working knowledge of psychiatric classifications of mental distress. This is while they should also take caution to retain their distinctive perspective on mental health work, which concerns with effectively working with the total system of care.

The knowledge of the DSM-5 can be related within the meso system and micro system of the social worker on her human development in mental health service provisioning. For instance, interactions between the social worker and other MDT health services officials improve the quality of the diagnosis on mental patients.

3.13.2.4 THEME 4: The capacity of social workers in rendering mental health services

The capacity of the social worker in mental health service interventions is observed to generate three subthemes that are: a lack of adequate resources, the scope of the social work interventions in mental health services, and the issue of supervision for social work in mental health service interventions.

Subtheme 4.1: Lack of adequate resources for mental health service interventions

Nine (9) of the research participants put forward that there is a gap in resource allocation and availability. The following quotes serve as examples to support in this regard:

“...So, this is one of the issues is the lack of resources...we are very challenged by resources...”- Participant 10

“...challenges yes, we have because we don't have enough resources I'll start there.”- Participant 3.

“...another thing is the resources. There is not, nearly enough resources...” - Participant 4.

“...: I would say important is lack of resources because now the person can be stable and then the team say when is he discharged but if now there's that lack of resources...”- Participant 1.

“...Firstly, its resources, we don't always have the resources to deliver the services that we want to...”- Participant 6.

The above capacity constraints on resources for the social worker refer to the lack of funds allocated to the field of mental health specifically in African governments as asserted by Roestenburg et al. (2016:169). The lack of resources for the social workers is one of the major challenges affecting social workers as reported by the research participants. Roestenburg et al. (2016:169) mention that this also affects the expansion of social work services in mental health service interventions in adequately meeting the high service demand.

At the same time, Zhang (2018:1771) puts forward that within the ecological systems theory on human development highlights the importance of interactions with the environment the individual is exposed to. This includes the environment's facilitating nature which reflects in the meso and micro systems of the model with regards to resource availability and allocation.

Subtheme 4.2: The scope of social work interventions in mental health services

Participants asserted that the lack of a clearly set scope of practice for mental health social workers has a bearing on their capacity to provide services because it subjects them to undertaking many roles which fall outside of the social work scope of practice.

Participant 4 and 10 stated the following concerning the scope of social work interventions in mental health services:

“...So, everything in this hospital they drag social work in because no one can clearly say this are the social workers roles...”- Participant 4

“...We need to have structure in terms of our scope, because we really get drained out and burned out because we are doing everything. There needs to be a defined structure...”- Participant 4

“...we are always fighting for our place, and I feel it’s so unnecessary because everybody has a place in a patient’s life. Everybody has a place in the treatment plan, but we find ourselves fighting about roles, and fighting about defining our roles, we’re fighting about who provides what service...”- participant 10.

The challenge with defining the scope of work of the social worker in mental health service interventions is exposed in research findings gathered from the participants. The absence of a comprehensive scope of practice for social workers in mental health service provision is mentioned by Olckers (2013:12) to be one of the main issues affecting their capacity to render effective interventions within the South African context.

Subtheme 4.3: Supervision for social work in mental health service interventions

All the participants agree that supervision is a critical support function and has greatly enhanced their capacity in providing mental health services as social workers. Participants attributed this to the fact that through supervision they get to impart more of what they learn from academia and field practice to enhance their mental service interventions skills.

Participants stated the following pertaining to the enquiry on the adequacy and importance of supervision:

“...supervision helps because I am required to read up, discuss... So, I will do research, read up on a specific topic in mental health, discuss with supervisor.

So that process of collecting that information and discussing it, and getting practical examples, it has helped a lot”- Participant 4.

“...supervision are (is) very important hey... it equips you, it gives you more knowledge that you didn't have before. Like, what like I said...I started here, 2016, I'm not the same person as when I started here, because I've been acquiring lots of information, given lots of knowledge. So, they are very, very, very important...”-Participant 3

“...I have a- I like have a positive view. I've always had a good relationship with my supervisor, and you know, if I needed support or consultation, I received it. Also, I mean, our manager, if my supervisor isn't available, you know I can go to her anytime...”- Participant 5

“...Uhm well for me, so far, I think I'm getting more support from the supervisor and the manager because they listen, and then give guidance where it's due... and then also allow one to also give their inputs to say okay, I see this way, they give you room also to grow...”- Participant 9.

This assertion is corroborated by Participant 6 asserted the following:

“...we have supervision on a monthly basis. As I said we have an open-door policy...our seniors are always available if there's a problem that we, you know, as juniors maybe cannot manage...”- Participant 6.

Participant 7, a senior social worker, stated the following pertaining to supervision:

“...Yes, mostly it's with us, because we are older now. Okay. Yeah. Each and every report? We do? Yeah, of course, it is. Okay. Yeah, it's well written before submission”- Participant 7.

Findings from Engelbrecht and Ornellas (2014:19,23) emphasise that, overall, the effects of policy change in mental health over the past two decades in South Africa has somewhat adversely affected many social workers operating in the mental health context. This has made several mental health social workers vulnerable and in need of structured and professional supervision.

Supervision may relate to the mesosystem of the ecological systems theory, in that it provides for interaction between microsystem neighbourhood elements that are interacting such as the social worker and their immediate supervisors to effect support and guidance for quality mental health service provision.

3.13.2.5 THEME 5: Training in the provision of mental health services

Four (4) subthemes emerged from enquiries focusing on training for social workers in the provision of mental health services; in-house trainings, deficit of training material content on mental health service interventions, training exposing undergraduate inadequacy on covering modules on mental health services, and the aspect of outsourced training on mental health service interventions for social workers. The subthemes are explained next:

Subtheme 5.1: In-house training

Participants reported that that periodic training is available at Weskoppies mental health facility. Participants asserted the following in this regard:

“...every year we always have staff development...”- Participant 1.

“...Then like, here, we go for training on mental health, we go for training on the DSM diagnosis and stuff, and then you start to put it together...”- Participant 8

“...So, you would see I have a lot of in-service training where we as social workers will take raw data or the information like it's in the field of psychiatry, and then make it applicable, or to social, which is much more valuable than then anything else...”- Participant 10.

“...the in-service training as well, we do get in-service training here that will make you understand more...”- Participant 3.

“...in our department we always have training.... not just in the department of Health, but Weskoppies Social Work Department”- Participant 6.

Participant 6 further clarifies on the specific focus of the provided inhouse training by asserting the following:

“...one-year we focused on the DSM-5, and next year we focus on Social Work Intervention Models, as well as Cognitive Based Therapy”- Participant 6.

In-house trainings for mental health services knowledge development are an important part of the social work in the mental health services work. This is agreed by Roestenburg et al. (2016:45) who note that social workers seem to possess a poor knowledge base of mental health as compared to the rest of the multidisciplinary team.

The macro system as identified in the ecological systems theory points to the existence of attitudes and cultural ideologies Zhang (2018:1767). The higher tertiary institutions can be related to the previous statement where the planning of the learning curriculum for mental health services in social work degree and master’s degree programmes ought to be reviewed for inclusion. The researcher is of the view that this is one way where social workers are empowered to ensure that their interventions in mental health services are adequate enough to improve the quality of their interventions within the MDT framework.

The ecological systems theory on human development further adds the chronosystem that seeks to highlight the need for reviews from continuous processes of improvements on the quality of mental health interventions by the social worker (Myers (2017:1). This is observed when participants allude to receiving training sessions every year. As the chronosystem within the ecological systems model is shown in Figure 3.6 below:

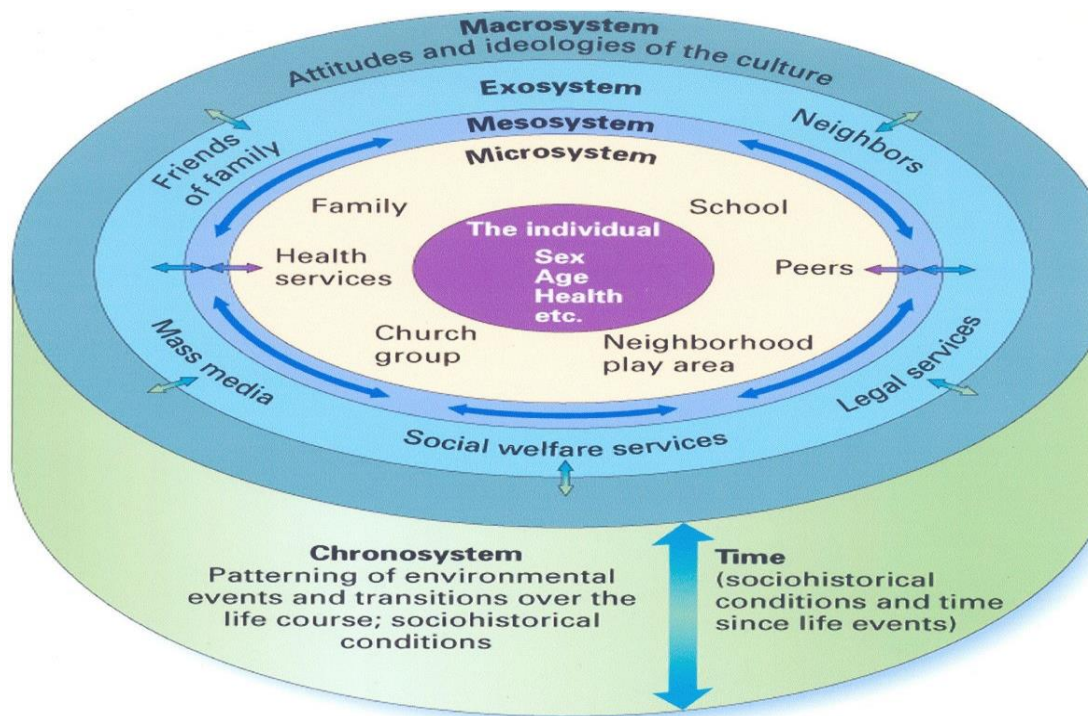


Figure 3.6: The ecological systems theory with chronosystem

Source: Myers (2017:1)

As shown above (Figure 3.6), the passage of time and challenges with adequate mental health service interventions must inform the current quality and level of mental health service trainings through empowering the social worker with new and relevant knowledge. This new knowledge, as depicted in the added chronosystem construct of the theory, is based on past knowledge inadequacies relative to social work interventions in mental health services (Ettetal & Mahoney, 2017:294). This modification of the model that includes the chrono system is also corroborated in findings by (Eriksson et al., 2018).

Subtheme 5.2: Adequacy of training on mental health information and knowledge

Research participants raised the notion that there are inadequacies related to mental health focused trainings. Participants 5 and 6 specifically highlighted the problem with content material specific to mental health in training provided for social workers both in-house and externally sourced experts. Participant 5 asserted the following:

“...but it’s also more on general health things.... not necessarily always on mental health and it is quite difficult to find something focused on mental health”
– Participant 5.

The arguments of Participant 5 are corroborated by Participant 6 with the following:

“...that’s also just an introduction, its 2/3 hours training that you get and they only tell you about the basics or they only focus about one hour... I remember one that I presented, it was on personality disorder, so we explain the personality disorder but its only basic, you can’t go into detail...”- Participant 6.

Participants 5 and 6’s assertions were reinforced in literature where teaching of mental health content for social workers are observed to be without a solid understanding of mental health theory and skills due to the lack of positive direction about the scope of mental health problems received in school (Bland et al., 2015:12). The adequacy of training relates to the meso system level of study as it arguably involves the interactions between the social worker and the supervisors, for instance, to which the relevance of training sessions can be communicated. This research therefore suggests that the general nature of the training, as put forward by the participants, reveals the challenges with addressing the experiences and opportunities of the social worker in mental health service interventions.

Subtheme 5.3: Training exposing undergraduate curriculum shortcomings on mental health knowledge

Assertions from the participants generate a subtheme on training where the undergraduate curricular on mental health reveals deficiencies in social work practice as concerning knowledge of mental health looking at what was learnt and offered in the undergraduate BSW degree. The participants mentioned that the undergraduate modules they learnt at university have not adequately equipped them as social workers in mental health service interventions. Participants asserted the following in this regard:

“Not really, it was only.... You know, when I was doing social work. I think it was in social work in fourth year, there were subjects about mental illness, schizophrenia...”- Participant 7.

“...No, not at all. I think in my time you know, we had a very brief medical block, I think it's changed through the years, but post 1998 there was very little focus, it was always about this using the terminology you know, they would teach you this is schizophrenia, this is this back in like one block and then you would write exams..”- Participant 10.

Triplett (2017:2) concurs with the research participants that social work graduates are undeniably not adequately prepared for practice within the field of mental health care. Participant 8 corroborates with the following:

“...in the undergrad? If I remember correctly, I think it was like one module that was health care, not even mental health. I think it was just health care and I think then the one subject or some one or two classes, whatever we had was about mental health. I didn't have to cover not to briefly talk about the DSM, and it feels so far-fetched...” – Participant 8.

Participant 4 further supports the assertion by Participant 8 on lack of undergraduate content material on mental health in learnt modules with the following argument:

“Just imagine leaving university...and there is absolutely no module on mental health, forget mental health, there is limited information on health, social work in the health care field. It's really not there, and it's an injustice to the social workers in the healthcare because you get there...now you must learn the diagnosis of the different hospital that you are in...”- Participant 4.

Participant 5 asserts the following in agreement with the latter:

“...I feel that I wasn't equipped by the university and currently what I am doing...obviously you need the social work background, but they could not have taught me what I do now in university necessarily”- Participant 5.

With regards to course work, Triplett (2017:2) established that most social work undergraduate students were not required to take a course designed unambiguously

on mental health and this included the master's level where graduates are observed to take one or two classes on psychopathology and diagnosis as mental health learning content. The present study therefore sheds light on the lack of adequate mental health learning modules at social work undergraduate level and on master's degree level, thus giving social workers a limited insight into mental health which disadvantages them when going into practice. This author further emphasises that in an Australian case context, only about nine of the twenty 20 schools of social work offer a separate mental health class (Triplett, 2017:2).

Furthermore, there were three participants who alluded to the importance and relevance of training through placement of undergraduate final year students in mental health service institutions/facilities. Participants 3, 5 and 6 agree on this notion with Participant 3 stating the following in particular:

"...I was once a student here during my fourth year, so I did my practicals here...it was difficult to do report writing...I gained more knowledge on the job, because when you ready something, it's not the same as when you see the practicality of it"- Participant 3.

"... I think that if I didn't do my fourth year practical at Weskoppies, that it wouldn't have been sufficient at all. Uhm, so while I was doing my practical, that's actually where I got to know, you know, the field..."- Participant 5.

Participant 6 echoed Participant 3 and 5's assertions when she mentioned the she was fortunate enough to do practicals at Weskoppies mental health facility:

"...I was lucky to receive (training) in my final year I did my practical here...so it was extra experience. In terms of theory, we only had one module on mental health and one assignment that we had to do. I think you gain more knowledge when you work here"- Participant 6.

The above arguments relate with Bronfenbrenner's macro system, which related to the attitudes and ideologies of the culture that the above arguments may refer to regarding the academic culture of learning mental health knowledge at social work

degree and or master's level in South Africa (Strayhorn, 2015:32-33). As respondents assert, there is no clear consensus on specific mental health learning material that sufficiently prepares social workers for improved practice concerning mental health service provision.

In addition to the four component systems of the theory, the researcher is of the view that adding the chronosystem also relates to the present study's arguments on the lack of adequate mental health learning modules. The theory is mentioned by Myers (2017:1) to further extend the notion that the patterns of environmental events in social work practice concerning mental health service interventions, and their transitions over the life course of the social worker in practice reveal an ongoing phenomenon of inadequately planned and designed mental health learning modules that are yet to be improved on to effect better interventions in mental health service interventions.

The researcher is of the view that since Olckers' (2013) study revealed social work knowledge gaps with regards to mental health, the current attitude and culture in tertiary institutions' approach to social work learning modules on mental health has still not improved as participants still raise the same capacity constraining knowledge gap as in earlier studies with the inclusion of mental health.

Subtheme 5.4: Outsourced training on mental health service interventions

Participants further asserted on the availability of externally sourced training where experts are invited to conduct mental health training for the social workers in the present study. The following assertions were made by participants in reference to this point:

"...we go outside and get training as well, and this helps a lot in terms of my knowledge in the field (mental health service interventions)"- Participant 4.

"...is just like uhm short courses or short training, just to sort of for one to develop and gain more insight and knowledge...They are very helpful, and also talking to other people... but are working in the different fields but more on mental health, to network with other people outside my own institution also..."- Participant 9.

“...We do have 1 workshops where we invite our different psychiatrists, his speakers to give us the course...”- Participant 7.

In the researcher's view the need for constant training as illuminated by the participants can be attributed to the lack of adequate knowledge on mental health as highlighted in literature by Roestenburg and his co-authors. The authors assert that many mental health social workers within the South African context are inadequately trained and ill-equipped for practice within this field. Participant 8 also supported the same argument when she put forward the following (Roestenburg et al. 2013:187).

“...we go for training on mental health, we go for training on the DSM diagnosis and stuff, and then you start to put it together”- Participant 8.

The above argument can be linked to the findings from Bland et al. (2015:4) who state that, overall, the majority of the social workers still need to advance their skills and knowledge on the job, often with little support or direction and were ill-prepared for practice in mental health.

The ecological systems theory underpinning this study may corroborate the above participants' training assertions in its exo system layer and overlapping with the macro system layer, as training is informed by the attitudes and ideologies that shape the macro system (Zhang, 2018: 1767,1776). For example, the tertiary institutional approach and policy as regards social work and its link to mental health service provision. The researcher posits that the macro system has therefore brought about deficiencies in planning and design of adequate learning content material at academic level, so much so that it requires both in-depth in-house training at the exo system layer for mental health knowledge development among social workers. Social welfare services in the exo system layer can relate to in-house and expertly sourced specialist training for social workers on mental health knowledge development in their practice as depicted in Bronfenbrenner's ecological systems theory of human development.

3.13.2.6 THEME 6: The needs of social workers in the provision of mental health services

Research findings generated two (2) subthemes from the interviews pertaining to the needs of the social worker in mental health provision. These include danger allowance and low remuneration on salaries/incomes, social worker caseload, and the aspect of resource availability that enhances the quality of mental health service interventions.

Subtheme 6.1: Danger allowance and low remuneration

Three (3) of the participants (Participants 3, 5, and 8) are of the strong view that they deserve to be allocated a danger allowance and better remunerated just like their counterparts in the health services provisions like doctors, nurses and others and on wages/income. Participant 3 asserts this point with the following arguments:

“...working in this institution and not getting danger allowance”- Participant 3.

The assertion by Participant 3 was supported by Participant 5 with the following:

“...obviously we are very much underpaid...but compared to other professionals...you know if you compare to the occupational therapist, to Psychology, our salaries are much lesser, and I mean that also has an impact, because I think it also kind of demotivates you at times”- Participant 5.

Participant 8 supported the other two Participants with the following on low remuneration:

“...we are the least paid people. We are literally the least paid profession...and it's very sad because we do so much...”- Participant 8.

In the researchers view the participants assertions still points or corroborate with literature by (Roestenburg et al.,2016:169) regarding to the lack of funds allocated to the field of mental health, specifically in African governments as one of the major challenges affecting social workers in mental health.

Participant 4 further asserted that the field of social work is seemingly undervalued with the following:

“It (social work) is taken for granted how specialised it is”- Participant 4.

Literature asserts that government policies have had an impact on the work of social workers. Engelbrecht and Ornellas (2014:24) assert that policies result in inadequate facilities, unmanageable workloads, lack of skills, constantly having to deal with the desperation of patients and families, safety issues as well as their role in the multidisciplinary team.

The theoretical framework of the study puts forward that etiology on psychological mindset of the social worker is not immune from vulnerability to risk factors and the associated outcomes that can be deemed consequential from the addressing of the risk factors before they evolve into a more challenging case issue during mental health service interventions. It can be corroborated (Ettekal & Mahoney, 2017:297) that interactions in the meso system of the ecological systems theory of human development must consider the micro system concerns associated with remuneration, as this may have an impact on worker motivation and performance.

Subtheme 6.2: Social worker caseload and burnout

Participants asserted to work with high caseloads in mental health service interventions, thus making them susceptible to fatigue and burnout. Participants asserted the following in this regard:

“The challenge is the workload, you guess, people think 30 patients is not a long-time thing. But the challenge is report writing... I can do all that intervention, right? Because it's very fast paced, you see a patient that has three, four new admissions, you go and see all of them. But then the time it takes you to see all of them that half a day is gone, then you have a meeting in the afternoon, then that day, where do you get time to do that report...”- Participant 8.

“...like I'm saying, like my caseload is 100, I must manage that 100, and in doing that, doing admin and doing everything and doing home visits. I must multitask and some other things it takes your like I said, your money, your time, your family time, everything, you know...” - Participant 3.

“...So I think talking to another professional that's independent, from your circumstances, is something that would really help to be able to talk to you to prevent, like, burning out and compassion, fatigue, and all of that, because that's what happens, you get so tired of giving you like I'm done now, I'm finished, you know, I give them like a weight fully, but like, I can't deal with it anymore...”-Participant 8.

The above assertions are supported by Participant 5 who further points to fatigue and burnout when she states the following:

“I think that our caseloads sometimes are very high, and you know, the services we provide is quite...an exhausting field and you can burnout quite easily” - Participant 5.

The notion of high caseloads and resultant burnout from fatigue are explained in Cox et al.'s (2019:405) findings where the participants indicated that burnout in the mental health social work field is a reality (Cox et al, 2019:405). At the same time, this research agrees with Conway (2016:6) when she puts forward the argument that these challenges do not only affect the social worker at an individual level but further affect the agency and client outcomes which in turn impacts the mental health system (Conway, 2016:5).

3.13.2.7 THEME 7: Strategies for improving the provision of mental health services by social workers

Participants' responses pertaining to strategies for improving the provision of mental health services by social workers presented with five (5) emerging sub-themes. These include inclusion of mental health modules at undergraduate social work degree programmes, improvements in remunerations, elimination of roles outside the scope of the social worker, improvements on the design of mental health service learning material for training, and ensuring resource availability for social workers in their interventions on mental health. These sub-themes are presented in the following sub-sections.

Subtheme 7.1: Inclusion of mental health learning modules at undergraduate degree programmes in social work

Participants asserted that there should be more inclusion of mental health modules at undergraduate BSW degree programme. The following assertions were made in this regard:

“...I think what undergraduate is missing is teaching us these labels and not teaching us how to people function, what is the condition... the medical condition but what is the psychosocial implications... and I think that is what must be brought into undergraduate and not teaching them theory of what is a condition because you may not diagnose a mental illness, you may identify symptoms and you may not diagnose so why are we teaching students the diagnosis.”- Participant 10.

“I think if they could also include subjects on the different psychiatric conditions...”- Participant 7.

“...like what is schizophrenia? Yes, you learn it, but you don't truly understand what it is until you are physically in the practice”- Participant 8.

“... the degree gave, equipped me with certain skills...with basic skills to address multiple social ills but the specifics of mental health I acquired in the field”- Participant 4.

Participant 4 further echoed her view by asserting the following:

“...Uhm for the social work training, they must incorporate, medical training in university. Of course, they won't cover all diseases diagnosis or illnesses, but they must give a general basic training about healthcare social work”- Participant 4.

Nonetheless Participant 8 asserts on engaging social workers with a dual position of being mental health experts and qualified lecturers:

“So, my recommendation would be to employ social workers who are working in the field of mental health. See what I love about the psychologists that we

have here, and they have a dual position they employed as a psychologist here, but they're also employed at the university as a lecture” – Participant 8.

The ecological systems theory on human development, and focused on the social worker in this study, applies to the research when looking at the attitudes and ideological culture at the highest decision-making levels where reviews at academic institutions on mental health service interventions must include mental health learning modules at undergraduate degree level and also with master’s degree programmes. This is mentioned and supported by Conway (2016) who asserts including mental health learning modules for a BSW is progressive to empower social workers with sufficient knowledge pertaining to mental health services.

Subtheme 7.2: Improvements on remuneration for social workers in mental health service interventions

Participants asserted that working in the institution without getting adequate remuneration is a cause of concern. Participant 3 further asserted the following arguments:

“Uhm we are also underpaid hey. As a profession, this profession you know there are some people who have studied the kind of professions for certain professions for certain periods like four years, but they're earning much higher than us. You know, it's like it's a profession, that seems like it was not well advocated for... it was not advocated enough for, by people up there who are leading this profession” – Participant 3.

Participant 3 further echoed her concerns regarding remuneration as follows:

“...because of if I'm, if as a social worker, I'm not happy about my profession; about my benefits, it is slightly ...I don't know how I can put it but it comes to a point whereby when you are doing your service deliver as well, there is nothing motivating you...”- Participant 3.

Participant 8 also supported this notion by asserting the following:

“...Money, money, money and it shows and I think it's true...”- Participant 8.

Research findings observed that the issue of remuneration or salaries of social workers are mentioned as areas of improvements from the research findings gathered. Bland et al. (2015:3) emphasises that social workers have been employed in mental health settings for many years and that mental health has been a traditional field of specialist social work practice.

The micro system is associated with interactions with patients and the rest of the MDT as neighbourhood elements. In interacting with the social welfare services, the issue of low salaries ought to be discussed and addressed. Failure to address salaries concerns and aspects of danger allowance as mentioned in the study, may lead to low staff morale and demotivation. The level of interactions and communication within the micro system is therefore also diminished in quality and coordination thus having a ripple effect on the entire mental health service provision system.

Subtheme 7.3: Eliminating roles outside the social worker's standard practice in mental health service provision

Participants reported on the existing roles that are outside those of the social worker to which they are involuntarily involved in. The participants asserted the following in this regard:

"...families can't come in, it's not our role to transport... now we go to the gate, take parcels and deliver.... we are playing Uber service..." – Participant 4.

"...Let's face it, we did not study full years to be running Home Affairs or picking up people's parcels and giving them to the patient...so I feel like our role all day we do everything and anything usually work that no one wants to do"- Participant 8.

The Participant further raised the notion of being asked to find work from a patient doctor's letter to which the task is beyond social work:

"...you get referrals like "This person doesn't have a job help them find employment" I mean what kind of a referral is that? Do we look like an employment agency? I told the doctor this is ridiculous "where must I get a list of jobs for this person..."- Participant 8.

Participant 10 further asserts the need for clear set scope of social work practice:

“You know, I think there must a clear demarcation, definition and terminology around what is the role of the social worker....and I then...you will then be able to... stamp your mark on what you do...But even here, we are not even sure, we don't agree with what is the role of the social worker, so I think we need to clarify that because we can't go and fight or not know what we are fighting or ammunition to use”- Participant 10.

In Olckers (2013)'s view, the above connotations can help explain the current existence of a not so clear agreement between the role players such as the South African Council for Social Service Professions (SACSSP) and South African Association of Social Workers in Private Practice (SAASWIPP) (Olckers, 2013). Meanwhile, the social worker continues to play multiple roles in the absence of a clearly defined scope. Engelbrecht and Ornellas (2014:22) assert that in South Africa, there are still ongoing debates on the scope of social work in mental health service interventions. While this is at play, the practice seems to impact on the social worker as role clarity and definition within the scope of mental health services is still arguably ambiguous (Olckers, 2013).

Subtheme 7.4: Improving on planning and designing of mental health service training material for social workers

Participants also reported on the need to improve on the training material design for social workers involved in mental health care. The participants asserted the following in this regard:

“...And also, I think, a lot more training for us as social workers, you know, not in this necessarily, specifically, mental health, per say, but other things that will equip us more on how to deal with it like more crisis intervention, more on a personal level, because I think if we are build up, we're able to provide the services...”- Participant 8.

“...I would definitely say that, you know, social workers need more education on Mental Health... I would also say more education, and kind of like, support

for social workers. Uhm, I think Mental Health is a big field and everyone at least works with some kind of disorder..."- Participant 5.

Improving on the design of mental health learning content and material can be associated with the findings by Eriksson et al. (2018:441) who assert that training on mental health service interventions for social workers must entail relevant literature that is applied in practice. Doing so requires the exo system to be conscious of policy deficiencies that exist at the tertiary level of knowledge and building on mental health services as put forward in Engelbrecht & Ornellas's (2014:23). This implies for this study that relevant training content for mental health interventions needs to be strategised and included as learning content for social workers during training.

Subtheme 7.5: Resource availability for social work in mental health service interventions

Participants reported on the need for improved resources in their field work to ensure they are able to efficiently and effectively execute their roles and tasks pertaining to mental health service interventions. The following assertions were made by participants in this regard:

"...the other thing, the resources outside this, this is a challenge for us. Okay. Yeah. They could be and, like halfway houses for our users, I think it will help be a much better resource, whether it be debt food..." – Participant 7.

"...when I started here the doctor also said to me, "we have limited resources" so in theory it is different than in practical. In theory you have all these wonderful solutions, in practical, you don't have the resources to do the solutions...I at times use my money to buy toiletries to assist this family....it is quite challenging"- Participant 6.

Participant 8 corroborated the above and adds the notion of using personal finances to fulfil some social work interventions on the individual or his/her family:

"...but you understand that I am saying salary, because half of the time end up using our own money and resources to give patients or family members things because we feel for them...and no one else is going to do that"- Participant 8.

Participant 3 supported the assertions from Participant 8 by stating the following:

“...at times the phones are not working, I use my cell phone, and at times when I don’t get information that I need...I have to use my personal resources”-
Participant 3.

These assertions corroborate Conway (2016:2) and Bland et al. (2014)’s assertion regarding social workers encountering significant challenges affecting their well-being on a daily basis despite the long and positive connection between social work and mental health. For the present study the lack of resources for effective social work service provision as raised by participants presents as a challenge of this nature.

Further literature corroborating the above assertions highlights in Gould’s (2016:56) findings confirming that the mental health environment brings about opportunities and challenges leaving social workers to cope with a range of tensions. The researcher is of the view that low salaries typically associated with social work, and the challenge of feeling compelled to financially intervene in a distressed patient family needs present as stress factors for social workers. This is also alluded to by Conway (2016:2) as having an influence on the social worker’s well-being, while also leaving them vulnerable as a profession to faulty mental health service intervention systems where the institution would be expected to fulfil its resource administration mandate. Moreover, Roestenburg et al. (2016:167) stressed that African governments funding interventions towards mental health service interventions is typically associated with lesser political and administrative will to ensure there is adequate funding. This may explain why research findings reveal social workers as extending personal financial assistance to distressed patient family neighbourhoods, yet against their otherwise free will.

3.14 Summary

The chapter has presented the research method and approach undertaken by the researcher to establish the sample, the sampling strategy, and the manner in which the research primary data was collected for subsequent analysis. In doing so, the sampling strategy, being purposive in nature has been explained. The rationale for the

thematic data analysis procedure has been explained. The research findings have been presented, together with interpretation from arguments in the literature, derived from the developed literature review for the research. The findings, presented in subthemes, have been illuminated, and the next chapter provides for the discussion of key research findings, the research conclusions in line with the research objectives established for the study.

CHAPTER FOUR

KEY FINDINGS CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

The previous chapter explained the manner in which the qualitative research approach gathered and interpreted the research findings. The current chapter focuses on the research's key findings, conclusions, identification of areas for further research, and the recommendations for the study. The key findings are discussed first in the next section.

4.2 Goal and objectives

The research goal for this study focused on exploring and describing the experiences of social workers in the provision of mental health services at Weskoppies mental health facility.

For the goal to be achieved, the following objectives were determined and achieved:

- **To contextualise the provision of mental health services by social workers internationally and locally**

This objective sought to determine the contextual nature of the facilitating environment and social work interventions in both local and international dynamics of their involvement in mental health services. This objective was attained in Sections 2.2, 2.3, 2.5, and 2.7 of literature review chapter. These sections focused on the history of social work in mental health service provision internationally and locally in literature reviewed, the services provided by social workers in mental health services, and the challenges of social workers in the provision of mental health services. This objective was also addressed in analysis of primary evidence in theme 1, that is, Section 3.13.2.1 of the study. As such this objective was reached.

- **To ascertain the perceptions of social workers regarding their role and task in the provision of mental health services**

The views of social workers regarding their roles and tasks in social work interventions on mental health services was sufficiently discussed in sections 2.7, and primarily in theme 2 of the thematic analysis section of the study. These included Section 3.13.2.2 of the empirical findings of the study. As such, this objective was objective was achieved.

- **To determine the capacity of social workers in rendering mental health services**

The capacity of the social worker in rendering mental health service interventions was addressed in reviewed literature and analysed findings. In literature, the capacity of then social worker was discussed in sections 2.9 where sub-sections 2.9.1 to 2.9.3 discussed aspects of capacity relative to trainings, knowledge of the social worker in mental health, and skills and values of social work in mental health. From analysed findings, thematic sections 3.13.2.5 (respondents' views on their training in mental health service provision), 3.13.2.4 (social worker capacity), and 3.13.2.7 (strategies that can be put forward to enhance the performance of the social worker) served to address and achieve the research objective. As such this objective was achieved.

- **To establish the needs of social workers in the provision of mental health services**

The needs of the social worker are addressed in literature reviewed in Sections 2.7 and 2.9 which reflect on studies on challenges for social work in mental health service provisioning, and also on the capacity of the social worker. Sections 2.9.1 discuss training needs and capacity, aspects to do with the DSM-5 in relation to social work education are discussed in section 2.9.3, and the knowledge of the social worker in mental health service provisions. Another critical area that addressed the objective on the scope of social work in mental health for effective interventions for the social worker. The needs of the social worker were also identified as a key research question that managed to gather participant views as discussed in Section 3.13.2.6 of the study; with subthemes 6.1 and 6.2. As such, research objective was reached.

- **To suggest strategies on improving the provision of mental health services by social workers**

Sections 2.9.1 to 2.9.3 identify with the last objective of the study that seeks to suggest strategies for enhancing the performance of social work in mental health service interventions. This relates to appropriate usage and understanding of the DSM-5 in relation to social work education and practice. The research objective was also met in analysis of findings with sections 3.13.2.7. Four sub-themes discussed the inclusion of mental health learning modules at undergraduate studies, improvement of remunerations, elimination of roles and tasks outside the scope of the social worker, and improvements on the design and preparation of content material for social work trainings focused on mental health service provisions, particularly, during in-house trainings. As such this objective was reached.

In summary, the main research question (suggesting strategies on improving the provision of mental health services by social workers), which was to determine the experiences of social workers in the provision of mental health services at the Weskoppies mental health facility was answered in this study.

4.3 Key findings, conclusions and recommendations

The key findings of the research are outlined and explained in the context of the key research questions from which the research objectives are derived. The study established seven themes in its key findings. These are reflected and explained as follows:

4.3.1 Theme 1: Mental health services provided by social workers

- **Key findings**

Four sub-themes emerged from analysed research findings concerning participant's understanding of mental health services at Weskoppies mental health facility. The first sub-theme highlighted that social workers are primarily responsible for conducting patient assessments, rehabilitation, and re-integration. Secondly, social workers

generate periodic reports to give a full picture of patient status and progress. Thirdly, it emerged in research findings that the social worker is an advocate in promoting and protecting the rights of the vulnerable due to mental disorder. Research findings further allude that social workers are at the centre of making family contact with patient family members and the mental health service system. Findings therefore attest to the social worker playing a leading role in the provision of mental health services at Weskoppies mental health facility as the main link between the patient and the mental health service provisioning system.

- **Conclusions**

The research concludes that the social work is at the centre of interactions in the micro system and meso system levels of patient services on mental health interventions. The same findings also remark on the role of the social worker as being undervalued while the work roles and tasks express high caseloads at any given time in general; further exacerbating their individual capacities to levels of fatigue and burnout.

The knowledge of mental health interventions by the social worker is observed to be fairly adequate among the professionals but largely owing to the training they are provided during practice, and not essentially from the academic studies per se. This is one critical part of development for the social worker considering that academic institutions have yet to include more mental health knowledge in their modules for the undergraduate degree in social work.

- **Recommendations**

Research findings expose significant and inconsistent variations in the structure of the undergraduate BSW degree programme. Findings reveal that some institutions do not offer any content in mental health in the same programme, while some are merely introductory. Inclusion of mental health modules for social worker undergraduate learning modules is the recommendation for the study. As reflected in the research findings, undergraduate studies for social work interventions have little or very limited focus on modules on mental health service interventions. Inclusion of the suggested mental health learning content is also recommended to be implemented in a uniform manner across universities to ensure social workers are armed with adequate

knowledge across their interventions in mental health services. This impacts on the ability and capacity of the social work practice in effectively delivering mental health service interventions adequately as they may as well lack adequate knowledge, for instance, DSM-5 and its importance in abnormal psychological disorders.

4.3.2 Theme 2: Perceptions of social workers regarding their role and task in the provision of mental health services.

- **Key findings**

Four main sub-themes emerged from research findings on perceptions of the social worker in mental health service provisioning. The research finds that social workers are the link between the patient and the mental health provision system. The research further finds that a lack of seriousness in recognition of social work in mental health service provision affects social worker perceptions towards their mental health service interventions. The research findings further revealed that the social worker coordination and role conflict with the mental health service provision system is a critical issue that must be addressed, particularly within the meso system and micro system where their personal expectations and their roles are intertwined. For instance, MDT roles require clarity on the part of the social worker as the research determines coordination and working within the scope of social work in mental health service interventions in enhancing the quality of social work in mental health service provisioning.

- **Conclusions**

A legacy challenge of deinstitutionalisation without provisioning adequate resource mobilisations for the decentralised centres for the mental health patients is still identified with a number of challenges that social workers experience. The adoption of the deinstitutionalisation policy has led to a fragmentation of specialised mental health services and additionally disputed the quality of care available to mental health care users. For the present study, this was revealed in the lack of adequate resources allocated for the social worker on mental health service interventions in this specific research where some critical services such as psychological evaluations are the role of the psychologist and not the social worker. The research further concludes that

there are gaps in policy for the social worker where their roles and interventions in mental health services are not clearly defined.

- **Recommendations**

Improving on defining the scope of social work pertaining to mental health service interventions is an important recommendation for this study. Role clarity expressed and reflected in social worker policy framework is a critical requirement on its focus and limitations of interventions pertaining to mental health interventions at Weskoppies mental health facility. This is reflected from the research findings' deinstitutionalisation and decentralised of mental health services, which requires the intervention of an enabling policy framework that serve to address the challenges experienced by the social workers.

4.3.3 Theme 3: Knowledge and understanding of mental health services

- **Key findings**

There were two sub-themes that emerged from findings concerning the knowledge and understanding of mental health services in the study. This arose from analysed findings as the knowledge pertaining to understanding the *Mental Health Care Act No. 17 of 2002* and also the understanding of the DSM-5. Research participants showed a high understanding of the DSM-5, its criteria, and the limitations of its use by the social worker as other components can only be affirmed by other members in the MDT Services.

- **Conclusions**

The research concludes that there is sufficient knowledge by social workers concerning their understanding and knowledge of *Mental Health Care Act Number 17 of 2002*. There is also exhibited knowledge of other supporting Acts such as the PIRE Act and the Children's Act among other legislative statutes. Social workers in this study managed to exhibit their knowledge of the necessary criteria used in the determination of symptoms and other behavioural signs that can be used to help other MDT members in diagnosing the condition of the patient admitted with perceived mental illness. The impact of such knowledge is that it is observed to enhance the mental

health service intervention such that the consequences of social worker involvements may result in improved outcomes on the health of the patient.

- **Recommendations**

The research finds that knowledge generation and sharing in mental health services requires that social work learners at undergraduate level must be taught less about mental illness diagnosis or conditions and focus more on the psychosocial implications brought about by the conditions or diagnostic outcomes. This is because knowledge of mental health services for the social worker associates with their role as focusing largely on behavioural symptoms and not diagnosis or defining a patient condition.

4.3.4 Theme 4: The capacity of social workers in rendering mental health services

- **Key findings**

Three sub-themes are identified as key findings of the study relative to the capacity of the social worker in mental health services at Weskoppies hospital. The research finds that the lack of adequate resources for mental health service interventions impedes their performance to provide quality mental health service interventions. The findings of the research further allude to challenges with the danger allowance recognition of the social worker. It can be observed that all social workers however have a very knowledgeable understanding of the scope and limitations associated with their roles and tasks and roles in mental health service interventions.

- **Conclusions**

The capacity of the social worker is observed to be enhanced by the provisioning of periodic training from the study. Periodic training is observed to be useful in imparting knowledge on mental health service interventions that is not provisioned at university in the field of academia for the social worker. However, the same research findings also argue that the capacity of the social worker is affected by the lack of focus on mental health interventions in some training material such that it is difficult to find mental health service training modules or materials for the social worker's enhanced capacity to handle mental health service interventions.

The capacity of social workers was reflected in the research findings largely in the form of knowledge and training available, as well as the aspects of acquired skills outside the normal university route for the profession in its interventions towards mental health service interventions. The research finds that despite the significant contribution they make towards the provision of mental health services, the generic nature of social work education has meant that many social work graduates are not well prepared for practice in mental health. This is in sync with the assertions from research participants in this study. For instance, it was observed from Participants 7, 8, and 10 that social workers did not get adequate mental health learning modules at university level, and only get to understand these knowledge materials during practice.

- **Recommendations**

The capacity of the social worker is found to be affected somewhat by the unavailability of a danger allowance that other MDT members are in receipt of in line with policies governing their health services professions. The exclusion of the social worker is seen in the research findings to be an antecedent to demoralisation and demotivation for the social worker. The latter argument is compounded where the key findings reveals that the scope of mental health services by the social worker requires additional personal effort to comprehend while there are no adequate salaries and benefits from risk exposure through danger allowance. It may seem that social workers are of the opinion that they are not taken seriously when they find themselves interacting in potentially dangerous patient involvement during practice.

4.3.5 Theme 5: Trainings in the provision of mental health services

- **Key findings**

Three main sub-themes emerged from research findings pertaining to training for the social worker in mental health service interventions. These included in-house training, training on mental health information and knowledge, and training that exposes undergraduate curriculum shortcomings on mental health service knowledge.

- **Conclusions**

Training have been identified in research findings as a critical part of social worker's development in the study. There are periodic training sessions which are in-house and also those that are outsourced to specialised experts as was found in the study. The research concludes that adequate training is provisioned for social workers focusing on mental health service interventions, although the quality of the mental health learning material must be continuously reviewed. There is also a convergence from the analysed findings that training is the best means by which social workers can attest to have adequate knowledge and understanding of mental health service interventions as the academic ecosystem for the social worker still has gaps in the learning material concerning mental health service knowledge and interventions that are necessary at a practical level.

- **Recommendations**

Social workers may need to have speciality modules as a major in their studies and final year BSW curriculum to facilitate focused training and knowledge development among those that choose mental health services as their specialisation path in social work. This is more beneficial when preparing and designing planned learning material for mental work as resources are more adequately channelled towards those social workers willingly involved in mental health service provisions.

Improving on the design and content of mental health training modules for social workers who are already in practice is another important part of the recommendations for this study. This is because empirical evidence has shown that most of the training modules for social workers in practice and placed in specialised hospitals for mental health services are more focused on health services and not necessarily mental health services.

4.3.5 Theme 6: The needs of social workers in the provision of mental health services

- **Key findings**

Research findings revealed three sub-themes emerging from enquiries concerning the needs of social workers in the provision of mental health services. These included the issue of lack of a danger allowance, low remuneration on income/wages, and social worker caseload and burnout. The needs of the social worker have also exposed challenges with caseloads, that the inadequacy of resources are observed to impede the quality of mental health service interventions at the same time. The resultant burnout, as depicted in the key findings of the study, can be deduced as an indicator of a failure to address personal and professional needs in the social worker's ecosystem.

- **Conclusions**

The research findings established that a number of social worker needs are not addressed in time. One example of such a scenario is the lack of danger allowance when other multidisciplinary teams in the mental health profession receive such allowances. The effect of this reality, as mentioned in the research findings, has been the development of low morale among the social workers. As found in the research study, these challenges do not only affect the social worker at an individual level but further affect the agency and client outcomes which in turn impacts the mental health system.

The research findings conclude that resources meant to enhance the quality of the social worker relative to mental health service interventions are scarce when compared to other health service professions. This is observed to impede their efficiency. An example established from the research findings advances the option of using personal finances to fulfil their role and task mandate during mental service interventions, something that concurrently challenges their low-income wages and salaries as put forward by the participants in the study.

- **Recommendation**

Auxiliaries are recommended in addressing the needs of the social worker. This is because the high caseloads that each social worker is typically saddled with is an antecedent to mental fatigue on the social worker. Improvements on availing resources for the social worker are recommended in this study. In particular, the need

for registered halfway houses for outpatients who get discharged but are not ready to be received by their former communities or where the patients are not ready for integration is one example why halfway houses are required. This, however, can be best achieved where the halfway houses are relevantly registered to ensure they are equipped with adequate support functions such as social worker staff and a psychologist.

4.3.7 Theme 7: Strategies on improving the provision of mental health services by social workers

Key research findings revealed four sub-themes that include mental health modules at undergraduate degree programmes in social work, improvements on remuneration for social workers in mental health service interventions, eliminating roles outside the social worker's standard practice in mental health service provision, and improving on the design of mental health service training material for social workers.

The research reveals that one of the critical challenges of improving the provision of adequate mental health services by the social worker require that undergraduate training programs must include modules on mental health in a sufficient manner that allows for knowledge creation and internalisation for them to be able to practice with efficacy on mental health service interventions.

- **Conclusions**

Strategies focused on improving the provision of mental health services by social workers require review of policy as well as clarity on the field and practice of social work focused on mental health service interventions has been concluded to be inadequately designed for social work practice. This is observed from the role conflicts that, at times, emanate when handling mental health caseloads where other professionals in the MDT may assume the role of the social worker such as psychological evaluations or aspects of individual therapy that may be assumed by other MDT members. The research revealed that some work for psychologists, such as patient psych-evaluations, are commonly mistaken to be the responsibility of the social worker when in actual fact it is a responsibility of the psychologist.

The research used the ecological systems theory that has shown that interactions must exist at different levels of the individual's ecosystem to enable the bigger picture of the social worker that is not undermined and underestimated in the context of mental health service interventions. It can be observed that the behaviour of the social worker is also influenced by the environmental psychology to which they are presented. It therefore follows that the social worker's behaviour can also be more accurately predicted from the situations she is in that tends to also influence the outcomes of their individual characters in mental health service interventions. In terms of the physical settings, of the social worker's intrapersonal factors, interpersonal factors, institutional factors, community factors and public policy are influenced by the *Mental Health Care Act Number 17 of 2002*. It can be further observed that the environment or ecosystem that the social worker is involved in revealed structural influences that can be deemed as structural ecological factors, such as in-house training and expert training that is planned for the social worker in mental health service interventions.

- **Recommendations**

Establishing halfway houses that are registered for mental disorders and empowering them in their deinstitutionalised framework with trained and knowledgeable social workers with sufficient training focused on mental health service interventions is recommended by this study. Ensuring that facilitating environments for halfway houses, unlike the previous attempts where this research cites the "Life Esidimeni tragedy", would ensure that aspects such as resources for food for the patients, their physical well-being, and emotional needs are addressed in a professional manner that also includes an audit trail is recommended by this study.

4.5 Area for further research

In addressing the needs of the social worker, the research finds a gap in the design and preparation of the undergraduate university curriculum and learning modules that address the mental health service interventions when they face social work practice.

The challenges with dual focus such as intellectual disability and behavioural problems in mental work has been that there is no place for patients affected and fitting the criteria. This implies that there is no facility for these affected patients. This research therefore proposes and suggests that further research be done on dual factors in mental health interventions that addresses the reality of mental disorders and their classifications to ensure that appropriate interventions that define such conditions are in place for effective social worker services.

4.6 Summary

The research has managed to achieve the goals and objectives of the study. The research identified mental health services provided by social workers and also explained the perceptions of the social worker towards the same. Knowledge and understanding of mental health services has been illuminated in the context of the Mental Healthcare Act No. 17 of 2002 as well as the DSM-5 criteria that is used in establishing abnormal behaviour symptoms. The capacity of the social worker in mental health services has been discussed in the research, with aspects of training also significantly correlating with their capacity as these are found to enhance the depth of knowledge of the practice targeting mental health service provisioning. The needs of social workers have been illuminated in the study, and their impact on the outcomes of mental health service interventions have been explained from analysed research findings. Strategies that need to be considered for the improvements of mental health service provisions by social workers within the framework of the multi-disciplinary teams have been discussed and explained from analysed findings.

The research exposed the shortcomings in similar research phenomenon where focus on mental health services by the social worker have had little research, thereby impacting on the quality of mental health services. Weskoppies can be observed to be effective at training and capacitating its social workers, although there are a few concerns such as roles outside the scope of the social worker and aspects of low remunerations as in other social worker settings. The research findings, therefore, served to highlight the challenges experienced by social workers in mental health service interventions and managed to bring about suggestions and a framework for the review training, capacity needs, mental health services knowledge and aspects of

social worker needs for improved mental health service interventions in a South African context.

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APPENDICES

Appendix A: letter of approval to conduct the study



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



21 August 2020

Dear Miss LK Poopedi

Project Title: The experiences of social workers in the provision of mental health services at Weskoppies mental health facility
Researcher: Miss LK Poopedi
Supervisor(s): Dr NJ Bila
Department: Social Work and Criminology
Reference number: 15145477 (HUM044/0620)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 21 August 2020. Data collection may therefore commence.

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,

A handwritten signature in blue ink, appearing to read 'Innocent'.

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govender; Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr C Puttengill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

Appendix B: Letter of approval to interview participants at Weskoppies Hospital



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries : MA Motaung
Tel : 012 319 9800/
Cell No : 082 324 9743
E-mail : Mokete.motaung@gauteng.gov.za

To : Mr L K Poopedi

From : Mr. MA Motaung
CEO: Weskoppies Hospital

Date : 19 August 2020

Subject : Request for permission to perform empirical research at Weskoppies Hospital


Dear Ms Masondo,

Your letter dated 05 August 2020 19, refers.

Permission is hereby granted for you to perform empirical research at Weskoppies Hospital subject to strict adherence to hospital precautionary measures to combat spread of COVID-19.

Wishing you all the best with your research project.

Yours sincerely,


.....
Mr MA Motaung
CEO: Weskoppies Hospital



Weskoppies Hospital
Private Bag X 113, Pretoria, 0001

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Appendix C: Request for permission to perform empirical research



Faculty of Humanities
Department of Social Work and Criminology

05 August 2020

Ref.: Lehlogonolo Kwena Poopedi

Tel.: 076 761 3876

E-mail: u15145477@tuks.co.za

The Chief Executive Officer

Weskoppies Mental Health Facility

ATT: Mr M.A. Motaung

Ketjen St, Pretoria Townlands 351-Jr,

Pretoria West,

0001ZF

Dear Sir

REQUEST FOR PERMISSION TO PERFORM EMPIRICAL RESEARCH: LEHLOGONOLO KWENA POOPEDI

The abovenamed student is registered for the Master in Social Work (Healthcare) programme at the Department of Social Work and Criminology, University of Pretoria. A requirement besides the coursework modules in the first year is to conduct research and write a mini-dissertation, resulting from a research project, under the supervision of an appointed supervisor, namely Dr N.J. BILA.

The departmental research panel as well as the faculty ethics committee have approved the proposal and the data collection instrument (s). However, further approval from you as the CEO of Weskoppies is required in order for me to commence with the research project. As a result, I am kindly requesting for permission to conduct my research project at your facility.

The following information from the research proposal is shared with you, although a copy of the research proposal is provided to you in the email.

The envisaged title of the study is: The experiences of social workers in the provision of mental health services at Weskoppies Mental Health Facility.

The **goal** of the study: to explore and describe the experiences of social workers in the provision of mental health services in Weskoppies mental health facility.

The objectives of the study are:

- To contextualise the provision of mental health services by social workers internationally and locally.
- To ascertain the views of social workers regarding their role and task in the provision of mental health services.
- To determine the capacity of social workers in rendering mental health services
- To establish the needs of social workers in the provision of mental health services.
- To suggest strategies on improving the provision of mental health services by social workers.

The envisaged target group of the study is: Social workers providing mental health services. The empirical part of the study initially entailed conducting personal interviews using an interview schedule with the participants. However, in light of the current experienced COVID19 pandemic the researcher will make a provision for non-contact data collection method in the form of virtual interviews with the participants. This will be done to observe the COVID19 conditions as well as to protect the health and safety of the researcher and the participants.

Social workers who are interested will partake voluntarily. They will be required to sign an informed consent form before an appointment for the interview is arranged with them.

A copy of the final report results will be made available to your organisation after completion. It would be appreciated if you will please consider the above request favourably and grant permission on a letter with a formal letterhead for the student to proceed with the project, at your earliest convenient date.

Yours sincerely,

Dr N.J. Bila

Senior lecturer and Supervisor



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Ms L.K. Poopedi

Researcher



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Appendix D: Data collection interview schedule

MSW (Health Care) 2019 Group Research

Interview schedule

1. Biographic information

Age	:
Gender	:
Marital status	:
Home language	:
Department/ NGO	:
Highest Qualification	:
University attended	:
Current position	:
How long in current position	:
Experience in the provision Of mental health services	:
Registration with SACSSP	:
Any postgraduate qualification	:

2. Knowledge and understanding of mental health services

- What is your understanding of mental health services in general?
- What is your understanding of mental health care as a field of social work practice?
- What are the services you provide as a social worker in the mental health department/unit?
- Of those services, which ones do you spend the most of your time doing?
- Which are the most common referrals you get?
- Which stipulations of the Mental Health Act No 17 of 2002 do you follow in terms of your provision of mental health services?
- What is your understanding of the DSM in terms of using this as a basis for your intervention?

3. Training in the provision of mental health services

- Do you think the training you received in your undergraduate degree adequately equipped you to undertake practice in this field? Substantiate
- Do you think that the undergraduate BSW degree alone is adequate to enable one to practice in mental health? Elaborate.
- Did you acquire majority of the knowledge and skills regarding mental health on the job or in your undergraduate BSW degree? Elaborate.
- Have you received any other training in mental health outside of the BSW undergraduate program? If yes, what kind of training was it and how did it specifically help?

4. Roles of social worker in the provision of mental health services

- What is your understanding of the role of a social worker in the provision of mental health services?
- Do you perform all the roles on a daily basis? If not, which ones do you perform on a daily basis?
- Which tasks do you perform most?

- Which skills do you need most?
- Which knowledge do you need?
- Do you think you are adequately capacitated to perform those roles?
- What form of support do you receive in the performance of those roles?
- What are your views regarding the supervision you receive with regards to rendering mental health services?
- Does supervision help you to provide better mental health services? Substantiate

5. Challenges experienced in the provision of the mental health services

- What are the challenges you encounter when providing mental health services?
- What have been the most positive experiences that you have had working with mental health issues?
- What have been the most negative experiences that you have had working with mental health issues?
- What mostly contributes to these challenges?
- How do these challenges affect your provision of mental health services? Elaborate.
- Do you receive adequate support and assistance in dealing with these challenges at your workplace? Elaborate.
- What other measures of support are there at your workplace to help you deal with encountered challenges?

6. Recommendations

- What suggestions and strategies do you have towards the provision of mental health services in future?
- What do you recommend should be included in the BSW degree to help prepare social workers for mental health services?

Appendix E: Informed consent form



Faculty of Humanities
Department of Social Work and Criminology

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

1. TITLE OF THE STUDY

The title of the study is: **"The experiences of social workers in providing mental health services at Weskoppies mental health facility"**.

2. RESEARCHER

The researcher is a qualified social worker who is currently working at University of Pretoria. She is a registered Master of Social Work in Health Care student with the Department of Social Work and Criminology at the University of Pretoria.

3. PURPOSE OF THE STUDY

The purpose of the study is to explore and describe the experiences of social workers in the provision on mental health services at Weskoppies mental health facility.

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University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 420 2093

Fakulteit Geesteswetenskappe
Departement Maatskaplike Werk en Kriminologie
Lefapha la Bomo
Kgoro ya Modiro wa Leago le Bosenyi

4. PROCEDURE

The researcher will arrange an interview with each of the voluntary participants to be included in the study, with a suitable date and time for each. In light of the current experienced COVID19 pandemic, the interviews will be conducted virtually. The interview will take an estimated maximum of at least **an hour to 2 hours** and it will be voice recorded with the participants' permission. The researcher will then transcribe the discussions from the tape recorder for analysis and pseudonyms or false names will be used to refer to the participants' responses. Thereafter the results will be published in a form of a mini-dissertation which will be made available to the organisations and the University of Pretoria library. The copies of the letter of informed consent, transcripts and recordings will be stored in a safe place at the University of Pretoria as required, for a period of 15 years and be destroyed thereafter.

5. POTENTIAL HARM

The researcher anticipates that there might be emotional harm as the topic under study might be a sensitive issue for some participants following the nature of their work. Therefore, debriefing sessions will be conducted by the researcher, if there is a need for further counselling the participants will be referred to a social worker from the South African Airways Technical Employee-Wellness Centre Ms Jacqueline Ramabulana (SACSSP practice no:10-33529).

6. CONFIDENTIALITY AND ANONIMITY

The issue of confidentiality will be adhered to by the researcher at all times and the participants' names will not be used, but a pseudonym or false name will be given to each member for the purpose of transcribing data from the voice recorder and to protect their identity. The researcher will only share any information with the supervisor. The participants also have an obligation to adhere to the issue of confidentiality with regards to the contents of the interview session, as the topic under study is a sensitive one.

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7. VOLUNTARY PARTICIPATION

Participation in the study is voluntary and participants have the right to withdraw from the study at any time. No participant will be obligated to participate in the study. In addition, if a participant decides to withdraw from the study, there will be no negative consequences imposed on them and all the information they provided will be destroyed.

8. DATA USAGE AND STORAGE

All the data collected will be stored at the university of Pretoria, in the Department of Social Work and Criminology for a period of 15 years. The stored data might be used in the future for further research purposes. Additionally, the data will be used for a mini dissertation, journal publication or conference paper.

9. REMUNERATION

The researcher will not remunerate the participant for participating in the study. Participation is voluntary and the interview will be conducted at a time which will be suitable for each participant.

10. BENEFITS

The researcher hopes that the study will help to contribute to policy and developments within the field of mental health. The participants will not necessarily benefit directly from the study.

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11. DETAILS OF THE RESEARCHER

If you have any questions or inquiries about the study, please do not hesitate to contact the researcher in the below details;

Name: Poopedi Lehlogonolo Kwena

Cell: 0767613876

E-mail: Poopedilk@gmail.com

If you agree to partake in study go to next page to sign please.

Sincerely yours,

Researcher

SECTION B: INFORMED CONSENT OF PARTICIPANT

I..... (*Name of participant*) declare that I have read and understood the above information. I was given adequate time to consider my participation in the study. I was also given the opportunity to ask questions and all of them were answered to my satisfaction. I hereby give consent to participate voluntarily in this study.

Signature:

Date:

Declaration by researcher

I..... hereby declare that I have explained the above information to the participant and he/she was satisfied with all the answers.

Signature:

Date:

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Appendix F: Proof reader certificate

