THE EXPERIENCES OF SOCIAL WORKERS IN THE PROVISION OF MENTAL HEALTH SERVICES IN SOUTH AFRICA

by

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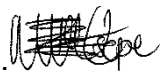
Signature…  Date: 24 April 2021

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ABSTRACT

THE EXPERIENCES OF SOCIAL WORKERS IN THE PROVISION OF MENTAL HEALTH SERVICES IN SOUTH AFRICA

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The inclusion of social workers in delivering and maintaining excellent mental health services is key. Good quality social work can transform the lives of people with mental health illnesses and is an essential part of a multidisciplinary and interrelated team (Lamb, 2014:2). Furthermore, social workers play a pivotal role in improving health services and mental health outcomes for all citizens (Allen, 2014:5). However, the state of mental health services in South African is declining. This is also observed in other African countries as well as globally (Allen, 2014:5; Lamb, 2014:2). Even though South Africa has progressive mental health legislation, there are a number of challenges to the financing and development of mental health services (Eaton, McCay, Semrau, Chatterjee, Baingana, Araya, Ntulo, Thornicroft & Saxena, 2011:1593). These challenges have resulted in psychiatric hospitals remaining outdated; a scarcity of mental health professionals; an inability to develop tertiary level psychiatric services; and an underdeveloped community for mental health and psychosocial rehabilitation services (Burns, 2011:100).

The goal of the study was to explore and describe the experiences of social workers in the provision of mental health services in South Africa specifically in Southern Free State Mental Health; Vaal mental health; Kungwini welfare organisation; and YANA. A qualitative research approach was used in the present study. Applied research was conducted and the study made use of both exploratory and descriptive research purposes. Both research purposes allowed the researcher to explore and develop a deeper understanding of a notion that had not been explored in South Africa before

(Babbie, 2017:97; Fouche & De Vos, 2011:95). The research design that was utilised in the present study was the case study research design, specifically instrumental case study (Nieuwenhuis, 2016:81). Semi-structured one-on-one and virtual interviews were used.

The findings relate to the following factors that contribute to the experiences of social workers rendering mental health services: knowledge and understanding of mental health services; roles and tasks of a social worker in mental health; skills required to provide mental health services; knowledge and understanding of mental of health policies; challenges experienced by social workers rendering mental health services; training in the provision of mental health services; social work supervision; and suggestions to better equip mental health social workers and improve mental health services. The findings further revealed that a lack of resources have a great influence on the provision of mental health services.

Following the analysis of the findings, recommendations were made for more resources for mental health services to be made available; adequate preparation of students in mental health services; further training specifically on mental health to be provided to social workers; and the inclusion of the DSM 5 in the training of social workers in mental health. Recommendations for future research and policy were also made.

Key words

Experience, Mental health, Mental health services, Social worker

List of Acronyms/ abbreviations

AASW:	Australian Association of Social Workers
APA:	American Psychiatric Association
BASW:	British Association of Social Workers
BSW:	Bachelor of Social Work
CEO:	Chief Executive Office
CHW:	Community Health Worker
CMD:	Common Mental Disorder
COO:	Chief Operating Officer

CPD:	Continuous Professional Development
DoH:	Department of Health
DSM-5:	Diagnostic and Statistical Manual for Mental Health
EAP:	Employee Assistance Programme
FMOH:	Federal Minister of Health
HOD:	Head of Department
HRSA:	Health Resource and Services Administration
LMIC:	Low and Middle Income Countries
MBA:	Master's in Business Administration
MCA:	Mental Capacity Act
MHAPP:	Mental Health and Poverty Project
MHCA:	Mental Health Care Act
MSW:	Master of Social Work
NASW:	National Association of Social Workers
NGO:	Non-Governmental Organization
NHS:	National Health Service
NMHS:	National Mental Health Survey
NWU:	North West University
RSA:	Republic of South Africa
SACSSP:	South African Council for Social Service Professionals
SW:	Social Worker
UFS:	University of the Free State
UNISA:	University of South Africa
UP:	University of Pretoria
WHO:	World Health Organization

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CHAPTER ONE: GENERAL INTRODUCTION

1.1 INTRODUCTION AND CONTEXTUALISATION

Lund, Kleintjes, Kakuma, Flisher and the MHAPP Research Programme Consortium (2010:394) outline that mental health is being recognised as an important public issue in South Africa, however, the mental health services are still under resourced. The authors further explain that mental ill-health in low- and middle-income countries is highly linked to poverty (Lund et al., 2010:394). Nonetheless, there were significant policy and legislative developments regarding mental health in South Africa in the past twelve years such as the adoption of the Mental Health Care Act 17 of 2002 (Burns, 2011:59; Lund et al., 2010:394). Despite the developments in policy and legislation, mental health remains a low priority in Ghana, South Africa, Uganda and Zambia and strategies need to be put in place in order to increase the priority of mental health in these countries (Bird, Omar, Doku, Lund, Nsereko, Mwanza and MHAPP Research Programme Consortium, 2011:357).

The provision of mental health services in South Africa is different compared to western countries but similar to other African countries in terms of limited resources and inadequate training to provide mental health services (Ting, Sanders, Jacobson & Power, 2006:330). Previous research conducted in other countries indicated that there are high levels of stress and burnout among social workers in the provision of mental health and that many social workers are leaving the field of mental health due to factors such as job dissatisfaction and lack of resources (Finklestein, Stein, Greene, Bronstein & Solomon, 2015:25; Lloyd, King & Chenoweth, 2002:255). Therefore, the aim of the study is to explore and describe the experiences of social workers in the provision of mental health services in South Africa specifically in Southern Free State Mental Health; Vaal mental health; Kungwini welfare organisation; and YANA.

Definition of key concepts

Experience is defined as the “knowledge or skill that you gain from doing a job or activity, or the process of doing this” (*Longman dictionary*, 2012:592). However, in the context of the present study, it refers to the social worker’s experience in providing mental health services; which can either be good or bad.

Mental health is defined as “a complete state of physical, mental and social wellbeing, not merely the absence of illness” (Pierson & Thomas, 2010:318). It is also defined as “the ability to adjust to new situations and to handle personal problems without marked distress and to still have enough energy to be a constructive member of society” (Barry, 2007:76). In the context of the present study, mental health refers to the psychological wellbeing of the mental health care service users.

Mental health services is defined as "a range of services that are provided to improve symptoms of distress or create mental health gain; temporarily resolve social crisis; contains those posing a risk to themselves or others; and maximise the potential of people disabled by mental health problems" (Pilgrim, 2017:65). In the context of the present study, mental health services refer to the services that social workers provide to people with mental health problems in settings such as psychiatric hospitals, clinics and treatment or rehabilitation centres.

Social worker is defined as “a social service professional who focuses on a person in relation to his or her environment. The social worker acknowledges that an individual exists within a particular environment, and that it is this environment that sometimes impacts negatively or positively on the development of the individual” (Schenck, Mbedzi, Qalinge, Sekudu & Sesoko, 2015:12). Furthermore, the South African Council for Social Service Professionals (SACSSP) (1996:66) elaborates that a social worker refers to “the duly registered person authorised in terms of the Social Service Professions Act, Act No 110 of 1978 to practice the profession of social work” (SACSSP, 1996:66). However, in the context of the present study, a social worker refers to a social service professional who provides mental health services in South Africa specifically in Southern Free State Mental Health; Vaal mental health; Kungwini welfare organisation; and YANA.

1.2 THEORETICAL FRAMEWORK

Ecological systems theory was used as the theoretical framework for the present study. Ecological systems theory was developed by Urie Bronfenbrenner in 1979 and it focuses not only on the individual but an individual in the environment with his/her interactions (Allen & Spitzer, 2016:76). The main assumption of the theory is that the human organism and the environment are interrelated, meaning there is a connection between people and environments (Ettekal & Mahoney, 2017:293). The theory further outlines that people are

dependent on the environment (Ettekal & Mahoney, 2017:293). It is further stated in Gray and Webber (2013:175) that individuals are dynamic members in their growth and the way in which they see their situations is regularly as critical as the way they really experience their natural settings (Gray & Webber, 2013:175).

Ecological systems theory is a form of general systems theory in which more emphasis is put on the relation among living entities (Friedman & Allen, 2014:7). In the present study, the theoretical framework was used to explore and describe the social workers as individuals and the interactions they have with various systems. Furthermore, the ecological systems theory holds that each person experiences distinctive situations all through their life that will impact their conduct in completely different ways (Friedman & Allen, 2014:7). An individual's development reflects the influence of several environmental systems that include micro systems, mesosystems, exosystems, macrosystems and chronosystems. The first system is the microsystem and is closest to the individual because it has direct contact with them. The following system is the mesosystem, which outlines the interconnected of systems and provides a connection between them (Zhang, 2018:1766). The exosystem is the third system, and it involves the social setting beyond the immediate environment of the individual which has an influence on the development of the individual. The fourth system is the macrosystem, which involves the values and customs of the individual. The last system is the chronosystem and it focuses on time and changes in the individual's life (Zhang, 2018:1766). The systems are discussed in detail below:

1.2.1 Microsystem

Microsystems refer to the setting in which an individual lives and most direct interactions with social agents take place in the microsystem (Allen & Spitzer, 2016:76). Germain, (2010:8) further outlines that individuals spend most of their time participating in activities in this level such as duties at work and at home. In the present study, the microsystem will involve the direct environment that the social workers have in their lives such as their families, friends, colleagues, patients and other people who have direct contact with the social workers (Duerden & Witt, 2010:116). Zhang, 2018:1766).

1.2.2 Mesosystem

Mesosystems refer to the relations between microsystems in one's life (Germain, 2010:8). Which in the present study refers to the experiences that the social workers have of their family members that may be related to their work experience as well as the organizations in

which they work (Allen & Spitzer, 2016:76). It is further confirmed by Lakhan and Ekúndayò (2013:104) that the mesosystem of ecological systems theory integrates distinctive microsystems and the different systems that serve these microsystems, both formal and informal, this includes families and groups (peers, associations, local facilities, and services) (Lakhan & Ekúndayò, 2013:104).

1.2.3 Exosystem

The exosystem involves the relations between a social setting in which the individual does not have a dynamic role and the direct setting of the individual (Friedman & Allen, 2014:7; Strayhorn, 2015:32). For example, the relationship between the social workers as well as the relationship between the social workers and their supervisors (Strayhorn, 2015:32). Furthermore, Neal and Neal (2013:723) posit that forces external to the person are categorized under the exosystem. This involves one or more settings that do not involve the individual as a direct member, but even so have an influence on the individual (Neal & Neal, 2013:723).

1.2.4 Macrosystem

The macrosystem involves the actual culture of an individual (Duerden & Witt, 2010:116). In the present study, it refers to the socio-economic status of the social workers and their families; their ethnicity or race (Jack, 2012:130; Strayhorn, 2015:33). Furthermore, the macrosystem is the outermost system which is defined as “the set of all embracing beliefs, values and norms, as reflected in the cultural, religious, and socio-economic organization of society”. The macrosystem impacts growth within and among all other systems and serves as a filter through which an individual understands future experiences. It also gives understanding into what foresees participation and why some individuals have different experiences while doing the same activity (Ettekal & Mahoney, 2017:5). Payne (2014:203) concurs with the above that the macrosystem refers to the wider social policy and sociocultural setting, and includes ideological, customary, and legal norms (Payne, 2014:203).

1.2.5 Chronosystem

The chronosystem involves the transitions and shifts in one’s lifespan (Allen & Spitzer, 2016:76; Jack, 2012:130). For example, the social workers may experience divorce or loss of a loved one which not only affects the social worker but also their performance at work. Furthermore, the chronosystem recognizes that individuals change with time and they

experience things differently depending on their developmental stage (Neal & Neal, 2013:724).

1.2.6 Principles of the ecological systems theory

The principles of the ecological systems theory have evolved over time based on the research of a number of authors. The principles of the ecological systems theory include: person environment fit; adaptations; life stressors; coping measures; relatedness; habitat and niche; competence; efficacy; and role. These will be discussed below.

1.2.6.1 Person: environment fit

Person: environment fit refers to the actual connection between the needs, the rights, the goals, the capacities, the qualities and the operations of the physical and social environments of an individual or a group, within a specific culture and historical context (Lakhan & Ekúndayò, 2013:108). The connection can either be favourable, minimally adequate or unfavourable. The author further elaborates that when the connection is favourable or minimally adequate, it represents a “state of relative adaptedness” (Lakhan & Ekúndayò, 2013:108), which encourages constant development, satisfying social functioning and further enriches the environment. More so, adaptedness signifies positive exchanges between the person and environment over time. On the other hand, when these exchanges are generally negative over time, development, health and social functioning might be compromised and the environment could be damaged (Allen & Spitzer, 2016:76).

1.2.6.2 Adaptations

Neal and Neal (2013:725) state that adaptations refers to “continuous, change-oriented, cognitive, sensory–perceptual, and behavioural processes people use to sustain or raise the level of fit between themselves and their environment” (Neal & Neal, 2013:725). Zhang (2018:1766) agrees with Neal and Neal (2013:725) that adaptations consist of activities to change the environment as well as moving to new environments, or people themselves, or both, and then adapting to those changes and changes made by the environment for example, natural disasters, in an endless process (Neal & Neal, 2013:725; Zhang, 2018:1766).

1.2.6.3 Life stressors

Life stressors are caused by critical life issues that individuals observe as beyond their control (Duerden & Witt, 2010:116), this comprises of difficult social or developmental changes, traumatic life events and any other life issues that disrupt the person and environment connection that is already in place (Duerden & Witt, 2010:116). In addition, Ettekal and Mahoney (2017:295) outline that life stressors and challenges differ in meaning and emotional tone. A stressor represents serious harm or loss and is associated with a sense of being in jeopardy, whereas a challenge is seen as an opportunity for growth and is linked with positive feelings of expected mastery and zestful struggle (Ettekal & Mahoney, 2017:295).

1.2.6.4 Coping measures

Allen (2014:13) posits that coping measures are special unique behaviours that are developed to handle the life stressors. They consist of efforts to control immobilizing, negative feelings and to engage in effective problem solving depending on the extent of the life stressor (Allen, 2014:13). Furthermore, successful coping depends on a number of environmental and personal resources. It often elevates the level of fit by means of improving the quality of person: environment exchanges and achieving higher levels of relatedness, competence, self-esteem and self-direction (Strayhorn, 2015:35).

1.2.6.5 Relatedness

Relatedness refers to attachments, friendships, positive kin relationships, and a sense of belonging to a supportive social network (Gray & Webber, 2013:176). Gray and Webber (2013:176) further outlined that the concept of relatedness is based in part on Bowlby's (1973) attachment theory, which states that attachment is an “innate capacity” of human beings. It was built into the genetic structure of humans because of its survival value in the evolutionary environment. Relatedness is also based on notions about emotional and social loneliness and isolation, social network theory, mutual aid groups and ideas about relatedness to the natural world (Payne, 2014:184).

1.2.6.6 Habitat and niche

Habitat and niche refers to the nature of physical and social environments and are particularly helpful ideas in community work (Neal & Neal, 2013:175). Furthermore, in

ecology, habitat refers to places where the life form can be found, such as settling places, domestic ranges and regions. Figuratively, people's environments include residences; physical outlines of urban and rural communities; physical settings of schools, workplaces, hospitals, social agencies, shopping areas, and religious structures; and parks and other amenities (Payne, 2014:205). Human environments bring out spatial and temporal behaviours (Germain, 1973) that assist in shaping social surroundings and are also characterised by personality, culture, age, gender, socio-economic status and experience (Strayhorn, 2015:35). Such behaviours serve to regulate social distance, intimacy, privacy, and other interpersonal processes in family, group, community, and organizational life (Strayhorn, 2015:35).

1.2.6.7 Competence

From the ecological perspective, Gray and Webber (2013:174) posit that one can achieve competence through a record of successful interactions with the environment. Continuous activity coupled with consistent mutual caretaking, results in a constant pattern of effective relationships, the ability to make confident decisions, to trust one's judgement to achieve self-confidence and to produce the desired effects on the environment (Gray & Webber, 2013:174). The authors place more emphasis on social support and the availability and purposive use of environmental resources (Gray & Webber, 2013:174). The researcher is of the opinion that when social workers receive more training in mental health, the quality of mental health services provided by social workers will improve.

1.2.6.8 Efficacy

Payne (2014:185) states that efficacy is the confidence in the ability to cope. Allen (2014:13) further elaborates that the ability to cope requires both problem solving and the ability to regulate negative feelings. The outcome of these factors leads to increased self-esteem, which helps to reduce the negative feelings caused by a particular stressor (Allen, 2014:13). Furthermore, each individual deals with life stress along a continuum in which adaptive coping and maladaptive defences constitute the extremes. The need to cope and to develop defences arises from the internal anxiety created by an external stressor. Each person depend on his or her own strengths to cope with stressful situations (Allen, 2014:14; Payne, 2014:185).

1.2.6.9 Role

Role performance comprises not only anticipations on how a person in a particular social position acts toward others, but also how others are supposed to act (Ettekal & Mahoney, 2017:294). It is asserted that role performance or social participation is strongly related to one's sense of self and self-esteem (Ettekal & Mahoney, 2017:294). Social work is crucial in delivering and maintaining excellent mental health services (Lamb, 2014:2). Furthermore, social work brings a distinctive social perspective to mental health by recognising the social experiences, the causes of mental illness throughout its life course, and enhances fundamental human potential and the opportunities they could access to bring about change (Allen, 2014:5; Lamb, 2014:3).

1.2.7 The significance of ecological systems theory to the study

Payne (2014:185) outlined five basic ecological ideas for social work, however, only three ideas are relevant to the study and are indicated below:

- Integration and connectedness
- Maintaining diversity
- Relationship in the community (Payne, 2014:185).

Payne (2014:185) further indicated that in relation to the ecological systems theory, social work practice should put more emphasis on the following:

- Developing caring communities
- Recognizing and developing activities that will be beneficial to community members
- Encouraging active partnerships
- Capacity building for individuals and communities
- Encouraging decentralised and local decision making and helping it to work
- Encouraging community health and social resilience
- Encouraging environmental and social justice
- Decreasing human ecological stress
- Focusing on natural methods of healing and spirituality (Payne, 2014:185).

Ecological systems theory is the appropriate framework for the present study as it provided the researcher with an opportunity to thoroughly explore the experiences of the social workers providing mental health services because it incorporated different aspects that

contribute to an individual's perceptions and experiences (Allen, 2014:7; Jack, 2012:130). In order for the researcher to understand the experiences of the social workers, the researcher has taken into consideration all the other aspects as well different systems that contribute to the experiences of the social workers. For example, the researcher considered the working environment, the relationship that the social workers have with their family members and clients, as well as the values, beliefs, behaviour and ideas of the social workers in the provision of mental health services. Furthermore, the researcher looked at how the different aspects (environmental systems) are affecting the social worker's experiences (Payne, 2014:203).

1.3 PROBLEM STATEMENT AND RATIONALE

Previous studies that were conducted on the topic were conducted in other countries such as Australia while little to none were conducted in South Africa. Hence, the motivation behind the present study that was conducted in South Africa. Furthermore, it is evident that there is insufficient research and information conducted on the experiences of social workers in the provision of mental health service in Africa and South Africa (Burns, 2011:100). The researcher has conducted a careful review of the literature and various international and national research databases. A comparison was made between developed countries, such as the United Kingdom and Australia, as well as developing countries, such as South Africa, and it was concluded that there is limited research conducted on the experiences of social workers in the provision of mental health services in South Africa.

The focus of a number of research projects that were previously conducted is mostly on mental health illness; mental health care users and caregivers. Only a few studies focused on the experiences of social workers in the provision of mental health services in the international context (Bland, Renouf & Tullgren, 2015:96; Downshen, 2014:2; Morris & Lezak, 2010:45; Moosa & Jeenah, 2008:36). Research within the South African context was conducted by Olckers (2013) on the development of a training programme in the DSM system for social workers. Therefore, the focus of the present study will attend to the experiences of social workers providing mental health services in South Africa specifically in Southern Free State Mental Health; Vaal mental health; Kungwini welfare organisation; and YANA. The research results of the present study might improve the quality of mental health services provided by social workers in different settings.

The **research question** the present study sought to answer is: “What are the experiences of social workers in the provision of mental health services in South Africa?”

1.4 GOAL AND OBJECTIVES

The goal of the present study was to explore and describe the experiences of social workers in the provision of mental health services in South Africa.

There were five objectives that needed to be reached in order to achieve the goal of the study:

- To contextualise the provision of mental health services by social workers internationally and locally.
- To ascertain the views of social workers on their roles and tasks in the provision of mental health services.
- To explore the utilisation of policies by social workers in the provision of mental health services.
- To establish the needs of social workers in the provision of mental health services.
- To suggest strategies on the provision of mental health services by social workers in South Africa.

1.5 OVERVIEW OF RESEARCH METHODS

A detailed account of the research methodology is provided in the third chapter under research methodology. In this section, the researcher will only provide a brief overview of the research methods used for the present study.

A qualitative research approach was used to undertake the present study. A qualitative research study was chosen because the researcher aims to explore and describe the experiences of social workers in the provision of mental health services in South Africa (Nieuwenhuis, 2016:53). The research paradigm most suited for the present study is interpretivism because the researcher aims to explore and understand the social workers experiences in the provision of mental health services from their point of view (De Vos, Strydom, Schulze & Patel, 2011:8). Applied research was used and the research purpose of the study was exploratory and descriptive research, as it aims to gain insight into the experiences of the social workers in the provision of mental health services and there is no

previous research on the experiences of social workers in the provision of mental health services in South Africa (Fouche & De Vos, 2011:95).

To conduct qualitative research there are specific research methods that need to be followed. The population that was focused on for the present study was social workers in the provision of mental health services. The sampling method for the present study is non-probability sampling, specifically purposive sampling, because access to the population is difficult and time is limited (Maree & Pietersen, 2016:197).

The data was collected through semi-structured interviews where the researcher made use of an interview schedule consisting of different types of questions such as open-ended and closed questions. When analysing the data, the researcher identified topics and themes through analysis of the interview transcriptions (Clarke, Braun & Hayfield, 2015:231). There were several criteria and techniques that were applied to the qualitative research to ensure that it was of an appropriate standard. Trustworthiness was ensured through credibility, transferability, dependability and confirmability.

A pilot study was conducted with one of the social workers from the identified organisations and the data collected was used in the actual study. The pilot study was conducted prior to conducting the actual study. The pilot study tested the instrument to be used for data collection which is the interview schedule. The researcher also considered several ethical aspects for the present study such as voluntary participation, informed consent, avoidance of harm, debriefing of participants, confidentiality and publication of findings (Babbie, 2017:67). Ethical clearance for the present study was received from the Research Ethics Committee of the Faculty of Humanities, University of Pretoria.

1.6 LIMITATIONS OF THE STUDY

The quality of the data collected may be limited by a number of factors. Due to the qualitative nature of the study, the following limitations need to be taken into consideration when interpreting the results:

- There were only eleven participants in the study, therefore the results cannot be generalised to all social workers rendering mental health services in South Africa.
- There is a scarcity of literature in the field of Social Work on this topic in South Africa.

- Due to the Covid-19 pandemic, the researcher experienced challenges with the recruitment and interviewing of the participants. The identified organizations took longer than expected to give permission to conduct the study.
- The ethical clearance from the university was also delayed due to the Covid-19 pandemic as the researcher had to make provision for virtual interviews to collect data.
- The participants were from four non-governmental organizations in South Africa and views do not include those of social workers in government and private hospitals as well as other non-governmental organizations in South Africa, and therefore cannot be applied across mental health services in general.
- Interviews conducted virtually had a few challenges due to the network signal.
- The selected NGOs do not cover all mental illnesses, most of them focus on people with intellectual disabilities, schizophrenia and bipolar disorder. Other mental illnesses were not covered, hence the findings cannot be generalised.
- The study was not funded, the researcher used their own money to buy airtime for virtual interviews and transport money for contact interviews.

1.7 CHAPTER OUTLINE

The research report will consist of the following chapters:

Chapter 2: Literature review on the experiences of social workers in the provision of mental health services

Chapter 2 will provide an overview of the previous research conducted on the topic both nationally and internationally. Chapter 2 will further discuss the theoretical framework guiding the study.

Chapter 3: Research methods, research findings and interpretations

Chapter 3 will provide a detailed overview of the research methods used in the study, provide an overview of the research findings and interpretations thereof from both the literature and theoretical framework.

Chapter 4: Key findings, conclusions, and recommendations

Chapter 4 will provide a summary of the key findings originating from the study. This will be followed by conclusions originating from the key findings and provide recommendations for practice, policy and future researchers.

The next chapter covers the literature review on the experiences of social workers rendering mental health services globally, in Africa and in South Africa in order to provide the context and a deeper understanding of the present study.

CHAPTER 2: LITERATURE REVIEW ON THE EXPERIENCES OF SOCIAL WORKERS PROVIDING MENTAL HEALTH SERVICES

2.1 INTRODUCTION

A thorough literature review has been conducted by the researcher with the aim of exploring mental health services in South Africa as well as in Africa and other countries, not forgetting the experiences of social workers in the provision of mental health service locally and internationally. Moreover, the researcher also looked at the qualifications, knowledge, and skills that social workers need to have in order to provide effective and efficient services to mental health care users. When providing mental health services, social workers work within a multi-disciplinary team, which means that social workers have specific roles that they need to play in the team together with other professionals. Hence, the researcher also discussed the significant roles that social workers in the provision of mental health need to play. Furthermore, the researcher explored the values and principles that govern social workers in the provision of mental health services as well as the scope of social workers in mental health services. The researcher also explored the possible challenges that social workers encounter in the provision of mental health services. There are a number of policies and legislation that govern the provision of mental health services that are different with each country, the researcher will discuss the mandate for mental health services in South Africa.

2.2 MENTAL HEALTH SERVICES

Mental health services are organised and delivered at various levels of care, either for promotion, prevention or treatment of mental disorders or illnesses, as well as for the rehabilitation of persons with mental illnesses (Burns, 2011:110). Mental health services will be discussed in terms of the different services that are provided to the mental health users as well as the challenges faced by the Department of Health globally, in Africa as well as in South Africa.

2.2.1 Mental health services globally

In this section mental health services globally will be discussed in terms of the state of the services, the statistics and the experiences of social workers in mental health globally.

2.2.1.1 The state of mental health services globally

Mental disorders are one of the most significant public health challenges in the WHO European Region, being the leading cause of disability and the third leading cause of overall disease burden (as measured by disability-adjusted life-years) (Global health estimates, 2016). The prevalence of mental health disorders between 2005 and 2015 has increased by approximately 16%, and it can be expected to escalate further when taking into account the increased exposure to adverse risks (such as conflict and migration), as well as the ageing of populations in many countries (Global Burden of Disease Study, 2016:1546). Additionally, Betancourt and Chambers (2016:1) state that access to mental health services is exceptionally scarce in various low- and middle-income countries (LMICs). Currently, it is estimated that 97% of individuals with severe mental disorders remain untreated in some countries and there are still vulnerable individuals with similar challenges even in high-income countries (Betancourt & Chambers, 2016:1).

The prevalence of mental disorders in the WHO European Region was 110 million in 2015, which is equivalent to 12% of the total population (Global Burden of Disease Study, 2016:1548). When including the substance use disorders the number increases by 27 million (which equals 15%), while inclusion of neurological disorders such as dementia, epilepsy and headache disorders increases the total by more than 300 million (to 50%) (Global Burden of Disease Study, 2016:1548). Furthermore, in 2015, the most common mental disorders in the Region were depression and anxiety, with prevalence of 5.1% (44.3 million) and 4.3% (37.3 million) respectively (WHO, 2017). It was further outlined that rates of depression and anxiety disorders are 50% higher in women than in men (WHO, 2017).

A study was conducted by Barker (2020:4) in England on the prevalence, services and funding of mental health and it was discovered that ‘common mental disorders’ (CMD) comprise of different types of depression and anxiety, namely, panic disorder, phobias, and obsessive-compulsive disorder and that, when the study was conducted, one in six people aged 16 and above reported having symptoms of a common mental disorder (Barker, 2020:4). It was further discovered that black people were more likely than average to have experienced a CMD as compared to the white people and that the prevalence has increased by around one-fifth in both men and women (Barker, 2020:5). Additionally, it is estimated that 2.73 million people were receiving the NHS-funded secondary mental health, learning disability and autism services at some point during the year of 2018 and 2019. This consists

of 2.09 million adults and 632,000 children, which means that around 1 in 21 people in England were receiving these services at some point during the year (Barker, 2020:12).

In addition, Sinha, Thavody, Chatterji, Akoijam, Das, Kashyap, Ragavan, Singh, Misra and the NMHS collaborators group (2016) discovered that almost 1.9% of the populace were affected with extreme mental disorders in their lifespan and 0.8% were distinguished to be affected with an extreme mental disorder at present. Serious mental disorders like schizophrenia, other non-affective psychoses and bipolar affective disorder were detected more commonly among males and in those living in urban metro areas (Sinha et al., 2016:19). Furthermore, there is stigma related to these disorders as they affect all areas of life and require long term rehabilitation services. The predominance of mental disorders in the age group 13-17 years was 7.3% and was almost equivalent in both sexes. Approximately 9.8 million of young Indians aged between 13-17 years are in need of active interventions (Sinha et al., 2016:20).

Mental health programmes and activities were fragmented, disorganised and were not prioritized. Excluding the lack of a public health approach, the programme suffered from administrative, technical and resource limitations (Sinha et al., 2016:29). Mental health programmes at the public level are still singular programmes, however, an assessment of the facilities available, indicates the presence of a wide variety of institutions ranging from specialty hospitals to primary health centres that can be involved in the delivery of mental health care, both in the public and private sectors (Sinha et al, 2016:32).

Numerous private health care organisations and professionals were available in general and specialised care; however, their numbers, quality and activities are unclear and the role they could play is yet to be outlined (Sinha et al., 2016:32). It was further discovered that the availability of psychiatric social workers was relatively low across all the NMHS states. The limited availability of specialist mental health professionals (psychiatrists, clinical psychologists and psychiatric social workers) has been one of the difficulties in providing necessary mental health care to all. Information on essential mental health professionals and supportive service providers from the private sector was not easily accessible and current mental health education activities are isolated, occasional and undetectable in nature and lack focus and direction (Sinha et al., 2016:32).

Meadows and Burgess (2009:628) outline that the focus of mental health care services in Australia has changed progressively and now recognises that the service users have the right to be heard in the assessment and design of those services (Meadows & Burgess, 2009:628). Moreover, the interventions are now targeted towards meeting unmet needs of the service users. Harris, Diminic, Reavley, Baxter, Pirkis and Whiteford (2015:822) further explain that there were concerns about low levels of service utilisation for mental and substance use disorders in Australia, especially among males. Men with a mental or substance use disorders are less likely than females to seek professional help (Harris et al., 2015:822). The National Male Health Policy in Australia identified men as a hard to reach and underserviced group in primary mental health care and are also identified as a priority population in most of the suicide prevention policies in Australia (Khoury & Rodriguez del Barrio, 2015:28).

Previously, forensic psychology and psychiatry in Australia had a few clinicians who worked mainly in private practice and they only focussed on assessing, reporting and providing expert evidence (Sickel, Seacat & Nabors, 2014:203). The institutions, hospitals and prisons were situated outside urban centres and consisted of general psychiatrists and nurses (Sickel et al., 2014:203). However, there were several changes that took place in Australia over the years, for example, forensic mental health professionals now include nurses and social workers in addition to psychologists and psychiatrists (Dow, 2011:176; Sickel et al., 2014:203). Previously forensic mental health services were isolated in terms of location; professionally; academically; and functionally; and has currently changed into treatment services that have also incorporated community-based services (Dow, 2011:176; Sickel et al., 2014:203). The researcher is of the opinion that there have been numerous changes to mental health globally as seen in the above discussion that forensic mental health now includes social workers in the team and this could also benefit the patients greatly as it allows for a holistic assessment of the patients.

In addition, Dow (2011:178) further explains that in a study that was conducted in the North of England, community mental health teams are responsible for providing specialised mental health services in the communities. The teams consist of nurses, psychologists, occupational therapists and psychiatrists who are employed by health trusts and social workers seconded by a local authority social services department (Bruckner, Scheffler, Shen, Yoon, Chisholm, Morris, Fulton, Dal & Saxena, 2011:91; Dow, 2011:178). Moreover,

the aim of involving social workers in community mental health teams is to promote integrated mental health care. Community mental health teams were then found to be more effective as compared to primary care Teams (Dow, 2011:179; Bruckner et al., 2011:91).

Thornicroft, Deb and Henderson (2016:276) point out that community mental health care includes a population approach; viewing patients in a socio-economic context; individual as well as population-based prevention; a systemic view of service provision; open access to services; team-based services; a long-term longitudinal, life-course perspective; and a commitment to social justice by addressing the needs of traditionally underserved populations, such as ethnic minorities, homeless persons, children and adolescents (Anakwenze & Zuberi, 2013:149; Thornicroft et al., 2016:277).

Furthermore, community mental health care focuses not only on people's illnesses and disabilities, but also on their strengths, capacities and aspirations. Services and support thus aim to enhance a person's ability to develop a positive identity, to frame the illness experience, to manage the illness, and to pursue personally valued social roles (Thornicroft et al., 2016:277). Moreover, the authors' perspective of community mental health care comprises of the principles and practices needed to promote mental health for a local population by addressing population needs in ways that are accessible and acceptable; building on the goals and strengths of people who experience mental illnesses; promoting a wide network of supports; services and resources of adequate capacity; and emphasising services that are both evidence-based and recovery-oriented (Anakwenze & Zuberi, 2013:149; Thornicroft et al., 2016:277).

In addition, Anakwenze and Zuberi (2013:149) further explain that community mental health teams are responsible for providing specialised mental health services in the communities. The teams consist of nurses, psychologists, occupational therapists and psychiatrists who are employed by health trusts and social workers seconded by a local authority social services department (Anakwenze & Zuberi, 2013:149). Furthermore, the aim of involving social workers in community mental health teams is to promote integrated mental health care (Khoury & Rodriguez del Barrio, 2015:28). Community mental health teams were then found to be more effective as compared to primary care teams (Khoury & Rodriguez del Barrio, 2015:28).

Moreover, Rathod, Pinninti, Irfan, Gorczynski, Rathod, Gega and Naeem (2017:63) are of the opinion that meeting the mental health care needs of the population at large is a daunting challenge in certain communities, including rural, underserved areas: persistent health care professional shortages, logistical barriers, complex health needs, and intensive social demands significantly obstruct the receipt of mental health care (Rathod et al, 2017:63). Therefore, community health workers (CHWs) offer the opportunity to diversify the mental health workforce, build bridges to vulnerable populations who may not identify as mental health consumers, and sustainably strengthen vulnerable mental health systems (Rathod et al., 2017:63).

The United Nations Policy Brief (2019:8) outlined that, before the pandemic, in most communities of the world, there was already limited access to quality, affordable mental health care. This access has now been further reduced due to COVID-19 as the pandemic has disrupted services around the world (United Nations Policy Brief, 2019:8). Key factors affecting services are: infection and risk of infection in long-stay facilities, including care homes and psychiatric institutions; barriers to meeting people face-to-face; mental health staff being infected with the virus; and the closing of mental health facilities to convert them into care facilities for people with COVID-19 (United Nation Policy Brief, 2019:8). The policy further indicated that outpatient mental health services around the world have also been severely affected. Demand for face-to-face mental health services has significantly decreased due to fear of infection, particularly among older people. Many services have had to switch to remote mental health care (United Nation Policy Brief, 2019:8).

2.2.2 Mental health services in Africa

Mental health services in this section will be explored in terms of the state of the mental health services in Africa, the statistics as well as the experiences that mental health social workers in Africa encounter.

2.2.2.1 The state of mental health services in Africa

There is a great challenge in Africa regarding mental health services due to the health inequalities between rural and urban communities (Jack-Ide, Uys & Middleton, 2012:50; Sossou & Modie-Moroka, 2016:8). The inequality was further seen in the allocation of resources for the provision of mental health services, which is concerning as the number of

people in Africa who are affected by psychological and mental health illnesses that may go over a year without treatment keeps on increasing (Sassou & Modie-Moroka, 2016:8). Furthermore, most low-income countries do not have mental health legislation or policies to direct relevant programs; there is a lack of qualified and well-trained mental health professionals; and are constrained by the prevailing public health priority agenda and its effect on funding (Jack-Ide et al., 2012:51). These authors further indicate that other challenges that are faced by most low- and middle-income sub-Saharan African countries include the complexity of and resistance to decentralization of mental health services, scarce mental health resources and budget, stigma and discrimination (Jack-Ide et al., 2012:51; WHO, 2008)

Magamela, Dzinamarira and Hlongwa (2021:1) concur with the above and further state that the African region has a shortage of mental health resources, medical professionals and infrastructure, which puts more pressure on the already insufficient mental health resources in Africa. The authors further emphasise that health care professionals are experiencing mental health difficulties due to the increased work demands, fatigue and an unconducive working environment (Magamela et al., 2021:1). Challenges associated with mental health resources are likely to continue for longer periods and a range of mental disorders will continue to go undiagnosed, leading to further psychological harm (Magamela et al., 2021:1).

Okasha (2002:32) alludes that mental health problems in Africa are often viewed as less important by policy makers. Okasha (2002:32) further explains that health in general remains a poorly funded area of social services in most of the countries in Africa (Jack-Ide et al., 2012:52). When comparing mental health to other areas of health, mental health services are poorly developed. Furthermore, lack of awareness of the problem and lack of a reliable information system were identified as constraints for the development of mental health programmes in Africa (Jack-Ide et al., 2012:52; Okasha, 2002:33).

A comparative analysis was done of the reports of the World Health Organisation Assessment Instrument for mental health systems conducted in South Africa and Nigeria (Jack-Ide et al., 2012:52). In this section, the researcher will focus on Nigeria as an example of one of the African countries that experiences challenges in mental health services. In terms of the policy and legislative framework, it was found that Nigeria has a draft Mental

Health Bill at the National Assembly that is still in progress to be finalised into law. Mental health was adopted into the nation's Primary Health Care (PHC) in 1991, which then became its mental health policy (Jack-Ide et al., 2012:52).

The policy has not been fully implemented and unrevised since its adoption (Jack-Ide et al., 2012:52). The aim of the draft Mental Health Legislation Bill, is to protect the rights of persons with mental disorders; ensure access to treatment and care; discourage stigma and discrimination; and set standards for psychiatric practice in Nigeria (Jack-Ide at al., 2012:52). These authors further discovered that certification of the mentally ill is done by psychiatrists only, which in their opinion is limiting the possibility of those needing care receiving it due to the shortage of people in this profession. In addition, there are no monitoring activities for mental health services. These facilities do not have reviews or inspection of human rights protection of patients (WHO-AIMS, 2006). Because most admissions are involuntary, human rights violations may be present as legal provisions for patients' protection from unjust discrimination are not explicit (Jack-Ide et al., 2012:53).

In Nigeria, no positions have been created in the Ministries of Health at state or National levels for mental health, and these services are often supervised by officials with other primary duties (WHO-AIMS, 2006). Nigeria's mental health facilities consist of eight federally funded psychiatric hospitals and six state-owned mental hospitals financed and managed by various state governments – for a population of over 150 million. None of the facilities have beds for children or adolescents. There is only one private community residential facility available with ten beds in Lagos State and it is administered by a religious organisation for the rehabilitation of persons with drug problems (Jack-Ide et al., 2012:53). These authors further points out that the lack of appropriate legislation in Nigeria has resulted in their mental health services remaining inequitable, which violates the principles of the primary health care system and essentially provides a vertical rather than an integrated service. In addition, information about the level of mental health services in Nigeria is limited which then makes it difficult to identify areas of need, to make informed decisions about policy direction, and to monitor progress (Jack-Ide et al., 2012:53).

The development of community-based mental health services worldwide was proposed by the World Health Organization (WHO) in 2008, however, in most African countries, the progress on the development of community mental health care is low because of a lack of

resources and specialised professionals in hospitals that are easily accessible (Alem, Jacobson & Hanlon, 2008:54; Hanlon, Wondimagegn & Alem, 2010:185). Community-based mental health services are currently becoming the preferred method for delivery of psychiatric care in African countries as compared to the more traditional mental hospital-based services (Jack-Ide et al., 2012:53).

The community-based mental health teams consist of psychiatrists, nurses, social workers, psychologists, occupational therapists and other mental health professionals (Alem et al., 2008:54). The teams aim to provide outpatient and outreach services in order to support the patients in their homes and wherever possible (Hanlon et al., 2010:185). Furthermore, many other countries, such as Ethiopia, have a limited number of mental health professionals. For example, in Ethiopia, there are only 18 psychiatrists for 77 million people and there are no clinical psychologists or trained social workers, and mental health hospitals only have 360 beds reserved for mental health patients. The situation is similar to other African countries in that the majority of mental health professionals are working in the capital cities and not in rural areas (Alem et al., 2008:54; Hanlon et al., 2010:187).

2.2.3 Mental health services in South Africa

Mental health services in South Africa will be discussed in detail with reference to the state of the services in the country, statistics of the services and social workers experiences in mental health services.

2.2.3.1 The state of mental health services in South Africa

South Africa is a middle-income country with a population of over 46 million that is characterised by multiple societal-level socio-economic risk factors for mental illness and disability (Burns, 2011:101). The author further alludes that there is substantial evidence in South Africa that poverty, inequality, urbanisation, unemployment, trauma and violence, and substance abuse are major environmental risk factors for mental illness which then increases the burden of mental illness and disability within the society (Burns, 2011:102). In addition, the implementation of mental health services in South Africa is carried out on national, provincial and district levels (WHO-AIMS, 2007). There are 3 460 outpatient mental health facilities in the whole of South Africa and only 1.4% is reserved for children and

adolescents. Moreover, in a year, these facilities render services to 1 660 per 100 000 users of the general population (Jack-Ide et al., 2012:52; WHO-AIMS, 2007).

Pillay (2019:463) stated that in 2018 one in six South Africans suffered from anxiety, depression or substance-use disorders; 40% of South Africans with HIV suffered from a mental disorder; 41% of pregnant women were depressed; and only 27% of South Africans with severe mental disorders received treatment (Pillay, 2019:463).

Mental health services are delivered at three different levels of intervention namely, primary, secondary, and tertiary levels in South Africa (Lund, Petersen, Kleintjes & Bhana, 2012:403). The primary care involves the management of people with severe mental disorders such as schizophrenia; the secondary care involves mental health practitioners providing psychotropic medication in general hospital inpatient psychiatric units and outpatient facilities (Sorsdahl, Stein & Lund, 2012:169). Moreover, there is a challenge of infrastructure and the scarcity of specialised professionals to provide 72-hour emergency management and observation in general hospitals (Lund et al., 2012:404). Tertiary care involves services that are provided to mental health care users who are readmitted due to inadequate care in the community and this is usually linked to not adhering to treatment after being discharged (Lund et al., 2012:404; Sorsdahl et al., 2012:169).

The mental health status in South Africa is more or less the same as in other African countries as well as globally (Burns, 2011:100). Although South Africa has progressive mental health legislation, there are several impediments to the financing and development of mental health services (Eaton et al., 2011:1593). The impediments result in psychiatric hospitals remaining outdated; a scarcity of mental health professionals; an inability to develop tertiary level psychiatric services; as well as underdeveloped community mental health and psychosocial rehabilitation services (Burns, 2011:100).

South Africa does not have a national mental health plan and, in terms of the provincial level, only one province, Kwa-Zulu Natal, has a specific mental health plan (Burns, 2011:104). On the contrary, Gray and Vawda (2017:18) outline that there is a Mental Health Care Amendment Act (12 of 2014) came into effect by decree on the 4th of June 2016. The aim of the amendment Act is to enable the Director-General of Health to assign some of the powers discussed by the principal Act (Gray & Vawda, 2017:18).

In addition, Burns (2011:104) state that there is no specific budget for mental health either at a national or provincial level which results in mental health services being funded out of general health budgets and they end up at the bottom of a pile of pressing needs when money is allocated (Burns, 2011:104; Eaton et al., 2011:1593). South Africa ranks 13th highest in the world in terms of the number of people within general population living under the poverty line (50%). For example, 56% of rural South Africans live five kilometres or more from a health facility and 75% of South Africa's poor people live in rural areas (Gaede & Versteeg, 2011:100). South Africa has a population of 55.9 million people (Statistics South Africa, 2016), 35.20% of whom live in rural areas. There is a heavy burden of mental health disorders in all provinces, yet mental health services continue to be in a state of neglect and deterioration from a lack of resources (Burns, 2011:99; Jack-Ide et al., 2012:53).

Campbell-hall, Petersen, Bhana, Mjadu, Hosegood, Flisher and MHAPP Research Programme Consortium (2010:611) state that there is a need to develop models of collaboration that promote a workable relationship between the two healing systems as most of the black African population in South Africa make use of both traditional and Western systems of healing for mental health care (Campbell-hall et al., 2010:611; Van Rensburg, 2004:539). The majority of older persons from the black African population have strong beliefs in culture and tradition hence the preference for indigenous medicine and traditional healing systems (Van Rensburg, 2004:539).

Furthermore, traditional healers were willing and ready to establish a relationship with the Western mental health practitioners as well as to learn more about the Western approaches to mental health care services (Campbell-hall et al., 2010:612; Van Wyk, 2009:18). Burns (2011:106) concurs with these authors and is further demonstrated by the findings obtained from a study that was conducted in Kwa-Zulu Natal. It was found that a large proportion of the population relies on informal services in the community for mental health treatment (Burns, 2011:106). Moreover, traditional healers are more geographically accessible and more culturally accessible to many citizens, as seen from the study in Kwa-Zulu Natal. This author is of the opinion that another major factor leading individuals to traditional healers is societal stigma associated with the use of formal mental health services (Burns, 2011:106).

On the other hand, the Western mental health practitioners were reluctant to form a workable relationship with traditional healers and they mentioned that the traditional healers are not

qualified to provide mental health care services (Campbell-hall et al., 2010:612; Van Wyk, 2009:18). These authors are of the opinion that traditional practitioners providing mental health care could be beneficial to the mental health of an individual as well as the community as a whole, particularly for common mental health problems (Campbell-hall et al., 2010:615). It was discovered that there are more traditional practitioners than Western-trained mental health practitioners in South Africa (Campbell-hall et al., 2010:615; South African Society of Integrative Medicine, 2019).

In addition, Lund and Fisher (2009:1040) outline that, previously, people with mental illnesses were moved from the communities to mental health institutions which could lead to stigmatisation, human rights abuses and further damage to their mental health (Lund & Fisher, 2009:1040; Eaton et al., 2011:1593). In South Africa, the National Department of Health committed itself to a comprehensive, community-based mental health services that is integrated into general health care in response to the community-based mental health services that were proposed by the WHO (Eaton et al., 2011:1593; Lund & Fisher, 2009:1041). However, in terms of service delivery, there have been limited policy implementation and community-based mental health services remain under-resourced and not equally distributed. Moreover, mental health professionals and service utilisation tends to be more focused on institutional urban settings (Eaton et al., 2011:1593; Lund & Fisher, 2009:1041). However, the deinstitutionalisation of mental health care resulted in challenges such as insufficient and inadequate provision of community-based residential and occupational facilities (Petersen & Lund, 2011:752; Shen & Snowden, 2014:5).

Informal community mental health services may be provided by local community members instead of general health professionals or dedicated mental health professionals and paraprofessionals (Petersen & Lund, 2011:755). In South Africa, traditional healers are consulted for mental health problems. Several studies have shown that alternative practitioners may play an important role in addressing the mental health care needs in South Africa by offering culturally appropriate treatment (Campbell-hall et al., 2010:613; Sorsdahl et al., 2012:169). In many traditional African belief systems, mental health problems are perceived as being caused by ancestors or witchcraft, and traditional healers and religious advisors are viewed as having expertise in these areas (Campbell-hall et al., 2010:614; Sorsdahl et al., 2012:169).

Sorsdahl et al. (2012:169) further allude that up-scaling services in South Africa involves acknowledging that traditional healers may play an important role in addressing the mental health care needs in South Africa by offering culturally appropriate treatment. Equipping traditional healers to understand and effectively manage mental disorders in their communities may contribute towards scaling up services (Sorsdahl et al., 2012:169). In addition, a healthy literacy component may be integral to developing local interventions as well as the implementation of effective and efficient strategies to reduce stigma (Sorsdahl et al., 2012:169).

2.3 SOCIAL WORK IN MENTAL HEALTH

Social work is fundamental in delivering and maintaining excellent mental health services. Good quality social work can transform the lives of people with mental health conditions and is an essential part of a multidisciplinary and multiagency team (Lamb, 2014:2). Furthermore, the author states that alongside professionals in health, social care, housing, employment and other disciplines, social workers play a key role in identifying and accessing local services which meet people's needs at an early stage, helping to improve the overall mental health outcomes, and reducing the risk of crisis and more costly demands on acute health services (Lamb, 2014:3).

Social work brings a unique social perspective to mental health, recognising the social experiences, causes of mental illness throughout its life course, and enhances fundamental human potential and the opportunities they could access to bring about change (Allen, 2014:5; Lamb, 2014:3). The National Association of Social Workers (NASW) (2008) stresses that the ethos of social work is to protect human rights and intervene to prevent or eradicate discrimination and inequality; and to protect and advocate for people who are vulnerable. The NASW makes it clear that social work has a dual mission, namely, to enhance human well-being and help meet their basic needs, with more emphasis on the empowerment of vulnerable groups. The researcher fully agrees with the NASW that social workers play a critical role in enhancing human rights and social justice in all different fields of practice.

Furthermore, the role that social workers play in improving mental health services and mental health outcomes for all citizens is pivotal (Allen, 2014:5). The author is of the opinion that social workers bring a distinctive social and rights-based perspective to their work. Moreover, social workers are trained to work in partnership with mental health care service

users, their families and care givers to ensure that they provide effective and efficient services (Allen, 2014:5). Gehlert and Browne, 2012:69) concur with Allen (2014:5) and further posits that the primary role of health care social workers consist of working with patients and families to encourage effective communication between the healthcare professionals as well as the patients and families (Gehlert & Browne, 2012:69). Besides, Ornella (2014:60) asserts that the role of health care social workers has progressed and now comprises of case management for both in-patients and out-patients, community-based care, residential care, family therapy and support, and assistance with reintegration into the community (Ornella, 2014:60).

The aim is to promote recovery; restore individual, family, and community wellbeing; to enhance development of each individual's power and control over their lives; and to advance principles of social justice (Morris & Lezak, 2010:45). In terms of the social context, social work focuses more on the way each individual's social environment shapes their experience of mental illness and mental health problems and, with regards to the social consequences, the focus is mainly on the impact of mental illness and mental health problems on the individual, the family, personal relationships and the community as a whole (Francis & Tinning, 2014:68). Moreover, mental health social workers focus on improving the emotional well-being of patients and their families (Downshen, 2014:2).

Olckers (2013:5) states that social workers in the provision of mental health services must be equipped with the necessary skills and expertise to provide mental health services to the clients as well as the required qualifications that permits them to provide specialised mental health services to the community. Bland et al. (2015:96) agree with Olckers (2013:5) with regard to social workers being equipped with the necessary knowledge and skills required to provide mental health services. Olckers (2013:30) further argues that there are controversies and questions relating to social work in mental health. The questions relate to whether social workers are adequately trained to work in a mental health setting and are worthy of the designation "mental health team member." These controversies, in effect, undermine the role of the social worker in mental health. Furthermore, Ornellas (2014:37) points out that poor development of community-based services; the NGO's method of service delivery to the mentally ill; and the availability of adequate services and care have dropped significantly as a result of the closing down of a number of mental health facilities in South Africa (Lund, Kleintjes, Campbell-Hall, Mjadu, Petersen, Bhana, Kakuma, Mlanjeni,

Bird, Drew, Faydi, Funk, Green, Omar, & Flisher, 2008:45). Furthermore, the author asserts that the effects of deinstitutionalisation has had a negative effect on the social work profession and the role of the social worker within mental health care. In addition, Lund et al. (2008:45) highlight that "there is an existing gap with regard to the availability of social work services within mental health context."

2.3.1 Qualification and knowledge requirements for providing mental health services

It is a requirement for social workers providing mental health services to have a four-year university undergraduate degree (Van Heugten, 2011:175). There are other universities globally and in South Africa that offer a postgraduate degree in social work (Weiss-Gal & Welbourn, 2008:286). In the United Kingdom, Germany, Hungary, Sweden, India, the United States of America and South Africa social workers can pursue a PhD in social work. Moreover, the requirements for the degree varies from country to country (Weiss-Gal & Welbourn, 2008:286). Furthermore, in South Africa, social workers need to register with the SACSSP in order to provide any social work interventions. In the context of the present study, the social workers in the provision of mental health services in Southern Free State Mental Health; Vaal mental health; Kungwini welfare organisation; and YANA need not have a postgraduate degree specialising in mental health, however, they must be registered with the SACSSP and must be in possession of the BSW degree (De Jager, 2013:470; Weiss-Gal & Welbourn, 2008:287).

In order for the social workers to provide quality mental health services to clients, they must have knowledge of mental health in general, mental illness, as well as knowledge of the different types and characteristics of mental illness (De Jager, 2013:476). The study conducted by Olckers (2013:10) found that training and education in terms of mental health and mental health assessments in South Africa is very limited (Olckers, 2013:10).

In the context of the present study, it is important for social workers to have knowledge of the legislation and policies that specifically focus on the provision of mental health services. These include, but are not limited to international legislation and policies including the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and South African legislation, such as the Mental Health Care Act 17 of 2002; National Mental Health Policy Framework and Strategic Plan of 2012-2030; White Paper for the transformation of the Health System in South Africa of 1997; and the National Development Plan for 2030

(Sesoko, 2015:68). Furthermore, having knowledge of the policies and legislation of mental health in South Africa will enable the social workers to be up to date with the status of mental health in the country; areas that have a lack; new strategies to implement that provide mental health service users with quality services; and how to improve the current methods.

2.3.2 The roles and tasks of social workers in mental health

Social workers in various fields have different roles and tasks. The tasks of social workers in the provision of mental health include helping service users with problem solving as well ways to cope with life stresses; linking individuals with resources, services and opportunities; promoting effective and humane service systems; and developing and improving social policy (Karban, 2011:89). Social workers in mental health have different roles at different levels of intervention. At the primary prevention level, social workers play the role of an educator by doing awareness campaigns which educate the community on mental health, the risk factors, and signs and symptoms of mental illnesses (AASW, 2008:9).

Moreover, social workers play the role of a counsellor by providing crisis intervention to people who are experiencing psychological problems during the secondary prevention level (Kerwin, Walker-Smith & Kirby, 2006:174). Furthermore, at the tertiary level of intervention, social workers play the role of broker, counsellor, mediator and liaison as the level involves social workers assessing the relationships within the family; providing support to the patient and family; as well as assisting the family to adjust to the situation and linking the patient and family to available resources (Olckers, 2013:32; Qalinge, 2015:17). The role of social workers during aftercare services involves follow up services. Moreover, social workers are advocates of better services for the community and are also involved in policy making regarding mental health issues (Karban, 2011:89). AASW (2008) has consistently argued that social workers recognise the complexity of the social context, which goes beyond the medical model's focus on individual diagnosis, to identify and address social inequities and structural issues. Many of the roles that social workers perform are common to all mental health disciplines (AASW, 2015).

2.3.3 Skills requirements for providing mental health services

There are a number of fundamental skills that social workers must acquire in order to provide effective mental health services (Qalinge, 2015:19). For the purpose of the present study

only a few will be discussed, such as communication skills, planning and organizational skills, administration skills (AASW, 2008:9).

- **Communication skills**

Social workers must be able to communicate complex and comprehensive information to mental health service users and their families. It is also important that social workers acquire non-verbal communication skills in order to understand how the people feel (Qalinge, 2015:20). Effective and skilled communication is the key element in forming, developing and maintaining relationships when working with people in different contexts under different circumstances (AASW, 2008:10). In addition, clarification is vital when a service user or when a service provider does not understand what is communicated. Interpersonal skills are also important to develop positive relationships with mental service users (Cournoyer, 2011:266). In the context of the present study, social workers should remember that mental health service users have different mental capabilities and may understand things differently. Social workers need to be patient and be equipped with different ways of communication.

- **Planning and organizational skills**

When initiating meetings, it is important to plan and prepare before the commencement of the meeting. For example, conducting a family meeting with the family members of a patient who has been at a rehabilitation centre for a while where the purpose of the family meeting is to inform the family about the progress of the patient (Cournoyer, 2011:182). In the context of the present study, social workers need to be able to plan for individual and group work sessions with the service users as well as include different communication techniques for service users with different capabilities (Qalinge, 2015:19). When planning for the interventions, the social workers should ensure that the method that will be utilised will be effective for all the service users (AASW, 2008:10).

- **Administrations skills**

Report writing is a fundamental skill that social workers need to master. Writing letters and record keeping are also important (Qalinge, 2015:19). After every intervention or encounter that a social worker has with the patients, a report needs to be written as well as a progress noted (Cournoyer, 2011:187). In the context of the present study, social workers need to

have good administration skills to enable them to complete psychosocial reports for the service users as well as monthly statistics for the organisation. These skills will further assist the social workers to record minutes during meetings, print the necessary forms and remain up to date with their daily tasks (AASW, 2008:10).

2.3.4 Values and principles in the provision of mental health services

Social work values refer to different beliefs about what is regarded as important and worthy in the social work context (SACSSP, 1996:5). Values, ethics and principles are the foundation of social work. It is important for all social workers in different fields of practice to apply the social work values as part of their day to day practice because social work is a value-based profession and all their actions must abide by the professional values (AASW, 2008:9). In the present study, values will also refer to values guiding the social workers providing mental health services such as human rights, democracy, appropriateness, quality services, confidentiality, respect, integrity, client self-determination, non-judgemental attitudes, individualisation, transparency and empowerment (Department of Social Development, 2006:18; Sesoko, 2015:62). For the purpose of the present study, empowerment, partnership, empathic approach, service delivery, and human rights are the main values that the study will focus on.

- **Empowerment**

Empowerment involves social workers working together with the service users instead of doing things on their behalf with or without their consent (Sesoko, 2015:63). The aim is for social workers to empower the service users with the necessary skills; to encourage them to believe in themselves; and be able to do the tasks by themselves in the future (Coppock & Dunn, 2010:21; Sesoko, 2015:63).

- **Partnership**

Partnership involves social workers seeing service users as experts by virtue of experience and accepting the right of service users to define their own experience and to find their own solutions (Coppock & Dunn, 2010:21), which, in the present study, means that social workers must not act as the all-knowing authority and take advantage because service users have a mental illness, but should rather allow them to navigate their progress (Sesoko, 2015;63; Lacasse & Gomory, 2003:383).

- **Empathic approach**

An empathic approach involves social workers having a willingness to view situations from the service user's point of view (Coppock & Dunn, 2010:21). Social workers need to perceive different situations from different service users' frame of reference and not make generalisations (AASW, 2008:10; Sesoko, 2015:63).

- **Service delivery**

Service delivery aims at addressing social needs and social problems. In addition, it assists with individuals, families, groups and communities (Sesoko, 2015:65). Social workers must ensure that social services such as mental health services are provided to the community (Department of Social Development, 2006:21). Social workers need to practice client self-determination when providing mental health services to the clients (AASW, 2008:10; SACSSP, 1996:7).

- **Human Rights**

Mental health services should be based on respect for human rights as outlined in the South African Constitution (Republic of South Africa [RSA], Ministry for Welfare and Population Development, 1997). Social workers should remember that although service users have a mental illness, they are still human beings and should be treated equally (Burns, 2011:106).

2.3.5 Scope of social work in mental health services

The scope of mental health services refers to different settings and contexts in which social workers could work while providing mental health services (Schultz, 2015:170). Social workers can provide mental health services in a range of health care settings such as psychiatric hospitals, care and rehabilitation centres, and general hospitals (Mental Health Care Act, 2002:10).

- **Mental Health Facilities:** Refers to a health institution providing care, treatment and rehabilitation services for mental illness service users only (Department of Health, 2012:8). Mental Health Facilities can admit, provide care and rehabilitation for voluntary mental health care users in special programmes. Such patients in a mental health facility can include mental health care users; involuntary mental health care users; state patients; mentally ill prisoners; persons referred by court for psychiatric observation in

terms of the Criminal Procedure Act; and persons admitted for a long period as part of their care, treatment and rehabilitation (Mental Health Care Act, 2002:10; Schultz, 2015:203).

- **Care and rehabilitation centres:** Social workers and other health care practitioners in care and rehabilitation centres focus mainly on conducting assessments of intellectual abilities (Wilson & Kelly, 2010:5). They further provide care, treatment and rehabilitation services to persons with severe or profound intellectual disabilities, including assisted and involuntary mental health care users (Mental Health Care Act, 2002:11). In addition, services must be provided in a way that facilitate community care of these mental health care users (Schultz, 2015:203).

- **General hospitals:** Some health institutions, such as general hospitals, may have a section in the hospital (acute psychiatric unit/beds) designated as a psychiatric ward (Schultz, 2015:203). However, its functions will be limited to admission of voluntary, assisted and involuntary mental health care users as well as conducting 72-hour assessment of involuntary mental health care users (Mental Health Care Act, 2002:10; Lacasse & Gomory, 2003:383).

2.3.6 Mandate for mental health services

South Africa does not have an official mental health policy, therefore, the Mental Health Act, of 2002 drives the mental services and programs in the country (Jack-ide et al., 2012:51). The legislation made mental health a major public health issue and has identified steps needed to address relevant services and to improve the quality of care (WHO-AIMS & Rendal-Mkosi, 2012:201). The Act is grounded in the Principles of the respect for human rights and the promotion and protection of those rights (WHO, 2010).

The mandate for the provision of mental health services will be discussed with reference to the Mental Health Care Act 17 of 2002 (MHCA) as well as the National Mental Health Policy Framework and Strategic Plan 2013-2020.

- **Mental Health Care Act 17 of 2002 (MHCA)**

The South African MHCA of 2002 underpins a stronger human rights approach to mental health care services as compared to previous legislation (Jack-Ide et al., 2012:5). The Mental health Act aims to improve mental health care in such a way that mental health service users can access the best possible mental health care, treatment and rehabilitation services through a primary health care approach and an emphasis on community care (Mental Health Care Act, 2002:9). It also aims to protect the health and safety of the public in situations where a person with mental disabilities may be a danger to themselves or others (MHCA, 2002:9; Madela-Mntla, 2010:104).

The Act further guarantees that hospitalising persons involuntarily due to harm to self and others, does not take away their right. It requires certifying such persons within a 72-hour assessment period, allowing a period where they can potentially be stabilised and be cared for in the community (Jack-Ide et al., 2012:51). Certification was usually done by psychiatrists and doctors, but the new Act recognizes that there are few qualified psychiatrists, specifically in rural areas, and it enables mental health care practitioners to make such decisions (Coppock & Dunn, 2010:89; MHCA, 2002:12).

The Mental Health Care Act further aims to address the issues and profiles of mental health and serve as an advocacy for mental health service users; to regulate access to and provide mental health care, treatment and rehabilitation to all mental health service users; and to clarify the rights and obligations of mental health service users as well as the obligations of the mental health care providers (Mental Health Care Act, 2002:9). In the context of the present study, this Act will enable social workers to understand mental health as a whole as well as the main goal of mental health services in South Africa. The Act also guides social workers on how to provide care and support for mental health service users by incorporating the values and principles of the social work profession (Mental Health Care Act, 2002:10).

- **National Mental Health Policy Framework and Strategic plan 2013-2020**

The National Mental Health Policy Framework and Strategic Plan (2013-2020) is a policy that is geared toward enhancing the participation of mental health care users and their families (Department of Health [DOH], 2013). This is seen in the review process undertaken during the declaration of the policy framework (DoH, 2013). All nine provinces held summits

to review the state of mental health and mental health services in their provinces to identify best practices and to generate a road map for improving mental health. Data was gathered through interviews with key informants selected from the different spheres of government (DoH, 2013; Stein, 2014:115).

Furthermore, the National Mental Health Policy Framework and Strategic Plan aims to make the public aware in terms of mental health and to reduce the stigma and discrimination associated with mental illness; promote the mental health of the South African population, through partnership between the Department of Health and other sectors; empower local communities, specifically mental health service users and their families to take part in the promotion of mental wellbeing and recovery within the community; protect and promote the human rights of people living with mental illness; establish a monitoring and evaluation system for mental health care; and to ensure that the planning and provision of mental health services is evidence-based (Department of Health, 2012:19; Stein, 2014:115).

The international guidance materials by the World Health Organisation inform both the content and format of the National Mental Health Policy Framework and Strategic Plan (2013-2020). These consultations ended in a national mental health summit where a draft of this policy framework was discussed (Department of Health, 2013; Stein, 2014:115). The policy framework advocates for the rights of mental health care users through the identification of key activities that are considered catalytic to furthering transformation of mental health services, and ensures that quality mental health services are accessible, equitable, and comprehensive; and are integrated at all levels of the health system in line with WHO recommendations (Department of Health, 2013; Stein, 2014:115).

2.4 CHALLENGES EXPERIENCED BY SOCIAL WORKERS IN THE PROVISION OF MENTAL HEALTH SERVICES

A study was conducted by Ting et al. (2006) with social workers in mental health in the United States of America. The study was based on their experiences and reactions in the aftermath of a client suicide. It was found that social workers experience a range of psychosocial and emotional reactions. Some affected the social workers professionally while others were common reactions after trauma. As a result of the aforementioned, some social workers left their occupation while others stayed in the field because of the support from their colleagues (Ting et al., 2006:338). The study found that social workers in the

provision of mental health services have high levels of stress and emotional exhaustion as well as low levels of job satisfaction (Evans, Huxley, Gately, Webber, Mears, Pajak, Medina, Kendall & Katona, 2006:75). Kinman and Grant (2011:262) agree with Evans et al. (2006) that social workers experience high levels of stress and burnout. These authors further explain that the stress and burnout experienced by social workers contributes to the retention problems within the profession in the United Kingdom (Kinman & Grant, 2011:262).

In a South African context, there are a number of challenges in terms of mental health facilities. For example, mental health facilities remains out-dated; the inability to develop vitally important tertiary level mental health services (such as child and adolescent services, psychogeriatric services, neuropsychiatric services) still exists; there is a shortage of mental health professionals; community mental health and psychosocial rehabilitation services remain underdeveloped, which leads to patients being institutionalised without any hope of rehabilitation or reintegration back to their communities (Burke, 2012). Furthermore, there was a study that was conducted on a training programme in the Diagnostic and Statistical Manual of Mental Disorders (DSM) system for social workers in South Africa (Olckers, 2013:15), which indicated that a number of social workers in different settings are forced to use the diagnostic tool (DSM) without proper training on how to use it. This also puts patients at risk of false diagnosis (Olckers, 2013:15).

Moreover, there was a study conducted by Alpaslan and Schenck (2012) in four provinces of South Africa, namely, Mpumalanga, North West, Eastern Cape and Western Cape and it was found that challenges such as a lack of resources and proper infrastructure; community members' lack of understanding of the role of social workers; social workers being used as "dustbins" for unresolved problems in the community; having to travel long distances to render social work services to clients; a lack of support from supervisors and the organisation; clients' cultural/traditional customs and practices hampering social work service delivery; and a lack of confidentiality were experienced by social workers in rural areas (Alpaslan & Schenck, 2012:5). From the above discussion, it is evident that there is insufficient research conducted on the experiences of social workers providing mental health services in South Africa given the outlined socio-economic issues in South Africa (Olckers, 2013:10).

3. SUMMARY

This chapter explored mental health services globally, in Africa and in South Africa; social work in mental health; qualification and knowledge requirements for rendering mental health services; the roles and tasks of social workers in mental health; skills required for providing mental health services; values and principles in the provision of mental health services; the scope of social work in mental health; the mandate for mental health services; and the challenges experienced by social workers rendering mental health services.

The next chapter explores the research methodology used in the present study and further describes the findings and interpretations of the study.

CHAPTER 3: RESEARCH METHODOLOGY AND EMPIRICAL STUDY

3.1 INTRODUCTION

This chapter outlines the research methodology, which includes the research approach, the type of research and the research design. The research methods, including population and sampling, data collection and analysis methods, data quality and the pilot study are discussed, followed by the ethical considerations taken into account during the research. The findings of the study are then discussed in the form of a thematic analysis using themes and sub-themes generated from the interviews and the biographical information of the participants is presented in the form of tables and graphs.

3.2 RESEARCH APPROACH

The research approach that was most appropriate for the present study was the qualitative research approach (Fouche & Delport, 2011:64) because it is specifically interested in the experiences of social workers in the provision of mental health services and not in providing answers to questions about relationships among measured variables with the aim of explaining, predicting and controlling phenomena or testing hypotheses (Brink, Van der Walt & Van Rensburg, 2018:85). Furthermore, qualitative research is widely accepted as a valuable approach to research within the field of social work and related disciplines. As this type of research is beneficial when trying to understand phenomena from the participants' point of view, it further allows the researcher the opportunity to gain a more detailed understanding of a complex situation (Creswell, 2013:48; Fouché & Delport, 2011:64).

With qualitative research, participants' natural language is used which enables the researcher to have a genuine understanding of their world (Fouché & Delport, 2011:66). Therefore, with this research approach, the researcher managed to explore and understand the experiences of social workers from their point of view and the experiences were presented as natural as possible by the participants.

3.3 TYPE OF RESEARCH

The type of research for the study was applied research (De Vos & Strydom, 2011:42), because it aims to change the perspective of the society about mental health services; to extend the knowledge within the social work research field (Hagan, 2010:13); to implement

the views of the social workers providing mental health services in practice; as well as to improve the quality of the mental health services. Applied research is intended to be useful in the immediate future and to suggest action or increase effectiveness in some areas (Terre Blanche, Durrheim & Painter, 2006:47). Furthermore, applied research involves solving specific policy problems or helping practitioners accomplish tasks and solve problems in practice (Nieuwenhuis, 2016:54), which in this case will result in the consideration of the issues and challenges raised by social workers providing mental health services during the interviews.

The research purpose of the study was exploratory and descriptive (Babbie, 2017:97) as it was aimed at gathering as much insight as possible into the experiences of the social workers in the provision of mental health services and there was no previous research conducted on the experiences of social workers in the provision of mental health services in South Africa (Fouche & De Vos, 2011:95). The exploratory research purpose further allowed the researcher to explore and gain a deeper understanding of the experiences of the social worker as well as to observe and describe in detail what was observed.

3.4 RESEARCH DESIGN

The research design that was utilised in the present study was case study research design, specifically instrumental case study (Nieuwenhuis, 2016:81). Case study research was appropriate for the study because it focuses specifically on social workers providing mental health services, with the aim of understanding their experiences in rendering mental health services from their point of view. Furthermore, case study research intends to either describe a unique case (intrinsic) or understand a specific issue or concern (instrumental case) and it involves a description of the case under study (Fouché & Schurink, 2011:320).

The purpose of an instrumental case study is to facilitate research to gain knowledge about a specific social issue which may inform theory as well as policy development (Bryman, 2012:67). The study aimed to acquire knowledge on the topic as there is a knowledge gap in South Africa as well as to understand the experiences of social workers providing mental health services in order to change the perspectives of the society about mental health services, and to improve the quality of mental health services in South Africa (Fouché & Shrink, 2011:320). Although case study research is time consuming and costly, it allows for a close collaboration between the researcher and the participants which enables participants

to share their stories and it also enables the researcher to generate intensive and detailed examinations of a situation (Nieuwenhuis, 2016:82).

3.5 RESEARCH METHODS

In order to conduct qualitative research, there are specific research methods that need to be followed. A study population needs to be identified and the specific participants selected. The data needs to be collected and analysed, and a pilot study conducted, in order to test whether or not the data collection instrument and the research methods are fitting. Last but not least data quality also needs to be ensured.

3.5.1 Study population and sampling

The population for the study was registered social workers providing mental health services in Southern Free State Mental Health; Vaal mental health; Kungwini welfare organisation; and YANA.

The sampling method for the study was non-probability sampling (Greeff, 2011:392), specifically purposive sampling because access to the population was difficult and time was limited (Maree & Pietersen, 2016:197). There are a number of registered NGOs that provide mental health services in South Africa. Furthermore, purposive sampling is utilised in circumstances where the sampling is conducted with a specific purpose (Strydom, 2011:232), which, in the present study, involves the experiences of social workers in the provision of mental health services in South Africa (May, 2011:100).

The first **eleven** individuals who met the following criteria were recruited and became the participants in the research. These were individuals who:

- Were employed by an institution that provides mental health services.
- Were registered with the South African Council for Social Service Professionals (SACSSP) and have a BSW degree.
- Have six months and more experience providing mental health services.
- Were fluent in English and Setswana or isiZulu.
- There is no age or gender limit for the participants.

3.5.2 Recruitment of participants

The researcher first identified NGOs in South Africa that are providing mental health services. The researcher then contacted the different directors of the identified NGOs to request permission to conduct research with the social workers. At first it was a challenge as most directors agreed on the phone but did not give formal written permission and others did not pick up the phone. The researcher then contacted the South African Federation for Mental health for assistance. The researcher explained the challenges encountered to one of the representatives and she asked the researcher to forward the necessary documents to her and she will then send emails to the NGOs that the researcher could not get hold of. The directors then reached out to the researcher after receiving an email from the representative at the South African Federation for Mental Health. The researcher then communicated with the directors through email and telephonically. The researcher explained what the study is about, and also asked the number of registered social workers in their organizations.

The directors then requested that they first speak to the social workers on behalf of the researcher and the researcher must call again after a week. Some directors requested that the researcher email the short version of the proposal as well as the letter from the university and others requested that the researcher send the informed consent. The researcher emailed the consent forms; permission letters as well as a shortened proposal immediately after the phone call. The researcher then contacted the directors after a week, where it was confirmed that the social workers agreed and will be taking part in the study. The researcher then asked the directors to confirm in writing that they approve of the study to be conducted in their organization. The director gave the researcher the contact details of the social workers to arrange a suitable time to have the interview virtually or in person. The researcher then waited to receive the written confirmations before contacting the social workers. Upon receiving the written confirmation, the researcher contacted all the participants to schedule a suitable time to start with the interviews.

3.5.3 Data collection

The most appropriate data collection method for the present study was one-on-one interviews but due to the Covid-19 regulations, the researcher also made provision for virtual interviews, the researcher then used one-on-one interviews as well as telephonic interviews (Greeff, 2011:342). A semi-structured interview was appropriate for the study as it is flexible

and allows for the researcher to gain a detailed picture of the phenomenon under study which, in this case, is the experiences of the social workers (Greeff, 2011:342). The researcher aimed to have a conversation with the participants so as to explore their experiences in providing mental health services (Postmus, 2013:241). Moreover, the interviews were spread over a period of time depending on the availability of the participants. The focus was mainly on how the participants made sense of their experiences in the provision of mental health services (Nieuwenhuis, 2016:93).

An interview schedule was used as a data collection instrument for the study as well as a digital recorder (Greeff, 2011:352). The researcher made use of the interview schedule to guide the interview so that participants do not deviate from the topic. The questions were arranged from complex to simple and from broad to specific questions. The researcher ensured that the questions are neutral, are not leading or ambiguous (Greeff, 2011:352). The interview schedule consisted of different type of questions such as open questions and follow-up questions (Maree & Pietersen, 2016:180). The researcher made use of open questions because they allow flexibility and also put the participants at ease. A follow up question was asked were necessary to gain more information on the previous question (Maree & Pietersen, 2016:181). The interview schedule is appended as appendix G.

Greeff (2011:343) warned researchers of potential challenges that may arise when conducting interviews in qualitative research. These challenges were:

- Researchers may encounter difficulties in establishing a rapport with the participants.
- Researchers may have difficulties to record and manage the data from the interviews, as short interviews may also produce a high quantity of data (Greeff, 2011:343).

To address the outlined challenges, the researcher mostly listened and spoke less. Before the interviews began, the researcher first explained the procedure to each participant so they understand the roll out of the interviews. The researcher gave the participant an opportunity to choose a suitable venue for the interview and the researcher recorded the interviews with the permission of the participants. Due to the national lockdown, the data collection process was delayed and there were adjustments that had to be made according to the Covid-19 regulations. The researcher had to change from the data collection method being entirely in-contact to making provision for virtual means of collecting data. The

researcher used both in-contact and telephonic interviews as data collection methods and during the in-contact interviews, the researcher ensured that the participants were wearing a mask, windows were open and that there was social distancing.

3.5.4 Data analysis

The data obtained was analysed through thematic analysis proposed by Clarke, Braun and Hayfield (2015:231). The process of thematic analysis consists of six steps, namely, familiarising yourself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report.

Step 1: Familiarising yourself with the data

This step involves the researcher studying the information obtained through the interviews. It also involves the researcher reading and re-reading transcripts, listening to the audio-recording, and making notes of any initial analytical observations (Clarke et al., 2015:231). The researcher went through all the data obtained during the interviews, such as written notes during the interview as well as the digital recording, with a critical mind trying to understand what the participants said. The researcher read the data more than three times while making notes on the sides of any thought that came to mind while reading the data. Moreover, the researcher scanned for key words while reading through the data.

Step 2: Generating initial codes

Coding is defined as a systematic process of identifying and labelling relevant features of the data (Clarke et al., 2015:234). Coding is regarded as the first step in the process of identifying patterns in the data because it groups together similar data sections (Clarke et al., 2015:234). In this step the researcher focused on identifying and labelling phrases and words that are linked to the research question. The researcher made notes on the sides of the paper to create codes for certain concepts and ideas such as emotions (Clarke et al., 2015:234).

The researcher made use of different highlighters and colour pens to indicate sentences that might be grouped together to form a theme. The researcher identified possible codes for the rest of the document (Clarke et al., 2015:235). The codes created need not be perfect, any words that came to mind and links with the topic can be written as a code. The researcher identified words and phrases that link or rhyme together (Clarke et al., 2015:235).

Step 3: Searching for themes

The search for themes involves clustering identified codes together with the aim of creating a plausible and coherent thematic mapping of the data (Clarke et al., 2015:236). Drawing thematic maps is a useful technique both for developing individual themes and for exploring the relationship between themes. In this phase the researcher focused on using the identified codes from step two to create themes. The search for themes ended when the researcher has turned all the codes into themes (Clarke et al., 2015:236). Creating themes made it easier for the researcher to access the data instead of going through the whole document. When creating themes, the researcher has to keep the research question in mind so that the created themes can link with the research question (Clarke et al., 2015:236). The researcher first looked at the research question and the objectives so to create themes that will properly link with the purpose of the study. The researcher also looked at the interview schedule for key words, then combined the generated codes to create themes.

Step 4: Reviewing themes

In this step, the researcher paused the process of generating themes to check whether generated themes have a logical flow. In addition, the researcher checked whether the themes fit with the coded data and the rest of the data set (Clarke et al., 2015:238). The researcher went through the generated themes as well as the coded data to ensure that the generated themes are a perfect fit. In this phase, it is possible for the researcher to change all the themes completely or to make slight changes or to not make any changes at all. However, should the researcher decide not to make any changes in this phase then it means the themes that were created in step three fit with the coded data and the entire dataset (Clarke et al., 2015:238).

Step 5: Defining and naming themes

The researcher provided a definition for the themes which involves a brief description of what each theme comprises of as well as selecting a theme name. The definitions are short descriptions of what the themes are about, and it is essential as it assists the researcher with developing and analysing the analytical narrative and commentary on the data (Clarke et al., 2015:240). The researcher went through all the steps once more to ensure that the brief descriptions of the themes are correct, and they provide the essence of the themes.

Step 6: Producing the report

This is the final writing of the report and it involves all the information that was gathered and coded (Clarke et al., 2015:242). It requires the researcher to relate the analysis back to the research question, literature and theoretical framework, producing a scholarly report of the data analysis (Clarke et al., 2015:242). The researcher is currently analysing the data collected and compiling it into the final mini-dissertation.

3.5.5 Data quality

Qualitative studies should achieve trustworthiness which means that the study should represent, as closely as possible, the perspectives of the participants (Lietz & Zayas, 2010:191). Data quality was ensured by means of credibility, transferability, dependability also known as auditability as well as confirmability.

3.5.5.1 Credibility

Credibility refers to the extent to which the findings of a study represent the meaning of the research participants (Nieuwenhuis, 2016:123; Lietz & Zayas, 2010:191), as in the context of the study, the researcher ensured that, when analysing data, the meaning of the participants is not changed and remained as natural as possible. In order to achieve credibility, the researcher must manage the risk of research reactivity and bias (Lietz & Zayas, 2010:192). Research reactivity refers to the possibility of the researcher influencing the participants which may lead to influencing the findings of the study (Nieuwenhuis, 2016:123; Lietz & Zayas, 2010:192), which in the present study may be the use of a digital recording. For example, it could influence the participant's responses in the interview. Moreover, strategies such as triangulation, specifically data triangulation, member checking, and thick descriptions were used to achieve credibility and to minimise the threats to the credibility of the findings (Nieuwenhuis, 2016:123).

Triangulation involves the researcher making use of two or more sources to gather information to have a broader picture, and data triangulation refers to the use of multiple sources of data to gather information or gathering data from multiple points in time (Lietz & Zayas, 2010:192). In the present study, the researcher made use of interviews and a digital recording. The researcher also observed the non-verbal communications evident, such as facial cues or discomfort during the interview. Member checking involves the researcher including participants in data analysis to corroborate the findings, which was achieved

through debriefing. The researcher allowed the participants to give feedback of the interviews and to clarify any information that they shared during the interviews (Nieuwenhuis, 2016:123; Lietz & Zayas, 2010:193).

3.5.5.2 Transferability

Lietz and Zayas (2010:195) state that transferability refers to the extent to which the findings are useful to theory, practice and future research (Nieuwenhuis, 2016:124). It involves the extent to which the researcher has provided enough background into the study that will allow other people outside the study to use or apply the information in their studies. Thick descriptions are the strategy that needs to be followed in order to ensure transferability (Lietz & Zayas, 2010:195). Thick descriptions refer to thorough representations of the phenomenon under study as perceived and experienced by the participants (Nieuwenhuis, 2016:124). To ensure transferability, record keeping is vital, thus the researcher filed the audio recordings, transcripts, field notes taken during and after the interviews in an organised manner to allow easy access and to be used again for future reference.

3.5.5.3 Dependability/ Auditability

Auditability refers to the extent to which research procedures are documented allowing people outside the study to follow and use the methods (Lietz & Zayas, 2010:195). Keeping an audit trial and engaging in peer debriefing are the main strategies used to increase auditability (Lietz & Zayas, 2010:196). An audit trial refers to the researcher keeping a written record of the research process which includes what was happening throughout the research project (Lietz & Zayas, 2010:196). The researcher made use of a journal to document the first encounter with the participants, methods used to explore and acquire the information as well as the skills, values and principles used. Furthermore, peer debriefing involves consulting with colleagues who have experience in the qualitative methodology (Lietz & Zayas, 2010:196), which involved the researcher consulting social work lecturers at the University of Pretoria who have experience in providing mental health services as well as colleagues in the profession.

3.5.5.5 Confirmability

Confirmability refers to the ability of others outside the research project to confirm or corroborate the findings (Nieuwenhuis, 2016:125; Lietz & Zayas, 2010:197). The researcher

utilised member checking, peer debriefing, audit trails and negative case analysis as strategies to increase confirmability (Lietz & Zayas, 2010:197). Negative case analysis refers to the researcher deliberately seeking contrasting evidence, which in the present study involved the researcher conducting a literature review on previous studies conducted on a similar topic.

3.6 PILOT STUDY

The study included collecting data using two different methods with the same data collection instrument. The feasibility of the data collection instrument was tested through a telephonic interview as well as a one-on-one interview using the same interview schedule. The researcher made use of two different social workers from two different NGOs to test the feasibility of the data collection instrument. The data obtained from the pilot study was also used in the main study (Terre Blanche et al., 2006:95).

The pilot study was done concurrently with the main study. The use of a pilot study provided the researcher with an opportunity to identify challenges that may have arisen from the data collection instruments, such as the interview schedule and voice recorder (Greeff, 2011:352). No adjustments were made to the interview schedule as well as the quality of the data recording because the location and network coverage of the participants were different.

3.7 ETHICAL CONSIDERATIONS

It was critical for the researcher to adhere to ethical considerations as the study involved human beings as participants. Ethical considerations are the aspects that need to be considered when conducting research. These aspects mostly inform the conduct of the researcher during the research study (Edwards & Mauthner, 2012:14). The present study received ethical clearance from the Research Ethics Committee at the University of Pretoria, (see Appendix A) as well as approval from the identified NGOs that provide mental health services (see Appendix B, C, D and E). The following are the ethical considerations that the researcher adhered to when undertaking the present study.

3.7.1 Informed consent

Participants need to give consent before taking part in the study, indicating that they agree and are willing to be in the study. The researcher ensured the participants read and

understand the requirements of the study before giving consent (Babbie, 2016:66; Babbie, 2017:64). The researcher sent the informed consent through and this was returned to the researcher through email before the start of the main study. Thus, before the start of every interview the researcher asked the participants if they have understood the informed consent and if they have any questions arising from the consent, questions raised were addressed and if there were questions then the researcher went through to explain the purpose and the procedure of the study to the participant. Furthermore, permission to the record the interviews was granted by the participants (Neuman, 2014:75; Strydom, 2011:117).

3.7.2 Anonymity and confidentiality

Anonymity and confidentiality involve the protection of the participants' identity and personal information (Babbie, 2017:67). The researcher is aware that ensuring anonymity in qualitative studies is impossible as the most of the interviews were one-on-one and the researcher was aware of their identity (Berg & Lune, 2012:93). Therefore, confidentiality was ensured (Strydom, 2011:117). The participants have a right to confidentiality as they are trusting the researcher with private information (Reamer, 2013:47). The researcher will not share the information disclosed by the participants in the interviews with anyone except the researcher's supervisor. The researcher informed the participants that the supervisor will have access to the information obtained and that the information will be used for assessment purposes. To ensure confidentiality and to protect the identity of the participants, the researcher used numbers to represent the participants in the report to ensure that no data could be linked to a specific participant. The interviews took place in offices that participants chose for themselves.

3.7.3 Avoidance of harm

Avoidance of harm is the prevention of any possible negative study effects on the participants, this harm could be either physical or emotional harm (Babbie, 2017:64). The researcher ensured through the pilot study that the participants do not experience any form of harm by ensuring that the methods and instruments used are appropriate (Babbie, 2016:63).

In terms of physical harm, the researcher conducted the interviews in the work environment of the participants to ensure that the participants do not experience any physical harm and other interviews were conducted virtually which allowed the participants to choose a suitable

location for themselves to have the virtual interview (Strydom, 2011:116). Furthermore, the researcher was aware that there a possibility existed for the participants to suffer emotional and psychological harm as sensitive information might be shared (Neuman, 2014:71). Should there be a need to refer participants for further counselling, the researcher will refer the participants to Mrs Letty Motaung from Department of Social Development, Madibeng Service Point. However, this was not necessary.

3.7.4 Debriefing of participants

Debriefing of participants is necessary, and it will take place during the data collection phase because it allows participants to share their experiences of the study (Babbie, 2017:71). In addition, it gives the researcher an opportunity to address and discuss any challenges that may have occurred during the study to ensure that participants do not leave the study feeling less positive or more negative about themselves than they did when they took part in the study (Strydom, 2011:122). Debriefing of the participants was done by the researcher at the end of each interview to enable the participants to share their experiences while they are still fresh. Debriefing is also aimed at answering questions and misconceptions that participants might have about the study. Debriefing was conducted either in-contact or virtually (Babbie, 2017:71). The data collection method was both telephonic and in-contact. Debriefing was done telephonically for interviews that were conducted telephonically and it was also done in person for interviews that took place in person. At the end of each interview the researcher asked each participant to reflect on the interview and all participants indicated that the interview was good, the questions were fair but they wish they had received the interview schedule prior to the interview.

3.7.5 Voluntary participation

Voluntary participation involves providing the participants with the opportunity to decide for themselves whether they want to take part in the study or not, without being forced to participate (Babbie, 2017:63). The researcher explained the purpose and procedure of the study to the participants before the interview and gave them an opportunity to ask any question with regards to the study. The researcher did not provide any unnecessary or deceiving information to convince the participants to take part in the study. In addition, the researcher informed the participants that they are allowed to refuse to be part of the study and that they can withdraw their participation at any time without explaining the reason for withdrawing.

3.7.6 Actions and competence of researcher

It is essential the researcher is competent, honest and adequately skilled when conducting research (Strydom, 2011:123). This is evident in the way in which the researcher presents themselves to the participants and those involved in the research, as well as in the ethical considerations that the researcher considers when planning and conducting the study (Strydom, 2011:123). In the present study, the researcher was professional at all times and ensured that the above mentioned ethical considerations were followed. As plagiarism is also an important aspect of this ethical consideration (Strydom, 2011:123), the researcher ensured that all submitted work was her own and that the work of other authors was referenced where used. To prove that the researcher is competent and adequately skilled to conduct this research, the researcher has conducted research for the BSW degree and successfully completed the Research Methodology module MWT 864.

3.7.7 Publication of the finding

This requires making the findings of the research study available to the public (Strydom, 2011:126). The researcher informed the participants that the information obtained from the conducted study will be used for the research report of the researcher in fulfilment of the requirements for the MSW (Healthcare) programme at the University of Pretoria. Moreover, information obtained from the study will be incorporated in articles, scientific journals and conference papers at the University of Pretoria (Babbie, 2017:63). The information will be stored for 15 years in the Department of Social Work and Criminology at the University of Pretoria and may be used for future research projects. A summary of the results will be shared with the participants.

The researcher will discuss the research findings of the present study next.

3.8 EMPIRICAL FINDINGS

In this section the researcher will discuss the research findings of the study which will be divided into two sections, namely the biographical information of the participants as well the thematic analysis. The researcher will make use of themes and sub-themes generated from the data, verbatim quotes from the interviews and literature substantiation.

3.8.1 Biographic information of the participants

The participants of the study were required according to the criteria to be registered social workers working in an NGO that provides mental health services. In this section the researcher will also detail other biographical information of the participants such as gender, age, home language, racial group, highest qualification, experience in the provision of mental health services, and if the participants have any postgraduate qualifications.

Table 3.1: Biographic information of participants

P	Gender	Age	Home language	Racial group	Marital status	Years of experience	Highest qualification	University attended	SACSSP registration	Post-graduate qualification	Current position
1	Female	56	Afrikaans	White	Married	14 years	BSW	UFS	Yes	No	SW
2	Female	54	Afrikaans	White	Divorced	12 years	BSW	UFS	Yes	No	SW
3	Female	35	Sesotho	Black	Single	8 months	BSW	UNISA	Yes	Postgraduate certificate EAP	SW
4	Male	27	Sepedi	Black	Single	4 years	BSW	UP	Yes	No	Manager
5	Male	26	Sepedi	Black	Single	8 months	BSW	UP	Yes	No	SW
6	Female	46	Afrikaans	White	Single	20 years	BSW	UP	Yes	No	Facilities manager
7	Female	55	Afrikaans	White	Widow	12 years	BSW	NWU	Yes	No	SW
8	Female	37	isiXhosa	Black	Single	2 years	BSW	UNISA	Yes	No	SW
9	Female	43	Afrikaans	White	Married	2 years	BSW	NWU	Yes	No	SW
10	Female	25	Afrikaans and English	White	Single	2 years	BSW	UP	Yes	MBA in process	SW
11	Female	50	Afrikaans	White	Married	14 years	BSW	UNISA	Yes	MSW in process	Head SW

In the following section the above biographic information of the participants is presented in more detail.

The following figure is a representation of the participants' age.

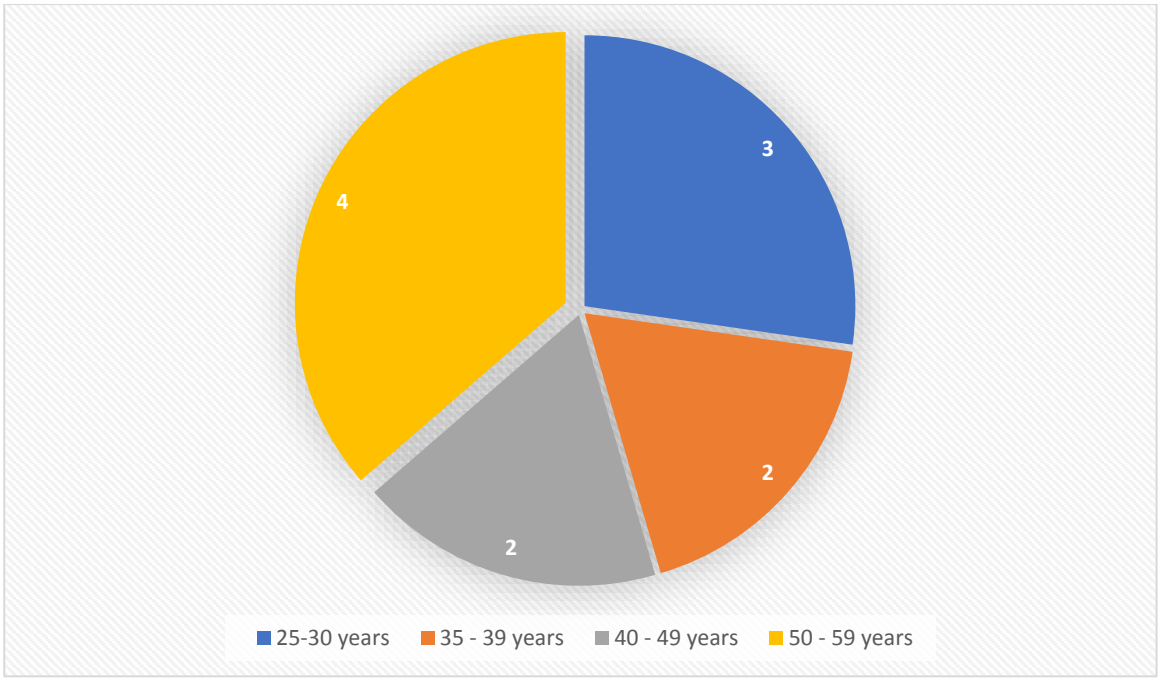

Figure 3.1: Age

The above chart shows the distribution of participants according to age group. The yellow part represents the four participants between the ages of 50 – 59; two participants were between the ages of 35 – 39 years; two participants were between the ages of 40 – 49 years; and only three participants were between the ages of 25 – 30 years.

The following figure represents the gender of the participants in the study.

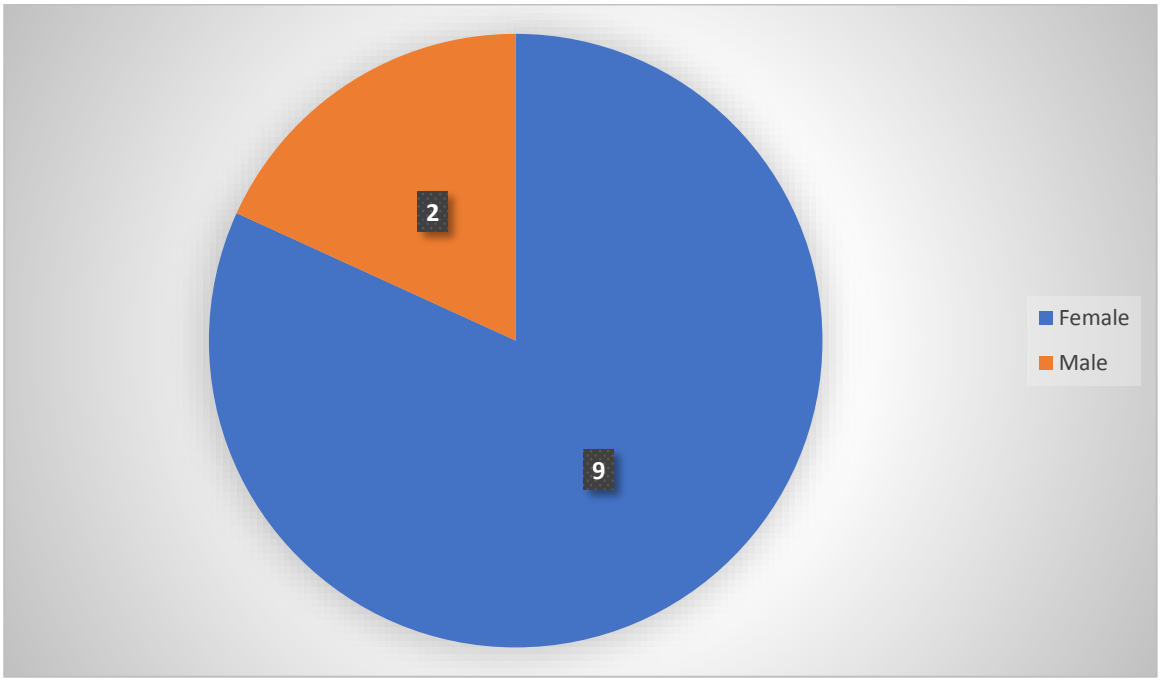

Figure 3.2: Gender

The total number of participants who took part in the study was eleven. There were two males and nine females, which indicates that the females were dominating in the present study. This could also be due to the fact that there are more females than males in the social work profession.

The following figure depicts the home language of the participants as the participants are from different provinces in South Africa.

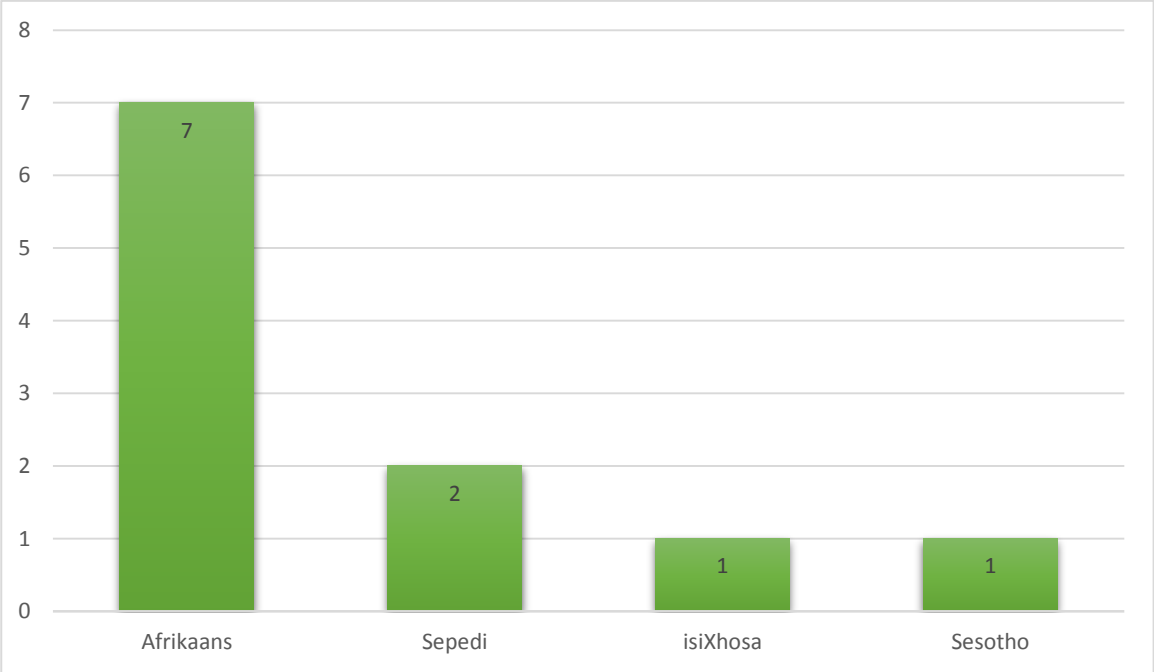

Figure 3.3: Home language

The study was conducted with social workers from four different NGOs in South Africa. The above figure shows that participants were from different language backgrounds, however, all of them were able to read, speak and understand English. A large number of the participants spoke Afrikaans, two participants spoke Sepedi, one participant spoke isiXhosa and one participant spoke Sesotho.

The following figure represents the distribution of participants according to the racial groups.

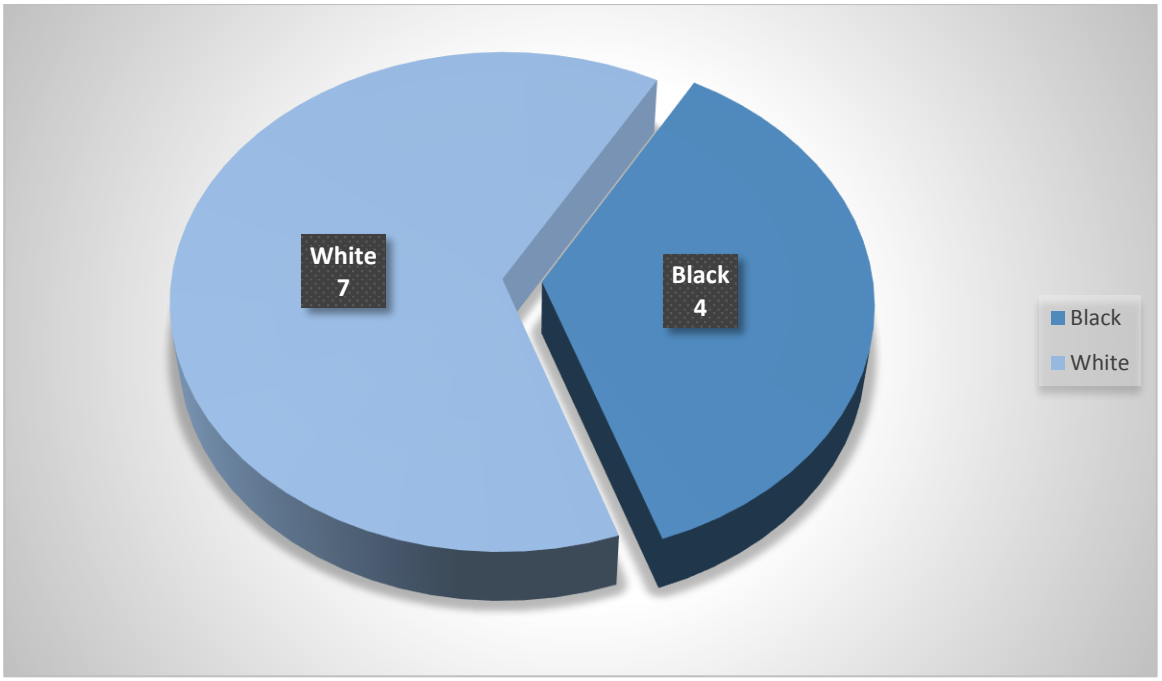

Figure 3.4: Racial group

The light blue colour represents the seven white participants who took part in the study and the dark blue colour represents the four participants belonging to a black racial group. There were no other participants from other racial groupings in South Africa such as coloureds or Indians.

The participants' marital status is indicated in figure 3.5 below.

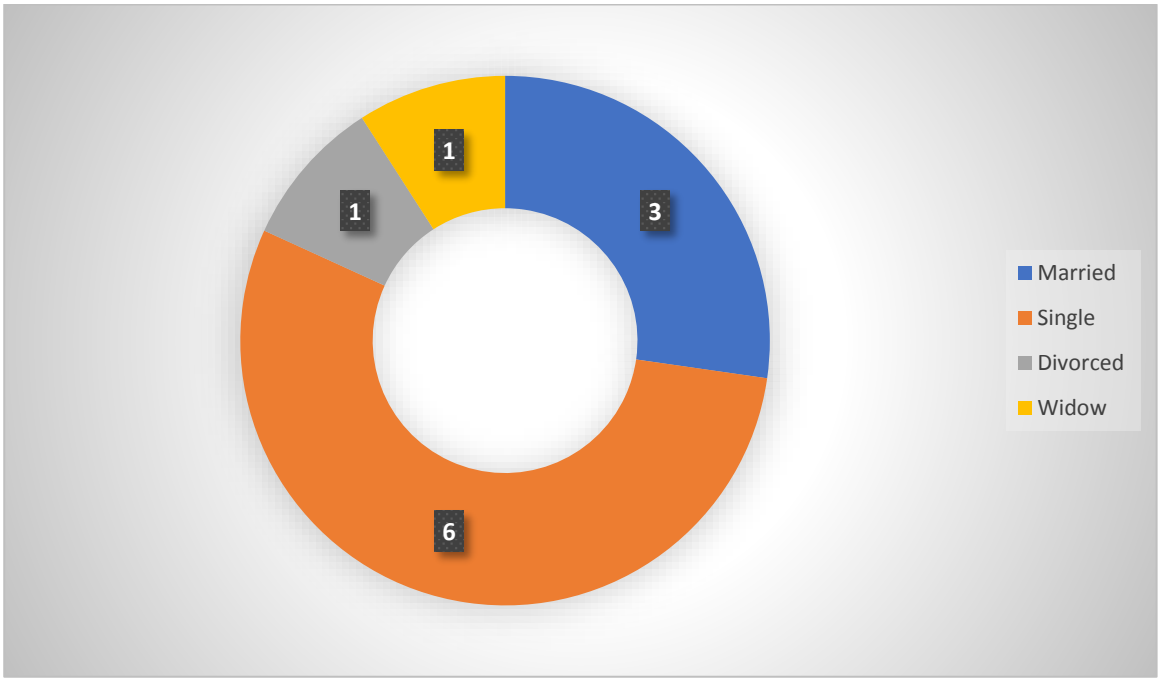

Figure 3.5: Marital status

The figure indicates that six participants were single, which makes up the majority of the participants. Three participants were married; one participant was divorced and the other one participant was a widow.

The following figure is a representation of the numbers of years of experience that participants have in the provision of mental health services.

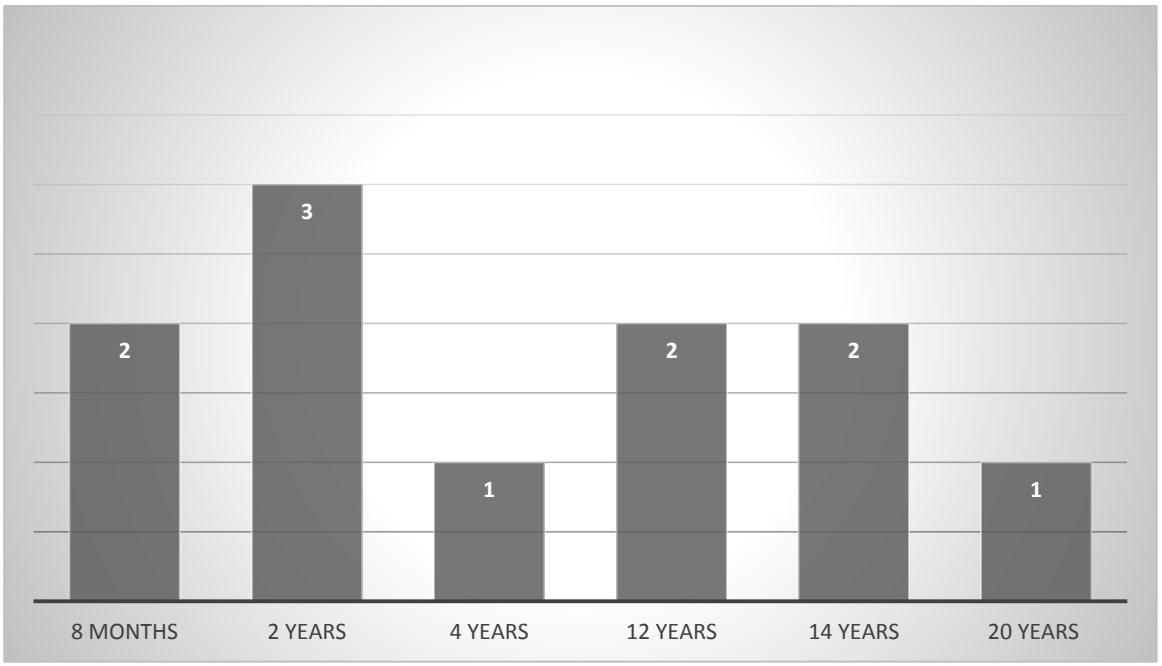

Figure 3.6: Years of experience in the provision of mental health services

The above figure shows that there was no equal distribution in the number of years of experience in the provision of mental health services. It is also seen that two participants had less than a year working with mental healthcare users and only one participant had 20 years of experience in the provision of mental health services. The numbers of years of experience vary from 8 months to 20 years of experience.

In figure 3.7 below, the university which the participants attended (UFS, UNISA, UP, and NWU) is represented.

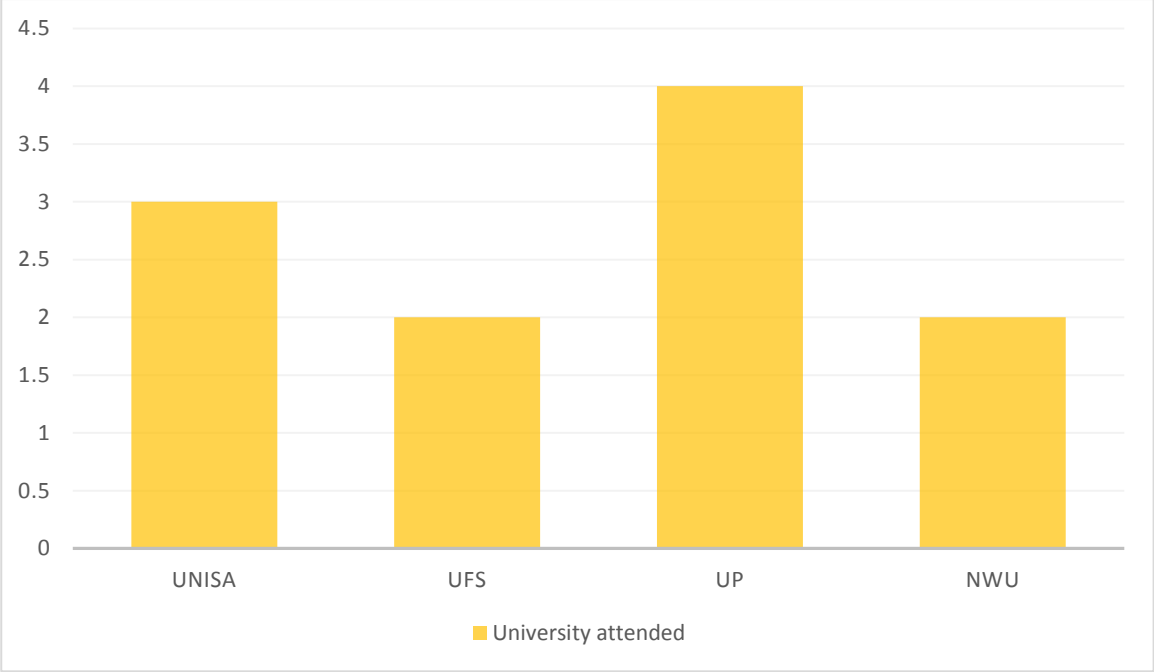

Figure 3.7: University attended

Four participants attended the University of Pretoria (UP); three participants attended the University of South Africa (UNISA); two participants attended the University of the Free State (UFS); and two participants attended the North West University (NWU). Thus, the majority of the participant in the present study were from the University of Pretoria.

Figure 3.8 below, indicates the post graduate qualification of the participants.

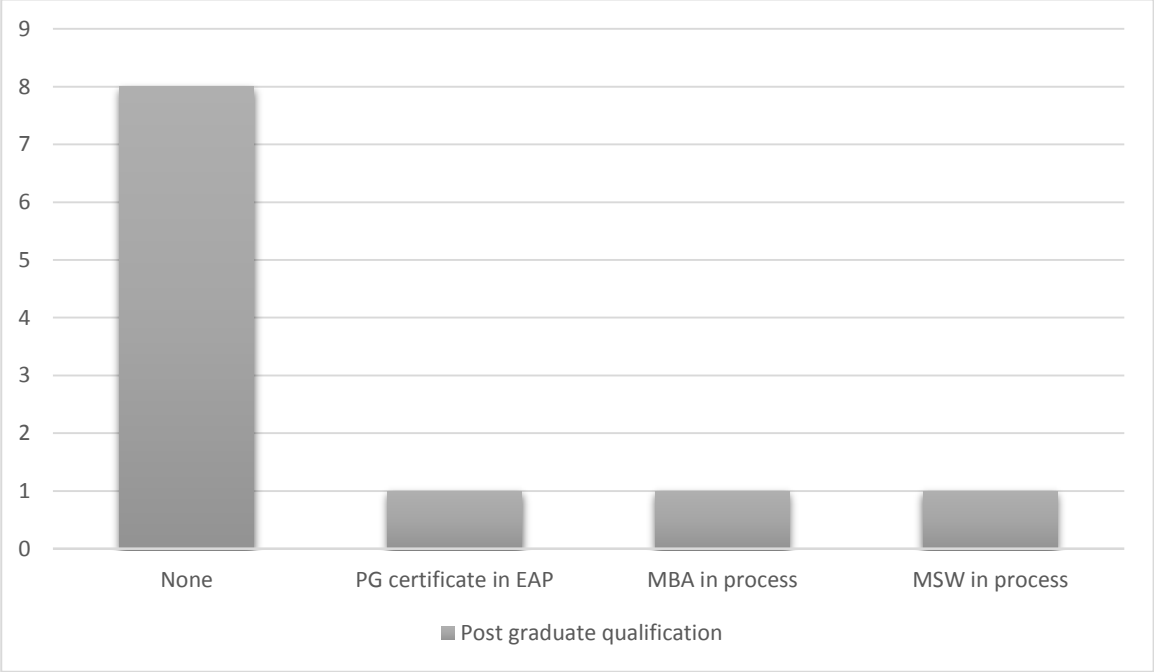

Figure 3.8: Post-graduate qualification

Eight participants indicated that they do not have any post-graduate qualification, only one participant had a post-graduate certificate in Employee Assistance Programme (EAP), two participants were in process of completing a Master's degree, one in Business Administration (MBA) and the other in Social Work (MSW). Thus, it seems that the majority of the participants do not have a post graduate degree.

The following figure represents the current position of the participants.

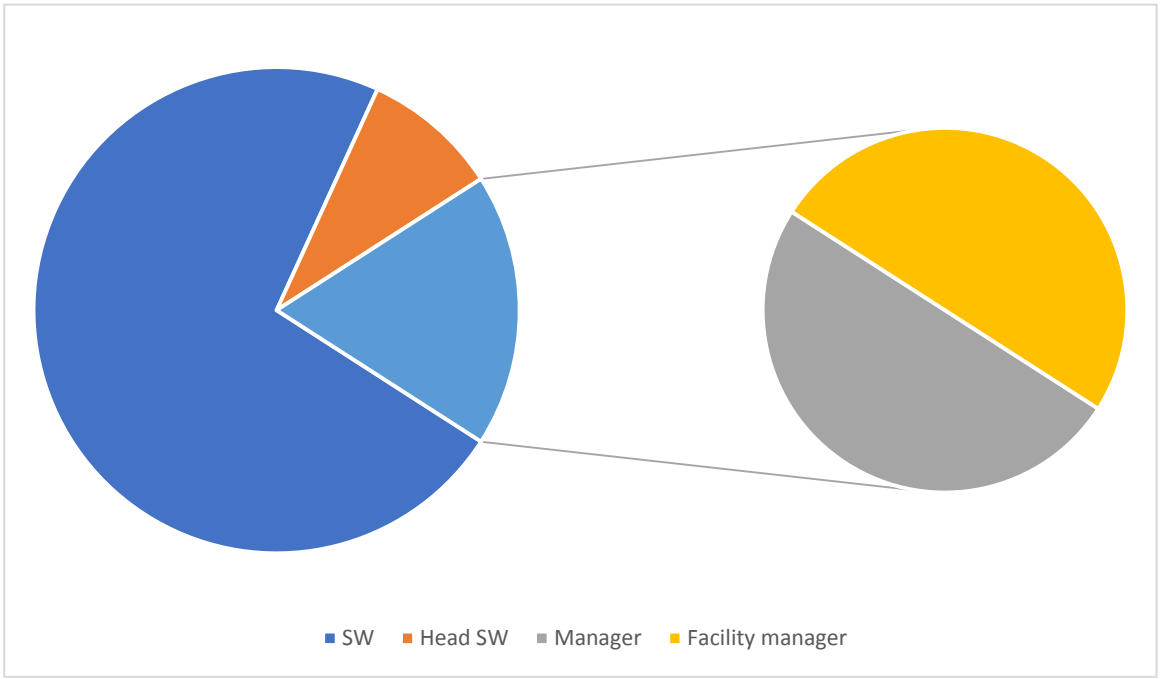

Figure 3.9: Current position

Eight participants in the study were employed as social workers, one participant is a head of social workers in the organisation, and two participants were in the managerial positions: one as a facility manager and the other one as a manager of the residence. Thus, the majority were working as social workers.

3.9 THEMATIC ANALYSIS

The following table consists of the themes and sub-themes that were generated from the data obtained during the interviews.

Table 3.2: Themes and sub-themes

Themes	Sub-themes
1. Knowledge and understanding of mental health services	1.1 Support 1.2 Mental health care as a field of social work practice 1.3 Services rendered by social workers 1.4 Knowledge required 1.5 Referrals
2. Roles and tasks of a social worker in mental health	2.1 Advocacy 2.2 Educator 2.3 Protector 2.4 Good relations
3. Skill required to provide mental health services	3.1 Patience 3.2 Listening skills 3.3 Organisational and administrative skills 3.4 Communication skills 3.5 Flexibility
4. Knowledge and understanding of mental health policies	4.1 Mental Health Act 17 of 2002 4.2 DSM 5
5. Challenges experienced by social workers rendering mental health services	5.1 Lack of resources 5.2 Lack of financial support 5.3 Loss 5.4 Lack of family support
6 Training in the provision of mental health services	6.1 The adequacy of the undergraduate degree 6.2 Other trainings received 6.3 Knowledge and skills acquired on the job or in university.
7 Social work supervision	7.1 Support from supervisors 7.2 Supervision beneficial or not 7.3 Supervision equals better services
8 Suggestions to better equip mental health social workers and improve mental health services	8.1 Areas to improve mental health services in future 8.2 Preparation of students for mental health services

Table 3.2 outlines the themes and sub-themes that were identified from the data collected in the interviews. The above themes will be discussed and supported by the participant's views, as well as literature gathered throughout the study.

Theme 1: Knowledge and understanding of mental health services

The theme mainly focussed on contextualising the services provided by social workers in South Africa. Five sub-themes emerged from the research findings namely support, mental health care as a field of social work practice, services rendered by social workers, knowledge

required and referrals. Each sub-theme is going to be discussed in detail with verbatim quotes and substantiated with literature and theoretical framework.

Sub-theme 1.1 Support

The participants indicated that mental health services is mainly about providing support to the mental healthcare services users within the communities. The following quotes represent the views of the participants in relation to this sub-theme.

> *"I think it is providing support and services to the mentally affected people in a broader context."* ***Participant 1***
>
> *"…so I think one of the biggest things is that we aim that they do not become institutionalized, you know, so that we have activities and programs to support them."* ***Participant 6***
>
> *"Support the mentally ill in our community, we help the people with recognizing abnormalities in behaviour. They report to us, we support families to complete form 4 for involuntary admission at the hospital…… after care we screen families to accept the person back into the community, we help with our support group at our office."* ***Participant 7***
>
> *"Mental health services uhm is where we provide uhm services for the people who live with mental health illness, it's either we support them by counselling, we do also support groups."* ***Participant 8***
>
> *"It can serve as a support system to uhm beneficiaries that has mental illnesses. At our office we do counselling and uhm group work, and we also work with intellectual disabilities…"* ***Participant 9***
>
> *"I think one would say is the services that we render to people who are incapacitated. Incapacity ranges from birth, others from accidents, and so on and so on."* ***Participant 5***

The responses above indicate that most of the participants have an understanding that mental health services is mainly about providing support and mental health services to the mental healthcare service users. The findings are supported by Druss, Von Esenwein, Compton, Rask, Zhao and Parker (2010:152) who assert that mental health services (primary mental health services) are defined in terms of direct and indirect care to patients with mental illnesses in medical care settings. Direct services consists of diagnostic and problem evaluation, crisis intervention, individual, group and family psychotherapies, supportive counselling, prescription of psychoactive medication, and post-hospital care for the chronically mentally ill in the community (Druss et al., 2010:152). Indirect and preventive

services are provided through one-on-one and cooperative arrangements with schools, welfare agencies, police, and a wide range of other community organizations. In some settings the provision of these mental health services is almost completely rendered by mental health professionals: psychiatrists, psychiatric social workers, psychologists, or psychiatric nurses. In other settings, these services are provided by a primary health care provider trained in mental health skills (Druss et al., 2010:152).

The ecological systems theory focuses mainly on the person in the environment. The core assumption of the theory is that people are dependent on the environment (Algood, Harris and Hong, 2013:128). Ecological systems theory consists of five types of systems which are nested together and continually interact with each other and, throughout this continuous interaction, they shape human development (Algood et al., 2013:128). These five interconnected systems are described as the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The mesosystem involves processes that occur between the multiple microsystems in which individuals are rooted (Ettekal & Mahoney, 2017:4). There are many microsystems that interact with activities to affect development which, in this case, refers to the support that social workers in the provision of mental health services give to the mental healthcare service users. The key point is that what happens in one microsystem affects what happens in another microsystem (Ettekal & Mahoney, 2017:4). Support can be classified as a process that occurs between the social workers and the mental healthcare service users. Support can further be provided through individual sessions, support groups or even linking the clients with the relevant resources in the community.

Sub-theme 1.2: Mental health care as a field of social work practice

Participants were asked to share their understanding of mental health care as a field of social work practice. Most participants assert that social workers are needed to provide care, support and protect vulnerable people who are being stigmatised. The quotes below indicate the views of the participants in relation to this sub-theme:

> *"…I think it starts with the social worker I mean, uhm we as social workers are needed to give support and then uhm you know, see that they are not being abused and misused uhm that the stigmatization on persons with mental disabilities are adhered to or uhm spoken about. And then also to make sure that these people live in uhm good safe*

> *environments where they can uhm, you know be uhm protected or uhm….be an optimal person, an optimal uhm member of society."* ***Participant 1***
>
> *"So protection of vulnerable people, really seeing how you can enhance their life and the quality of life uhm yes and help them to kind of function in society."* ***Participant 10***
>
> *"I think a social worker in mental health care really immense themselves uhm into the daily running of the home you know, uhm you look at some of the services that they render, apart from psychosocial services you still have to do counselling, you still have to offer uhm the continuous care, you still have to offer, there is also couples you know, as much as there are mentally handicap it does not mean they cannot marry or they cannot be in relationships so you also have to uhm counsel couples, there is also an element of family preservation so all of those things are the key services provided they are, they are main things that social workers do render to the mentally ill people in this kind of settings."* ***Participant 4***

It can be seen from the above narratives that the participants have a basic knowledge on what a social worker in mental health does. Participants in the present study reported that a social worker in mental health is needed to give support and protection to the vulnerable group; psychosocial services; counselling and family preservation. In confirming the findings, the National Association of Social workers (NASW) (2008) stresses that the ethos of social work is to protect human rights and intervene to prevent or eradicate discrimination and inequality, and to protect and advocate for people who are vulnerable (NASW, 2008:8). The NASW further asserts that social work has a dual mission, namely, to enhance human wellbeing and help meet their basic needs, with more emphasise on the empowerment of vulnerable groups (NASW, 2008:8).

Similarly, the South African Council for Social Workers (2008:10) asserts that social work in health care is defined as a specialisation in social work in the field of health care, which focuses on health promotion, prevention, intervention and research regarding the psycho-social implications of illness and disability, medical treatment, care and support, hospitalisation, rehabilitation and reintegration of patients with significant others and the community from a holistic perspective (SACSSP, 2008:10).

According to the ecological systems theory, the microsystem is the level closest to the social workers providing mental health services and comprises structures such as family, school

and community members with which the social workers have direct contact. Furthermore, the relationships and interactions that individuals have with their immediate surroundings falls under the microsystem (Pusey-Murray & Miller, 2013:116), which, in the present study, refers to the direct contact that social workers have with the mental healthcare service users. Furthermore, social workers provide support directly to the mental healthcare services users and they also interact with other systems such as the clinics and doctors to ensure that mental health service users receive better services (Pusey-Murray & Miller, 2013:116).

Sub-theme 1.3: Services rendered by social workers

Participants stated that the services that social workers in mental health provide include social support, residential care, home visits and family reunification. The following quotes represent the views of the participants in relation to this sub-theme.

> *"…we are giving a social support, social work support, uhm we help with every uhm psychosocial problems, emotional problems uhm we do give group work, we do uhm we give support to everyone that need support and we do three awareness campaigns during the year."* ***Participant 2***

> *"We provide residence as a residential facility, so we provide a home and a place to stay, food, and all that, residence. And it's like a social rehabilitation program for persons diagnosed with schizophrenia or schizoaffective, bipolar persons and also persons that at stage was not able to stay on their own outside they needed monitoring or they needed life skills and social skills to be able to move on."* ***Participant 11***

> *"We deliver social work services which means we do home visits to persons with psychiatric, intellectual and emotional problems, uhm we do office, people come to the office, we do support work, we do referrals, we do therapy if needed uhm, and basically, all the needs that I can say, for persons with mental disabilities."* ***Participant 1***

> *"As a social worker we provide family reunification, because we advocate for family involvement, you bring a resident we want to ensure that the family is involved one way or the other, come and visit, take the resident out for lunch, things like that. So family reunification and family involvement and psychosocial, you know that most of them are on medication."* ***Participant 5***

The findings indicated that participants have a general understanding of the services that they provide with emphasis on the social support, residence, home visits, office work and

family reunification. Alem et al. (2008:5) concur with the findings and further asserts that social workers are trained to work in partnership with mental health care service users, their families, and care givers to ensure that they provide effective and efficient services (Alem et al., 2008:5). Social workers in mental health focus mainly on the social context and social consequences of mental illness. Furthermore, the findings were supported by Lamb (2014:2) who states that social work is crucial to delivering and maintaining excellent mental health services. Good quality social work can transform the lives of people with mental health conditions and is an essential part of a multidisciplinary and multiagency team (Lamb, 2014:2).

Bronfenbrenner (1977 in Algood et al., 2013:128) posits that the macrosystem consists of the "overarching pattern of micro-, meso-, and exosystems characteristic of a given culture, subculture, or other broader social context, with particular reference to the developmentally-instigative belief systems, resources, hazards, life styles, opportunity structures, life course options, and patterns of social interchange" that are embedded in each of these systems (Algood et al., 2013:128). Social workers provide mental health services to the mental healthcare services users. In providing these services, social workers have to adhere to the vision and mission of the organizations that they are working for as well as the policies and legislations on mental health services in South Africa. In addition, Ettekal and Mahoney (2017:4) asserts that the macrosystem influences development within and among all other systems and serves as a filter or lens through which an individual interprets future experiences (Ettekal & Mahoney, 2017:4). Social workers not only provide services to mental healthcare services users but they also do awareness campaigns to educate the community on mental health issues as well as provide support groups to family members and caregivers of mental healthcare service users.

Sub-theme 1.4: Knowledge required

In this sub-theme the participants were asked to share their understanding in terms of the knowledge that is required when providing mental health services. The participants stated that one needs to have social work background; knowledge of mental health and mental illnesses; and knowledge of the community and the resources available in order to render mental health services. The quotes below represents the views of the participants in relation to this sub-theme:

> *"I think primarily here also the manager's chair, you need someone with a social work knowledge, that is a core, you need someone with uhm social work knowledge because they can relate, as much as you are the manager, it is not run as in the business so you still need to be uhm the centre in terms of communicating with the families, to ensure that you address the complaints as the come in."* ***Participant 4***

> *"The knowledge of your community, knowledge of resources available, knowledge of mental health illnesses; knowledge of interpersonal relationships; the skill of the system; knowledge of typing; yes we use the white paper on families and the white paper on mental health."* ***Participant 7***

> *"Overall knowledge on about mental health and mental illness and how to go about dealing with a person with a mental illness."* ***Participant 8***

> *"So broad range, and like I say, I do a lot of groups, person centred is important and definitely knowledge on mental health. So I mean it has helped for me to start to get to know some of the medicines and the impact that they have uhm the side effects that they have on different people experience that uhm then also a lot about the disorder, you have to know what it is about. You have to know kind of warning signs when someone is relapsing. Because if you miss that you cannot intervene appropriately or quick enough to help the person."* ***Participant 10***

> *: "I said you need social work knowledge, managerial knowledge as well as because you really need to have a bit of background in that uhm you need to have mental health knowledge because primarily now, we are rendering mental health knowledge according to the directorate that we are reporting to and I think up and above uhm it's just to keep up to date with the current trends in this uhm in this position."* ***Participant 4***

Taking these views into consideration, it is evident that most participants agree with one another that in order to provide mental health services, one needs to have knowledge of the different mental illnesses that are present in our country, social work knowledge as well as the mental health care act. The above resonates with Van Heugten (2011:175) who asserts that it is a requirement for social workers providing mental health services to have a four-year undergraduate university degree (Van Heugten, 2011:175), which, in the present study, all participants were in possession of from one of the accredited universities in South Africa. Furthermore, De Jager (2013:476) concurs with the findings as well as Van Heugten (2011) that for social workers to provide quality mental health services to clients, they must have knowledge of mental health in general, mental illness, as well as different types and the characteristics of mental illness (De Jager, 2013:476). In addition, Allen and Spitzer

(2016:13) assert that in mental health, social workers often require particular expertise in the use of the Mental Health Act 1983 (MHA) and/or the Mental Capacity Act 2005 (MCA) (Allen & Spitzer, 2016:13).

According to the ecological systems theory, the chronosystem includes the transitions and shifts in one's lifespan. This may also involve the socio-historical contexts that may influence a person (Neal & Neal, 2013:724). Any system like this includes roles and rules that can have a strong influence on development (Algood et al., 2013:130). It is critical for social workers in the provision of mental health services to have more knowledge on the policy and legislation of mental health services as well as the different mental illnesses that are present. Knowledge of the different types of mental illnesses, treatment options as well as policy and legislation surrounding mental health changes over time, hence it is critical for social workers to be up to date with the current trends in the mental health services.

Sub-theme 1.5: Referrals

The participants highlighted that the most common referrals that they get are from the family members, psychiatric complexes, community members, hospitals, children's courts, and the Department of Social Development. The following quotes represents the views of the participants in relation to the sub-theme:

> *"Uhm the most common one we get is from our psychiatric complex, uhm if they have persons that were admitted and they are being sent back home uhm, they refer them to us for aftercare and then also telephonic referrals, uhm from the members in the community."* ***Participant 1***

> *"Uhm commonly are the people who have not yet been diagnosed. The family members refer them here to us and you may find that uhm they are violent, they do not want to be taken to the hospital and all that, so they seek our assistance, the family members."* ***Participant 3***

> *"Most of our residents is where, where the family members apply for them, for, to stay. So uhm, and then sometimes from our community department, they will become aware of a disabled person that is staying in the community but not doing so well. So we do we have admitted a couple of people that, you know, that was staying on their own but they were abused or they weren't coping in the community. And so yeah, that is from our own social work department."* ***Participant 6***

> *"Most of the referrals are from the hospital, you find that the person is admitted to the hospital, and then thereafter, the person who had like a for example, I take you to a hospital thereafter I disappear after the hospital doesn't know where to discharge the person."* ***Participant 5***
>
> *"We get referrals from the court, the court system, children's court and then also the community clinic that gives the medication to the patients."* ***Participant 9***
>
> *"Uhm the common referrals that we get are people that live with bipolar mostly, we get from different organizations, especially from the Department of Social Development."* ***Participant 8***
>
> *"People that's been diagnosed with schizophrenia that's high level, so they function well enough to kind of look after themselves, but not well enough to be able to live alone and manage externalities."* ***Participant 10***

The responses above indicate the views of the participants regarding the common referrals they receive are also dependant on where they work. In support of the findings, Craig and Muskat (2013:12) outline that mental health providers will refer clients to full range of medical or mental health services including: psychiatric evaluation, pharmacist for psychotropic medication management, neuropsychological testing, day treatment programs and in-patient hospitalization (Craig & Muskat, 2013:12). The findings are further affirmed by Moriarty, Baginsky and Manthorpe (2015:15) who state that social workers may also be employed by organisations that support older people, people with mental health problems, people who abuse substances and family carers (Moriarty et al., 2015:15).

The exosystem is the third level in the ecological systems theory and it consists of the bigger social framework, in which social workers are not directly involved, although they might be influenced by it (Pusey-Murray & Miller, 2013:116). For example, the decisions taken by the hospitals, clinics or the family members to refer the mental healthcare service users to certain organizations where social workers will be rendering services to them, might have an impact on the social workers. The structures in this level have an impact on the advancement of the mental healthcare service users by linking with the different structures in the microsystem. In this case, the mental healthcare service users are referred to the organizations rendering mental health services by their family members or the hospital.

Theme 2: Roles of a social worker in mental health

The theme mainly focussed on establishing the views of social workers on their roles and tasks in the provision of mental health services. Four sub-themes emerged from the research findings namely advocacy, educator, protection, and good relations. Each sub-theme is going to be discussed in detail with verbatim quotes and substantiated with literature and a theoretical framework.

Sub-theme 2.1: Advocacy

Four participants indicated that advocacy is the main role that they play in the provision of mental health services to the community. Their views are captured below:

> *"I think for me it's still, it's still also being an advocate for the mental healthcare user because that is still being stigmatized, still being not heard, still being not seen… so for me it's really about giving voice to the mental healthcare user."* ***Participant 11***

> *"I think as a social worker working in this field, we are sometimes your advocate, because there is sometimes discrimination against people with disability so for the to get proper service you sometimes need to be an advocate, especially at the hospital, uhm sometimes they will not be prioritized and to motivate you know, that they get a proper service."* ***Participant 6***

> *"…uhm yeah in terms of uhm this environment of ours we become the advocate of the disabled people uhm generally we look after their best interest because these are people that uhm lack insight uhm most of the or almost all of them are incapable of making decisions on their own."* ***Participant 4***

> *"I think we are there to advocate for persons with mental disabilities and to see that uhm you know, they receive the uhm correct treatment as a person. And that we must uhm also look at stigma stigmatization on persons with mental disabilities uhm and be uhm you know, be advocates for the rights of persons with mental disabilities."* ***Participant 1***

The views above demonstrate that participants' perceive advocacy as one of the significant roles that they play when providing mental health services to the community. Similarly, the findings in a study conducted by Leah (2020:11), that was investigating the professional role and identities of ten multi-professional Approved Mental Health Professionals (AMHPs) from social work, mental health nursing and occupational therapy backgrounds as hybrid professionals, discovered that this role was principally invoked to support counter-

arguments to compulsory detention, by offering community alternatives to hospital admission. It was implemented to support individuals experiencing the Mental Health Act (MHA) assessment to express their views and wishes, thereby ensuring their voices were heard, or when individuals were unable to advocate for themselves due to mental incapacity (Leah, 2020:11). Furthermore, the role was performed to alleviate the social exclusion of people with mental illnesses. The advocate role incorporated a service user led focus promoting the service users' perspective of the situation, ensuring that service users were listened to and that their voice was valued within the assessment process from the perspectives of the participants (Leah, 2020:12). In addition, Golden (2011:227) concurs with Leah (2020:11) that social workers have been above all strong advocates for increasing their professional presence in diverse outpatient and community care settings (Golden, 2011:227).

The ecological perspective puts more emphasis on the need to view people and environments as a unit within a specific cultural and historical context. Both person and environment can be fully understood only in terms of their relationship, in which each continually influences the other within a particular context. Therefore, all concepts resulting from the ecological metaphor refer not to the environment alone or the person alone, but to the relationship between the person and the environment, whether it is positive, negative, or neutral (Germain, 1973 in Gray & Webber, 2013:175). Participants view their role as being an advocate for the mental healthcare service users. In order for one to understand the role of the social workers in the present study, they must first understand the relationship between the social workers and the environment that they are in, which, in this case, is the provision of mental health services to the community.

Sub-theme 2.2: Educator

Only one participant mentioned an educator as one of the roles that social workers play in providing mental health services. The view is indicated below:

> *"I think it depends on the day, some days you do everything in one day but I think most of the time, uhm I think training and being the educator is almost on a daily basis because you educate the staff, but you also educate residents about one another because if you admit new residents, sometimes the other residents say but he is doing this and this and if you explain the disability to them, they will, then become*

more, more supportive so I think that is really a daily, a daily thing."
Participant 6

In confirming this findings the Australian Association of Social Workers (2008:9) outlined that in the primary prevention level, social workers play the role of an educator by doing awareness campaigns which educate the community on mental health, the risk factors, and the signs and symptoms of mental illnesses (Australian Association of Social Workers, 2008:9). Correspondingly, a study conducted by Leah (2020:12) also indicated that the role of 'educator' was put in front when AMHPs educated other professionals to acquire knowledge and legal literacy of the MHA, its related regulations and code of practice (Leah, 2020:12). The educator role was performed to make MHA assessments run smoothly, when AMHPs advised General Practitioners of the grounds of mental disorder under section 1 of the Act and on how to complete a medical recommendation (Leah, 2020:12). AMHPs' performed the role of an educator when other professionals attempted to adjust the AMHPs' legal duties of ensuring patients' safe transference to hospital and other professionals did not have a thorough understanding of the MHA, which then led to participants educating others on the legal criteria and used this knowledge to reinforce legal boundaries (Leah, 2020:13).

One of the principles of the ecological systems theory is role. A role perspective is described as an understanding of the social dimensions of development. Role performance includes how others are supposed to act and not only expectations of how a person in a given social position is to act toward others (Payne, 2014:184). The author further posits that role performance or social participation is strongly related to one's sense of self and self-esteem (Payne, 2014:184). The participant provides educational groups to the caregivers and family members about mental health. The participant further educates the community about mental health issues through awareness campaigns to minimise the discrimination and the stigmatization of mental healthcare service users.

Sub-theme 2.3: Protector

Only two participants mentioned protection as part of their role in the provision of mental health services. Their views are captured below:

> *"So basically is to, is for us to safeguard their uhm livelihoods uhm, to protect their wellbeing, to ensure that we are a voice for them uhm..."* ***Participant 4***

> *"So for me, a role of a social worker in mental health is to protect vulnerable, vulnerable people uh to see how you can improve quality of life."* ***Participant 10***

It is evident from the quotes above that some participants perceive protecting the mental healthcare users as part of their role in providing mental health services. Resonating with these findings, Allen and Spitzer (2016:13) asserts 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 (Allen & Spitzer, 2016:13). Similarly, Moriarty et al. (2015:6) outline that social workers have a principal role in safeguarding people who may be socially excluded, at risk of abuse or neglect, or who become vulnerable for other reasons. They balance support and protection/safeguarding roles carefully and, in keeping with the specific needs and circumstances of the person or family, take protective action as needed and within the context of legal roles and frameworks (Moriarty et al., 2015:6).

Ecological systems theory outlines that roles do not only represent set patterns of expected behaviours, but also a pattern of equal claims and obligations (Greene, 2009:211). Mental healthcare service users are classified as one of the vulnerable groups and social workers protect vulnerable groups and aim to provide a better quality of life for the vulnerable groups, including the mental healthcare service users.

Sub-theme 2.4: Good relations

One participant indicated that it is essential for social workers to have good relations with other departments and other healthcare professionals. The following quote represents the views of the participant in relation to this sub-theme:

> *"I think the social worker must have a good relationship with all the organizations. When they refer problems to us or cases, new cases to us, we are also in, a social workers should be in good relationship with the local medical personnel, the psychiatrist and the mental health nurses at the clinic; the DSD and the children's court; police department and it's also good to know your community, where your resources are and also have good relationship with your special needs schools."* ***Participant 7***

From the quote above, it is evident that this participant perceives having good relationships with other professionals in their area as important because those other professionals also play a significant role in improving the lives of the mental healthcare service users. A study conducted by Bachman, Wachman, Manning, Cohen, Seifert, Jones, Fitzgerald, Nuzum and Riley (2017:251) confirm that existing relationships between social workers and community-based providers could make social workers an essential resource to Medicaid (Bachman et al., 2017:251).

The microsystem is described as a setting in which a set of people engage in social interaction that includes the main individual (Neal & Neal, 2013:724). Social workers engage directly with the community and other healthcare professionals to build a positive working relationship. Factors at the micro-system level can directly affect the social workers (Algood et al., 2013:128). Similarly, the concept of relatedness is a concept central to an ecological view of development. Relatedness is the ability to form human relationships or to connect with other people (Neal & Neal, 2013:728), which, in the present study, can be linked to the social workers' ability to form positive relationships with the community and other mental healthcare professionals.

Theme 3: Skills required to provide mental health service

The theme was mainly focussed on establishing the views of the participants in terms of the skills required when providing mental health services. Five sub-themes emerged from the research findings namely patience, listening skills, organisational and administrative skills, communication skills and flexibility. Each sub-theme is going to be discussed in detail with verbatim quotes and substantiated with literature and theoretical framework.

Sub-theme 3.1: Patience

Four participants indicated that it is important for social workers rendering mental health services to have patience as mental healthcare services users may not hear or understand what is being said the first time and the social workers may have to repeat the same thing a couple of times. The following quotes represent the views of the participants in relation to the sub-theme:

> *"The first one is, in Afrikaans we call it gedelt, what is gedelt in English? Patience. You need to have patience, because uhm sometimes you*

> *have to repeat uhm the same thing to persons with mental disabilities, because they don't hear you the first time. Uhm they unfortunately have uhm the tendency to repeat behavioural problems that you have to, you know, work with on every day. So patience is number one."* ***Participant 1***
>
> *"You need patience…"* ***Participant 4***
>
> *"You need to be patient. You need to…uhm be patient, be interested in what they are saying and then yeah if you are patient because now these are the people who are incapacitated. I tell you no no no no, it's fine. I hate you. You can call two minutes they are back. So if you're you are not patient, you'll lose it."* ***Participant 5***
>
> *"I think you must be patient I think and that that's also an acquired skill."* ***Participant 6***

There were varying views in terms of the different skills that one needs to have when providing mental health services. Four participants indicated that when providing mental health services you need to have patience. In confirming these findings, the NASW (2015:21) outlined that social workers encounter a variety of situations and individuals in their work. It is important to have patience to work through complex cases and with clients who need longer periods of time to make progress. This empowers social workers to understand the client's situation and avoid hasty decision-making and frustration that can lead to costly errors and poor outcomes for the client (NASW, 2015:21).

Ecological systems theory outlines that coping measures are special behaviours, often new, that are formulated to handle the demands presented by the life stressors. They include efforts to regulate immobilizing, negative feelings and to engage in effective problem solving as required by the particular life stressor. Social workers render mental health services to different individuals with various mental illnesses and it can overwhelming at times. Hence, participants feel that having patience is important in this field of practice.

Sub-theme 3.2: Listening skills

In this sub-theme participants reported that being a good listener is vital as most of the mental healthcare service users read your body language and they can pick it up if you are not interested or paying attention to what they are saying. The views of the participants are indicated below:

> *"You need to be a good listener, most of them they read your non-verbal emotions, if your body state it appears as if you are uninterested they can pick it up. So most of the time they prefer that you look at them when they are talking to you."* ***Participant 5***
>
> *"To listen to them, to really listen to your client and hear what they are saying, what is their emotional needs or problems. Yeah mostly to listen with interpret to them."* ***Participant 2***
>
> *"Uhm I think listening and not judging and being supportive."* ***Participant 9***

Resonating with the findings, Cournoyer (2011:194) indicates that listening is part of the communication skills that social workers need to have. Active listening involves talking and listening skills. It makes clients feel understood and encouraged to express themselves more. The social worker first listens to the client and reflect on their understanding of the client's message back to the client (Cournoyer, 2011:194). Active listening indicates that the social worker has understood the client and illustrates interest in the client's opinions, feelings and experiences. Active listening also involves empathy and paying attention to both verbal and non-verbal cues that are expressed by the client during the sessions (Cournoyer, 2011:194). Similarly Beesley, Watts and Harrison (2018:56) assert that social workers have good listening skills, making sure that the children, adults and families with whom they work are supported in order to participate in the decisions affecting them. They help people have control and influence over their lives, recognising when it may be necessary to provide challenge and ensure that they are properly protected and safeguarded. Social workers need to be able and ready to use their powers of intervention, if necessary (Beesley et al., 2018:56).

The ecological systems theory points out that the individual and the environment influence and react to one another to accomplish the ideal or goodness-of-fit match. This happens when an individual's environmental exchanges are indeed effective, even when perceived as uncertain (Greene, 2009:213). As observed from the quotes above, the participants indicated that they perceive being a good listener as one of the significant skills that a social worker should have especially when working with mental healthcare service users.

Sub-theme 3.3: Organisational and administrative skills

Only one participant in the study mentioned organisational and administrative skills as skills that one should have when providing mental health services. The views are captured below:

> *"I think you need good organisational skills as well, I think uhm generally working with a lot of people, being the manager you still need to be sensitive uhm to people and I think it's almost out of utmost importance to respect everyone if you want them to also respect you uhm administration skills as well."* ***Participant 4***

Qalinge (2015:19) affirms that report writing is a fundamental skill that social workers need to master. Writing letters and record keeping are also important (Qalinge, 2015:19). After every intervention or encounter that a social worker has with the clients, a report needs to be written as well as a progress note (Cournoyer, 2011:187). These skills will further assist the social workers to record the minutes during meetings, print the necessary forms and be up to date with their daily tasks (AASW, 2008:10).

The principle of competence presume that "all organisms are innately motivated to affect their environment in order to survive" (White, 1959 in Gray & Webber, 2013:175). Opportunities for effective action must be available in the environment from childhood to old age for the development and sustainment of a sense of one's effectiveness. Accumulated experiences of efficiency lead to a sense of competence (Gray & Webber, 2013:175). The social work profession, irrespective of the field of practice, involves a number or reports that need to be written for the clients or patients. Hence, good administrative skills are essential.

Sub-theme 3.4: Communication skills

Two participants indicated that social workers need to have good communication skills when working with mental healthcare service users. The following quotes represent the views of the participants in relation to the sub-theme:

> *"Uhm the communication skills we do need every day and also uhm the counselling skills, we do need that on a daily basis because now we meet different clients who need different services."* ***Participant 8***

> *"I think it's communication skills mostly importantly."* ***Participant 3***

The responses indicate that participants believe that social workers, in the provision of mental health services, must have good communication skills. In confirming these findings Koprowska (2014:12) stated that good communication is central to social work practice (Koprowska, 2014:12). Similarly, Qalinge (2015:20) and the AASW (2008:10) assert that social workers must be able to communicate complex and comprehensive information to mental health service users and their families. It is also important that social workers acquire non-verbal communication skills in order to understand how people feel (Qalinge, 2015:20). Effective and skilled communication is the key element in forming, developing and maintaining relationships when working with people in different contexts under different circumstances (AASW, 2008:10). Furthermore, Healy (2017) stresses that even in diverse and challenging circumstances, effective communication is thought to build constructive working relationships and enhance social work outcomes (Healy, 2017). The author further states that communicating effectively with adults receiving of health and social care services, enables them to better participate in important decisions about their care (Healy, 2017).

Similarly, Bodie (2010:72) emphasises that it is expected that every social worker should have the ability to utilize communication to the tasks of problem identification, assessment, intervention planning, evaluation and termination, while taking into consideration the uniqueness and peculiarities of groups and individuals (Bodie, 2010:72). Obi-keguna, Agbawodikeizu and Uche (2017:61) agree with Koprowska (2014), Qalinge (2015:20), AASW (2008:10) and Healy (2017), and further states that good communication as a social worker requires the expertise to be both sensitive and understanding of clients' situations in order to build rapport with the client, with the purpose of charting treatment pathways, and, eventually, fostering desired change (Obi-kugena et al., 2017:61).

From an ecological perspective, Greene (2009:211) states that the ability to be effective in one's environment is achieved through a history of successful interactions with the environment. Constant activity coupled with consistent mutual caretaking, results in a lifelong pattern of positive relationships, the ability to make confident decisions, to trust one's judgement to achieve self-confidence, and to produce the desired effects on the environment (Greene, 2009:211). In addition, Neal and Neal (2013:723) outline that competence is an important hypothesis for social workers, because it suggests that motivation to be effective in the environment can be mobilized even if life circumstances have dampened this motivation. The authors further stress that, although they do not yet

have the knowledge and skills to help all individuals in all situations to mobilize their competence motivation, it is nevertheless possible in many situations for social workers and clients to devise opportunities for purposive and effective action to improve elements of environments or the person's exchanges with them (Neal & Neal, 2013:723).

Sub-theme 3.5: Flexibility

Three participants indicated that flexibility is key for social workers providing mental health services because often, the day does not go as planned and one needs to be able to adapt to change and different situations when necessary. The following are the responses of the participants in relation to the sub-theme.

> *"Uhm I think flexibility, uhm with mental health, I think flexibility is is yeah. So a lot of that is also how you interact with people. So I would say, and there undergrad helped a lot uhm was person centred, to get to know everyone really well and you kind of know what is okay for this person is not okay for the next person, this behaviour is this person's normal. So it is a very, I think that skill of kind of being flexible in your interactions, but also setting boundaries and providing that security, if that makes sense."* ***Participant 10***

> *"But you must also and I think you must also be able to think on your feet, uhm and, I think you must be able to adapt, because things can really change. Sometimes within an hour, something changes."* ***Participant 6***

> *"and you need to adapt to change and you need to change when you recognise some of your views or some of the ways that you reach in that is offensive or that comes across as negative you have to change that but you still need to be real and you need to be yourself."* ***Participant 11***

Three participants indicated that flexibility and being able to easily adjust to the different situations is very important as things can always change when working in this field of practice. The above resonates with Johnson and Rhodes (2015:67), who posit that social workers provide services to various areas. Irrespective of being new to the field or switching jobs, flexibility is needed in order to meet the specific needs of the organisation and those served. There is no "one size fits all" in this field. At the same time, the social worker should be flexible enough to multi-task, as this is more often a requirement than not. It is not uncommon to have many demands on your time and attention at any given moment.

Knowing how to prioritize and complete several tasks at once is crucial to getting things done in an effective and efficient manner (Johnson & Rhodes, 2015:67).

Adaptation is the central ecological concept in the dynamic nature of interactions in person-in- environment relationships (Gardiner & Kosmitzki, 2011:25). Adaptation relates to the cause-and-effect relationship between the person and the environment, with change as the foreseeable outcome of the interaction. Adaptation may be directed to changing oneself in order to meet environmental opportunities or demands, or it may be directed to changing the environment so that physical and social settings will be more responsive to human needs, rights, goals and capacities. (Gray & Webber, 2013:175). Participants indicated that it is important for one to be able to adjust to different situations given the setting in which they work.

Theme 4: Knowledge and understanding of mental health policies

The theme mainly focussed on exploring the utilisation of policies by social workers in the provision of mental health services. Two sub-themes emerged from the research findings namely mental health Act 17 of 2002 and the DSM 5. Each sub-theme is going to be discussed in detail with verbatim quotes and substantiated with literature and theoretical framework.

Sub-theme 4.1: Mental health Act 17 of 2002

All participants stated that they make use of the mental health Act as the guideline for their interventions. The following quotes reflect the sub-theme.

> *"Oh ma'am now you are asking me, because I don't have the Act in front of me so I can't really uhm think of uhm what is that part of the Act."* ***Participant 1***
>
> *"Okay, to give care and uhm to help in the best interest of the persons who need the help and to verwys hulle, what do you call verwys uhm to send them for help, either with a form 4 or wat is er…or they need to."* ***Participant 2***
>
> *"The uhm 72 hour assessment, normally our clients then are taken to the hospital for assessment before they can be referred to the psychiatric uhm we do that. In terms of the people who are violent, we normally seek assistance of the police so that we issue the form 4, it is involuntarily, its involuntary in nature whereby the family members*

take the form to the police and the police will then go and open and take the client to the hospital for assessment and treatment." ***Participant 3***

"I don't master it with my head, so I will, I don't want to give you any inaccurate information but uhm I think in general sense to just answer it broadly. So, we are fully compliant or we are aiming as we are newly uhm as we are one of the new babies in the Department of Health to just try and comply with all the legislations that is there. I think we are also on the right track to be compliant with the review board which uhm they are the ones responsible for all the mentally handicapped in the residential institutions, so I wouldn't point out the specific sections of the Act but I can just uhm in a general overview to say we are doing our utmost best to ensure that we are compliant with all the necessities that are there." ***Participant 4***

"I can't recall the exact subsections on top of my head but most of the time it's the review board, it's one which we are involved with, because now we have to comply with the review board, ensure that everyone is on their database and so on and so on. And just that I can't recall the exact Acts on top of my head, but then we will know you have your state patients, you have your voluntary uhm admissions, it's what we deal with mostly voluntary because most of the people here, are people who came here voluntarily, there is no one who is here against their will. Voluntary inpatient care and rehabilitation is what we deal with here, it's just a pity I can't recall the Act on top of my head." ***Participant 5***

'I don't know them by heart, but I've got I think the whole, all the, the articles and the stipulations of the review board, we do that. Do you really want me to, but we really my act is never far away from me. So we really look at all the regulations and the forms and the clauses in the act that is applicable to us. For us it's also a learning process, because we were always with the Department of Social Development and their focus was a bit different and we mostly used the Older Persons Act. So but yeah we started now since we are registered with the Department of Health to comply with all the regulations. So we use form 4, we use form 5, we use the form 13A that is the periodical report. For leave we use regulation 27 and then even for if somebody passes away, or they leave the discharge form which is form 3 that we use, and also we also use form 7 that is the form that the head of establishment must complete. And it goes with all the, most of the forms that we submit at the review board requires the appointment letter of the head of establishment and the head of establishment must also co-sign most of the forms." ***Participant 6***

"We follow them all but mostly the one we make a copy of is section 40 where the police is supposed to help us to take the person to the hospital if they are aggressive. So we type the memorandum for the police, take the memorandum, the form and the family members to the

police and request assistance. They usually refuse to help and then we show them on that section 40 when we need that assistance from them so we use this for involuntary admission the most." ***Participant 7***

"Act no 17, its uhm the knowledge and rights of our service delivery so we always make sure that we treat them with respect, we don't judge them or we don't label them and we believe that mental illnesses are not by choice it is something that can affect anyone so we always make sure that we respect them and we keep in mind that they are also human beings." ***Participant 8***

"We use the involuntary admissions the most especially since the lockdown." ***Participant 9***

"Okay, so that would be the protection, as we are a residential facility, so providing space for them and seeing how we can provide rehabilitation services, so that they can function in a society." ***Participant 10***

"So the protection, sometimes we have to intervene with form 4s to keep someone safe, if someone is psychotic and they are a danger to themselves or others, then we have to use that part of the Mental Healthcare Act to really keep the person safe because they know they are in need of care and then the others is definitely the rehabilitation. NGOs is also very specifically about working according to the recovery orientation, to be able to provide skills and help to the person so that they can actually function at their highest capacity and that differs for everyone." ***Participant 11***

It is evident from the above quotes that participants have knowledge and understanding of the Mental Health Act 17 of 2002. In support of the findings, the mental health Act aims to improve mental health care in such a way that mental health service users can access the best possible mental health care, treatment and rehabilitation services through a primary health care approach and an emphasis on community care (Mental Health Care Act, 2002:9). It also aims to protect the health and safety of the public in situations where persons with mental disabilities may be a danger to themselves or others (MHCA, 2002:9; Madela-Mntla, 2010:104). The Act further ensures that hospitalising persons involuntarily due to harm of self and others does not take away their rights. It requires certifying such persons within a 72-hour assessment period, while allowing a period where they can potentially be stabilised and be cared for in the community (Jack-Ide et al., 2012:51). In the present study, the Act is of great significance as it directs the provision mental health services in the country.

From an ecological point of view, the macrosystem is the outermost system and is defined as the set of overarching beliefs, values and norms, as reflected in the cultural, religious, and socioeconomic organization of society. The macrosystem influences development within and among all other systems and serves as a filter or lens through which an individual interprets future experiences (Mutumba & Harper, 2015:56). The mental health Act governs the provision of services to mental health practice. It further provides an excellent framework for mental health services in South Africa.

Sub-theme 4.2: DSM 5

Five participants asserted that they do not know what the DSM 5 is and it is not being utilised in their organisation. The following quotes represents the knowledge and understanding of the participants in relation to the sub-theme:

> *"Okay the thing with social workers is that we are not allowed to diagnose or analyse uhm persons with mental disabilities, we do referrals to um psychologists for that."* ***Participant 1***
>
> *"No I do not know what you are talking about so I can't tell you what my understanding about it is."* ***Participant 1***
>
> *"Okay we haven't got the DSM five form uhm wat ons is vil* ***(that we complete)*** *if we see patients or clients but I know the DSM five is like the uhm list for assessment and uhm diagnosis for mental disorders."* ***Participant 2***
>
> *"You know what, if I am very honest, I used the DSM when I was a student in psychology. I will refer to it but we don't really use that as a tool. Yeah no we don't."* ***Participant 6***
>
> *"No, I am not sure I am familiar with the abbreviation."* ***Participant 8***
>
> *"Ya well the DSM we don't diagnose at this office, only psychologists, clinical psychologists or psychiatrists diagnose. So our clients usually come from the clinic, they are diagnosed there and then they refer them to our office for counselling. So we don't diagnose."* ***Participant 9***

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) is a "classification of mental disorders with associated criteria designed to facilitate more reliable diagnoses of these disorders" (American Psychiatric Association [APA], 2013). DSM is envisioned to serve as a practical, functional and flexible guide for organizing information that can assist in the accurate diagnosis and treatment of mental

disorders. It is a tool for clinicians, a necessary educational resource for students and practitioners and it can also be used as a reference for researchers in the field (American Psychiatric Association, 2013).

Similarly, a study that was conducted on a training programme in the Diagnostic and Statistical Manual of Mental Disorders (DSM) system for social workers in South Africa (Olckers, 2013:15), indicated that a number of social workers in different settings are forced to use the diagnostic tool (DSM) without proper training on how to use it (Olckers, 2013:15). This also puts patients at risk of false diagnosis (Olckers, 2013:15). On the contrary, most of the participants do not know what the DSM is and have never used it before, which indicated that they are not being forced to use it and that the participants rely more on the diagnosis that are made by the doctors.

Other participants had varying views regarding the DSM 5. They stated that they are familiar with the DSM 5 and have read through it to get more understanding on the diagnosis process, however, they do not make use of it in practice. Their views are captured below:

> *"Alright, uhm I think it is sort of a manual assessment for the diagnosis of a mental disorder, whereby uhm it makes it, uhm if one takes that assessment, it makes it possible for uhm treatment of the client so that one knows exactly which treatment to use because now the condition of the client will be specific to say that this person was diagnosed with bipolar or schizophrenia so the treatment should be accurate so that the client could be able to be assisted."* ***Participant 3***
>
> *"The DSM, you see that's another limitation in honestly because I think uhm as a the DSM if I am not mistaken, is not really incorporated into the social worker's training, it is incorporated into uhm psychologists and especially on honours level going into masters. So basically what we do in terms of the diagnosis, we rely more on the doctors. So since they say we can't diagnose, we would rather have the doctor's forms that stipulates the diagnosis. So the least one can do, should it be one of the diagnosis that you are not familiar with, then you can always go to refer to the DSM to say uhm, to check uhm the background of that uhm how it is and what so forth but uhm in terms of that I would have to say it is a limitation."* ***Participant 4***
>
> *"The DSM is just a guideline to show the…it's actually most prevalent with psychologists, guidelines to show you the level of functioning of a person. But because now we are not doctors, we don't usually use it because now before, in our application for before we admit you here, you have to see a psychiatrist or a general doctor, because now they*

have to give us a definitive diagnosis. Is it bipolar, is it epilepsy. So with us directly, we don't deal much with the DSM, we deal with the information that we receive from the doctor most of the time, but I am familiar with the DSM range from psychology mostly for disorders and the likes." ***Participant 5***

"It is really helpful, I have got the app on my phone as the encyclopaedia for mental health. I bought it some years ago, but I cannot find it again to give to the students so I always go back and look at the symptoms, information on psychosis, schizophrenia, bipolar. We work with anxiety disorders, and with mood disorders and dependency." ***Participant 7***

"Uhm well we uhm obviously know it because you need to know exactly what the symptoms are, differs as well from patient to patient. But I mean we don't diagnose and the DSM is essentially a diagnostic tool. And so it is relevant, but we don't use it to diagnose people. Okay, but it is important in understanding as well. When you interact with someone, you have to kind of know what the disorder is about, so that information is very important, because you have to distinguish whether it is normal behaviour or not, and where to kind of draw the line between functioning or relapsing." ***Participant 10***

"The DSM, very much the medical model, but I found over the 13 years that I have worked in this organisation and in mental health that it provided a very good guideline. It really gives you a good guidance. It's a guidance and it's a diagnosis and also we use that to apply at the Department of Health for the persons, so they because we are licenced within the Department of Health, they also when someone comes to stay at our organization, they receive like a disability grant, we also write a report that we use the diagnosis with, so we get the letters we say that this person has been diagnosed with schizophrenia from the clinical whatever and that also forms the basis of how we can access funds, because if a person did not have a diagnosis then they are not going to be funded to stay here. So that is the other thing that we use the DSM for." ***Participant 11***

The findings indicate that other patients were familiar with the DSM, however, they were not using it as the basis for their intervention. The findings were supported by Olckers (2013:12) who mentioned that, although the DSM is the classification system for mental disorders used most often in South Africa, not all social workers in South Africa are familiar with and comfortable with the system (Olckers, 2013:15). Similarly, Barsky (2017) agrees with the findings by saying that clinical social workers practising in the field of mental health often reference the DSM in their interventions. The DSM diagnoses is beneficial in that it provides

social workers and other mental health professionals with better understanding of mental healthcare service users and it further guides their interventions (Barsky, 2017).

Neal and Neal (2013:724) describe the macrosystem as the social patterns that directs the creation, as well as the termination of social interactions between individuals (Neal & Neal, 2013:724). Each community has its own culture and this culture is guided by shared beliefs, values and customs (Ettekal & Mahoney, 2017:5). The DSM is the classification system mostly used and referred to in South Africa regarding the diagnosis of mental disorders, which, in the present study, is not directly used to diagnose patients but only as reference for better understanding on the mental disorders.

Theme 5: Challenges experienced by social workers rendering mental health services

The theme mainly focussed on establishing the needs of social workers in the provision of mental health services.in South Africa. Four sub-themes emerged from the research findings namely: lack of resources, financial support, loss, and family support. Each sub-theme is going to be discussed in detail with verbatim quotes and substantiated with literature and theoretical framework.

Sub-theme 5.1: Lack of resources

Eight participants stated that the main challenge that they encounter when rendering mental health services to the community is the scarcity of resources. The following quotes indicate the responses of the participants:

> *"Resources, resources, resources, not to find resources you know."* ***Participant 1***
>
> *"I would also say the support of services, we don't have a specific doctor to say that you are responsible for this organization, go there twice or once a month or something like that. So in actual fact you thought that being under the Department of Health will assist then you realise that actually we are still stuck in the same situation because uhm you are not really getting uhm the state resources, not financially but the personnel or the human resource side of things where you can have the doctors, the OTs that can come in regularly to check on the patients."* ***Participant 4***
>
> *"Is a touch and go, uhm you learn on the job, is the first one, you learn on the job and then you will have to find your own way. And the other thing is that most of the organizations uhm they struggle to provide*

better support, how, I mean sometimes you will feel that you as a social worker you are not sufficient to give this person the best care that she can get, maybe you think the person needs to see a clinical psychologist and the organization cannot afford that. So those are the kind of challenges and then at the end of the day you have to deal with what you have. You as a social worker is what they have, you have to make, to find how you can make the situation better on yourself because they can't afford a clinical psychologist and you feel like there is some, the person needs a clinical psychologist to asses him or her but then there's the kind of challenges you come across." ***Participant 5***

"I think resources will always be a challenge. If you think if you go overseas to get public transport that is wheelchair accessible it's a given, here in South Africa, we struggle I mean the municipality, there is a very nice disabled bus but it has been broken for more than a year and you, there is no, it's not prioritized by them as something that needs to be fixed so if you want to take residents on an outing, you it's really a struggle, so yeah I think uhm that's the challenges." ***Participant 6***

"The hospitals are always full, there is not enough beds at the hospital, and they release the people very fast from the hospital." ***Participant 7*** *"Other challenge is to place children with behavioural problems in temporary safe care. They are not suitable for aftercare so they must go to a home, children's homes don't want to take in any children with behavioural problem. There are places of safety in the city that we are supposed to use, they are always full. Full due to problem children, children with problem behaviour not being able to go to children home so they are stuck in the system as a place of safety that is a big problem."* ***Participant 7***

"The most challenge is, challenge to get placements for all service users." ***Participant 8***

"You know what, sometimes the local clinic doesn't have the medication, they are out of stock, and then uhm patients relapses because of that." ***Participant 9***

"You know what, there is no facility for children, young children uhm that takes children with extreme psychiatric and behavioural difficulties. So the child and youth care centres they cannot manage these children and there is no other facility we can take these children to. So there is a gap, there is no services for children with psychiatric and mental problems if you need to them somewhere with the children's court." ***Participant 9***

"Uhm I think, lack of resources, in a sense uhm most of our, from our own site, also I don't think we can help as many people as we would like to but also probably most of our residents follow up in their public

> *system. And it's really difficult to get people admitted, when someone is sick, Weskoppies is always full, uhm you can say you go through the psych ward and see Steve Biko and Tshwane."* ***Participant 10***

The findings indicated that the participants experience difficulties when providing services due to the lack of resources. This was affirmed by a study that was conducted by Burkes (2012) where it was identified that, in the South African context, there are a number of challenges in terms of mental health facilities. For example, mental health facilities remain out-dated; the inability to develop vitally important tertiary level mental health services (such as child and adolescent services, psychogeriatric services, neuropsychiatric services) still exists; there is a shortage of mental health professionals; and community mental health and psychosocial rehabilitation services remain underdeveloped – which leads to patients being institutionalised without any hope of rehabilitation or reintegration back to their communities (Burke, 2012). The researcher is of the opinion that there has not been much change in the mental health services since, as the study was conducted in 2012 and the participants are still experiencing the same challenges in 2020.

Similarly, a study conducted in Ghana by Ofori-Atta, Read, Lund and MHAPP Research Programme Consortium (2010:103), also revealed that there are very few rehabilitation and day services for people with mental disorders. Those which exist are largely run by NGOs and faith-based organisations. There are 15 beds in an inpatient rehabilitation facility which forms part of Ankaful psychiatric hospital and six community residential facilities run by voluntary and church organisations which provide drug rehabilitation (Ofori-Atta et al., 2010:103). More recently the NGOs Basic Needs and Christian Blind Mission, have established three community-based rehabilitation projects for people with mental disorders in the north of Ghana. There are three known day treatment facilities in Ghana run by NGOs or church organisations. Two drop-in facilities for vagrants are provided in Tamale in the Northern region based on the club house model: Tsi-sampa run by Basic Needs, and Shekina, run by a private practitioner. There are no day treatment facilities run by GHS (Ofori-Atta et al., 2010:103).

Mutumba and Harper (2015:56) describe the exosystem as comprising the contexts which do not directly involve the developing individual. However, these context have an impact on the behaviour and development of that individual (Mutumba & Harper, 2015:56). The lack of resources does not directly involve the social workers, however, it has a huge impact on the

quality of services that the social workers is able to provide to the mental healthcare services users. It makes their work more difficult as there is not much that they can do when, for example, there are no available placements for children with mental illnesses.

Sub-theme 5.2: Lack of financial support

One participant indicated financial support as one of the challenges encountered. The view of the participant is indicated below:

> *"I think uhm with the departments that are supposed to offer support, they are really providing minimal support, financial wise, you look at what they provide in terms of subsidy and the services that they expect you to provide. So there is also a sense of neglect that the NGOs are being neglected and it's that thing of I am giving you money so with that money you just have to see how best you can provide the services."* ***Participant 4***

Resonating with this view, a study by Ofori-Atta et al. (2010:101) was conducted on the status of mental health care in Ghana with the aim to propose options for scaling up the provision of mental health care. It was reported that approximately 6.2 % of the health care budget of the Ministry of Health was dedicated to mental health in 2005. In addition to this, results of interviews with mental health professionals and Ministry of Finance officials indicated that, due to the policy of decentralisation, funding is paid to Budget Management Centres at the regional and district levels, some of which may be allocated to mental health. However, there were no figures available on mental health expenditure at the district level (Ofori-Atta et al., 2010:101).

The majority of the budget for mental health (nearly 80%) is allocated for the maintenance of the three psychiatric hospitals. Despite this, funding for the psychiatric hospitals was described by one psychiatric nurse as "woefully inadequate." Participants reported that funds are quickly absorbed in meeting the basic needs of patients, and the psychiatric hospitals often run out of sufficient funds to feed patients. Therefore little of the budget is available for psychosocial and rehabilitative interventions (Ofori-Atta et al., 2010:101). Similarly, Docrat, Besada, Cleary, Daviaud and Lund, (2019:710) asserts that health care is facing many challenges, such as funding shortages, added costs of life-saving approaches for chronic diseases, increasing expenditures related to medication and hospital

visits, and more patients with complex health conditions using added services (Docrat et al., 2019:710).

According to the ecological systems theory, the factors of the microsystem have a dominant effect on the interaction of all the various levels, and these issues can negatively affect the interactions within the microsystem (Pusey-Murray & Miller, 2013:116). The lack of financial support for NGOs can hinder the services that are rendered to the mental healthcare service users and their families.

Sub-theme 5.3: Loss

Two participants highlighted that the death of a client in the hospital or at the residence is heavy emotionally. The perceptions of the participants in relation to the sub-theme are discussed below:

> *"I think if, when a resident passes away in hospital and it's absolutely due to bad care, somebody that was, we sent him here, there was an issue but he was okay but then due to bad care or people deciding that he is disabled you know what I mean, we not doing an extra mile so I think that is negative."* ***Participant 6***

> *"There was quite a few deaths as well on natural causes but then you have to, I have to get here and this person is not living, keep everybody calm and out of the way, phone the family, phone the ambulance, handle the police and handle the, keep everybody calm and then also handle the residents. Which is yeah it is also quite emotionally taxing so that's also some of the challenges. Its emotionally taxing if someone phones you and say listen I have cut my throat but I am still living then you have to get here very fast you need to make sure that everybody is good."* ***Participant 11***

The quotes above show that some mental health patients pass away in hospitals due to poor care. Druss et al. (2010:157) confirm that public mental health patients die as much as 25 years earlier than individuals in the general population, largely as the result of medical causes rather than suicide or accidental death. Standardized mortality ratios for medical deaths among these patients are between 1.5 and 3 times greater than the rate for persons without mental disorders and this differential mortality gap appears to be increasing over time (Druss et al., 2010:157). The poor quality of medical care appears to be an important factor contributing to this excess morbidity and mortality seen in persons with severe mental disorders (Druss et al., 2010:157). Similarly, studies that were conducted on the challenges

experienced by social workers in the United States indicated that social workers experience a range of psychosocial and emotional reactions, some affected the social workers professionally while others were common reactions after trauma (Evans, 2018:262). The study further revealed that that social workers in the provision of mental health services have high levels of stress and emotional exhaustion as well as low levels of job satisfaction (Evans, 2018:262).

Within the context of the ecological systems theory, coping measures are described as special behaviours, often novel, that are invented to handle the demands posed by the life stressor (Ross & Deverell, 2010:305). They comprise efforts to regulate immobilizing, negative feelings and to engage in effective problem solving as required by the particular life stressor. Successful coping depends on various environmental and personal resources (Ross & Deverell, 2010:305). The efforts and choices that social workers make when faced experiencing the passing of a resident, for example, having to deal with their own emotions as well as the emotions of all the other residents and keeping everyone in the residence calm, can have a serious effect on the social worker.

Sub-theme 5.4: Lack of family support

Six participants alluded to the fact that mental healthcare service users were not receiving support from their families and family support is pivotal in this journey for mental healthcare service users. The following quotes represent the responses of the participants in relation to this sub-theme:

> *"The most of the families abuse persons with mental disabilities, they uhm they abuse the grants and the patients or the clients live on the streets. Uhm yeah especially now with also the substance abuse and mental disabilities, at the moment uhm, if a person is intellectually disabled, he is not capable according to the rehabilitation programs out there to be able follow a rehabilitation programme. So you know there is no place for those people to receive rehabilitation."* ***Participant 1***

> *"…and they are defaulting because they don't have the support of the family members, others they are staying alone, so no one will be able to take them to the clinic to ensure that they are taking their treatment as they are supposed to."* ***Participant 3***

> *"I also think family that do not take responsibility you know if a resident is admitted to a hospital, and the family members stay in Pretoria, they,*

it, happened over the weekend they have got this, now its Covid and they are like but why can't you go and visit them but the hospital is not allowing us to visit him you know what I mean but we can only do, we can only do it this way you know, so unrealistic expectations or also expecting us to do things that they wouldn't do themselves uhm so I think that is a challenge." ***Participant 6***

"Okay uhm the families not always willing to help with the person for involuntary admission, their reluctance to take responsibility." ***Participant 7***

"Other problem is the abuse of the disability grant by the family. They don't care for the person and they get the money and we, it's a challenge to rectify that situation." ***Participant 7***

"Also it's a challenge when the family comes to the office to say we need help about this person and then that person does not see that there is a problem. Sometimes if you need them to be admitted into a hospital you have to involve the police to go and help you to take that person to the hospital there is a challenge because sometimes they become violent and you don't feel safe but if the police are there then it's better you can help that person." ***Participant 8***

"Families' uhm I think there is also a bit of a challenge around family support, around residents. So uhm contractually we don't really admit residents that do not have any responsible persons in Gauteng for them because if someone now develops a stomach bug and they can't care for themselves, we need to find the family and say listen this guy is ill please come and take him and see that he gets medication for the next two or three days and the bring him back because we cannot provide that care, we don't do medical care so that's sometimes also major because I am on call 24hours a day if someone calls me and say listen this guy cannot wake up, then I need to get here very fast so yeah there is quite a few traumatic experiences around that and then when phoning the family, they do not pick up because they do not pick up their phones at night." ***Participant 11***

It is evident from the responses above that family support is a challenge as indicated by most of the participants. In confirming this findings, Masood, Okazaki and Takeuchi (2009:2) outlined that clinical literature on this population has suggested that a disruption in nuclear and extended family support may create feelings of isolation and precipitate acute distress (Masood et al., 2009:2).

In addition, Robila (2016:10) outlines that good family relations, with good marital relations and parenting behaviours, are conducive to well-functioning parents and children, while parental mental health problems, marital conflict and low quality parenting can determine

dysfunctions in children (for example, low academic achievement, psychological problems). Similarly, family relations impact health and health care utilization. For example, marital conflict can negatively impact health and health care utilization in older couples. Family and marital support were associated with better treatment adherence and illness adaptation (Robila, 2016:10). Family support is also significant in mental illness treatments, determining better outcomes and fewer remissions. The author further asserts that the involvement of families in the promotion of mental health, and in the prevention and treatment of mental illness, is of tremendous importance. Family policies in different countries also provide family life education as a way to promote family and individual well-functioning (Robila, 2016). Through family life education programs, community support groups, family therapy and counselling, families need to be considered as strong partners in achieving individual health and well-being (Robila, 2016:10).

Lakan and Ekúndayò (2013:104) outline that the mesosystem includes unique microsystems as well as the different systems that serve these microsystems, both formal and informal. They include families and groups (peers, associates, local facilities and services). It is asserted that there is a possibility of people experiencing psychological distress should the communication between different microsystems become poor or if there is an interruption of the smaller-scale and mesosystem frameworks, eliciting social panic (Lakan & Ekúndayò, 2013:104). Furthermore, when comparing it to the microsystem, the authors posit that individuals are not merely watching or detached, they assume a dynamic part in creating a stable environment, utilising past encounters and learning. When it comes to family support, social workers can only encourage family members to support the mental healthcare services users. The relationship between mental healthcare service users and their families can affect them in a negative or a positive way. Even so, if support is lacking, this might hamper the mental healthcare service users social functioning (Lakan & Ekúndayò, 2013:104).

Theme 6: Training in the provision of mental health services

The theme mainly focussed on exploring the participants' views in terms of the training they received in preparation for providing mental health services. Three sub-themes emerged from the research findings namely: the adequacy of the undergraduate degree, other trainings received and knowledge and skills acquired on the job or in university. Each sub-

theme is going to be discussed in detail with verbatim quotes and substantiated with literature and theoretical framework.

Sub-theme 6.1: The adequacy of the undergraduate degree

All participants stated that the undergraduate BSW degree did not adequately prepare them to render mental health services. These quotes represent the views of the participants in relation to this sub-theme:

> *"No, no. when I was at university, psychiatry was not even a semester subject, uhm they just touched on it. So uhm we visited the psychiatric complex and that's it. My knowledge that I got on psychiatric disabilities is in work, supervision and training."* ***Participant 1***
>
> *"Ah no, I don't know, I don't really know."* ***Participant 2***
>
> *"Iyoh Kamo, I don't think it was adequate because now when you come to the field you realise that mmh this I really had no idea that it was like this. I don't think in terms of like uhm mental health care, that the training was adequate."* ***Participant 3***
>
> *"Shuuu! University of Pretoria they tried. I think you can never uhm prepare someone for the unexpected but uhm you can just ensure that they are well equipped uhm to deal with whatever necessary that comes up but yeah I would have to say it was kind of an all-round."* ***Participant 4***
>
> *"It did although I feel uhm academic wise and work wise, there is a lot of discrepancies. I think even in the other sections that we have studied relating to the mental health, uhm not mental health, social work in healthcare we didn't go into mental health, it was more of generic health care. Some of this things you get to know them in practice in terms of the dynamics and how to adjust and cope within this environment."* ***Participant 4***
>
> *"No. it is very inadequate. I think it's a chapter or so on mental health from university. The Act is just a touch and go there and there and then mental health just a chapter, a small chapter there and there is nothing definitive, you just have to come here and find your way through."* ***Participant 5***
>
> *"I don't think so, I think we, you know, when you are a student, you go on maybe a day trip to a place where uhm you work with the disabled. But I must also say, I think all your training that you received in your undergraduate studies actually prepares you for work with the disabled. I think there is some things that are more specialized."* ***Participant 6***

"I think not on its own. I think you need experience, you need life experience because a lot of the issues that our residents have is issues that somebody, that a normal client on the outside would also have. So I think if you are fresh out of university and you can work with a supervisor and somebody that is experienced, I think the only way to get experience is actually to do it." ***Participant 6***

"Uhm yes and no, the basics we received in psychology in our years you had to take psychology of three and sociology and we didn't have a choice and I think they did touch on mood disorders and psychosis, but they can stimulate this even further more to be interested in this field. You need more information or else you will be scared or you will have a bad wake up in a mental health organization, if you don't have basic knowledge, more knowledge that the basic." ***Participant 7***

"Uhm not 100%, there are some of the things that I came across in the field that I did not learn from varsity." ***Participant 8***
"No, I think there can be more training done. I think students' maybe they should visit more mental health facilities to uhm students should be exposed more to mental health facilities to gain more experience. I think only when you work at the office like this then you gain experience." ***Participant 9***

"Probably not uhm we didn't really focus that much on mental health intervention uhm so I think we had like one module but we did a lot of substance abuse in it as well. So no I wouldn't say so." ***Participant 10***

"So the education and the training that I received from my supervisor was very much person centred but a real deep person centred approach and that still forms the basis of the work that I do here. So I found that very valuable and especially in work with persons with mental health diagnosis or mental illness and with serious mental illness to really enter the person as a person. So that was a very good basis around the specifics about mental illness. Around the specifics of mental illness, not a lot, the focus definitely was not on mental illness. I don't think I cannot recall, oh no there was in, so in psychology, we did do abnormal psychology but when you get to your 4th year, I think the focus in social work training was not on mental illness at all, it was definitely very much person centred which was also very good." ***Participant 11***

It is evident from the responses of the participants that almost all participant feel that the undergraduate degree was inadequate in preparing them for providing mental health services. In confirming the findings, a study conducted by Wilson and Kelly (2010:5) on the training and education across social work and health professions in mental health, found that there is limited coverage of the specific skills and knowledge required for this particular

area of practice. Their findings also raise questions about the adequacy of post-qualifying training in mental health (Wilson & Kelly, 2010:5). Furthermore, Van Breda (2008) in Olckers 2013:52) states that social work students from the University of Johannesburg only receive one lecture in first year on mental health as a field of social work practice and there is no training in mental health diagnosis or the use of any classification system (Van Brenda, 2008 as cited in Olckers, 2013:52). Olckers (2013:52) is of the opinion that in order for social work students to receive in-depth knowledge and training on mental health, they need to enrol for a post-graduate qualification. Social workers have the knowledge and skills to work in diverse settings however, they require more knowledge and training in mental health and mental health disorders in order to provide comprehensive assessment and to make more appropriate referrals and recommendations (Olckers, 2013:52).

Similarly, the South African Mental Health Care Act (2002 section 1:xvii) states that social workers are Mental Health Practitioners. However, Duncan (2008 in Olckers, 2013:52) is of a different opinion that not all social work qualifications equip social workers to be competent enough in the field of mental health, and that only Clinical Social Worker are qualified to operate in mental health settings (Olckers, 2013:52).

Hepworth, Rooney, Rooney, Strom-Gottfried and Larsen (2013:16) postulate that the ecological framework facilitates organising information about people and their environment in order to understand their interconnectedness. Individuals go through different stages of life, all of which require environmental support and coping skills. (Hepworth et al., 2013:16). The views of the participants in terms of the training they received in University resulted from the experiences they encountered in their environment (working with mental health). The challenges encountered made them realise how little they know about their field of practise.

Sub-theme 6.2: Other trainings received

Two participants indicated that they have not received any other training besides the undergraduate degree. Below are the responses of the participants in relation to the sub-theme.

> *"No, we didn't."* ***Participant 1***
>
> *"Uhm no."* ***Participant 2***

Nine participants indicated that they did receive other training in the form of CPD training. Their responses are captured below:

> *"When I arrived here, we do workshops now and then. And also watch the DVDs and I read as much as I can to enhance my knowledge. And even when sometimes I might have a case that is very difficult because I am still new here, so I can also contact other social workers from other offices, then we discussed. We would discuss it and from their experiences, then will be able to advise me on how to go forward on that case. I think it also helped me a lot on that."* ***Participant 3***

> *"I wouldn't say it in the sense of uhm I wouldn't say yes or no in a sense that it wasn't, it's not a formal training on specific uhm part of mental health. It is continuous professional developments where I have attended a couple of trainings. I think they really do help or they helped in this kind of environment to just ensure that you get to understand the disabilities or diagnosis and how they function in their daily livings and also to just ensure that the provision of services to the disabled or mentally handicapped becomes better."* ***Participant 4***

> *"Yes I do. I did receive it out of university. It's your CPD trainings, your seminars that are organized by the Department of Health, those are the specifics that actually deals with on the job experience that you deal with daily, you will meet people who you are working with, you will meet psychiatrists, and people are dealing with these, people with mental disorders every day. Your social workers who have been in practice for over 20 years dealing with mental health in a hospital setting so they give you on the job experience of what to expect."* ***Participant 5***

> *"We do attend the CPD training for social workers. Ooh I am not trying to think, for instance, last year there was a course that we did in sign language. It's the programme that was developed by the people that worked at the school with the autistic children."* ***Participant 6***

> *"Yes I went for a course at South African Federation for mental health that helped a lot but it's also just basic book knowledge, you know, they can talk about the experience a little more than at university. But I think the, I acquired more knowledge in the work self, it's on the job training that's the best."* ***Participant 7***

> *"Yes I have received training, if I could give you a topic I would say it was introduction to mental health issues because it was all about what is mental health, uhm the types of mental illnesses, the difference between mental health and mental illness and also the early symptoms of uhm mental illness."* ***Participant 8***

> *"You know what, we get uhm like in-service training from the federation they sent us information almost weekly to help us uhm with everything we do on a weekly basis."* ***Participant 9***

> *"I did a uhm trauma counselling training at a lady that works uhm in the children's ward in Steve Biko and I think she also works in the rehabilitation centre by Steve Biko and it kind of gave a good understanding of how different, because when you are diagnosed with a mental illness as a person, there is a lot of uhm intertwining emotions and acceptance so that helped a lot. So we see a lot of people struggle with acceptance uhm but other than that it was none formal training and the rest was just here in the organization and with people that's been working in the field."* ***Participant 10***

> *"That would now be the clinical social work that I did at UJ. So that added, actually in the therapeutic approach and an intervention so that helped and obviously I did lots of other trainings, like our CPD training or other trainings."* ***Participant 11***

The findings indicated that participants have not received any other formal training in the field of mental health but have received a few CPD training sessions. This findings are supported by Cesare and King (2015:1750) who showed concern about social workers' poor training in mental health, and question their ability to work in the mental health field. Furthermore, these authors indicate that there are concerns in the United States and the United Kingdom regarding social workers' abilities to practise effectively in mental health settings (Cesare & King, 2015:1750). Similarly, Talwar and Singh (2012:14) contend that many practitioners do not have the knowledge or skills necessary to work in mental health settings. The author further states that the required competencies are not being taught and much work needs to be done to define the needed skills and train the teachers and workforce of the future in them (Talwar & Singh, 2012:14).

Sub-theme 6.3: Knowledge and skills acquired on the job or in university

In this sub-section, participants were asked to indicate whether they acquired more knowledge and skills on the job or in university. They stated that most of their knowledge and skills were acquired on the job and not in university. The following quotes represent the response of the participants in relation to the sub-theme:

> *"No, on the job."* ***Participant 1***

> *"No, in was it in, uhm, in univesiteit it was more booke kenis uhm as jy any prakteit stan na leer jy meer, jy kry meer onderstandag in jah uh*

*nie." [**Translation:** No, in was it in, uhm, in university it was more book knowledge, when more practicals you learn, the better understanding you get jah uh no]* ***Participant 2***

"On the field. I will say on the field because uhm when one is at varsity neh, and when one undertakes their practical work, also contributes to the, to what I am saying because I did my practical at a prison so most of the cases are not medically related so I think exposure also contributes to that." ***Participant 3***

"On the job uhm in the job to be honest, I did social work in healthcare as one of the modules but reflecting back, there was a time where I opened my study guide and somehow browsed through it but really I just felt it was inadequate to some extent so most of these things I have learnt on the job." ***Participant 4***

"On the job, because now when you get here, especially in this organization they are very too much. They care too much on your self-development before. After you're just appointed there will be many seminars, many trainings about mental health and people with disabilities that they will enrol you for. I think that's what contributed much to the knowledge base of what I know regarding mental health, not what I have learnt in university." ***Participant 5***

"On the job because I think experience is your, I think your when you starting to get your degree, it gives you the basics, it gives you the basis and I think with your, the experience, the things that you do on the job, you make mistakes but you learn from each mistake. So that's why I would say experience but also attending courses and attending meetings, learning from other people that work with the disabled." ***Participant 6***

"On the job. You get the book knowledge in at university but now we have scanned the symptoms and you can go and look at it in the DSM and if you remember them better, every person presents a mental illness differently. But the meaning of psychosis and mood disorder and mentality is also better experience and you get the knowledge and you can recognize the symptoms better in the future." ***Participant 7***

"On the job. I have learnt on the job how to deal with uhm a case of a mental ill person I was never trained about in varsity." ***Participant 8***

"Nah definitely on the job. I think there wasn't enough exposure when I was a student uhm with regards to mental health." ***Participant 9***

"On the job, uhm so the degree was good for group work and kind of how to structure individual intervention but in terms of the mental health element specifically, it was definitely on the job. When I started here I had a lot of sessions with people very familiar with people that

have schizophrenia you know, how to interact, what to look out for, so definitely on the job." ***Participant 10***

"No definitely being in practice, definitely. Most of it I don't think yeah but the basis of person centred that was that I really acquired from training and from university work but practice definitely." ***Participant 11***

All participants indicated that most of their knowledge and skills on mental health was acquired on the job and not in university. In confirming these findings, a study conducted by September (2010:317) in South Africa on the experiences and engagements of social workers with CPD, it was discovered that the social workers view CPD as an imperative part of their work and career development (September, 2010:317). Similarly, the British Association of Social Worker (BASW) (2012:4) asserts that CPD benefits employers as it provides better outcomes for people who use services and improves recruitment and retention. Engaging in learning and development, linked to organisational and individual priorities and objectives, supports service improvement (BASW, 2012:4). Social workers can undergo training to improve their mental health literacy because the ecological systems theory focusses on modifying the environment (Algood et al., 2013:128).

Theme 7: Social work supervision

The theme mainly focussed on establishing the support that the social workers receive through supervision and whether it is beneficial or not. Three sub-themes emerged from the research findings namely support from the supervisor, is supervision beneficial or not and supervision equals better services. Each sub-theme is going to be discussed in detail with verbatim quotes and substantiated with literature and theoretical framework.

Sub-theme 7.1: Support from supervisors

All participants stated that they do receive support from their supervisors, CEO or the managers. These quotes represents the responses of the participants in relation to this sub-theme:

"We have supervision." ***Participant 1***

"I have got the help of my supervisor, my other mentors, arg no my other social work uhm, people I work with and yeah if I need or want to learn something more I google it." ***Participant 2***

"I get uhm I think its weekly supervision with our director, it assist us a lot and those group discussion that I told you about with other offices." ***Participant 3***

"Uhm we have a COO who is also a social worker. I think previously she was occupying the post of a chief social worker before it was converted into a Chief operating officer. So at least twice a month we sit and debrief. She guides me so remember now it's a bit of transition from the social worker to the manager and where to sit in terms of those two roles, so to some extent, I wouldn't say fully but to some extent she has really been uhm positive and also supportive and I have also once a month have meetings with the CEO." ***Participant 4***

"We have a counsellor as social workers or as employees of the organization, you can always book a session with a counsellor if you feel like you need to blow off your steam. And then your, the CEO and the CEO is very supportive, she will always tell you know don't drown alone. If you feel like something is getting out of place, just inform me, let's see how we can deal with it as early as possible. So the management is quite supportive." ***Participant 5***

"I do have a supervisor, uhm or the COO, so if I cannot handle the problem I can go to her or I can go to the CEO. And we also receive counselling uhm every three months, if you should ever have a problem or a big crisis they support you and they organize counselling or you know assistance if it is now before that period." ***Participant 6***

"We have got very good relationships in the office with the other social worker and auxiliary social worker. If I need any clarity, I would ask my colleagues or if we work with children to remove a child, we must inform our director directly and discuss it with her. We get support from our director is very hands on, then the board of management also supports us if we need to meet or some kind of security or lack of resources to do our work. They are very supportive." ***Participant 7***

"Uhm in our office we do debriefing. We support each other as colleagues, if you have a case that is giving you a hard time, you know that you have your colleagues that you can go to discuss the matter and to get a way forward in how to deal with it." ***Participant 8***

"Like I said, the federation would send that information weekly and we have got a director that is very supportive and we actually have two offices, one in here and one in another area. So these are, and we work closely with the local clinics. So there is a good support system and networking of people, professionals." ***Participant 9***

"I have a good support structure here at work with the other therapist and also actually the managing, management team. Other than that, I mean there is not much uhm we don't, you don't really get specific training or outside supervision for that no." ***Participant 10***

> *"Oh yeah, not a lot necessarily in the NGO, I think that's difficult uhm because uhm so the other social worker, we will talk together and we will respond to one another and we will help one another in that way but formal support like you have a psychologist that need to follow up monthly with another psychologist we don't have that because obviously the NGO will not pay for, well it's difficult so you need to do your own things around self-care and peer supervision so I try to do with someone that was a social worker here."* ***Participant 11***

From the quotes above, it is evident that the participants do receive support from their supervisors, Chief Operating Officer (COO), Chief Executive Officer (CEO) and the director in the performance of their roles. They, however, provide support for each other. The above resonates with Ketner, Cooper-Bolinskey & Van Cleave (2017:151) who asserts that supervision provides an opportunity for a student to acquire the essence of the psychotherapeutic process as expressed and demonstrated by the supervisor and, subsequently, to recreate this process in an actual counselling relationship (Ketner et al, 2017:151). Furthermore, Bradley, Engelbrecht and Hojer (2010:774) state that the purpose of supervision is to provide an opportunity for the supervisee to learn as much as possible about professional attitudes, skills and knowledge, in an effective and supportive way. Successful supervision occurs within the context of a complex professional relationship that is ongoing and mutually involving (Bradley et al., 2010:774).

Similarly, Carpenter, Webb, Bostock and Coomber (2012:21) posit that it is important to learn from supervised practice. Frequent structured meetings with the supervisor enable students to learn to manage the caseload, apply the theory and research evidence to practice, engage in assessment, planning and intervention, and reflect on personal and professional growth. Supervision further provides the students with an opportunity to seek and receive emotional support from the supervisor (Carpenter et al., 2012:21).

Sub-theme 7.2: Supervision beneficial or not

There were varying views within the participants on whether supervision is beneficial or not. Some participants stated that supervision is beneficial to them as it enables them to improve and be better, whilst other participants stated that supervision is not beneficial to them as the supervisor did not have experience in this field. The following quotes represents the views of the participants who believe that supervision is beneficial:

"Uhm it's very good." ***Participant 1***

"Very good. We have got a very supportive uhm person who help us, director." ***Participant 2***

"Supervision is assisting a lot because sometimes you will find that uhm one thinks she is in the right direction, but when you come with other people who are more knowledgeable and has experience, they get to show you some of the things that you did not take into consideration before and it sort of guides you. So one cannot say they have been burdened because now you can debrief when you have cases that you cannot even think gore you will be capable of assisting or resolving and then it sort of make your skills much better." ***Participant 3***

"The supervision is not so much in the early years when I started, when I was in need of guidance and knowledge, now it's less. I don't know but the supervision is good." ***Participant 7***

"It is really helpful, because there are some cases that you are not sure how to deal with but in supervision you discuss those cases and you get more information and you know how to deal with that case in the future. So it is really helpful." ***Participant 8***

"I think it's very good because our director which does the supervision, she has been there for almost 20 years, more than 20 years. So she plays an important role." ***Participant 9***

"Uhm so I work very closely with the therapist. So we uhm I think it's also just because we are two, we interact throughout the day, the whole time. So we try to have a session weekly, we hardly ever get to it, uhm but it's still alright because I can, anytime in a day go into the office, close the door and quickly ask something or describe something that I experienced and we go through it. So I might say, it's I actually prefer the continuous private sessions instead of like a once off session in a while, so I actually think it's good." ***Participant 10***

"Oh yeah I don't really receive supervision but uhm we only two social workers here. I now provide supervision for them but its informal uhm there is not uhm it tends to get quite busy a lot so one does not have that on a weekly basis but me and the other social worker so we actually talk and there is supervision a bit continuously around uhm you know through situations uhm so I think that provides support to the other social worker but for me that is a bit difficult because there is no one that I can, that I normally can or can easily you know it's like okay, you know how things work now so there is no one that I ask." ***Participant 11***

In confirming these findings, Bradley et al. (2010:774) outline that supervision is both an administrative and an educational process. The social work supervisor is responsible for implementing both functions in contact with supervisees (Bradley et al., 2010:774). Similarly Beddoe (2015:151) outline that satisfaction with supervision is related to increased job satisfaction and better staff retention (Beddoe, 2015:151). Chiller and Crisp (2012:232), suggest this is the case possibly because the opportunity to discuss work and the expectations of the organisation increases role clarity, reduces role ambiguity, and provides support for the worker (Beddoe, 2015:153). In addition to the structured support received in supervision, social workers also value informal support from colleagues (Chiller & Crisp, 2012:234).

The following quotes represents the views of the participants who believed that supervision is not beneficial:

> *"It was not adequate. I am not saying because I am leaving but it was not uhm and it doesn't start here."* ***Participant 4***
>
> *"The supervision, one can, I am very sceptical with the supervision because now your supervisor doesn't have experience in mental health, it is your common statutory social work supervisor, and it's the person you report to. So most of the time, she will have to take what you say, because now this is not her territory. She is more experienced in statutory work and child protection. So one cannot say it is that sufficient."* ***Participant 5***
>
> *"I think it's important that the person that gives you supervision, must also know they must also have the knowledge and the background of what you are doing on a daily basis because they cannot give supervision if they don't 100% understand uhm what you are supposed to do."* ***Participant 6***

The above quotes resonates with a study that was conducted in South Africa by Engelbrecht (2013) which outlined that supervisors had inadequate training. The participants in that study mentioned that supervisors frequently rely on their own experiences of being supervised as well as their practice experience, because they are not trained as a specialist (Engelbrecht, 2013).

Bronfenbrenner (1999 in Darling, 2007:204) asserts that different environments will have different advantages and will be responded to in different ways by different individuals.

Environments that are experienced and objectively defined will not be randomly distributed in terms of the developmental processes and the individuals one observes within them (Darling, 2007:204). Rather, one will find environmental settings where different processes and outcomes will be observed. All participants are familiar with supervision, however, each one of the participants had their own opinion regarding the supervision received based on their unique experiences.

Sub-theme 7.3: Supervision equals better services

All participants stated that supervision does assist in enhancing the services that are provided by social workers in mental health. The following quotes represent the views of the participants in relation to the sub-theme:

> *"Yes, yes it does. Uhm we also have uhm training, training sometimes when we have staff meetings. So uhm the organization tries to keep up with the new trends and uhm information that becomes available."* ***Participant 1***
>
> *"Yes, definitely. She is available. Anything we want to know or uhm we are uncertain of uhm I can contact my director and she is always there to help or uhm guide us."* ***Participant 2***
>
> *"Yes it does because akere like said before Kamo, I came in without a mental health experience. Now with the guide from my mentor and director, I get to see things differently and be able to provide effective uhm services to the clients and I can see gore uhm my clients get better when I assist and I see progress. So I, when I see progress, I can say yeah its working."* ***Participant 3***
>
> *"I think to some extent it should for those in this profession that are getting that kind of supervision, if now I am speaking on a third person's term I can maybe say or indicate that maybe it's helping them but I wouldn't say I felt to the full extent that it can help or make a difference into my work or how I execute my work but maybe should I have gotten the ideal one from the start, I would have maybe answered or maybe been answering differently at this stage."* ***Participant 4***
>
> *"It just support but what they will encourage is that they will make the environment suitable for you in a way that they will always go out there and find out where is the training that involves mental health or disabilities, and they will enrol you for those trainings almost all the times you go. I have attended, I have been here for 8 months but I have already attended more than 10 seminars and your trainings on mental health and disability. So I think maybe there is a way that they*

improvise they make up for lack of a mental health supervisor, they use the trainings as your guidance." ***Participant 5***

"I think so because like I said I think your supervisor is the person that uhm, that reminds you of certain aspects if you have not covered all of them and also it is also sometimes if I don't understand something I can go to my supervisor and say please explain this to me or give me your opinion. So it assist me to make a, to do my job better or to think maybe I sometimes, you tend to look at something with, you really focus on one aspect and then sometimes in supervision you can get, your supervisor can tell you but did you think about this or did you inquire about this, or do you know there is a resource. So I think that is where your supervision makes the difference." ***Participant 6***

"Yes it does. If you want to remove a chid instantly and you haven't thought it through, the supervisor will always ask you some questions and guide you to the correct conclusion." ***Participant 7***

"Yes it does because you get more information, things that you didn't know before, when you are in supervision uhm the supervisor explains to you how to deal with certain cases and what to do when you come across that case." ***Participant 8***

"Definitely yes. In our, with mental health patients you never know uhm what you gonna get, people go off their medication, or they have a setback or a relapse and then uhm they act differently than you used to. And sometimes if you have guidance from a supervisor, they it's just better to help the person in front of you." ***Participant 9***

"Definitely. So sometimes it's really just good to bounce off or check something with someone, uhm sometimes it's just good to uhm because it's also kind of a holistic thing because you work so closely with someone, it becomes, and you share personal experiences as well. so you can this is a very tough week for me 123, and that kind of gets taken care of as well, or there is kind of leeway for that. Uhm and when you, this week has been tough for me, I feel like I am not coping, that's fine as well and then there is provision for that on how are you going to kind of uhm take care of yourself, and then come back and perform. So I think that's a yeah important part for me." ***Participant 10***

"Uhm no, well uhm yes in the past when I was supervised yes definitely that really helped a lot." ***Participant 11***

The views of the participants were affirmed by a study conducted by Engelbrecht (2014:126) where it was outlined that social work supervision plays an important role in determining the quality of service delivery and in ensuring the professional development and job satisfaction of social workers (Engelbrecht, 2014:126). Supervisees and supervisors experience a variety of job-related stresses. Unless, there are resources available to assist them in

managing the stress, their work may be seriously affected, to the detriment of agency effectiveness. Therefore, the supervisor is responsible for helping the supervisee adjust to job-related stress (Engelbrecht, 2014:164; Ketner et al., 2017:151).

Hair (2013) concurs with the above and refers to the recommendations that were made from both practice literature and research, that supervision training is required for supervisors to provide effective services (Hair, 2013). Furthermore, the need to train supervisors is further accentuated in the South African Supervision Framework (Department of Social Development & SACSSP, 2012) which requires, amongst other things, that supervisors attend a supervision course presented by an accredited service provider that is recognised by the SACSSP. Engelbrecht (2010:25) agrees with the above that, within a South African context, supervision training can enhance organisational performance in that, within a short period of time, the supervisee would be able to function independently from the supervisor (Engelbrecht, 2010:25). Since the ecological systems theory focuses on modifying the environment, social workers can then engage in more training to improve their knowledge and skills regarding mental health (Algood et al., 2013:128).

Theme 8: Suggestions to better equip mental health social workers and improve mental health service in South Africa

The theme mainly focussed on suggesting strategies on improving the provision of mental health services by social workers in South Africa. Two sub-themes emerged from the research findings namely: areas to improve mental health services in future and preparation of students for mental health services. Each sub-theme is going to be discussed in detail with verbatim quotes and substantiated with literature and theoretical framework.

Sub-theme 8.1: Areas to improve mental health service in future

The participants stated that there are a few changes that need to be implemented to improve the provision of mental health services in the future, such as making more resources for mental healthcare services users available; including more content on mental health in the undergraduate syllabus; more training on mental health to be provided to social workers; and more awareness campaigns on mental health in the community. The following quotes represents the strategies suggested to improve mental health services in future:

"More resources needs to be available for persons with mental disabilities, you know many years ago uhm there were institutions where people with mental disabilities could be cared for and it was stopped. And the government feels that the families need to take care of persons with mental disabilities which is good in theory but in practice it doesn't work. Uhm many of the different cultures believe that persons with mental disabilities, you know uhm are bewitched. And they don't want to take care of persons with mental health disabilities they would, others would rather than take him to a traditional healer, than to encourage him to use medication for this mental illness. So there needs to be a lot more education to the public out there on mental health issues." ***Participant 1***

"Uhm ek wil se la te meer mental health uhm care institutions is waar mense het kan gaan wat bekostigbaar is." ***Translation "uhm I will say there should be more mental health uhm care facilities where people can go where its affordable."*** ***Participant 2***

"Strive to give the best service taking into account the best interest of our clients." ***Participant 3***

"These can uhm start as early as uhm the academic route, I think uhm maybe to, I can't say to prioritize it because in the undergrad degree you just being general as much as possible but uhm I would have to say lot of attention has to be invested in this speciality, not sure if it's being recognized in the council as a speciality? So if our own council of social workers can't even recognise it that the mental health uhm qualities to be a speciality then we have a problem. So I think those kind of institutions are the ones that really need to change uhm their perceptions. So suggestions going forward uhm I think there is lot of support needed uhm because mental health care, I might be wrong but primarily its being provided in the NGO sector or its yeah where they deal with most of the clientele so they need support and they don't just need financial support uhm they need support whichever department can offer, let it be the donors, whoever the specialist who can really offer their services to ensure that proper and comprehensive services are offered to them." ***Participant 4***

"It has to start at University I think it has to start with uhm the theory because now the theory at university is very insufficient, is just a touch and go and I think it's a quarter module on mental health, a quarter module if I am not mistaken, two three weeks then you are done with this thing. So it has to start there maybe stretch it over two years, two modules or two semester modules just to cover the basics and from there I think the challenge is that there are, the NGOs that offer this mental health services are very limited. So there is a scarcity of professionals who have experience in the sector. I am not sure what the reason behind that is but then most of the places where you go, you find that we are all learning on the job. But then the scarcity and going forward, I am not sure how we can address that but what I can

say is that the level of education you get regarding the sector at university is very inadequate." ***Participant 5***

"I think for us to comply and for other NGOs to comply with the Mental Healthcare Act and specifically with the review board, I think there needs to be form the review board side or from the government side that doctors are trained and also trained in what, how the forms work and what is expected of them and that they realise it's not that we are wanting to waste their time, it's that we do want to comply and ultimately the reason you want to comply is to ensure that your residents is receiving the correct care and care of a high quality and I also think that when they do the budget that money, if I think the money that is given for sports events and for things like that, that they prioritize disables people and people with mental illnesses." ***Participant 6***

"I also think it's not, you know our residents is really the people that need a lot of support, but there is also I think uhm if they can focus on independent living and give enough funding for it because some of our residents would be able to function in an independent level setup but in South Africa we do not have, there in not adequate resources and allocated to them. I also think there are disabled people in the community that are really struggling so if you could get that support system in place that you try and keep them in the community for as long as possible and then coming to us it really for the people that really are not able at all to function independently." ***Participant 6***

"If you enter the job you must get training, always very good to know the medical staff of your area. We have got very good relationships with the psychiatrist working with the children, and the nurses at the older clinic and the other psychiatrist who is working with the adults. They have got also their training at our forum, join our forum we have a got a forum for mental health with other professionals on that, we also do training for the other social workers in the field, very good knowledge to go out to the special schools and know the other centres, care centres in your community. Have a good knowledge of your area and resources." ***Participant 7***

"Uhm in future I would suggest that uhm more facilities be available for mental health care users especially for children because really its struggle. We struggle to give kids any relevant places." ***Participant 8***

"I think there must be more awareness campaigns regarding mental health in the community uhm to stop stigmatization, uhm yeah no I think there must be more awareness towards children with mental problems, mental health problems and the uhm systems finding these children because there is no programs and there is no facilities." ***Participant 9***

"In general I would say more in between places, halfway houses, so uhm meds compliance is a big thing, I am talking about diagnosis such

as schizophrenia and bipolar uhm and often people follow up once in four weeks and there is, in that in between, there is no other support and its very then for them to relapse. So I would say more support for that it can't just be a once off every four weeks. There has to be a continuous intervention and we have to move towards it and there is not a lot of facilities that actually can help people with that. We know Weskoppies and other psychiatric wards are full to capacity uhm so when you get released where do you go?" ***Participant 10***

"Definitely training as part of the degree, really better exposure to mental health services and the different kinds that you get." ***Participant 11***

"I think social workers sometimes get disregarded as well to what we can actually add but we have got lots to add but we must make sure that we know what we are doing otherwise we are going to perpetuate that opinion or that of us not knowing what we are doing so I think to really become excellent in what we do and to make sure what we need to do and what we need to know and to really uhm you know, because we have a very important role to play uhm in between uhm especially also in mental health and mental illness." ***Participant 11***

The quotes above represents various recommendations to improve mental health services in future.

Sub-theme 8.2: Preparation of students for mental health services

The participants stated that in order to prepare students for mental health services, students should get more exposure and do their practical work at an NGO that provides mental health services to gain real life experience. The following quotes represent the views of the participants in relation to the sub-theme:

"Uhm I think the reality of most persons with mental health disabilities, I mean I feel that they should maybe uhm you know do practical at a mental health facility where uhm they can learn about the reality of an illness and not just as the book knowledge on mental health." ***Participant 1***

"Uhm I don't know, I am not sure wat kon nou nog ekstra doen het ***(I am not sure what can be done extra)*** *uhm but I think, no I don't know."* ***Participant 2***

"The DSM 5 should be included my sister please." ***Participant 3***

"I think uhm in generally we can be encouraged to say, but if there can be an implementation of uhm certain short courses that doesn't need to do postgrad, but even undergrad and then have mental health uhm

as one of them where you can really uhm do something in that whereby by the time you finish your degree if that's what you aim to go into, already you are equipped. I would have to say that can really be helpful and would be solving the problem from the grassroots level." ***Participant 4***

"Stretch the module maybe over a year, two semester modules and in your placements like with University of Pretoria for example, uhm they have to, coz at times they place you with what is available. They do not place you with what you want to do. I did my practical with statutory but I have always wanted to do mental health, there were no organizations that could take me to do my practice class. Maybe try to place with, in relation to the interest such kind of arrangements can make a difference." ***Participant 5***

"I think uhm maybe looking at the Mental Healthcare Act, I know it's difficult because it's something that can change or that can be reviewed but I also think uhm in the practical classes, to give students uhm bigger exposure to working with the disabled. Place students with organizations that provide mental health services and I think if it's really somebody's passion uhm it can give them experience but also give them a more realistic picture of what you do and even if you come here as a student, the experience that you obtain here will never be lost." ***Participant 6***

"Say a lecturer's presentation from a psychiatrist on actual real life situations, cases and a person from a place like Weskoppies to come and give a presentation on life in psychiatric hospital." ***Participant 7***

"Uhm introduction to mental health issues that could help, just to know what is mental health or when one talks about mental health illnesses what is that all about, how can one know that somebody is suffering from a mental illness." ***Participant 8***

"I think they must be exposed uhm to mental health uhm institutions or even maybe do some practical work at a mental health organization as part of their studies." ***Participant 9***

"It is very difficult because it is a bit of cost of opportunity in a sense because not all undergrads will necessarily want to work in mental health. I think the undergrad is good in equipping with basic skills, individual intervention, group intervention, community intervention, raising awareness. To care for better mental health it's also very broad because this is such a broad field and so many things that is part of mental health. I mean there is not a lot of residential facilities like this. So it's difficult to say add a, you know like a module for mental health, when not, it's not going to benefit the majority of the class. So I don't know how to answer you, yeah so maybe when you do your practical and it's something that you are interested in to provide, you know like additional resources or something for that." ***Participant 10***

> *"Really going to different NGOs and seeing what type of mental health services they render, sort of to get a good idea because when you have a vision of okay this is what is happening, this is how it works then it could also open up avenues for social workers to say okay I am interested in this then they can start reading on that and start learning on that, that the day that they get in practice or if they get such a type of post that they would really like that they are already on their way in that but I think just exposing the person or the students to more mental health services would also be good."* ***Participant 11***

> *"Yes definitely placements and you know placement is also difficult now that I think about in the sense of university has contacted us and say can we place someone with you for six weeks at least or whatever you know for the part time basis or how they do that. That is also difficult because when you are only two social workers working with 50 residents and you take in the student, you really need time to spend with the student actually training them and teaching them and when you are already, uhm the capacity to do all the things that you need to do is just enough then additional training of the student is also quite challenging and also specifically if one places a student here, the student is going to have, its difficult to form relationships with you know really, so I think the process must be more planned or more you know negotiated between you know that the lecturers or whatever come and visit and say okay this is what we can do, this is how we can do it."* ***Participant 11***

Fraher, Richman, Zerden and Lombardi(2018:83) confirm that social workers' educational preparation and scope of practice are well aligned with integrated care models, however, a number of social work students exit training with insufficient understanding of the healthcare system (Fraher et al., 2018:83). Furthermore, in 2014 the Health Resources and Services Administration (HRSA) awarded more than $26 million to Masters of Social Work (MSW) programmes to better prepare students to work in integrated behavioural health and primary care settings (Fraher et al., 2018:83). Similarly, in a study conducted by Ashcroft, McMillan, Ambrose-Miller, McKee and Brown (2018:113) respondents indicated that social work skills, knowledge and capabilities are significant for integration. They further indicated that in order to improve the knowledge and skills of social workers additional education, specialised training and supervision should be made available to social workers. Respondents also recommended that social workers look for opportunities to educate colleagues and assertively advocate for social work's diverse views of health and practices (Ashcroft et al., 2018:113).

3.10 SUMMARY

This chapter focused on the research methodology and empirical findings of the research study. The research methodology, research approach and type of qualitative research were described. The research design, methods, population and sampling, and data collection process were discussed. The ethical considerations were also discussed. The data was analysed through thematic analysis. The themes and sub-themes were formulated from the data collected from the interviews with the participants. The themes and sub-themes were further supported by verbatim quotations from the interview participants together with supporting literature that was also relevant to the subject under discussion.

The next chapter, Chapter 4, will address the key findings, conclusions and recommendations to be made from this research.

CHAPTER 4: KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In the chapter, the researcher will explain how the goal and objectives of the study were achieved. In addition, the key findings and conclusions are drawn, and recommendations are made from the key research findings.

4.2 SUMMARY

The research goal and objectives were achieved in the present study. The following section describes how these were achieved, as well as how the research question was answered.

4.2.1 Goal and objectives of the study

The goal of the present study was to explore and describe the experiences of social workers in the provision of mental health services in South Africa. This goal was reached by means of the following objectives:

Objective 1: To contextualise the provision of mental health services by social workers internationally and locally.

The first objective was achieved through conducting an in-depth literature review in Chapter 2. The literature review was based on mental health services globally, in Africa as well as in South Africa. The researcher further explored the mandate for mental health services in South Africa. In addition the researcher explored social work in mental health (Section 2.3); the qualification and knowledge requirements for providing mental health services (Section 2.3.1); the roles and tasks of social workers in mental health (Section 2.3.2); skills required for providing mental health services (Section 2.3.3); the scope of social work in mental health services (Section 2.3.5); and the challenges experienced by social workers providing mental health services (Section 2.4).

Objective 2: To ascertain the views of social workers on their roles and tasks in the provision of mental health services.

In Chapter 2, Section 2.3.2 explored the roles and tasks of social workers in the provision of mental health services globally. Furthermore, the empirical findings presented in Chapter 3,

Theme 2, explored the roles and tasks of the participants in South Africa. The findings indicated the roles and tasks that the participants believe they play when providing mental health services namely, advocacy, educator, protection and having good relations. As such, this objective was reached.

Objective 3: To explore the utilisation of policies by social workers in the provision of mental health services.

In Chapter 3, Theme 4: Knowledge and understanding of mental health policies, the researcher explored the knowledge and understanding of the participants on mental health policies specifically the Mental Health Act 17 of 2002 and the DSM 5. The findings indicated that all participants have an understanding of the Mental Health Act and they make use of the Act on a regular basis when providing mental health services. However, the findings also revealed that some participants do not know about DSM 5, while others had a basic understanding of the DSM 5. Furthermore, all participants indicated that they are not making use of the DSM 5 as the basis for their intervention. As such, this objective was achieved.

Objective 4: To establish the needs of social workers in the provision of mental health services.

In Chapter 2, Section 2.4, the researcher explored the challenges experienced by social workers providing mental health services globally. Furthermore, in Chapter 3, Theme 5: Challenges experienced by mental health social workers, the researcher further explored the challenges experienced by social workers providing mental health services in South Africa. The findings indicated that the challenges experienced in South Africa are similar to the challenges experienced by social workers globally. The challenges experienced were lack of resources, financial support, loss, lack of family support, and lack of assistance from the clinics, the police department and the doctors. As such, this objective was achieved.

Objective 5: To suggest strategies on the provision of mental health services by social workers in Southern Free State Mental Health; Vaal mental health; Kungwini welfare organisation; and YANA.

In Chapter 3, Theme 8: Suggestions to better equip mental health social workers and improve mental health services, the researcher explored the suggestions provided by the participants on strategies to improve mental health services in future as well as to better prepare students for mental health services. Most of the participants reported that more

resources are needed to be made available and that students should be more exposed to mental health facilities in order for them to obtain real life experience in mental health. As such, this objective was achieved.

4.2.2 Research question

The research question for the present study was:

What are the experiences of social workers in the provision of mental health services in South Africa?

The research question was answered through conducting a qualitative research study which comprised of having in-contact and virtual interviews with eleven social workers who are employed by four different NGOs that are providing mental health services. Five in-contact interviews and six virtual interviews were conducted with the aim of collecting data which was later analysed by the researcher using the thematic analysis. The generated themes and sub-themes are discussed in detail in Chapter 3. Eight themes and 28 sub-themes emerged to answer the research question.

4.3 KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

In this section the key findings originating from the study will be discussed. This will be followed by conclusions originating from the key findings and recommendations for practice, policy and future researchers will therefore be provided.

4.3.1 Key findings, conclusions and recommendations regarding the research findings

In the next section the key findings, conclusions and recommendations related to the empirical study are discussed according to the themes**.**

4.3.1.1 Theme 1: Knowledge and understanding of mental health services

The theme related to the participants' knowledge and understanding of mental health services in general.

Key findings

The findings revealed that mental health services involves providing support and care to the mental healthcare service users. Moreover, social workers in mental health provide support; handle psychosocial and emotional problems; and family reunification. Furthermore, the findings show that social workers in mental health must have knowledge of the Mental Health Act, the different mental illnesses and knowledge of the community in which they work and its resources. The most common referrals were found to be family members, the hospitals, the court system and community members.

Conclusions

It can be concluded that social workers do have a basic understanding of mental health services. However, their knowledge and understanding of these services is based on the experiences that they have encountered and the organisations that they are working for. Furthermore, the social workers have limited understanding on what mental health care, as a field of social work practice, is. This could be due to the social workers not having a post-graduate qualification specialising in mental health and their responses are based on their experiences.

Recommendations

It is recommended that social workers improve their knowledge and understanding of mental health services and mental health care as a field of social work practice in South Africa and globally. This can be done through attending more training and workshops on the topic and/or doing own reading on the state of mental health services as well as the current trends on mental health services in South Africa and globally.

4.3.1.2 Theme 2: Roles and tasks of a social in mental health

This theme focused on establishing the views of social workers on their roles and tasks of a social worker in mental health.

Key findings

The findings indicate that social workers in mental health play the role of an advocate, educator, protector, and need to have good relations with other healthcare professionals and the members of the community. Social workers in mental health advocate for the rights of mental healthcare users, educate the staff about mental health issues and other mental

healthcare service users on the different mental illnesses and symptoms with the aim of encouraging support amongst themselves.

Conclusions

It can be concluded that the role of advocacy is very important in order to ensure that the mental healthcare service users are treated with dignity and worth. It is also of great importance for social workers to educate not only the staff and the residents about mental health, but also the community at large as majority of the community members do not know what mental health illnesses are and how to support and accommodate people with mental illnesses in the community.

Recommendations

It is recommended that social workers continue advocating and protecting the rights of people with mental illnesses so they receive the quality services that they deserve. It is also recommended that social workers carry out awareness campaigns in different locations to educate the community members about mental health and mental illnesses.

4.3.1.3 Theme 3: Skills required to provide mental health services

The theme aimed to establish the views of the social workers in terms of the skills required when rendering mental health services.

Key findings

The findings show that skills such as patience, being a good listener, good communication skills and flexibility are pivotal for social workers providing mental health services.

Conclusions

It can be concluded that participants are aware of the basic skills that one needs to have when working with mental healthcare service users. Skills such as patience, listening skills, communication skills and the ability to adapt to change, are key when working with mental healthcare service users. There was limited knowledge on skills in mental healthcare.

Recommendations

It is recommended that social workers utilise other skills such as immediacy, creativity, empathy and active listening to ensure that the needs of the mental healthcare services

users are met. Moreover, social workers should consider engaging in other developmental courses to enhance their skills.

4.3.1.4 Theme 4: Knowledge and understanding of mental health policies

The theme focussed on exploring the utilisation of policies by social workers providing mental health services.

Key findings

The findings illustrate that the Mental Health Act is used as the basis of intervention by social workers rendering mental health services. The findings further revealed that social workers providing mental health services are not using the DSM 5 during their interventions.

Conclusions

It can be concluded that the Mental Health Act 17 of 2002 is essential in the provision of mental health services and that participants are using it as a guideline for their interventions. Limited knowledge of DSM, legislation and types of mental illnesses were demonstrated.

Recommendations

- It is recommended that social workers familiarise themselves with the DSM 5 to achieve a better understanding of the different mental disorders and symptoms. Having a better understanding of the different disorders puts one in the position of better understanding the mental healthcare service users as well as being able to get closer to the service users.
- It is also recommended that training and workshops on the DSM 5 be made available for social workers in the provision of mental health services.
- There is a need to train social workers and supervisors in mental health care.

4.3.1.5 Theme 5: The challenges experienced by social workers rendering mental health services

The aim of this theme was to establish the needs of social workers in the provision of mental health services in South Africa.

Key findings

The findings revealed that a lack of resources, specifically for the mental healthcare services users, was a huge challenge that was experienced by all the participants. Lack of resources such as residential facilities for children, transportation that is wheelchair friendly, lack of funding for NGOs that render mental health services and not enough psychiatric hospitals, has a great impact on the services that social workers provide or aim to provide to the mental healthcare service users.

Losing mental healthcare service users through death was one of the challenges outlined by the participants.

Furthermore, lack of family support was also a challenge identified by the participants, in that families hardly visit their loved ones and sometimes they misuse the grant money.

Conclusions

It can be concluded that lack of resources has a negative impact on mental health service delivery. Certain challenges are beyond the scope of social workers and there is not much that can be done. Moreover, the lack of family support has a great influence on the wellbeing of the mental healthcare service users.

Recommendations

- It is recommended that the government allocates a large portion of the budget to mental health services while to prioritising the mental healthcare service users.
- NGOs rendering mental healthcare services should receive enough funding to enable them to afford other healthcare professionals such as psychologists, physiotherapists and occupational therapists.
- Social workers should receive counselling or debriefing sessions after experiencing the loss of a resident.
- Social workers should have more planned activities aimed at encouraging family members to be more involved in the lives of their loved ones who have mental illnesses.
- Strengthen social support networks in communities and provide them with the relevant education on mental health.

- Engage churches and other religious leaders to raise awareness on mental health care in order to reduce stigma and discrimination associated with mental health.

4.3.1.6 Theme 6: Training in the provision of mental health services

The theme focussed on exploring the views of the participants with regards to the training that they received in preparation for providing mental health services.

Key findings

The findings show that the undergraduate BSW degree was insufficient in terms of preparing social workers for the provision of mental health services. The findings further revealed that there is a lack of adequate training in mental health services for social workers and that most of the knowledge and skills were acquired in practice.

Conclusions

It can be concluded that social workers are inadequately trained to provide mental health services. More training on mental healthcare is needed for social workers. The undergraduate BSW degree alone is not enough to prepare one to undertake practice in this field. Participants acquired more knowledge and skills on the job because of the CPD training that they attended.

Recommendations

- It is recommended that social workers attend more workshops and training that focus on mental health to enhance their knowledge and skills on mental health.
- More content on mental health should be added in the BSW undergraduate degree.
- Social workers should consider enrolling for a post graduate diploma or degree such as the MSW in healthcare or clinical social work, which will expand their knowledge and understanding on mental health.
- Social workers should get more training on the DSM 5 tool to better understand the different disorders which will then enable them to identify other ways to better support the mental healthcare service users.

4.3.1.7 Theme 7: Social work supervision

The aim of this theme was mainly to establish the support that social workers receive through supervision and whether supervision is beneficial or not.

Key findings

The findings revealed that supervisors, CEOs and COOs provide support to the social workers through supervision. Supervision is key and it has a great influence on the provision of mental health services. The findings also indicated that peer support is required in this field of practice.

Conclusions

It can be concluded that there is lack of supervision in some organisations and there is also a need to train social workers and supervisors in mental health care. Furthermore, supervision plays a pivotal role in mental health service delivery.

Recommendations

- It is recommended that social work supervision be made available to social workers on a regular basis, for example, on a weekly or bi-weekly basis.
- Current supervisors should receive more training to enhance their supervisor skills.
- Organizations that do not have supervision available, should opt for training senior social workers to provide supervision for other social workers.
- Supervisors and managers should encourage peer support amongst the social workers.
- Organizations should consider developing support services for social workers with the aim of assisting social workers with different coping mechanisms.

4.3.1.8 Theme 8: Suggestions to better equip mental health social workers and improve mental health services in South Africa

This theme aimed at suggesting strategies on the provision of mental health services by social workers in South Africa.

Key findings

The following strategies were suggested by the participants on ways to improve mental health services in the future:

- More resources need to be available for persons with mental disabilities.
- The public needs to be educated thoroughly on mental health issues.
- There should be more mental health care facilities that are affordable for members of the community.
- Strive to give the best service while taking into account the best interest of the client.
- More support to be given to NGOs that render mental health services and not only financial support.
- A larger portion of the budget to be allocated towards mental health.
- Provide enough funding for independent living.
- More awareness campaigns regarding mental health to be done in the community to stop stigmatisation.
- There should be more in between places or halfway houses available.
- There has to be a continuous intervention and there are not a lot of facilities that can help people with that.
- There should be training as part of the degree and better exposure to mental health services.
- Students should do practical work at a mental health facility where they can learn about the reality of an illness and not just the book knowledge on mental health.
- The DSM 5 should be included in the BSW undergraduate degree.
- There should be short courses on mental health available at undergraduate level to enhance the knowledge and skills of students.
- A module that is provided at university on mental health should be stretched over one semester or two semesters.
- A psychiatrist or social worker in mental health should deliver a lecture to the students on actual real-life situations surrounding mental health.

Conclusions

It can be concluded that there are areas within the field of mental health that social workers feel need to change. The majority of the participants indicated that more resources need to be available and that students need to be exposed or placed with

institutions that provide mental health services to get real life experience. There is a need for social workers to get extensive training in this field.

4.4 RECOMMENDATIONS

Subsequently recommendations for practice, policy and future researchers will be made.

4.4.1 Recommendations for practice

The following recommendations regarding practice are made:

- Social workers need to receive training through in-service training and workshops on mental health care to enhance their knowledge and skills.
- The DSM 5 should be included in the training of social workers providing mental health services.
- Community awareness programs need to be developed with the aim of educating families and communities on schizophrenia and other mental illness to address the high stigma and discrimination associated with mental illness.
- Mental health care practice should be classified as a specialty in social work.
- There is a dire need to involve other healthcare professionals, such as physiotherapists and occupational therapists, to support the mental healthcare service users who are staying at residential facilities.
- More facilities that accommodate children with mental illnesses should be made available.
- The roles and tasks of social workers providing mental health services should be elucidated.
- Supervision need to be made available for social workers on a regular basis.

4.4.2 Recommendations for policy

The following recommendations regarding policy are made:

- Recognition of mental health care as a specialty by the SACSSP.
- Development of policies that include and recognise social workers in the provision of mental health services.

4.4.3 Recommendations for future research

There is still a great need for more research on the experiences of social workers in the provision of mental health services, predominantly in South Africa. The following recommendations regarding future researchers are made:

- Further in-depth research should be conducted to explore and describe the experiences of social workers in the provision of mental health services in private hospitals, government hospitals and in those NGOs that render mental health services.
- It is recommended that the study focuses more on the roles and tasks of social workers providing mental health services as well as on their training in mental health services.
- Similar studies should be conducted in all provinces in South Africa as the present study only focused on two provinces, Gauteng and the Free State.
- Similar studies could also be conducted internationally to explore the experiences of social workers in the provision of mental health services on a larger scale to obtain wider and varying views.
- The focus of future research should be on strategies to alleviate the challenges experienced by social workers rendering mental health services in South Africa.

4.5 CONCLUDING REMARKS

Key findings, conclusions and recommendations regarding the literature review as well as the research findings were made. Recommendations for practice, policy and future researchers were also made. It became clear from the key findings of the study that social workers in the provision of mental health services do experience a number of challenges – some of which are beyond their control.

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APPENDIX A: Ethical clearance

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Humanities 100. Since 1919

14 October 2020

Dear Miss KE Motsepe

Project Title:	the experiences of social work
Researcher:	Miss KE Motsepe
Supervisor(s):	Dr NJ Bila
Department:	Social Work and Criminology
Reference number:	14374740 (HUM047/0620)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 14 October 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,

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 Bomotho

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 Govinder Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomè; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

APPENDIX B: Permission letter from Southern Free State Mental Health

SOUTHERN FREE STATE
MENTAL HEALTH
Constituent body of S.A.
Federation of Mental Health
002-765 NPO

PBO NR 930054965

28 August 2020

Ms Motsepe,

I hope you are well? Thank you for including the social workers of Southern Free State Mental Health in your research study: **The experiences of social workers in the provision of mental health services.**

Each of the social workers that are part of the organisation will be willing to participate to assist with the research and the development of mental health services in South Africa.

We understand the research and what it will involve. We would however like to request whether we can receive the schedule of questions that you would have asked in your interview? We would then individually sent you all the answers and comment.

The reason why we are requesting this is that none of the social workers are proficient in English. English is their second language. They will not be able to express themselves effectively in English during the interview.

If the questions are sent through to them, each of the social workers will email you their answers separately.

Each of the social workers will also send you a signed consent while answering the questions.

I hope this makes sense and that it will be in order to approach the research in this way?

Thank you.

Kind regards,

Director.

We work actively with the community focusing at the highest possible level of mental health for everyone
P.O. Box 12657, Brandhof, Bloemfontein, 9324, 8 Walter Sisulu Road, Willows, Bloemfontein, 9301.
Tel.: (051) 444-0212, Fax: (051) 447-4797, Email-svgdirek@gmail.com

APPENDIX C: Permission letter from YANA

YANA
You Are Not Alone

NPO 011 353
Pretoriase Vereniging van Persone met Skisofrenie, hulle Familie & Vriende
Pretoria Association of Persons with Schizophrenia, their Family and Friends

YANA
Posbus/PO Box 23783
Gezina
0031
420 14TH Avenue
Rietfontein, Pretoria
Kontak/Contact:
(012) 330-1797 / (012) 330-1917
hannetjie@yana1.co.za
www.youarenotalone.co.za
VAT No: 4870269158

6 October 2020

University of Pretoria
Dept of Social Work & Criminology

To whom it may concern

Good Day,

Re: Permission to perform Empirical Research: Kamogelo E. Motsepe (14374740)

Permission is herewith granted to interview the social workers at YANA in their personal capacity.

Kindly understand that YANA's name is nowhere to be mentioned in this research.

Hope you find the above in order.

Kind Regards,

HKelderman
Hannetjie Kelderman
Manager

APPENDIX D: Permission letter from Vaal Mental Health

Vaal Mental Health

PO Box 1180
Vanderbijlpark
1900

Vanderbijlpark Office
(016) 931-2910 / 1
mentalhealth@lantic.net
10 Daudet Street
Vanderbijlpark
1911

Sebokeng Office
(016) 100 0334 or (016) 100 0337
sebokeng.vaalmentalhealth@gmail.com
Stand 57
Industria
Zone 10
Sebokeng

Services rendered in a professional and transparent way in a spirit of caring, honesty and dignit

8/10/2020

Dear Kamogelo Motsepe

Herewith we give you permission to conduct research in the office of Vaal Mental Health Vanderbijlpark and Sebokeng. Our office hours are Monday to Thursday 8:00-14:00 and Friday 8:00-13:00.

Looking forward to meet and work with you.
Kind Regards

.....
Yvonne Coertze
Director

APPENDIX E: Permission letter from Kungwini Welfare Organisation

KUNGWINI
WELFARE ORGANISATION
making a difference in people's lives
WWW.KWO.ORG.ZA -- NPO REG: 022731 -- PBO #: 930003889
www.kwo.org.za -- Email: info@kwo.org.za -- Tel: 087 096 0134 -- PO Box: 2066, Zwavelpoort, 0036

Fax : 086 697 1975
E-mail : pjh4@kwo.org.za

Posbus 2066
Zwavelpoort

0036

30 September 2020

TO WHOM IT MAY CONCERN

It is hereby declared that Kungwini Welfare Organisation is giving permission for Kamogelo Motsepe to conduct her research project at our organisation.
She has provided us with the background and the aim of her research project and all the social workers employed by Kungwini Welfare Organisation are willing to participate.

You are welcome to contact me to confirm the above information or should you require any further information.

Kind Regards

Johanrie Burger
PJH/S Facilities Manager
KUNGWINI WELFARE ORGANISATION
Plot 214 Graham Road (Lynnwood Ext), Zwavelpoort, Pretoria
Telephone : 087 096 0134
E mail : pjh4@kwo.org.za

Kungwini Welfare Organisation
NPO 022731 VAT: 4480157892
Plot 214, Graham Road, Zwavelpoort
PO Box 2066, Zwavelpoort 0036
Tel: 012 940 0221 / 087 096 0134

APPENDIX F: Letter of Informed consent

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 the provision of mental health services in South Africa.**

2. THE RESEARCHER

The researcher is a qualified social worker who is currently working as an intern in the Department of Social Development, Madibeng Service point in the North West Province. The researcher is also a registered Master of Social Work in Healthcare student with the Department of Social Work and Criminology at the University of Pretoria.

3. PURPOSE OF THE STUDY

The purpose of the proposed study is to explore and describe the experiences of social workers in the provision of mental health services in Southern Free State Mental Health; Vaal mental health; Kungwini welfare organisation; and YANA. The information collected will be used to suggest strategies on how to improve mental health services provided by social workers in South Africa.

4. PROCEDURE

This serves as a request for your permission to participate in the study. The researcher will explain to you the content of the informed consent which will be written in English. This will be done to ensure that you understand what the research is all about and what is expected of you. You will be given an opportunity to ask questions for clarity, so that you can make an informed decision about engaging in the study. Thereafter, you will sign the

consent form before the interview commences. A semi-structured interview will be used as a data collection method and an interview schedule will be used to collect data. A digital recording will be used to record the interview with your permission. Moreover, due to the Covid 19 regulations, the researcher will make use of both in-contact and virtual interviews. The duration of the interview will be approximately an hour. The researcher will ask you questions from the interview schedule and you will be given an opportunity to answer. The researcher will make use of pseudonyms to transcribe the data obtained from the participants. In addition, 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.

4. POTENTIAL HARM

The researcher anticipated 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, participants will be referred for counselling to the Social Worker, Letty Motaung from the Department of Social Development, Madibeng Service point.

5. CONFIDENTIALITY AND ANONYMITY

The researcher will adhere to confidentiality at all times and the participants names will not be used, but a pseudonym or false name will be given to each participant for the purpose of transcribing data from the digital recording and to protect their identity. The researcher will only share any information with the supervisor throughout the entire research process. The participants also have an obligation to adhere to the issue of confidentiality with regards to the contents of the interview and their responses as they are familiar with each other, which they must not share with other participants.

6. VOLUNTARY PARTICIPATION

Participants take part in the study voluntarily and they have the right to withdraw from the study at any time. No participants will be obligated to participate in the study. In addition, participants have the right to withdraw from the study at any time when they feel the need to do so and there will be no negative consequences imposed on them.

7. REMUNERATION

The researcher will not remunerate the participants for participating in the study. Participation is voluntarily and the interview will be conducted at a time which will be suitable for everyone.

8. BENEFITS

The researcher hopes that the study will add to the existing knowledge in the provision of mental health services and will contribute to the quality of services provided to the community. The research will also contribute to policy development and planning.
Participants will not benefit directly from the research.

9. 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**: Kamogelo Emily Motsepe
Cell: 071 490 8912
E-mail: u14374740@tuks.co.za
If you agree to partake in the 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 Kamogelo Emily Motsepe hereby declare that I have explained the above information to the participant, and he/she was satisfied with all the answers.

Signature:…… **Date**: …15 October 2020

APPENDIX G: 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 H: Confirmation from the editor

CERTIFICATE OF ENGLISH EDITING

This certificate confirms that the manuscript listed below was edited by an experienced and accredited English editor.
The following issues were corrected: grammar, punctuation, sentence structure and phrasing.

MANUSCRIPT TITLE
THE EXPERIENCES OF SOCIAL WORKERS IN THE PROVISION OF MENTAL HEALTH SERVICES IN SOUTH AFRICA

AUTHOR
KAMOGELO EMILY MOTSEPE

EDITOR
S PRETORIUS
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