The experiences of social workers in the provision of mental health services in the West Rand

By

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DECLARATION OF ORIGINALITY

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ABSTRACT

Student Name: Kearabilwe Matebesi

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Topic: The experiences of social workers in the provision of mental health services in the West Rand.

One in six South Africans are reported to be suffering from mental health issues whereby only 27 % of the mentally ill population receive treatment. Similarly, to other global countries, South Africa also has a burden in terms of resources. Despite the implementation of the Mental Health Care Act 17 of 2002, South Africa still has challenges in terms of proper mental health infrastructure. There is a serious shortage of mental health professionals, community mental health and psychosocial rehabilitation remain undeveloped (Burns, 2011:104). It is therefore against the back drop of such challenges that the experiences of social workers in mental health were investigated.

The aim of the study was to explore and describe the experiences of social workers in the provision of mental health services in the West Rand District. Furthermore, the study adopted the use of an instrumental case study which was deemed appropriate for this study, as it aimed to explore and describe the experiences of social workers in the provision of mental health services in the West Rand District. One-on-one, semi-structured interviews were used to collect data from ten social work participants in the provision of mental health services in the West Rand. Non-probability purposive sampling method was used to select the participants using selection criteria.

The findings of the study indicated that the social workers' understanding of mental health as a field of service provision was average and focused on the services that

they provide. In addition, the participants understanding of social work as a field of mental health service provision was explored. The participants had mixed views regarding their understanding and knowledge of the Mental Health Care Act 17 of 2002. Most participants were aware of the Act, but while some did not know the specific sections of the Act that they use. The majority of the participants had little insight about the DSM and further indicated that they have never used it in practice.

The experiences of social workers in the provision of mental health service was revealed to be negatively affected by the shortage of resources. This was due to a lack of funding from the government to non-governmental organisations. The social workers reflected on various roles and tasks that they perform in mental health settings, including the role of an advocate, mediator and educator. The study further found the services that the social workers provide to be psychosocial support services, statutory services, placement of mental health care users, counselling services and raising awareness on mental health. The study highlighted the impact of support and supervision on social workers in the provision of mental health services.

Based on the findings of the study, it is recommended that the government increase the budget of the mental health sector, to allow the organisations to acquire more resources to provide mental health in-service training and to employ more social workers.

Key Concepts:

Experience

Mental Health

Mental Health Services

Social Worker

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LIST OF ACRONYMS

SACSSP: South African Council for Social Service Professions

MH: Mental Health

MHCUs: Mental Health Care Users

CHAPTER ONE:
GENERAL INTRODUCTION AND STUDY BACKGROUND

1.1 INTRODUCTION AND CONTEXTUALISATION

Mental health issues have become a major concern both locally and globally. The World Health Organisation (2019) estimates that almost 450 million people in the world suffer from mental illness, and that mental disorders are among the leading causes of ill health and disability internationally (Saxena & Belkin, 2017:1; Roestenburg, Carbonatto & Bila, 2016:167). Despite mental health being a universal issue, resources remain inadequate, and the stigma around mental illness continues to grow. There is a shortage of professionals in the mental health services provision sector. Globally, mental health services receive a small proportion of countries' budgets and are funded from general health budgets, especially in countries that are dealing with other major health problems such as HIV/AIDS and malnutrition (Burns, 2011:100-101).

The South African government became a signatory to the United Nations Convention on the Rights of People with Disabilities (CRPD) in 2007. Mental health conditions were then conceptualised as disabilities within the CRPD. The South African Health and Stress Study (SAHS), which was conducted between 2002 and 2004, shows the prevalence of various disorders by means of a population-based survey. The study indicated that the most common disorders were agoraphobia, major depression, and substance dependence (Burns, 2011:99,102,103).

Like other countries, South Africa has limited resources. Despite the implementation of the Mental Health Care Act 17 of 2002, South Africa still has challenges in terms of proper mental health infrastructure, there is a serious shortage of mental health professionals, and community mental health and psychosocial rehabilitation remain undeveloped (Burns, 2011:104). It is against the backdrop of such challenges that the experiences of social workers in mental health were investigated.

The key concepts of this research are as follows:

- **Experiences:** This term denotes "knowledge and skills gained over time" (*Paperback Oxford English Dictionary*, 2012:249). In this study, the term

'experiences' refers to the effect or impact that social workers encounter when working in the field of mental health services.

- **Mental Health:** 'Mental health' refers to the state of emotional and social wellbeing and describes the capacity of individuals to cope effectively with normal stressors and everyday demands (Barkway, 2009:120). The term 'mental health' in this study refers to the mental health services provided to mental health users or patients.
- **Mental Health Services:** These include a range of services aimed at the prevention and treatment of mental disorders and stressors that would inhibit the individual's ability to function at their maximum potential. These services may be provided through any government, professional or lay organisation operating at a community, state, national or international level (Pilgrim, 2020:4). In this study, the term 'mental health services' refers to institutions that provide services within the mental health scope of practice.
- **Social Worker:** This term refers to a "duly registered person authorised in terms of the *Social Services Professions Act*, Act No 110 of 1978, to practise the profession of social work" (South African Council for Social Service Professions (SACSSP) 2011[sa]:65). A social worker is therefore a professional who helps others to resolve problems and obtain resources, provides support during a crisis, and facilitates social response to client's needs (DuBois & Miley, 2011:3). For the purpose of this study, a social worker is a participant who renders social work services in mental health, hence a social worker practising in the mental health field. The Professional Board for Social Work of the South African Council for Social Service Profession (SACSSP) has recognised and approved the specialisation of social work in health care and in clinical social work. For the purpose of this study, a social worker is a participant who renders social work services in mental health and does not need to have a master's degree in Social Work in Health Care to be part of the study.

1.2 THEORETICAL FRAMEWORK

This study was informed by the ecological systems theory, which was developed by Urie Bronfenbrenner. The theory was developed in order to explore and understand the experiences of social workers in the provision of mental health services. In the ecological systems theory, the environment is seen as nested set of structures,

represented by a series of circles, in which each structure is nested within the following outer structure (Ettekal & Mahoney, 2017:293; Strayhom, 2015:34).

The ecological systems theory was selected as the most suitable theoretical underpinning for this study because it would help the researcher to understand how social workers, as persons in the environment, experienced the environment and other systems that affected them.

In terms of the ecological systems theory, the environment is divided into five levels of system: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem.

- **The Microsystem**

The micro system's setting is the direct environment we have in our lives (Ettekal & Mahoney, 2017: 293; Jack, 2012:132). It includes the social worker's family, friends, colleagues, neighbours and other people who have a direct contact with them. The micro system is the setting in which the social workers have direct social interactions with these social agents.

- **The Mesosystem**

The mesosystem involves the relationships between the microsystems in the social worker's lives (Ettekal & Mahoney, 2017: 293-294, Jack, 2012: 132), which means that the family experience of the social workers may be related to their work experience. For example, if the social worker has family issues, their work might be affected due to personal stressors. Conversely, the experiences of the social workers might affect their interactions with others in the family.

- **The Exosystem**

The exosystem is the setting in which there is a link between the contexts in which the social worker exists. The link between these contexts do not involve the social worker (Ettekal & Mahoney, 2017: 293-294; Jack, 2012:132). The interaction between those systems will however affect the social worker indirectly. This will be for example how the implementation of mental health legislation in mental health services are challenging and affect the social workers as employees negatively.

- **The Macrosystem**

The macrosystem setting is the actual culture of the social worker. The cultural contexts involve the socioeconomic status of the person and/or his family, his ethnicity or race and comprises of values, customs and laws (Ettekal & Mahoney, 2017: 293-294; Jack, 2012:133). For example, coming from a family or cultural background that stigmatise mental disorders, will influence the social worker practicing in mental health to work hard towards fighting this stigma, not only in their families, but within the society at large.

- **The Chronosystem**

The chronosystem includes the transitions and shifts in one's lifespan. This may also involve the socio-historical contexts that influence a person (Ettekal & Mahoney, 2017: 293-294; Jack, 2012: 133). An example of this is how the death of a loved one resulting from a mental health issue might influence and affect the service provided by a social worker.

The utilization of ecological systems theory has helped the researcher to understand the experiences of social workers in the provision of mental health services and how the systems that they interact with directly or indirectly impacts on their experiences. he ways in which the systems that these social workers interact with, both directly and indirectly, affect their experiences.

The researcher has applied the theory in order to understand the participants holistically. This theory allowed the researcher to not only to focus on the participants, but to view them as individuals with families, existing within their system of work and guided by policies and legislation.

1.3 RATIONALE AND PROBLEM STATEMENT

After reviewing literature, it was evident that social work in mental health globally and in South Africa, faces challenges in terms of resources and the training of social workers in mental health care. An example is provided by a study conducted in Northern Namibia by Bartholomew and Gentz (2019:497) which indicated a shortage of psychosocial service providers. The World Health Organisation (2019) identified a

rapid increase in mental health issues both globally and locally. The researcher, while conducting the literature review, realised that there is a gap in terms of the social workers' experiences of rendering mental health services. More focus has been on the social worker's roles and not on their experiences. The social work professional should be looked at independently with consideration to their experiences of the provision of mental health services in South Africa and its specific demands.

The research question for this study was as follows: **"What are the experiences of social workers in the provision of mental health services in the West Rand District?"**

1.4 AIM AND OBJECTIVES

The aim of the study was to explore and describe the experiences of social workers in the provision of mental health services in the West Rand District.

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

- To contextualise mental health services internationally and locally;
- To contextualise the provision of mental health services by social workers internationally and locally;
- To ascertain the views of social workers on their role and task in the provision of mental health services in the West Rand District;
- To determine the capacity of social workers in rendering mental health services in the West Rand District;
- To suggest strategies in the provision of mental health services by social workers.

1.5 OVERVIEW OF RESEARCH METHODS

The research approach that the researcher deemed most suitable for this study was qualitative research. The researcher used qualitative research to understand the experiences of social workers in the provision of mental health services as explained by the social work participants. The researcher analysed and interpreted the thick

descriptions of data provided by the participants' perspectives on their subjective experiences (Nieuwenhuis, 2016a:60; De Vos, Strydom, Schulze & Patel, 2011:8). In view of this chosen research approach, the research purpose was seen as one of exploration, as the researcher wanted to explore and gain a better understanding of the social worker's experiences (Nieuwenhuis, 2016a:54).

Non-probability sampling was used to select participants for the purpose of this study (Strydom & Delport, 2011: 390-391). Non-probability sampling does not make use of random selection of participants (Maree & Pietersen, 2016:197). Purposive sampling, which is a form of non-probability sampling, was specifically utilised; in this sampling approach, participants are chosen on the basis of specific sampling criteria that the researcher has in mind (Maree & Pietersen, 2016:198). The use of purposive sampling enabled the researcher to gather unbiased and divergent data. The researcher has therefore included all information gathered from participants, whether she interpreted it as negative or as positive (Rubin & Babbie, 2009:342). The research participants for this study were selected according to the following specific inclusion criteria: they had to be social workers with a Bachelor of Social Work degree, providing mental health services in the West Rand in Central Gauteng Mental Health Society and West Rand Association for People with Disabilities; had to have been practising in the field of mental health services for at least six months; could be of any gender, race, culture or religion; had to participate voluntarily; and to provide informed consent. However, the researcher had to divert from the initial set criteria due to Covid-19 restrictions posing a barrier, as many social workers were working remotely from home. The researcher therefore had to include one participant who had less than six months experience in the provision of mental health services and one participant whose qualification is a bachelor of Social Sciences, but is registered as a social worker at the SACSSP, has worked in mental health services and is currently a social work manager in a mental health service setting.

Data were collected through semi-structured interviews, a type of interview where the researcher gathers in-depth data from participants, a process that can be time-consuming and can also become intense (Strydom, 2011:351). Strydom (2011:351) and Nieuwenhuis (2016b:93) concur that a semi-structured interview provides flexibility for both the researcher and the participant. The researcher was able to gather rich data during the interviews, and participants were able to give a detailed expression

of their views. The researcher utilised semi-structured one-to-one interviews to gain a detailed and full picture of the participants' beliefs and perceptions about the given topic. The process of thematic analysis developed by Clarke, Braun and Hayfield (2015:230) was utilised to generate themes and to analyse the data. This process includes transcription; reading and familiarisation; coding; searching for themes; reviewing themes; defining and naming themes; and writing the research report.

The researcher employed various techniques to ensure the quality and trustworthiness of the data. Trustworthiness was ensured through credibility, dependability, transferability and confirmability. The researcher avoided being biased. A pilot study was conducted with two social workers who are in the field of mental health service in the West Rand District. The pilot study was conducted prior to the main study to highlight challenges and test the data collection instrument, the semi-structured interview and interview schedule, before embarking on the study on a larger scale. The data collected from the pilot study was included in the main study, as this data was rich and thick.

The researcher observed several ethical considerations when conducting the research (Babbie, 2017:63; Strydom, 2011: 117), including informed consent and voluntary participation, debriefing and avoidance of harm, confidentiality and protection of identity, absence of deception, no compensation, publication of findings, and the actions and competence of the researcher. Ethical clearance for this study was granted by the Research Ethics Committee of the Faculty of Humanities, University of Pretoria.

The research methods will be discussed in further detail in chapter three.

1.6 CONTENTS OF THE RESEARCH REPORT

The remainder of this research report and the various chapters are outlined as follows:

CHAPTER 2: LITERATURE STUDY

The researcher will provide a detailed discussion of social work as a profession, social work in mental health care, and the experiences of social workers in the provision of mental health services.

CHAPTER 3: RESEARCH METHODOLOGY, EMPIRICAL FINDINGS AND INTERPRETATION

The researcher will give a detailed discussion of the research methodology and the ethical considerations, and an in-depth discussion of the findings using a thematic analysis of the data.

CHAPTER 4. KEY FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

The final chapter summarises how the aim, objectives and research questions were addressed, and provides the key findings and conclusions from the study and recommendations for future research.

The following chapter focuses on the literature study.

CHAPTER TWO:

LITERATURE STUDY ON THE EXPERIENCES OF SOCIAL WORKERS IN THE PROVISION OF MENTAL HEALTH SERVICES IN THE WEST RAND

2.1 INTRODUCTION

This study focused on exploring the experiences of social workers in the provision of mental health services in the West Rand. This chapter provides an overview of the literature study pertaining to the experiences of social workers in the provision of mental health services. Firstly, the chapter provides an overview of mental health. The discussion that follows is focused on the status and prevalence of mental health from the global, African and South African perspectives. The topic of integrating mental health into primary health care is thoroughly explored, and the relevant mental health policies are discussed, together with human rights and social justice issues relating to mental health, and stigma attached to mental health. The chapter further explores the role of social workers in mental health, with a specific discussion of social work training in mental health, knowledge and practice of the DSM-5, social workers' role in a multidisciplinary team, their roles and tasks in mental health, and the primary and secondary levels of care. The chapter also provides a detailed discussion of the experiences of social workers in the provision of mental health services. Lastly, the value of treatment as an important level of care is discussed.

2.2 OVERVIEW OF MENTAL HEALTH

In this section, an overview of mental health is provided.

Greene (2012:3) describes mental health services as comprising a formal system and an informal system. The formal system includes specialised mental health care and medical care (professional teams, hospitals, clinics), whereas the informal system includes family and community support (the church, self-help groups). The term mental health denotes the overall wellbeing of an individual in respect of their mental, emotional and psychological functioning. An individual with good mental health would be viewed as possessing a healthy state of overall wellbeing. In this context, mental illness is understood as the absence of that which constitutes mental health (WHO, 2001). WHO (2005) further contends that mental health issues affect at least one in

four people at any given point in their lives, with neuropsychological disorders being the greatest cause of mental health burden. Social work practice in mental health is further defined in *The Practice Standard for Mental Health Social Workers* (AASW, 2008) as follows:

> "The domain of social work in mental health is that of the social context and social consequences of mental illness. The purpose 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. Social work practice occurs at the interface between the individual and extends to the contexts of the family, social networks, community and the broader society".

2.3 MENTAL HEALTH PRACTICE GLOBALLY

This section explores the status and prevalence of mental health globally.

The World Health Organisation (2019) estimates that almost 450 million people in the world live with a mental illness, and that those mental disorders are amongst the leading contributors to ill health and disability internationally (Saxena & Belkin, 2017:1; Roestenburg et al., 2016:167). Globally, mental illness has been increasing rapidly. This has increased the need for further research and the allocation of more resources into the mental health sector. There has been a shortfall in terms of service delivery for people living with mental illnesses in both developed and developing countries. In the state of Nevada (USA), for example, changes to the mental health services system between 1963 and 2007 saw a reduction of 364 health care staff members, 80 million dollars in funding, and from 234 to 190 in bed capacity (Watson & Marschall, 2013:18). These changes resulted in some state facilities being left without psychiatrists. Policy development and intensive research are extremely important to combat the knowledge gaps that exist (Saxena & Belkin, 2017:1). These authors point out that the Comprehensive Mental Health Action Plan 2013-2020 (WHO, 2013) clearly focuses on Improving leadership and governance, health and social care, promotion and prevention, information, and research. In South Africa, circumstances are also serious, with many posts being frozen or not filled.

Nare, Pienaar and Mphuti (2018:1) add that mental disorders are a leading cause of disability worldwide and are responsible for 37% of all loss of life. In the year 2000, mental health accounted for 12% of the global burden of disease.

Only one-third of people with mental disorders receive treatment for mental illnesses in high-income countries, and only 2% in some low- and middle-income countries. The burden of mental disorders is underestimated because there is little acknowledgement of the relationship between mental illness and other health conditions.

Nare et al. (2018:2) further add that the average number of health and mental health care professionals in all countries was found to be low and that, in almost half of the countries (90% of African countries and all South East Asian countries), the number of psychiatrists per 100 000 people is smaller than 1. Nare et al. (2018:2) indicate further that the ratio for traditional and indigenous medicine practitioners per community is 1:200, compared to 1:100 000 for western trained medical doctors and psychiatrists. 32% of the world's countries did not have a specific mental health budget, and 36% of the countries used only 1% of the allocated health budget for mental health services.

Four out of five patients with severe mental illnesses receiving treatment in middle- and low- income countries. Untreated mental illness has adverse consequences, such as poverty and reduced life expectancy. There is a huge gap between high-income countries and low-income countries in terms of mental health service delivery. There is a huge difference in the median number of psychiatrists per 100 00 population: in low- and middle-income countries, this is 0.05, whereas it is 8.59 in high-income countries (Luitel, Jordans, Adhikari, Upadhaya, Hanlon, Lund & Komproe, 2015:1,2).

Timmermans (2011:28) concurs that mental health should be prioritised, and that extensive research still needs to be conducted on the matter. The action plan of the World Health Organization (WHO) aims to promote mental health, prevent mental health disorders, provide care, improve recovery, and reduce mortality and morbidity. One of the global targets was to assist at least 80% of countries to have operative national, multi-sectoral mental health promotion and prevention programmes (Saxena & Setoya, 2014:585). Mental illness gives rise to 13% of global total morbidity (Timmermans, 2011:27), and mental health challenges are a serious issue, not only internationally but in Africa and South Africa as well.

Several initiatives have been undertaken to reduce the existing treatment gaps in mental health. Among the initiatives was the development of PRIME internationally, which facilitated the further development of district mental health care plans. The World Health Organisation Mental Health Gap Action Program (mhGAP) has been developed to support the scaling-up of mental health services in low- to middle-income countries (Luitel et al., 2015:8).

The researcher believes that collaborative efforts among countries could be effective in bridging the gaps between countries in respect of mental health care services. Prioritisation of mental health resources globally could make a significant difference in the quality of services provided.

2.4 MENTAL HEALTH PRACTICE IN AFRICA

This section explores the status of mental health in Africa.

Sankoh, Sevalie and Weston (2018:954) indicate that mental health problems appear to be increasing in importance in Africa. Between 2000 and 2015, the African population grew by 49%, while the number of years lost to disability as a result of mental and substance use disorders increased significantly by 52%. In 2015, 17.9 million years were lost to disability because of mental health problems. Such disorders were almost as significant a cause of years lost to disability as were the infectious and parasitic diseases, which accounted for 18.5 million years lost to disability (Sankoh, Sevalie & Weston, 2018:954).

Early mental health practice in colonial Africa was aimed at documenting differences. It was suggested at the time that Africans had smaller brains, in a spurious attempt to provide scientific support for certain western beliefs. Between the early 1930s and 1960s, stereotypical views emerged from colonial psychiatry. These stereotypical views varied from equating the mental development of an African adult to that of a European child, to assuming that mental illness was a phenomenon of urban rather than rural Africa. It was also falsely believed that depression was almost non-existent among Africans because they had an undeveloped sense of individuality (Akyeampong, Hill & Kleinman, 2015:349).

Akyeampong et al. (2015:37) indicate that the mental health system in most African countries cannot be described as satisfactory. Nigeria's and Ghana's mental health systems, for example, both face the challenge of inadequate numbers of mental health staff. Nigeria has fewer than one hundred psychiatrists for its population of approximately 140 million; Ghana's challenge is a shortage of resources in hospitals. Mental health care is generally underfunded and poorly staffed across Africa. The dire state of mental health in African countries has highlighted the need to incorporate mental health into the health system and to place it at the forefront. The World Health Organisation declaration at Alma-Ata in 1978 advocated for the integration of mental health care into primary health care systems. The burden on mental health care is also partly the result of conflicts, natural disasters and the brain drain of mental health professionals from government services (Akeaympong et al., 2015:37; Thornicroft, Alem, Drake, Ito, Mari, McGeorge, Tara & Semrau, 2012:14).

Namibia is yet another example of an African country faced with the challenge of staff shortages, compounded in this case by inappropriate staff training. Although a few social workers are being trained, they are trained according the western model, and training is not aligned with Namibia's cultural beliefs and customs. This has added to the challenge of mental illnesses being stigmatised, as many community members have not normalised the reality of mental illnesses. Mental health therefore remains a low priority and underfunded (Bartholomew & Gentz, 2019: 497-498).

Okello and Musisi (2015: 258) indicate that members of African communities commonly believe that most mental health issues are cultural and traditional rather than medical. It is commonly believed that spirits have caused illnesses. Okello and Musisi (2015: 258) emphasises that challenging these beliefs makes African families feel uncomfortable, and it is therefore important to understand families' frame of reference. In Africa, families often resort to traditional healers because they are more easily accessible and more affordable than western medicine (Okello & Musisi, 2015: 258). Sossou and Modie-Moroka (2016:55) assert that mental health is a matter for concern in Africa. Geographical barriers between rural and urban areas compound the problem, giving rise to inequality in terms of the allocation of health resources, particularly mental health resources, in different areas. Bila (2017:74) also finds that mental health remains neglected and not prioritised in many African countries.

Based on the literature outlined above, the researcher believes that most African countries face challenges in mental health service provision that result from colonial beliefs and the obvious issue of a shortage of resources. The African belief that mental illness is caused by cultural factors has led many families not to seek medical intervention. The researcher believes that cultural factors should be incorporated into mental health awareness as an inclusive approach for all service users.

2.5 MENTAL HEALTH PRACTICE IN SOUTH AFRICA

Since 1994, South Africa has followed the primary health care approach for its health service delivery, including mental health. Prior to 1994, the health system under the apartheid government was characterised by inequality, discrimination, inefficiency and inaccessibility. Further inequalities in health care were created by the Bantustans and homelands, which had their own health departments and systems (Roestenburg et al., 2016:178).

The South African government is committed to achieving Universal Health Coverage (UHC). The World Health Organisation defines Universal Health Coverage as a situation in which all people and communities have access, without financial constraints, to the health services they need; these services include the promotion of health and the prevention of disease, as well as treatment, rehabilitation and palliative care with the inclusion of people living with mental illnesses (Robertson, Chiliza, Van Rensburg & Talatala, 2018:100).

The South African National Health Summit of 2012 prioritised taking stock of mental illness in South Africa, which is significant because the burden of mental illness has become substantial, and the prevalence of mental illness is likely to increase. The connection between physical and mental health has been well established, especially with HIV/AIDS infection, cardiovascular diseases, and diabetes. Common mental disorders such as depression and alcohol misuse have become prevalent and are a concern for people living with non-communicable infections (Lund, Petersen, Kleintjies & Bhana, 2012:402).

Pillay (2019:463) describes the state of mental health in South Africa in some detail, indicating that, in 2018, one in six South Africans were suffering from anxiety, depression, or substance use disorders, 40% of South Africans with HIV were

suffering from a mental disorder, 41% of pregnant women were depressed, and only 27% of people diagnosed with a severe mental illness had received treatment. The author reports that, during the 2016/2017 financial year, R7.8 billion (4.6% of the public health sector budget) was spent on in-patient and out-patient mental health services combined – 14% of this on out-patient services and 86% on in-patient services. Only 8% was spent on primary mental health care, while 44% was spent on psychiatric hospital services and the remaining 48% on services provided in general hospitals (Pillay, 2019:463).

The mental health system in South Africa is facing the challenge of limited resources, infrastructure, and funding. Lack of capacity to contain aggressive patients in regional in-hospital and clinic settings has contributed to an increase in admitting involuntary patients and referring them to provincial hospitals. There are challenges regarding the clinical assessment of different categories of mental health care users (Rensburg, 2007:205-207). The National Mental Health Policy Framework and Strategic Plan (Department of Health, 2013:9) pointed out that mental health in South Africa was experiencing challenges with regard to a lack of functioning; lack of public awareness on mental health and mental health issues; stigma against mental health care users; and inequity between the provinces in the country with regard to the distribution of resources and services.

These challenges mean that patients experiencing mental illness do not receive the care that they need. Lund et al. (2012:402) point out that this growing burden can be addressed by developing evidence-based and culturally appropriate mental health services that can be delivered with the limited resources available and intervention from other health services.

Roestenburg et al. (2016:171) state that mental health services in South Africa could be integrated into primary health services, community-based health services and institutional facilities provided by mental hospitals. The provision of mental health services requires substantial resources and satisfactory training of health care professionals. For the service to be effective, a large number of health professionals is needed.

Roestenburg et al. (2016:181) also point out that mental health services in South Africa can be accessed through either the private or the public health care sector. Private

patients with medical aid can consult their general practitioner, and a referral will be made to a psychiatrist if their condition is severe. Public mental health is accessible through the primary health care system. The patient will be transferred to a district hospital or to a psychiatric hospital depending on the severity of the mental illness. However, Robertson et al. (2018:99) point out that South Africa is obliged to provide accessible healthcare to all its citizens in such a way that they do not experience financial hardship. The White Paper on National Health Insurance (2017) made provision for transforming the health system to ensure universal health coverage for all, including people living with mental illness.

As in other African countries, traditional medicine plays a vital role in the South African context. In primary and tertiary institutions, mental health is commonly diagnosed and treated from the perspective of western medicine, which often neglects traditional and cultural notions of health and illness that families and patients believe in. From a cultural perspective, mental health difficulties may be attributed to a range of traditional beliefs, for example, ancestral displeasure, or neglected or incomplete rituals and customs (Walton & Pretorius, 2019: 146).

A study conducted by Blokland (2014:176) in Mamelodi Township in Pretoria indicates that, although there has been progress in the democratic South Africa, circumstances are still dire in that township. The Itsoseng Community Clinic was at that time the only all-inclusive psychology-based mental health care service in Mamelodi. There are few resources available for mental health care in the Mamelodi region, as the major resources are in central Pretoria. Access to health services is generally poor in townships.

Blokland (2014:176) further indicates that mental health care has a substantial effect on HIV/AIDS and infant mortality. The author explains that people with untreated mental illnesses are at risk of engaging in unsafe sexual behaviours and tend to adhere poorly to anti-retroviral treatment protocols. Blokland states that 50% of people with HIV/AIDS also carry a mental illness diagnosis. The relationship between maternal mental health and infant health is well recognised, and poor maternal mental health puts infants at risk in terms of adequate care and optimum development.

The researcher recognises that South Africa, like many other countries, still needs to improve its mental health service delivery. Although there has been significant

improvement in recent decades, a great deal remains to be done to bridge the gap between private and public mental health care sector service delivery.

The South African Department of Health Annual Report (Department of Health, 2019:32, 34) states that the non-communicable disease sub-programme has continued its efforts to improve the early identification of mental disorders, with the emphasis placed on district specialist mental health teams and incorporation of mental health within the general health services. District mental health teams have been established, with a planned target of 15 districts but an actual achievement of only 3 districts, owing largely to a lack of financial resources (Department of Health, 2019:32, 34). The World Health Organization (2019) states that, although many countries globally have policies on mental health care, health care system strengthening is required in order to achieve successful integration.

2.5.1 Integrating mental health into primary health care

The public health sector has followed a policy of deinstitutionalisation since the mid-1990s (Robertson et al., 2018:101). Deinstitutionalisation is focused on reducing institutionalised care and discharging mentally ill patients from psychiatric facilities into community-based care and treatment, in an attempt to reduce stigma and discrimination and to treat patients closer to their families (Lund et al., 2010; Pillay, 2017:143). The process of deinstitutionalisation is in line with Section 8 of the Mental Health Care Act 17 of 2002 which states that mental health services should be provided in a way that facilitates community care. Deinstitutionalisation is a broader process and should include community-based rehabilitation programmes (Petersen, Bhana, Campbell-Hall, Mjadu, Lund, Kleintjies, Hosegood and Flisher, 2009:140). The adoption of the Primary Health Care approach by the South African health care system has increased the importance of understanding the role of caregivers living with a mentally ill person. Narsi (2018:29) emphasises that inadequately trained staff at primary health care level and poor access to support and supervision are still preventing the full integration of mental health into primary health care. Caras and Sandu (2013:77) point to the role of supervision, which is critical in social work practice and essential to quality service delivery. They point out that, in social work, the supervisor’s role is to manage and support the social workers, and to provide

directions, rules and values to employees. Supervision is about facilitation, professional development, staff socialisation and service delivery.

The National Mental Health Policy Framework and Strategic Plan 2013-2020 (DoH, 2013) emphasises that mental health is an integral part of the overall health system. WHO (2001) states that mental health should be easily accessible through integration into the primary health care system, as well as schools and workplaces (Petersen et al., 2009:141). Narsi (2018:29) points out that there can never be health without mental health and sets out the following advantages of integrating mental health into primary health care:

- Easier and earlier access to care;
- Care closer to one's home, community, and support network;
- Integrated management: 35% of patients with a chronic medical illness have a mental illness, and 70% of persons with mental illness have a comorbid medical illness (e.g., hypertension, diabetes, and HIV); integration allows these patients to be treated at the same consultation.
- Better outcomes: PHC-linked care has been shown to have better outcomes and increased social integration.
- Destigmatisation: the individual no longer needs to be treated at a "psychiatric institution."
- Cost-effectiveness for the individual and for the funder.

Ayano (2018:3) indicates that the incorporation of mental health into primary health care allows mentally ill patients to access mental health services closer to their homes, keeping families together and maintaining their daily activities. Patients and their families consequently avoid the financial burden associated with travelling. Furthermore, community-based mental health care reduces stigma and increases acceptability. The author describes community-based mental health as a system of a care where the community of the mental health care user and their family is the primary provider of care.

The services in the community include day care centres, community-based rehabilitation services, hospital diversion programmes, specialist Community Mental Health programmes, mobile crisis teams, therapeutic and residential supervised

services, home help and assistance to families (Ayano, 2018:3). Lund and Flisher (2009:1041) further categorise the services into groups as follows:

- **Type A**: outpatient and emergency services, which include primary health care clinics and satellites, mobile facilities, community health centres and outpatient emergency services in hospitals.
- **Type B:** residential care facilities, which consist of group homes, boarding houses, and halfway houses.
- **Type C:** day care facilities, which are sheltered employment, supported independent living, social or recreational clubs, home-based care, and support groups.

These services help to relieve families of some of the burden of care, and social workers play a vital role in ensuring that the human rights of patients and their families are protected. Social workers can be actively involved in the early identification of mental health problems, referral to appropriate resources, the promotion and monitoring of mental health treatment, care, and rehabilitation, and can also advocate for service users (Simpson & Chipps, 2012: 54,55).

Narsi (2018:29) and Maconick, Jenkins, Fisher, Petrie, Boon and Reuter (2018:1) agree that the integration of mental health into primary health care requires thorough staff training. They point out that this is an effort to share the mental health tasks of specialists in mental health institutions with primary care workers. Narsi (2018:29) and Maconick et al. (2018:1) indicate that the mental health tasks at primary health care level are mainly screening, diagnosis, treatment, health promotion and illness prevention activities, monitoring, referral and psychosocial rehabilitation.

Szabo (2012:301) argues that, while deinstitutionalisation seems to be a good initiative to treat patients in less restrictive and familiar environments, there needs to be a balance. The balanced approach should recognise the need for community-based care while acknowledging that hospitalisation is the best treatment for certain patients. Szabo (2012:301) further points out that community care requires resources and an effective referral system to ensure continuity of care within different hospitals each offering different levels of care.

The researcher believes that the integration of mental health care into primary health and the process of deinstitutionalisation may yield positive results if implemented

successfully. The lack of resources and insufficient trained staff in community-based care has weakened the process.

2.6 MENTAL HEALTH POLICY

2.6.1 Mandate for Mental Health

There has been an improvement in mental health in South Africa since 1994. Mental health was included in the White Paper for the transformation of the health system in 1997. The White Paper stated that “a comprehensive and community-based mental health service should be planned and coordinated at the national, provincial, district and community levels and integrated with other health services” (Lund et al., 2012:403).

2.6.2 National Mental Health Policy Framework and Strategic Plan (2013-2020)

The National Mental Health Policy Framework and Strategic Plan (2013-2020) is aimed at enhancing inclusion and partnerships of mental health care users and their families (Department of Health, 2013). The Policy Framework protects and advocates for the rights of mental health care users by identifying activities that are vital to foster transformation of mental health services. The Policy Framework indicated that the government was ready to integrate mental health into the South African general health system, and to reduce the mental health treatment gap and health burden. The Mental Health Policy Framework and Strategic Plan has set out the following key aims of integrating mental health into primary health care:

- To scale up decentralised integrated primary mental health services, which include community-based care, PHC clinic care, and district hospital-level care.
- To increase public awareness regarding mental health and reduce stigma and discrimination associated with mental disorder.
- To promote the mental health of the South African population, through collaboration between the Department of Health and other sectors.
- To empower local communities, especially mental health service users and carers, to participate in promoting mental wellbeing and recovery within their community.
- To promote and protect the human rights of people living with mental disorder.

- To adopt a multi-sectoral approach to tackling the vicious cycle of poverty and mental ill-health.
- To establish a monitoring and evaluation system for mental health care.
- To ensure that the planning and provision of mental health services is evidence-based.

Schneider, Docrat, Onah, Tomlinson, Baron, Honikman, Skeen, Westhuizen, Breur, Kagee, Sordahl and Lund (2016:155) analysed the policy's challenges and indicated that financial and human resources remain a major barrier to the successful implementation of the policy. Limited awareness regarding mental health and stigma are among the challenges to implementation of the policy. Stigma prevents mentally ill patients from seeking health care.

Saxena and Skeen (2012: 399) suggest actions for ensuring the successful integration of mental health into the general health system. The authors state that resources allocated to mental health services should be increased. There should be greater efforts by researchers and public service officials to join forces in developing a research agenda for the country and using the evidence produced to bring about improvements in mental health care at a national level. There are clear relationships between mental health and other priority health conditions that provide an important point for intervention. Integration of mental health concerns into South Africa's relatively well-developed HIV management systems is one potential opportunity. The authors further contend that improving mental health at the population level would build individual, family and community level capacity in the country (Saxena & Skeen, 2012: 399,400).

2.6.3 Mental Health Care Act 17 of 2002

The Mental Health Care Act 17 of 2002 was put in place to protect the rights of mental health care users and their carers to their basic needs. The Mental Health Care Act 17 of 2002 (as amended) ensures that people with mental illnesses receive care, treatment, and rehabilitation.

The objectives of the Act are set out as the following: Mental Health Care Act (Act 17 of 2002:8-9):

a) Regulate mental health care in a manner that:

i. makes the best possible mental health care, treatment and rehabilitation services available to the population equitably, efficiently and in the best interest of mental health care users within the limits of available resources;
ii. coordinates access to mental health care, treatment, and rehabilitation services into various categories of mental health care users; and
iii. integrates the provision of mental health care services into the general health services environment.

b) regulate access to and provide mental health care, treatment, and rehabilitation services to:

i. voluntary, assisted, and involuntary mental health care users
ii. state mental health care users; and
iii. mentally ill prisoners.

c) clarify the rights and obligations of mental health care users and the obligations of mental health care providers; and
d) regulate the way the property of persons with mental illness and persons with severe or profound intellectual disability may be dealt with by a court of law.

Thus, the circumstances in mental health settings have received attention, the human rights of mental health patients are protected, and the quality of the service provided has been prioritised. There is, however, much work that needs to be done in order to ensure that all service providers are providing the service in line with relevant legislation.

2.7 SOCIAL JUSTICE AND HUMAN RIGHTS ISSUES IN MENTAL HEALTH PRACTICE

The WHO (2005:3) states that human rights are the basis for mental health legislation, with significant rights and principles being “equality and non-discrimination, the right to privacy and individual autonomy, freedom from inhuman and degrading treatment, principle of the least restrictive environment and the rights to information and participation.” The failure to access treatment infringes a patient’s right to health and is a social justice issue (Karban, 2017:3). The United Nations Human Rights

Commission (UNHRC, 2016) stipulates that human rights are inherent to all human beings regardless of their race, sex, origin, religion, language, or any different status. Roestenburg et al. (2016:176) add that well-formulated, human rights oriented polices and laws can help to ensure access to good quality community-based mental health services. This will prevent the abuse of mentally ill patients and promote their human rights.

Like South Africa, the United States aims to achieve equality in health and mental health through mental health parity. Mental health parity therefore promotes equality by promoting fair access and the option of coverage for mental health through employer-based health insurance plans (Hernandez & Uggen, 2012:155). Pillay (2019:463) argues that although access to health and mental health is a human rights issue, the status of mental health access and quality in South Africa and worldwide is still of great concern.

The Life Esidimeni tragedy that occurred in 2016 has exposed the flaws in South Africa's struggling mental health sector. The Department of Health had announced in October 2015 that its contract with Life Esidimeni care centres was to be terminated. The government wanted to enforce deinstitutionalisation, and more than 2 000 mentally ill patients were moved to their families, acute psychiatric hospitals, or designated non-governmental organisations (NGOs). Unfortunately, approximately 141 patients died as a result of the poor quality of care in the NGOs. Investigations proved that most of these NGOs had not been licensed. This crisis violated the human rights and social justice of the mentally ill patients (Ornellas & Engelbrecht, 2017:297; Pillay, 2019:463). The researcher maintains that incidents similar to Life Esidemeni not only violate mental health care users' human rights but contribute to community stigma about mental health and discrimination against mentally ill patients.

2.7.1 Stigma and mental health care users

The way in which society views mental conditions has been an issue for decades. People living with mental health conditions are continuously stigmatised and regarded as inferior in many communities and are often marginalised or subjected to abuse. Many patients therefore find themselves institutionalised in mental illness facilities because their families cannot cope with the pressure of taking care of them. Many patients are socially excluded and their human rights ignored. What is worse, mental

illness patients often find themselves abused in mental health facilities (Chong & Francis, 2014: 251,252). Chapter 3 of the Mental Health Care Act 17 of 2002 emphasises the protection of the human rights of mental health care users, and the duties relating to them (Simpsons & Chipps, 2012:52).

It is evident that, although there is legislation in place to protect patients suffering from mental illness, abuse still prevails. Social workers in mental health can play a vital role in ensuring that the rights of the mentally ill are protected, and they should be actively involved in the protection and promotion of the patients' rights, to reduce stigma and abuse. According to the Australian Association of Social Work, the domain of social work in mental health is the social context and the social consequences of mental health. Social workers should therefore not only focus on the clinical aspect of intervention but should advocate for and ensure the incorporation of a variety of practices such as individual counselling, community work, group work, social action, and social planning (Chong & Francis, 2014: 257). It is therefore important that social workers understand the impact of stigma and discrimination on patients and their families (Triplett, 2017:4). The researcher believes that an understanding of the patients' challenges can effectively enable the social worker to provide an effective holistic service.

Social workers have an important role to play in terms of mental health advocacy and efficiency of service delivery. The roles and measures that a social worker can adopt are the following (Chong & Francis, 2014: 258):

- Initiating public awareness and anti-stigma campaigns through mass media like radio and television.
- Augmenting the professional and educational training that the government provides to their health care practitioners so that they will be better equipped to serve the mentally ill.
- Increasing government funding allocated to health care services specifically for the mentally ill.
- Improving the quality of mental health services particularly those that are provided within communities.
- Putting in place effective laws and policies that are aimed at protecting the mentally ill from abuse.

- Promoting and supporting greater opportunities for the mentally ill to form organisations that will advocate better for their interests.
- Ensuring that human rights compliance and abuse are regularly and efficiently monitored and assessed.

Many of the above-mentioned aspects can be achieved through direct social work intervention. It would, however, be effective for social workers to collaborate on a macro level with other stakeholders and work collectively with other professionals in a multidisciplinary team. Social workers are therefore expected to move vigorously within the health system to be able to advocate for their patients (Chong & Francis, 2014:260).

Kalyanasundaram (2014:235) asserts that promotion of mental health is a critical aspect of social work. The promotion of mental health should place emphasis on the positive view of mental health rather than emphasising stigma and mental deficits. The responsibility of mental health lies with the community at large. Mental health promotion therefore functions at three levels, which are: strengthening individuals, strengthening communities, and reducing structural barriers to mental health. Structural barriers can be reduced by the implementation of initiatives that are aimed at reducing discrimination and inequalities.

Structural stigma and discrimination are highly prevalent within the South African context. Kakuma, Kleintjies, Lund, Drew, Green and Fisher (2010:117) explain the difference between structural stigma and discrimination as follows: structural stigma refers to the violation of human rights through loss of access to employment, housing, marriage, parenting and in some instances voting, whereas structural discrimination refers to policies of dominant group institutions, and the behaviour of individuals controlling these institutions, in implementing policies that are harmful to minority groups. In collaboration with other professionals, social workers have a role in reducing stigma and improving mental health services.

2.8 SOCIAL WORKERS IN MENTAL HEALTH

This section provides a detailed discussion of social workers in the provision of mental health. The training of social workers, their knowledge of the DSM-5, their role in multi-

disciplinary teams, the levels of intervention and the roles and tasks of social workers in the provision of mental health services are explained.

2.8.1 Training of social workers

The training required to be a social worker is a four-year undergraduate university degree. The four-year training qualifies one to be a generic social worker with no specialisation (South African Council for Social Service Professions, 2011). Triplett (2017:1) points out that most undergraduate social work students are not compelled to take any course or module explicitly dealing with mental health. Kourgiantakis, Sewell, McNeil, Logan, Lee Adamson, McCornick and Kuehl (2019:2) indicate that there have been concerns internationally about the gaps in social work education and training in mental health, the major concern being the discrepancy between what is taught in universities and the actual field work. They also point out that social work programmes provide limited exposure to a mental illness curriculum. Kourgiantakis et al. (2019:2) maintain that social workers "lack mental health literacy" and the knowledge and capacity to implement evidence-based treatment, and that they have difficulty identifying signs and symptoms related to mental illnesses. Roos and Kitching (2009:92), by contrast, believe that learning in a community context provides an opportunity for students to incorporate theory into practice swiftly. Based on the above authors' findings, the researcher believes that more exposure in the mental health field as well as extensive theoretical training would better equip student social workers to practise in the mental health field.

Clinical social workers often practise in mental health as clinical workers. Olckers (2013:25) defines a clinical social worker as a qualified social worker who provides mental health services for the prevention, diagnosis, and treatment of mental, behavioural, and emotional disorders in individuals, families, and groups, whereas clinical social workers focus more on psychotherapy. Previously, the South African Council for Social Service Professions (SACSSP) and the South African Association of Social Workers in Private Practice (SAASWIPP) did not recognise clinical social work as a specialised form of social work. The council has, however, recently approved and gazetted clinical social work and social work in health care as fields of specialisation. Social workers may register with the council as specialists in the field

in accordance with the set criteria (Department of Social Development, 2020: 88, 94, 95).

The researcher's own experience in a mental health setting has indicated that generic social workers are dominant, and that many of the social workers providing mental health services do not have further academic training in mental health. The specialisation is now paving the way for social workers to become experts in the field and be acknowledged as such.

2.8.2 Social workers' knowledge of the Diagnostic Statistical Manual of Mental Disorders (DSM)

The Diagnostic Statistical Manual (DSM) is used globally by mental health professionals. The DSM is a Diagnostic Statistical Manual of Mental Disorders. It is the standard classification of mental disorders used by mental health professionals (DSMV Multi Axial System). Olckers (2013) conducted a study pertaining to the training of social workers in South Africa in the use of the DSM that emphasises the importance of social workers having knowledge and training in the DSM.

It is important that all mental health service providers, including social workers, provide services in line with the Mental Health Act, as well as the DSM. The DSM manual is used globally, as well as in South Africa. It is therefore important that social workers have a knowledge of it, so that they can provide effective psychosocial intervention to mental health care users. Although social workers do not provide a diagnosis, a knowledge of and background in the DSM will enable them to refer patients to relevant mental health care providers for treatment. Olckers (2013: 191) points out furthermore that knowledge of the DSM enables social workers to receive equal respect and recognition from the members of the multidisciplinary teams that they work with. However, the same author found that, although the DSM is a classification system for mental disorders used in South Africa, not all social workers in South Africa are familiar with it or comfortable using the system (Olckers, 2013:12).

2.8.3 Social workers' role in a multi-disciplinary team

A multidisciplinary team is defined as more than one professional or members of more than one field of specialisation working together in a team (Cowles, 2012:17, 18). In mental health settings, multidisciplinary teams are used to provide treatment and care

to service users. The multidisciplinary team is made up of a variety of health care professionals including psychiatrists, nurses, psychologists, dieticians, occupational therapists, and social workers (Walton & Pretorius, 2019:146).

Every professional in a multidisciplinary team contributes their unique expertise aimed at achieving collaborative goals and a holistic treatment plan that addresses all aspects of life and wellbeing for mental health care users. The contribution made by social workers is therefore not only to the patient but to their families and communities as well (Schell, Gillen, Scaffa & Cohn, 2014:147).

Professional judgment is an essential task of a multidisciplinary team. Professional judgement is a process in which practitioners analyse clients and their circumstances for the purpose of developing treatment and intervention plans aimed at addressing psychosocial needs and empowering patients and their families (Walton & Pretorius, 2014: 148; Kourgiantakis, et al., 2019:2).

Decision-making is therefore important in professional judgement and life changing for clients' families and communities within the social work context. Although social workers are not responsible for final decision-making, social workers are likely to contribute to assessment and decisions about diagnosis, treatment, and intervention plans (Walton & Pretorius, 2019:149). Social workers' knowledge and skills allow them to intervene at both micro and macro level in line with the ecological systems theory. The theory allows social workers to analyse and understand the environment, and how contextual factors such as poverty, unemployment, and violence might influence the individual (Walton & Pretorius, 2019:149).

Social workers play a role in decisions regarding discharge and post-discharge in mental health settings. They are in the best position to facilitate the discharge process because of their knowledge of the community's resources. Social workers can link patients and their families with community resources through referrals or liaison with other role players. Effective reintegration of patients into the community is essential, and social workers advocate for patients' access to resources such as social grants and continuous support. Discharge plans made by the social worker should therefore be in line with clients' needs and contribute to patients' overall wellbeing (Walton & Pretorius, 2019:154).

Gitterman and Heller (2011:13) point out that adjustment for mental health care users and their families is far from easy and can in fact be traumatic and stressful. The researcher believes that an effective social work service enables patients and their families to cope with daily activities and stresses through the social worker's efforts to influence environments to be more responsive to their everyday needs.

The researcher believes that it is difficult and stressful for families living with a mentally ill patient to fully understand what mental illnesses is. These families need to make not only physical changes but emotional adjustments as well. Having a loved one diagnosed with a mental illness can be hard to accept, especially if one does not believe the explanation of what has caused it. Social workers therefore play an important role in helping the families through their grief over the illness as an ambiguous loss, as this is a process of fully accepting the mental state of their loved one.

2.8.4 The roles and tasks of social workers in the provision of mental health services

Allen (2014:8) asserts that social work is vital to modern mental health services, and that good social work practice can change the lives of people living with mental health conditions. Walton and Pretorius (2019:142) argue that, although social workers are essential to mental health, their role in a multidisciplinary team is often regarded as secondary or subordinate. The absence of a formalised scope of practice for social workers working in mental health settings, together with the limited amount of research into the role of social workers in this field in South Africa, undermines the professional stance of social workers when intervening in mental health care settings (Ornellas 2014). The recent approval of social work in healthcare as a field of specialisation by the Department of Social Development has however outlined a clear scope of practice for social workers in health care settings. The scope is outlined as follows in the Regulation (Department of Social Development, 2020:88):

> (a) bio-psychosocial assessment of the client systems to identify and address the biological, psychological and social health challenges within a multi-cultural context;
>
> (b) health promotion, education and prevention concerning health challenges in empowering client systems (individuals, families, groups and communities)

to improve health outcomes in relation to psychosocial health inequalities to make informed decisions;

(c) implement appropriate models of intervention with client systems in line with applicable legislation, policies and procedures;

(d) discharge planning focussing on bio-psychosocial adjustment, to ensure optimal functioning within a continuum of care (community-based education, rehabilitation and after care);

(e) liaise and network with relevant stakeholders, facilitate the development of sustainable resources and refer inter-sectorial where appropriate;

(f) influence the development of policies, procedures and legislation;

(g) functioning in collaboration with health service providers and significant others to ensure optimal bio-psychosocial functioning of the client system regarding health challenges; and

(h) advocate, facilitate, liaise, coordinate and be a catalyst between health service providers and users regarding health service provision.

Kourgiantakis et al. (2019:1) assert that the social work profession has a key responsibility in mental health settings and has a responsibility to assess, screen and treat mental health concerns. Allen (2014:5) and Karban (2011) concur that social work has a vital contribution to make to mental health, based on the profession's values, knowledge, and skills. Allen (2014:5) asserts that social workers' vital role is centred on bringing a distinctive social and rights-based perspective. Social workers are trained to work in partnership with people using these services, their families, and carers to enhance full participation and partnership. Social workers also manage some of the most challenging and complex risks faced by individuals and society and make decisions with and on behalf of people. Furthermore, social workers are responsible to administer care, treatment, and rehabilitation services to mental health care users (Mental Health Care Act, 17 of 2002).

The critical roles played by social workers in the provision of mental health services are discussed in the following section.

2.8.4.1 Health social work assessment

Social workers conduct thorough assessments with clients to determine any barriers that could make it difficult for them to get the care that they need. The social worker will evaluate the client's world to see what strengths they have and whether they have a support system. Social workers will use various assessment tools in accordance with a specific organisation's requirements. Healthcare settings will have different standardised assessment tools because they do not provide the same service to all mental health care users. During the assessment, the social worker will focus not only on identifying strengths, but also on psychological issues that the mental health care user might be faced with (Gehlert & Browne, 2012:24).

Allen (2014:6) indicates that mental health social workers monitor health status to identify community health problems through assessment. Social workers assess the individual, the place, and the environment in an effort to address the impact the mental condition might have on the individual, the family, and the community. Assessing the community leads to efforts to debrief the communities and the affected families. Social workers can use assessment to address health hazards within communities.

2.8.4.2 The social worker as collaborator and consultant

The role of social worker as collaborator will require the social worker to ensure that the multidisciplinary team functions as a unit and an effective team. The functions of the social worker will be to coordinate teamwork, explore the mental health care user as a partner in practice, demonstrate family-centred care, plan and monitor comprehensive services, and attend to quality-of-life issues. The social worker will also play a critical role in resolving conflict and ethical dilemmas. The social worker not only focuses on the mental health care user's needs but is also part of the hospital's quality management team and ensures effective service delivery (Gelhert & Browne, 2012:138).

2.8.4.3 The social worker as crisis counsellor

A crisis is an event or situation that is extremely difficult to deal with, exceeds a person's coping mechanisms and is perceived as an obstacle (Kanel, 2015:2). A crisis is a situation that has the potential to cause extreme emotional distress and hamper cognitive and behavioural functioning if not dealt with in time and with relevant therapeutic methods. Current theory in crisis intervention involves a collaborative effort between the mental health care user and the social worker. A social worker assisting

a client whose coping abilities have been compromised must also bear in mind that the mental health care user still has strengths, resources and support systems (Bentley, 2002:19,20).

2.8.4.4 The social worker as mediator

Mediation in the mental health setting has been influenced by the managed care and recovery movement. Managed care entails providing opportunities for solving differences when mental health care is unavailable, while recovery movement entails the establishment of community-based mediation programmes for people with severe mental health problems. The social worker's role as a mediator in a health care setting goes together with advocacy. The social worker plays the role of an advocate for the client with mental health conditions (Bentley, 2002:109).

2.8.4.5 The social worker as educator

Bentley (2002:125) points out that social workers in mental health settings act as educators, in that they educate clients about mental issues. At this level, education entails the exchange of information between the social worker and the mental health care user and continuous professional development and self-education for the social worker. The social worker has an opportunity to share information and experiences with the client system. Social workers bring different kinds of information about the health issue at hand and coping mechanisms for dealing with it.

2.8.4.6 The social worker as case manager

Case management has become popular as the issue of mental health in communities becomes more complex. Mental health care users go through difficult experiences, and their ability to function effectively in society has been affected. Traditional outpatient treatment was not enough to address the needs of the mentally ill. There were few trained professionals in communities to offer care to those with mental health problems. The demand for social workers to become case managers has therefore grown (Bentley, 2002:182).

2.8.4.7 The social worker as program evaluator and researcher

Social workers have a distinct role in the provision of mental health services. They often have the first interaction with the client and have the advantage of influencing

the service delivery system because of their work experience. The social worker observes the problems that the service system needs to address and can outline the development of mental health intervention programmes. Social workers' research and evaluation in mental health are efforts to respond to the needs of the most vulnerable, which can be addressed by collaborating with the clients and their families and other professionals in the health care setting (Bentley, 2002:299,300).

2.8.5 Levels of intervention

Mental health services are delivered broadly at primary, secondary and tertiary levels in South Africa (Lund et al., 2012:403). Social workers have distinct roles to play at each level.

2.8.5.1 Primary care

This level of intervention comprises the management of symptoms for people with severe mental conditions through the provision of follow-up medication. Many patients in South Africa are discharged from tertiary care and back to community-based care and primary clinics. There has however been a shortage of fully equipped mental health staff in the provision of primary care. Non-governmental organisations providing primary care have also faced the challenge of inadequate funding from the government (Lund et al., 2012: 403).

2.8.5.2 Prevention

Prevention at primary level aims to reduce the prevalence of illness by adjusting traumatic environments and strengthening the individual's ability to cope. Prevention involves the promotion and maintenance of good health through education, attention to satisfactory standards for basic needs, and specific protection against known risks. In mental health settings, preventive activities, according to Ornellas (2014:37), include public education regarding emotional self-care and healthy relationships, teaching groups about mental health, and the unwarranted stigma surrounding this illness. The Canadian Association of Social Work (2000) adds ways of properly administering care for the mentally ill, building community knowledge and skills (community development), social action, and advocacy for social justice.

2.8.5.3 Secondary care

At this level, psychotropic medication is generally available in general hospital inpatient psychiatric units and outpatient facilities (Lund et al., 2012:403). Social workers have a significant role to play in all levels of care. The researcher believes that a smooth flow within and between the levels of care can maximise mental health users' overall wellbeing.

2.8.5.4 Treatment

The goal of treatment is to reduce the occurrence of a disorder, and it includes early diagnosis, intervention, and treatment. In mental health settings, treatment activities are centred on individuals experiencing acute psychiatric symptoms, emotional trauma, relationship problems, stress, distress, or crisis; they also involve assessment, risk management, individual, couple, family and group counselling, intervention, and therapy and advocacy (Canadian Association of Social Work, 2000).

2.8.5.5 Tertiary care

Lund et al. (2012:403) describe the tertiary level as the "revolving door" pattern of care. Mental health care users who were previously discharged from tertiary facilities into communities are readmitted due to poor care in the communities. Readmission has been a result of poor treatment adherence and defaulting, early discharge due to bed shortages and substance abuse.

2.8.5.6 Rehabilitation

The goal of rehabilitation is to reduce the recurrence of the disorder, and it involves the provision of services for re-equipping and rehabilitation to ensure the individual's maximum use of their remaining capacities. In mental health settings, rehabilitation activities focus on patients who are disabled by mental illness, and these may include individual, family, and group interventions to build knowledge and skills; the provision of specialised residential, vocational, and leisure resources; advocating for the development of the services that are needed; and changing community attitudes (Canadian Association of Social Work, 2000).

Rajesh, Sajitha and Hamza (2017:103) indicate that interventions for prevention, promotion of health, recovery, and rehabilitation can be carried out by social workers in mental health care settings. Such interventions can happen at individual, group, marital, familial, and community level. Ornellas (2014:37) indicates that social work intervention within the context of mental health care needs to be at **four levels**. At the first level there is **prevention**, which refers to efforts by social workers to reduce stigma and teach the community about prevention of the early onset of illness, through education and awareness campaigns. **Early intervention** needs to take place through the rendering of services such as family counselling and awareness regarding mental illness, working closely with clinic and hospital settings to ensure assessment and **early diagnosis**, statutory intervention by means of outpatient and community-based services that offer group support, therapy, caregiver and family support, medication administration and monitoring, help toward job and resource access. Finally there is **reconstruction and after care**, which takes place primarily through assisting in the reintegration of mentally ill patients into society, post-diagnosis or institutional care. This is probably one of the most important aspects required within the context of social work intervention in mental health care (Lund et al., 2010).

Mental health promotion and prevention at the primary level may likely break the cycle of poverty and mental illness in the population by addressing the social determinants of poor mental health. Preventing the onset of mental illness is the goal of primary prevention. Early detection and treatment to reduce the severity of a mental disorder are the aims of secondary prevention; and rehabilitation to prevent relapse in people with mental disorders is the goal of tertiary prevention (Petersen, Bhana & Swartz, 2012:412).

Information about referral to secondary level care is also inadequate, and there are poor information systems for monitoring the delivery of mental health care at secondary level. There have been challenges at the tertiary level with enormous shortages of infrastructure and number of beds available in tertiary hospitals. In addition, there is a shortage of tertiary hospitals to accommodate the population and demand (Lund et al., 2012:403).

The researcher believes that effective rehabilitation can be achieved through full participation by mental health care users. Support from families will ensure that

planned interventions and treatment plans are successfully implemented at all levels of care.

2.10 SOCIAL WORKERS' EXPERIENCES IN MENTAL HEALTH CARE SETTINGS

The literature suggests that social workers practising in mental health settings have different experiences, and that one of the common experiences was the challenge of not having clearly defined roles within the setting and the lack of resources with the mental healthcare settings.

Social workers' contribution and role within the multi-disciplinary teams have not been clearly articulated. Furthermore, there is a lack of consensus between social workers and other health care professionals concerning the role of social workers and boundaries to the social workers' roles (Aviram, 2002:620). In a Canadian study, (O'Brien & Kimberly, 2010:320-330), social workers as respondents stated that they did not clearly understand what it was that they needed to do and what they were not supposed to do. Social workers filled various roles ranging from consultation, counselling, research, and education. The above experience extends to the matter of having to deal with serious mental illnesses. Social workers need to have specific knowledge and skills in order to render effective mental health services (O'Brien & Kimberley, 2010:320).

The researcher believes that a lack of sufficient knowledge and skills would be experienced negatively by social workers and would be particularly challenging to those who practise in settings where there is no access to employee training or sufficient resources and funding. Insufficient funding for mental health may contribute to the fact that social workers earn lower salaries than other professionals like nurses and teachers, as revealed in research conducted by Salsberg, Quigley, Mehfoud, Acquaviva, Wyche and Sliwa (2015).

There are other factors that influence social workers' experience of the mental health care setting. Acker (2004:68) found that social workers who received support from their supervisors, and ongoing professional development regarding challenges that they were facing, reported positive job satisfaction. By contrast, however, health care professionals are increasingly becoming victims of violence and aggression at the

hands of their clients and mental health care users, as illustrated by a study on violence and aggression in health care settings conducted by Rippon in Canada in 2000 (Rippon, 2000:452-453). The study was conducted with nurses and other health care providers, including social workers.

A study by Iyamuremye and Brysiewicz (2012:65), *Challenges encountered by mental health workers in Kigali, Rwanda*, in which social workers were some of the key participants, found that a major challenge faced by mental health care workers is secondary traumatic stress as a result of working with traumatised and mentally ill patients. The participants of the study experienced compassion fatigue, burnout, countertransference, and vicarious trauma. Other factors contributing to secondary traumatic stress experienced by the mental health care workers are feelings of pressure in the workplace and loss of control, and a lack of organisational support (Iyamuremye & Brysiewicz, 2012:72). Moreau and Mageau (2011:268) concur that lack of organisational support affects these workers negatively and that support from the social worker's colleagues and supervisors can contribute enormously to the social workers' job satisfaction and improved wellbeing.

The challenges experienced by mental health care service providers, including social workers, has the potential to affect interventions negatively. Blokland (2014: 183) outlines various challenges faced by mental health care service providers, specifically language barriers, where many patients and families may not be able to communicate effectively with service providers, and long waiting lists for admission, which cause the interruption and delay of services for those on the waiting list.

A study conducted by Triplett (2017) found that social workers in mental health settings, although having confidence in their abilities, acknowledged that there was a need for resources, support and practice. The participants indicated that they had confidence in their capabilities to provide an effective service, but that their undergraduate university degree had not equipped them for practice in mental health settings, and that further training was essential (2017:16).

Tullgren, Renouf & Bland (2015:1) report, in similar vein, that despite the long and positive connection between social work and mental health, members of the social work profession still face challenges in responding to the rapidly changing

environment. The authors' findings reflect the challenges set out above and highlight the following as well:

- A highly contested workplace, in which social workers face unrelenting competition from other professionals within the multidisciplinary team;
- The need for a workable paradigm for practice, as social workers need to be able to define clearly the distinctive domain of social work;
- Connecting social work practice to a theory or knowledge base;
- Working collaboratively with consumers and family carers;
- The education and training of social workers.

The researcher believes that social workers in mental health care settings have overwhelming caseloads and find it difficult to work in environments with inadequate resources. This means that social workers are only able to see mental health care patients once and do not have the time and resources to follow up on cases. Social workers have a significant role to play in the provision of mental health care services, and it is anticipated that the specialisation of social work in health care will bring about positive changes in social work practice in mental health care settings.

2.11 CHAPTER SUMMARY

This chapter first provided an overview of literature on mental health and then went on to explore the status of mental health globally, in Africa and in South Africa. The process of integrating mental health into primary health care was discussed. Relevant mental health policy was reviewed, and human rights and social justice issues relating to mental health, and the stigma attached to mental health, were explored. The chapter then discussed the situation of social workers in mental health, with specific attention to social workers' training in mental health, their knowledge and practice of the DSM, their role in a multidisciplinary team, their roles and tasks in mental health, and the primary and secondary levels of care. The chapter ended with a discussion of social workers' experiences in the provision of mental health services.

The next chapter discusses the research methodology and empirical findings.

CHAPTER THREE:
RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1 INTRODUCTION

After reviewing literature, it was evident that social work in mental health, both globally and in South Africa, faces challenges in terms of resources and the training of social workers in mental health. A study conducted in Northern Namibia, for example, has indicated a shortage of psychosocial service providers (Bartholomew & Gentz, 2019:497). The World Health Organisation (2019) reported a rapid increase in mental health issues both globally and locally. The researcher, while conducting the literature review came to realise that there was insufficient research into social workers' experiences of rendering mental health services.. More focus has been on the social worker's roles and not on their experiences. The social work professional should be looked at independently with consideration to their experiences of the provision of mental health services in South Africa and its specific demands. The researcher was attempting to answer the research question: "What are the experiences of social workers in the provision of mental health services in the West Rand District?"

The chapter firstly elaborates on the research approach, research type, research design, and the research methodology that was utilised during the actual study. The pilot study and the ethical considerations that were followed are also presented. Secondly, the chapter focuses on the empirical findings. The biographical information of participants is noted and later, the themes and sub themes that emerged from the interviews are highlighted with supporting literature.

3.1.1 Aim and objectives

3.1.1.1 Aim

The aim of this study was: to explore and describe the experiences of social workers in the provision of mental health services in the West Rand District.

3.1.1.2 Objectives

The objectives of the study were the following:

- To contextualise mental health services internationally and locally.

- To contextualise the provision of mental health services by social workers internationally and locally.
- To ascertain the views of social workers on their role and task in the provision of mental health services in the West Rand District.
- To determine the capacity of social workers in rendering mental health services in the West Rand District.
- To suggest strategies for the provision of mental health services by social workers.

3.2 RESEARCH APPROACH

The research paradigm applied in this study is interpretivism. The researcher used this paradigm to understand the experiences of social workers in the provision of mental health services, as explained by the social workers as participants. The researcher analysed and interpreted the thick descriptions of data provided by the participants' perspectives from their subjective experiences (Nieuwenhuis, 2016a:60; De Vos et al., 2011:8). The researcher regarded the qualitative research approach as the most suitable for this study.

This study will therefore be qualitative because the researcher was interested in social workers' experiences and their explanations of these experiences. In contrast to the quantitative approach, this study placed emphasis on the participants' description of events and not on testing hypothesis and statistics. The researcher gained an in-depth understanding of the social workers' experiences on the provision of mental health services, from their own point of view and from their description of events (Fouché & Delport, 2011: 65; Nieuwenhuis, 2016a:53).

In keeping with the research approach chosen by the researcher, the research purpose is exploratory. This type of research was chosen because the researcher wanted to explore and gain a better understanding of the social worker's experiences (Nieuwenhuis, 2016a:54). Exploratory research was chosen as the most appropriate because the researcher was attempting to answer the research question: **"What are the experiences of social workers in the provision of social work services?"**

3.3 TYPE OF RESEARCH

The researcher conducted applied research. Applied research was regarded as the most appropriate because one of the objectives of the study was to recommend strategies for improvement in mental health services that could inform policy. By conducting applied research, the researcher was able to get an overview of what was already being implemented in the field, what gaps there were, and what improvements needed to be made (Kreuger & Neuman, 2006:24; Fouché & De Vos, 2011;95).

3.4 RESEARCH DESIGN

Case study research design, which involves the exploration of a system bounded by time, context, or place, was selected for this study. Case study design can involve single or multiple cases over a period of time through a detailed in-depth collection of data (Fouché & Schurink, 2011:321). The use of the instrumental case study was considered appropriate for this study, as it aims to explore and describe a particular subject to gain new knowledge (Delport, Fouché & Schurink, 2011:322). The researcher used this design to gather in-depth data that explained the experiences of social workers in the provision of mental health services in the West Rand district. The researcher was interested in the experiences of social workers generally and not those of a single social worker, hence the instrumental case study design allowed the researcher to focus on multiple cases.

3.5 RESEARCH METHODS

This section discusses the study population, sampling, data collection, data analysis, data quality and details about the pilot study.

3.5.1 Study population, sampling method and sample

The study population consisted of 10 registered social workers in the West Rand working in the field of mental health. The organisations where the social workers were employed included patients with various mental illnesses. In contrast to quantitative research, sampling in qualitative research is less structured and less strictly applied. Sampling in qualitative research is relatively limited, based on saturation, the size of the sample is not statistically determined, and it involves low cost and relatively little time. Non-probability sampling was therefore used for the purpose of this study (Strydom & Delport, 2011: 390-391), as it does not make use of random selection of

participants (Maree & Pietersen, 2016:197). Purposive sampling was used, which implies that participants are chosen according to a specific criteria (Maree & Pietersen, 2016:198). The research participants were selected according to a specific inclusion criterion. The participants are specifically social workers providing mental health services in the West Rand at Central Gauteng Mental Health Society and West Rand Association for People with Disabilities.

The researcher selected 10 participants according to the following selection criteria:

- Has a Bachelor of Social Work degree
- Registered with the South African Council for Social Services Professions.
- Provides mental health services in West Rand District.
- Practicing in the field of mental health services for at least six months.
- Of any gender, race, culture or religion.
- Willing to participate voluntarily and provide informed consent.

However, the researcher had to divert from the initial set criteria due to Covid-19 restrictions posing a barrier, as many social workers were working remotely from home. The researcher therefore had to include one participant who had less than six months experience in the provision of mental health services and one participant whose qualification is a bachelor of Social Sciences, but is registered as a social worker at the SACSSP, has worked in mental health services and is currently a social work manager in a mental health service setting.

The researcher contacted the South African Federation for Mental Health and obtained contact details of organisations in the West Rand rendering mental health services, including the non-governmental Central Gauteng Mental Health Society and the West Rand Association for Persons with Disabilities. The researcher then requested permission from these organisations who render mental health services and employ social workers. A formal meeting was held between the researcher and managers of the above mentioned organised to further elaborate the purpose of the study and to obtain permission. The managers then informed their social workers about the study allowing them to leave their contact details for appointments with the managers. The researcher got the contact details from the managers and contacted the potential participants telephonically to elaborate further on the purpose of the study and to

provide them with the informed consent forms to sign. Thereafter appointments were made with the first eight participants who met the selection criteria to conduct the actual interview. The two pilot participants were included in the main study due to the richness of the data collected and the challenge in finding participants, thus totalling ten participants.

3.5.2 Data collection

Data gathering for this study was conducted by means of a semi-structured interview. Strydom (2011:351) and Nieuwenhuis (2016b:93) both point out that a semi-structured interview provides flexibility for both the researcher and the participant. The researcher in this study was able to follow up on interesting themes as the interviews progressed and while the participants were giving a detailed expression of their views. Semi-structured interviews are a type of interview where the researcher gathers in-depth data from participants; this can be time-consuming and can also become intense (Strydom, 2011:351). The researcher used a semi-structured one-to-one interview to gain a detailed full picture of the participants' beliefs and perceptions about the given topic.

The researcher utilised an interview schedule to guide the data collection during the interview. An interview schedule is a questionnaire that the researcher uses to guide the interview (Delport & Roestenburg, 2011:186). The researcher used the schedule as a guideline and memorised the questions prior to the interview. Although there were set questions, there was enough flexibility to allow the participants to share views that the researcher had not thought of. The interviewer asked the participants open-ended questions, which she read to them, and probed for further clarity. Participants were not restricted and were allowed to elaborate as much as they needed to (Strydom, 2011:353).

The social workers who participated in the study were regarded as experts or key informants. The researcher was able to get an in-depth understanding of the social workers' experience in the provision of mental services, by allowing them to explain their own experiences fully and give a detailed account of their perceptions (Strydom, 2011:351). They had views based on experience, and the researcher gave the participants maximum opportunity to tell their story.

The researcher made use of careful observation as an additional data collection method, in order to observe non-verbal cues. Audio recordings of the interviews were made with the participants' consent as part of data collection (Strydom, 2011:352). The audio recordings allowed the researcher to put the focus on the interview rather than on taking notes, and concentrate on the procedure. The use of recordings further assisted the researcher to write the verbatim transcriptions of the interviews. Furthermore, field notes were taken by the researcher after the interview to capture empirical observations, interpretations and other experiences that were not captured by the digital recording device. All participants were interviewed in their offices. Six participants were interviewed at Central Gauteng Mental Health Society (West Rand Office at Soweto, Rockville) while the other four participants were interviewed at West Rand Association for People with Disabilities.

3.5.3 Data analysis

The researcher analysed the qualitative data collected by means of thematic analysis, which is the process of encoding qualitative information and identifying common themes in the data (Boyatzis, 2012:4). Clarke, Braun and Hayfield (2015:230) explain that the process of thematic analysis involves data familiarisation, coding, searching for themes, reviewing themes, defining and naming themes and writing the report. The researcher followed the steps as prescribed to give meaning to and report on the data that had been collected.

Six phases of thematic analysis were followed, as described by Clarke et al. (2015:230):

Familiarisation: The researcher familiarised herself thoroughly with the data once it had been collected. She engaged with the data set by listening to the voice recordings of the interviews with the participants and began to transcribe the data collected. She also made notes of the data in order to focus on meanings that were most prevalent.

Coding: The researcher assigned codes after familiarising herself with the data. This was done by identifying relevant features of the data in relation to the research question. The researcher did this by identifying patterns and grouping together similar segments that emerged.

Searching for themes: This took place while the researcher was grouping similar segments.

Reviewing themes: The researcher reviewed the themes that she had generated and paused to check whether the themes she had generated answered the research question.

Defining and naming themes: After the researcher had reviewed all the themes, she further defined them and formulated descriptive names for them.

Writing the report: The researcher put together the themes and included data extracts from the transcripts to support them, together with support from the literature.

3.5.4 Data quality

This section focuses on the steps the researcher took to ensure the quality of the primary data. The constructs that were employed and the relevant strategies adopted to ensure trustworthiness related to the data are described here.

- **Credibility**

The researcher ensured that the data would be credible by making sure that the interpretation of the data represented the meanings of the participants. The researcher was not biased and did not alter the primary data provided by the social workers as participants (Lietz & Zayas, 2010:191; Niewenhuis, 2016b:123). She employed the strategy of reflexivity to ensure that her own ideas and perceptions did not influence the research process in any way. Participants' views were transcribed verbatim, as originally provided by the participants. The researcher also ensured the credibility of the data by using multiple data sources in order to achieve complete data gathering, which is referred to as data triangulation (Lietz & Zayas, 2010:193). The researcher did not employ a single method of data collection but also used audio recordings and took notes as part of data collection in order to have supporting evidence.

- **Transferability**

The researcher ensured that the data she gathered and interpreted is relevant and can be used for future research. It was confirmed that the research findings were relevant to theory and appropriate for practice or future research. The researcher used

thick descriptions as provided by participants to ensure transferability (Lietz & Zayas, 2010:195; Niewenhuis, 2016b:123).

- **Dependability/Auditability**

The researcher ensured auditability of the data by keeping all data safe, including voice recordings, transcripts, and any other notes. In order to increase auditability, the researcher kept an audit trail of all the data, by keeping a written account of all the research and demonstrating reflexivity in the process. Peer debriefing was another strategy that the researcher used to ensure auditability. The researcher consulted with colleagues and her supervisor during the research process (Lietz & Zayas, 2010:196; Niewenhuis, 2016b:124).

- **Confirmability**

The researcher ensured that the information presented is objective and that the findings and interpretations are exactly what the participants provided. The researcher confirmed data with participants to confirm her own understanding. She asked probing questions to seek clarification in order to capture participant's responses accurately from their point of view. The main strategy that the researcher used to increase confirmability was negative case analysis. The researcher sought contrasting evidence through sampling and analysis (Leitz & Zayas, 2010: 197,198; Niewenhuis, 2016b:125).

3.5.5 Pilot study

A pilot study is a feasibility study where the larger study is administered on a small scale with a small number of participants. This is to highlight challenges and test the data collection instrument before embarking on the study on a larger scale (Schreiber, 2012:625). The researcher conducted a pilot study prior to the research to test its feasibility and the data collection instruments, with two social workers who are in the field of mental health service in the West Rand District at Central Gauteng Mental Health Society. The data obtained from the pilot study was included in the actual study, as it was rich and the researcher had found it difficult to obtain participants. The pilot study was effective and gave the researcher a good estimate of the length of the interview, which was helpful in planning the remaining interviews, and it also allowed the researcher to improve her own interviewing skills.

3.6 ETHICAL CONSIDERATIONS

Prior to the commencement of the study, the researcher obtained approval from the Research Review Panel of the Department of Social Work and Criminology, and ethical clearance from the Research Ethics Committee of the Faculty of Humanities, University of Pretoria. Permission was granted by the Central Gauteng Mental Health Society and West Rand Association for People with Disabilities for the researcher to conduct research using their social workers as participants.

The following ethical considerations were observed in conducting the study:

- **Informed consent, voluntary participation**

The researcher ensured that the participants were well informed about the research study. All details of the study were thoroughly explained to the research participants in the letter of informed consent (Babbie, 2017:63; Strydom, 2011: 117). The researcher read the informed consent form to participants prior to conducting interviews. Participants were informed about the purpose of the study, duration of the study, confidentiality, and privacy. Furthermore, participants were informed that they could withdraw without consequences, the interview would be recorded with their permission, the data would be stored for 15 years at the University of Pretoria as required, and the data would be captured electronically and password protected.

In conducting the study, the researcher did not impose any form of threat or bribery by coercing the participants to be part of the study. The participants gave permission voluntarily to be part of the study by signing the informed consent form (Babbie, 2017:63; Strydom, 2011:116).

- **Debriefing and avoidance of harm**

The researcher debriefed the participants after the interview was conducted. The researcher ensured that no type of physical, emotional, or psychological harm was inflicted on the participants (Babbie, 2017:64; Strydom, 2011:115) and allowed the participants to reflect on the interview. The researcher obtained a written agreement from a social worker, Ms Gracious Tele Mnisi (contact details: 062 626 0178), who is a social worker in private practice, to provide counselling without cost to the participants if necessary. None of the participants were referred for counselling, as none were harmed in any way or required counselling.

- **Confidentiality and protection of identity**

The researcher ensured confidentiality by only sharing the data collected with the research supervisor for academic purposes and did not share the data publicly (Babbie, 2017:63). The researcher assigned a number to each participant to identify them during data transcriptions and report writing and to protect their identity. The audio recording, transcripts, and consent forms were safely stored by the researcher on her password protected personal computer. Pseudonyms were assigned before the interview commenced to protect participants' identity.

- **No deception and no compensation**

The researcher at no point concealed information about the study from the participants, was honest with them about the study and did not deceive them in any way (Babbie, 2017:69). No form of compensation or incentive was given to the participants for taking part in the study, such as money for transportation or refreshments. The researcher travelled to the participants' offices using her own transport.

- **Competence of researcher**

It is an ethical obligation for researchers to be well-equipped and qualified to conduct research (Strydom, 2011:126). The researcher is registered with the South African Council for Social Services Professionals and holds a Bachelor of Social Work degree with experience in research in her final year. Prior to conducting the research, she successfully completed a postgraduate module, MWT 864 Research Methodology. While conducting the research, the researcher was supervised by her experienced supervisor and guided by the values and ethical obligations of the council and the profession of social work.

- **Publication of findings**

Publication of research findings should be reported in an unbiased manner and represent true data provided by participants. The researcher must ensure that results are not manipulated in any way (Strydom, 2011:126). The findings of this research study are reported in this mini-dissertation by the researcher and are available in the

University of Pretoria library. The researcher will present the findings at conferences and will write a scientific article for possible publication.

The next section focuses on the empirical findings of this research.

3.7 EMPIRICAL FINDINGS

This section discusses the findings of the research, firstly by presenting the biographical information of the participants, followed by the themes and sub-themes that emerged from the data that was collected. Verbatim quotes from the participants are presented with the support of the literature reviewed by the researcher.

3.7.1 Biographical information of the participants providing mental health care services

Table 1 below provides an overview of the biographical information of the participants.

Table 1: Biographical information

Participant	Age	Marital status	Gender	Home Language	University attended	Current Position	Highest Qualification	Length of time in mental health field
Participant 1	34	Single	Female	isiZulu	UNISA	Social worker	BSW	7 months
Participant 2	33	Engaged	Female	Tshivenda	UNISA	Social worker	BSW	4 years
Participant 3	29	Single	Female	isiXhosa	UNISA	Social worker	BSW	3 years
Participant 4	28	Single	Female	isiZulu	UKZN	Social Worker	BSW	6 years
Participant 5	27	Single	Female	Xitsonga	UVenda	Social Worker	BSW BA (Hons) (Psychology)	1 year
Participant 6	50	Married	Female	Afrikaans	NWU	Social work manager	BA (SW)	14 years
Participant 7	55	Married	Female	Afrikaans	UP	Director	BA (SW)	28 years
Participant 8	24	Single	Female	Afrikaans	NWU	Social worker	BSW	7 months
Participant 9	45	Divorced	Female	English	UNISA	Social work manager	BA Social sciences	22 years
Participant 10	28	Single	Female	SePedi	UNISA	Social worker	BSW	4 Months

Table 1 provides an overview of the biographical information of the ten participants. The variables outlined in the table include the participant's age, marital status, home language, university attended, current position, highest qualification and number of years providing mental health care services. The age of participants varies from 24 to 55. Seven participants are single, while two are married and one is divorced. The home languages included isiZulu (2), isiXhosa (1), Tshivenda (1), Xitsonga (1), English (1), SePedi (1), and the majority of the participants (3) indicated Afrikaans as their home language. All but one of the participants had a bachelor's degree in social work, with only one participant having a degree in social sciences. The length of time that the participants had worked in the provision of mental health services ranged from seven months (being the shortest) to 28 years (being the longest).

The next section provides more detailed information about the ages of the participants.

3.7.1.1 Age

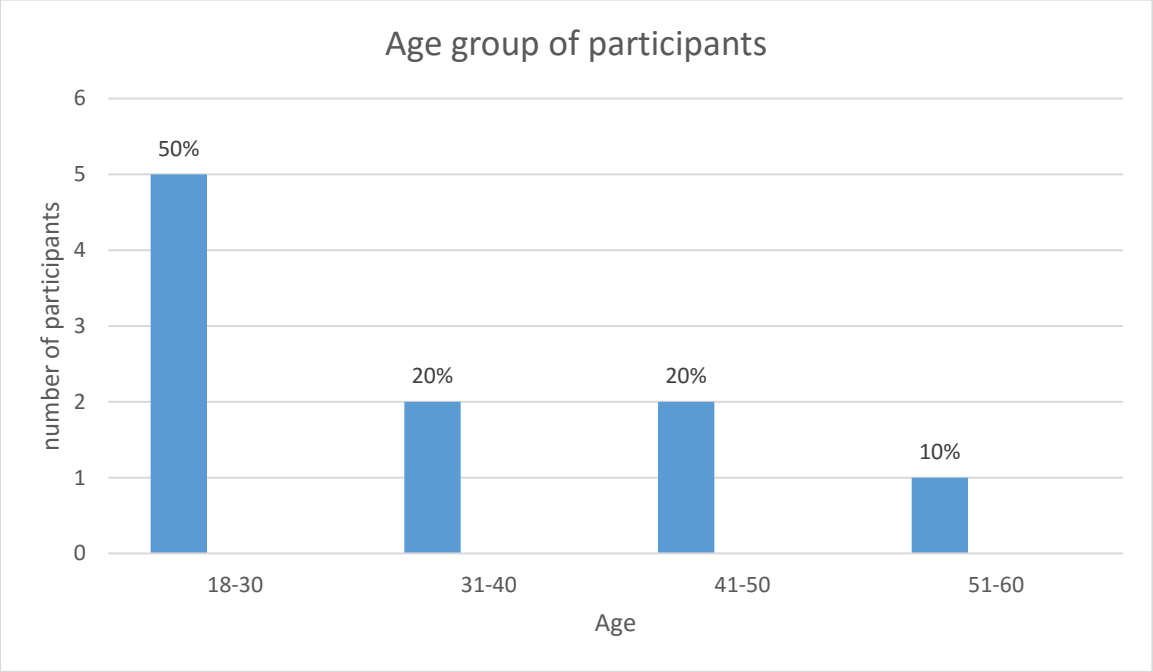

Figure 1: Variation of participants by age (n=10)

Figure 1 depicts the age groups to which participants belonged. The column cluster indicates that most of the participants (five) were in the age group 18-30 years (50%). The age groups 31-40 years and 41-50 years had an equal number of participants, namely two participants each (20% each). There was only one participant in the age group 51-60 years (10%). The age of the participants was predominantly 18-30. This variation is in line with Salsberg et al. (2017:15), who claim that most Bachelor of Social Work graduates are below the age of 30. These authors indicate further that the number of social workers in the younger age groups is still on the rise.

3.7.1.2 Variation of participants by marital status

Figure 2 below shows the marital status of participants.

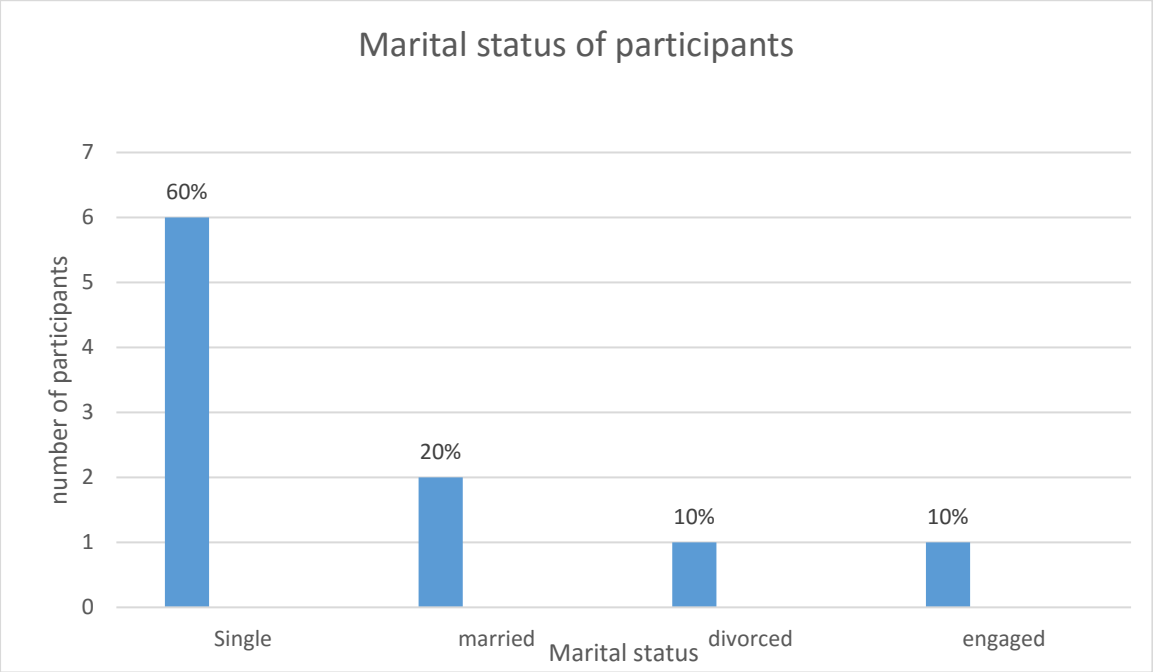

Figure 2: Variation of participants by marital status (n=10)

The graph cluster indicates that the majority of participants (six) were single (60%), two participants were married (20%), one participant (10%) was divorced and one participant (10%) was engaged. This is in line with Statistics South Africa (2016:16), which states that most of the population in the West Rand (44.1%) are single with 34.8% of the population married.

3.7.1.3 Gender

All the participants in the study were female; there were no male participants. This is in line with the profession of social work in South Africa, most of whose members are female. This finding is supported by Salsberg et al. (2017:5), who state that the social work profession is female-dominated globally, with 83% of social workers being female.

3.7.1.4 Home language

Figure 3 below represents the home language spoken by participants.

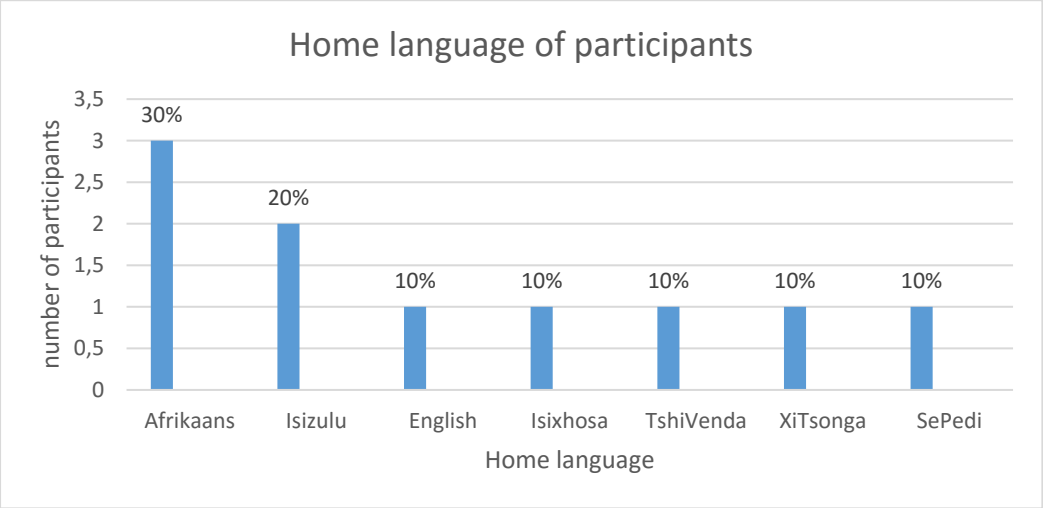

Figure 3: Home language (n=10)

Figure 3 shows that three participants (30%), the majority, spoke Afrikaans as their home language, two participants (20%) spoke isiZulu, and one participant each spoke Xitsonga (10%), English (10%), Tshivenda (10%), isiXhosa (10%) and SePedi (10%) as their home language. It is evident that the majority of the participants are black Africans (60%), while 40% are white. This could be attributed to the fact that the black African population (78.7%) of the West Rand is greater than the white population, which is 17.7% (Statistics South Africa, 2016:13).

3.7.1.5 Years of experience in mental health service provision

Figure 4 below shows the years of experience of participants in mental health service provision.

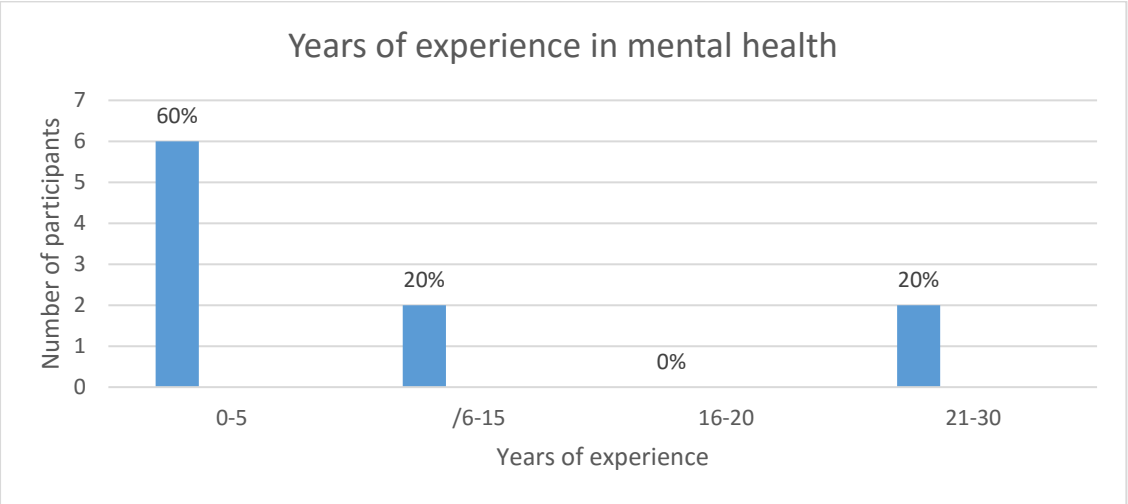

Figure 4: Years of experience in mental health service provision (n=10)

Figure 4 shows that most of the participants (six) have experience ranging from seven months to four years (60%). Two participants (20%) have between 6 and 15 years' practice in mental health service provision, while there are no participants within the 16-20 years range. Lastly, two participants (20%) fall within the 21-30 years group, with 22 years and 28 years of experience spent practising in mental health service provision.

3.7.2 Thematic analysis of themes and sub-themes

The following section provides a thematic analysis of the themes and sub-themes that emerged from the social workers' responses about their experiences in the provision of mental health services in the West Rand. Direct verbatim quotations from the participants are provided to support the themes and sub-themes, which are also substantiated with literature to validate the findings.

Table 2: Themes and sub-themes

THEMES	SUB-THEMES
THEME 1: UNDERSTANDING OF MH	- Understanding of MH as a field of service provision - Understanding of social work as a field of mental health service provision
THEME 2: SERVICES PROVIDED BY SOCIAL WORKERS IN MH	- Psychosocial support - Statutory services - Placements - Raising awareness on mental health - Counselling services
THEME 3: KNOWLEDGE AND UNDERSTANDING OF LEGISLATION	- Knowledge and understanding of the Mental Health Act 17 of 2002 - Knowledge and understanding of the DSM
THEME 4: TRAINING OF SOCIAL WORKERS IN MENTAL HEALTH	- Participants' views on the adequacy of the undergraduate BSW degree in preparing social workers for practice in mental health - In-service trainings received in mental health - External training in mental health
THEME 5: SUPERVISION OF SOCIAL WORKERS IN MENTAL HEALTH	- Supervision of social workers - Social workers' views on supervision received
THEME 6: SUPPORT RECEIVED BY SOCIAL WORKERS IN THE PROVISION OF MENTAL HEALTH SERVICES	- Support from employer - Support from colleagues - Other systems of support
THEME 7: ROLES AND TASKS OF SOCIAL WORKERS IN MENTAL HEALTH	- Role as an advocate - Role as a mediator - Role as an educator
THEME 8: CHALLENGES OF SOCIAL WORKERS IN THE PROVISION OF MENTAL HEALTH SERVICES	- Lack of resources - Poor remuneration/salaries - Shortage of placement facilities for mental health care service users - Compromised safety of social workers - Impact of challenges on social work service provision in mental health
THEME 9: RECOMMENDATIONS BY SOCIAL WORKERS	- Recommendations for mental health - Recommendations for undergraduate social work degree programmes

What follows is a discussion of each theme with its sub-themes.

3.7.2.1 Theme 1: Understanding of Mental Health

This theme focused primarily on contextualising the participants' understanding of mental health. Two sub-themes are identified, namely the understanding of mental health as a field of service provision and mental health as a field of social work service provision. These sub-themes are discussed below.

- **Sub-theme 1.1: Understanding of Mental Health as a field of service provision**

This sub-theme focused on the participants' understanding of Mental Health as a field of service provision. The following quotes are provided to support this sub-theme:

> *P7: "It's providing mental health services to people. And enhance their mental health situation. In other words, looking at the basic wellbeing."*
>
> *P4: "Mental health services in general is helping people who are living with mental illness, destigmatizing as we work dealing with the stigma, providing services like counselling, finding them places, putting them on medication by referring to the hospitals, that will be my mental health services in general."*
>
> *P5: "My general understanding is we provide services to people who have mental health problems, basically our organisation we need somebody who has been diagnosed with a psychosocial disability or intellectual disability. You deal with the person's mental health and psychological wellbeing."*
>
> *P8: "In general, would definitely be to provide support services to clients with mental health problems. that is my understanding."*

From the above it is clear that the participants' understanding of mental health was average and was centred around the themes of wellbeing and assisting individuals with mental disorders. Participants were not able to provide a clear description of mental health as a field of service provision. Three of the participants further understood the field of mental health in terms of the social work services that they provide.

This can be linked to Greene's (2012:3) definition of mental health as the wellbeing of an individual, with regard to their mental, emotional and psychological functioning. An individual who is considered to have good mental health would therefore be viewed as possessing a healthy state of overall wellbeing. WHO (2005) states similarly that absence of good mental health affect one's overall psychological functioning.

- **Sub-theme 1.2. Understanding of social work as a field of mental health service provision**

This sub-theme focused on the participants' understanding of social work as a field of mental health service provision. The following quotes are provided to support the sub-theme:

> *P4: "Okay. I think it's more of a clinical … it's a specialised field in social work because it's … you can even start to specialize in it maybe by doing the master's into clinical social work because it deals a lot with the brain you understand that's my understanding…"*
>
> *P5: "My understanding of mental health as a field of social work is a social worker who specialises in mental health services, basically you don't do family preservations but you focus on the mental state of a human."*
>
> *P8: "Okay, so basically, my understanding would be to advocate for persons with mental health problems, specifically like intellectual disabilities".*

The above responses illustrate that the participants understand social work as a specialised field of service provision within the mental health service provision, while the one participant's understanding of social work as a field of mental health practice was linked to the services that the social workers provide.

The Social Service Professions Act, 1978 (Act No.110 OF 1978), Regulations relating to the requirements and conditions for registration of a speciality in social work in health care (2020), also recognises social work in health care as a field of specialisation. The field of social work within mental health care is mainly responsible for administering care, treatment, and rehabilitation services to mental health care users (Mental Health Care Act 17 of 2002). With reference to the ecological systems theory, social workers interact in their

workplace directly with their colleagues, supervisors, and mental health care users at the level of the microsystem. The microsystem further interacts with the exosystem, as the broader field of mental health can be placed within the exosystem. This is due to the mental health field being governed by policies and legislation which consequently affect the social worker (the microsystem).

3.7.2.2 Theme 2: Services provided by social workers in mental health

This theme centres on the services that social workers provide within the broader field of mental health. The following sub-themes indicate the services that the participants identified.

- **Sub-theme 2.1. Psychosocial support**

This sub-theme looked at psychosocial support services. The following quotations present psychosocial support as a service provided by the social workers:

> *P1: "Social workers in mental health, we render psychosocial services, you know, and talk about psychosocial, this is a talk about the support to the everything…"*
>
> *P5: "We provide psychosocial services such as counselling…"*
>
> *P8: "Okay, firstly, we do the psychosocial support services…"*

Three out of nine participants indicated that they provided psychosocial support. The above quotes illustrate that psychosocial support is an important social work service in mental health. These findings are corroborated by Olckers (2013:191), who asserts that social workers should provide effective psychosocial interventions to mental health care users and their families. Walton and Pretorius (2014: 148) and Kourgiantakis et al. (2019:2) indicate that social workers' development of treatment and intervention plans should be aimed at addressing psychosocial needs and empowering mental health care users and their families.

The relationship between social workers and mental health care falls within the microsystem of the ecological systems theory. This is attributed to the fact that the social workers have direct contact with mental health care users in their immediate environment. This relationship is bi-directional in the sense that the social work service

provision is influenced by changes/challenges encountered by mental health care service users, hence the need for psychosocial support services.

- **Sub-theme 2.2. Statutory services**

This sub-theme emerged because four out of five participants in one setting indicated that they provide statutory services. Below are the quotes describing participants' statutory service delivery:

> *P2: "As a social worker I am spending my time on statutory cases because that's where you have to go to court if you are applying for foster care…."*
>
> *P3: "We do statutory services, which is provision of Social Work services for children in need of care and protection, those who are under the age of 18…"*
>
> *P4: "So, the services that I provide are statutory intervention, removal of a child in need of care and protection, because he or she is displaying behaviour which cannot be controlled by a parent."*
>
> *P5: "…also, statutory services which is foster care services, we focus on kids with mental health problems and intellectual disabilities, we don't take kids without any mental health problems."*

Based on the participant's responses it may be deduced that the participants provide statutory services for mentally ill children to ensure their safety. Lund et al. (2010:15) mention statutory intervention through outpatient and community-based services as one of the main social work services in mental health.

The provision of statutory services to children as mental health service users may be interpreted as occurring within the microsystem level of the ecological systems theory because it symbolises the interaction of the social worker with another system within their immediate setting.

- **Sub-theme 2.3. Placements**

This sub-theme focused on participants' rendering the service of placement. Four participants identified placements as another service delivery element. The following quotes are provided to support this sub-theme:

P1: "Placement, I was busy with a certain case and this one this case, I need to find place on first quarter, the child is not safe, at home, this child was just discharged at Bara Hospital…"

P3: "We do placements and place them in foster care homes or child and youth care centres."

P4: "So, my services are mostly finding suitable placement for children who have behavioural problems, diagnosed with autism spectrum disorder, attention deficit disorder."

P5: "When you get referrals for placements, is placements one of the services that you provide."

As reflected by the participants, placement is a common service rendered. The provision of placement services by the social workers, from an ecological systems perspective, is an interaction between the microsystem (social worker) and the exosystem (policies regarding placement facilities). Although social workers are not directly involved in placement facilities, the procedures as well as routines within these facilities have a direct influence on their service provision in mental health.

Research conducted by Kruger and Lewis (2011:120) in a specialist mental health hospital in South Africa found placement to be one of the most commonly utilised social work services. Lund et al. (2010:15) similarly claim that institutional care for mentally ill patients is one of the most important aspects required within the context of social work intervention in mental health care.

- **Sub-theme 2.4. Raising awareness on mental health**

This sub-theme reflected how much awareness-raising on mental health was done by participants. The following quotes are provided to support the sub-theme:

P1: "You know, we have campaigns that we run here, for people with mental problems…"

P2: "We do awareness even to the schools …"

P7: "Education Services, awareness services and we do counselling, we do group work, case work, and we also do community work that includes the awareness."

The participants reported raising awareness on mental health issues as one of the main services provided. Kalyanasundaram (2014:235) asserts that promotion of mental health is a critical aspect of social work. The promotion of mental health should place the emphasis on the positive view of mental health rather than emphasising stigma and mental deficits.

The macrosystem of the ecological systems represents and is comprised of cultural values, customs, and laws which have a cascading influence on the social worker (Ettekal & Mahoney, 2017:293). Within the context of the current study, the existing cultural beliefs as well as stigma around mental health care service users within communities have a direct influence on social workers in the provision of mental health services. This can be attributed to the fact that social workers have to raise awareness in order to fight the stigma.

- **Sub-theme 2.5. Counselling services**

This sub-theme focused on whether the participants rendered counselling services. The following quotes present counselling as a service:

> *P2: "…We do go there, we offer counselling, someone who is going through depression and again if it's something to do with family problems we do refer the cases to FAMSA…"*
>
> *P4: "Counselling for trauma PTSD, I have just saw victim of gender-based violence, dealing with flash backs…"*

The participants indicated counselling as one of the services that they provide, which includes psychosocial services, statutory services, placement services, raising awareness on mental health and counselling services.

Ornellas (2014:37) and Chong and Francis (2014: 257) highlight counselling as one of the critical early intervention social work services that should always be incorporated in service delivery. The social worker and the mental health care users and their families, in terms of the ecological systems theory, interact directly with the microsystems. The social worker therefore provides direct counselling services within the microsystem.

3.7.2.3 Theme 3: Knowledge and understanding of legislation

This theme presents the participants' knowledge and understanding of legislation with specific reference to the Mental Health Care Act 17 of 2002 and the DSM.

- **Sub-theme 3.1. Knowledge and understanding of the Mental Health Act (17 of 2002)**

This sub-theme explored the knowledge and understanding of the Mental Health Act (17 of 2002). The following quotes support this assertion:

> *P1: "In terms of the Mental Health Care Act 17 of 2002, the most important part we use the most is to care and protect for people with mental health, you can protect people with mental health problems, and also make sure that they are right."*
>
> *P5: "I don't know the sections, but our vision is from the act and it's changing the attitudes of people so doing that we advocate because the act is about protecting the rights of people with mental illnesses. The act states that we must go on deinstitutionalising, so instead of taking to institutions we should educate the community about mental health problems so that we integrate them."*
>
> *P6: "I think the one part where it's got to do with the medication, it must be given properly, and it must be looked at that you don't overdose, and to do make sure that it's given on time, and that it's given correctly."*

The participants provided mixed views when asked about their knowledge as well as understanding of the Mental Health Act 17 of 2002. Most of them were aware of the Mental Health Act 17 of 2002 but indicated little knowledge or understanding of it, or of the specific sections of the Act applicable to their practice. By contrast, Participants 8 and 9 indicated that they do not in fact use the act. Their responses were as follows:

> *P8: "No, Really, I've never used it."*
>
> *P9: "Can I even remember what's that? No, to be honest, when you, when you've been working in this field as long as I have, you don't refer back to the Act that much."*

Participants 3 and 10 showed poor knowledge and understanding of the Act by referring to the Children's Act when asked about the Mental Health Act (17 of 2002). Participant 10 also reflected poor understanding of the Act:

> *P3: "Mostly we, okay, I use the children in need of care and protection. I'm not sure which part of the Act is it."*
>
> *P10: "It guides us on how to deal with people with mental illnesses but this thing of sections I don't know."*

On the other hand, two of the participants demonstrated a good knowledge of the Act and the specific sections applicable to social work service provision in mental health. The following quotes are provided as proof:

> *P2: "Ok with regard to the mental health act 17 we usually use section 40 yah section 40 of number 1, that one of involuntary admission to the institution, like it tells when the client maybe doesn't want to be committed to the institution you use that mental health care it's involuntary. When he is violent at home you feel that he is a danger to himself and the family and we will use the involuntary one or we are forcing him because there is danger. We will find the client he's also been treated well at home because they don't understand him or something like that so he will come to us and say I need a place where I can stay so we use the voluntary one where you find a replacement for him and he goes and stay at the institution, that's pretty much at section 40."*
>
> *P4: "Simple, the most this we use here is involuntary admission, it's number what of the act one, seven of number six? but it falls under Act number 17 of 2002. Most of our clients they relapse, and we then override their decision, you understand? It's called involuntary because right now, we are overriding our consent, we will take it upon ourselves, then involuntary admission is the most that we use in mental health, because we even fill those forms for it."*

Overall, the above indicates that most of the mental health social workers who were interviewed demonstrate little knowledge or understanding of the Mental Health Act

17 of 2002. The level of knowledge and understanding of the Act differed from one participant to the next. They were aware of the Act, and some showed good insight while others showed little insight.

The findings are supported in literature by a study conducted by Ornellas (2014:126), which found that social workers in mental health care possess insufficient knowledge of the Mental Health Care Act 17 of 2002. Chong and Francis (2014: 258) agree that social workers should be sufficiently versed in and knowledgeable about laws and policies that enable them to protect mental health care users.

This sub-theme can be interpreted in terms of the exosystem level of the ecological systems theory. This level comprises systems that influence the individual directly through the microsystem. The Mental Health Act is an aspect of the exosystem that is primarily centred around mental health care service users, who in this case have a direct interaction with the social worker within the microsystem. Therefore, this has an impact on social work service delivery in that social workers need to be familiar with the Act even though they are not the primary focus of the Act. The level of knowledge and understanding of the Act can thus contribute to the social worker's overall experience in providing mental health services.

- **Sub-theme 3.2. Knowledge and understanding of the DSM**

This sub-theme deals with participants' knowledge and understanding of the DSM. The following quotes present the participants' views regarding the DSM:

> *P2: "Oh I really don't know much about its input but I've read about it and I was told that I should …. Yah have a look at it, practically I was told to have it."*
>
> *P3: "DSM what? What is it?"*
>
> *P4: "Never use that thing. The last time I heard about it was at university and it ended there."*
>
> *P6: "We don't work with that at all. So, I am not even going to say that we use it, I'm not going to say that we actually practise by it, because we don't have the knowledge of that."*

P7: "I don't know a lot about the DSM five, but I know it is there. And I know that you can use it. I just experienced that it's very difficult, actually, to go through the process to get somebody certified…"

P8: "I don't know. I've never used the DSM five criteria or anything like that."

P10: "DSM? What is a DSM?"

From the quotes above, it is clear that the majority of the participants had little insight into the DSM and indicated furthermore that they have never used it in practice. The majority thus had poor knowledge and understanding of the DSM.

Social workers in mental health possess poor knowledge and understanding of the DSM. The study findings are corroborated by Olckers (2013:12), who indicated that not all social workers in South Africa are familiar or comfortable with using the DSM despite its being identified as the main classification system for mental disorders in South Africa. Chong and Francis (2014: 258) maintain that poor understanding and knowledge of the policies can hinder social workers in their role of protecting the mental health care users.

Within the ecological systems theory, the DSM can be identified as a component of the exosystem because it is one of the main guiding frameworks utilised in mental health. As a structure within this layer, the DSM impacts directly on the social workers' overall experiences in the mental health field as well as on some structures within their microsystem (e.g., patients, MDT members). For instance, good knowledge of the DSM might lead to better relationships between the social workers and other members of the MDT. Alternatively, poor knowledge of the DSM might lead to barriers in service provision, as well as in the quality of relationships and services provided.

3.7.2.4 Theme 4: Training of social workers in mental health

This theme highlights the training of social workers in mental health. Participants' views on the adequacy of the undergraduate BSW degree in preparing social workers for practice in mental health, the lack of In-service training in mental health at the place of employment, and external training in mental health are presented as the main sub-themes.

- **Sub-theme 4.1. Views on the adequacy of the undergraduate BSW degree in preparing social workers for practice in mental health**

This sub-theme specifically explored the views on the adequacy of the undergraduate BSW degree in preparing social workers for practice in mental health.

This is what participants had to say when asked about the adequacy of the undergraduate social work degree:

> *P1: "Yeah. So, I think when it comes to that, [if] not quite enough. Cause like, in the office, like, by the time I was doing my degree, I was studying or focus more on theory, okay, then practice it was just maybe eight months, or I think, like, seven or six months. And then there are some limitations. I don't do statutory. There are some ground rules that I have to do, I do intakes, but I don't do statutory. But when it comes to practice, I have to do statutory, it means I have to learn from the scratch".*
>
> *P3: "For me when I got to mental health, I think everything that I know is something that I learnt here, [it] was not everything that I learnt at university because mostly in university [we] will focus on, okay, community work. And then when it comes to casework, we mainly focus on counselling. So, when it comes to knowing different diagnosis, how to do referrals, no, I learnt most of that here…".*
>
> *P4: "So, in undergraduate degree when I was doing it I remember we did a degree [module] it's called Advanced Clinical Methods. This is where we covered bipolar, schizophrenia, family therapy, but it just was just one module, if it was in my will, or if I had the powers, they will have put more tools specifically on mental health. Do you understand what I'm saying? So, it was just one module, in my four-year practice, but I only did it once. And yeah, we just talked about bipolar, schizophrenia."*
>
> *P6*: *"I think the academic training that we get during our whole training, all your studies of four years, doesn't prepare you for any field. So, it doesn't really prepare you also for the field of mental health".*
>
> *P7: "I personally do think mine was enough, because I also did my practicals at the institution where they serve mental health people, but*

in general, I don't think … if you look at what people are trained at university it's not enough".

P8: "… wasn't in detail. They just specified what is a disability. There was nothing of … this is the intervention plans or this is what you can use. So definitely not, I do think that they should start including this in because we focus on Children's Act, but there is no nothing of Mental Health Act."

P10: "At school they teach you the theory, they didn't teach specifically mental health, they only taught me the overall of social work…. For me, it's not enough for me to be able to practise in mental health."

Participants mentioned that the undergraduate social work BSW degree is inadequate in preparing social workers for practice in mental health. Triplett (2017:1) points out that most social work undergraduate students are not compelled to take any course or module explicitly around mental health. Kourgiantakis, et al. (2019:2), however, emphasise that social work education and training do not adequately equip social work students to undertake practice in mental health and provide limited exposure to a curriculum on mental illnesses.

Most of the previous studies conducted on social work in mental health, like the current study, have revealed that the undergraduate BSW degree curriculum is inadequate to equip social workers to undertake practice in mental health. However there has been little effort to improve this aspect. In the researcher's opinion, this aspect of training can be understood in terms of the macrosystem level of the ecological systems theory. The researcher is of the opinion that the limited efforts that have been observed over time could be an indication of the general beliefs, views and perceptions, held by curriculum designers, that social work is a distinct field of mental health service provision, hence the limited effort to incorporate more content on mental health into the degree.

The content of the undergraduate social work degree is designed by the SACSSP, which forms part of the exosystem. The social worker (microsystem) does not play a role in the design of curriculum on the exosystem. The social worker is consequently impacted by the interaction of the role players within the exosystem.

- **Sub-theme 4.2. Lack of in-service training in mental health at the place of employment**

This sub-theme focuses on the lack of in-service training in mental health at the place of employment. The following quotes presents the participants' responses: /

> *P3: "No, nothing since I've been here. There's been a short training last month. Skhumbuzo, our manager, was doing some training at head office but some of us haven't attended any training. So, I'm still to attend that one. And he's still preparing statutory training. Cause we also do statutory service, but I haven't received any training since I started last year. So, I'm just learning as I go."*
>
> *P4: "Yes, they are not training us here, we are supposed to be getting lots of training[s] since we are in specialist field, but they don't train us even for ADHD, remember, I told you about ADHD, anxiety disorders, those are all diagnoses that we get but mentality [sic] has never taken upon themselves, to teach us to go deeper, to understand."*
>
> *P5: "With mental health, no. You know when you get into the field and you are thrown there to start working because they need somebody to work, you have to go around asking other social workers, but I did not have a specific training – they are always planning it, but it hasn't happened yet."*
>
> *P8: "No training at all."*

Four participants reported a lack of in-service training in mental health at the facility where they were employed. Participants furthermore indicated that they had not received any training since they started employment in the current mental health organisation where they were employed. The quotes confirm that participants experienced a lack of in-service training in mental health at the organisation where they were employed.

This is supported by literature from Tullgren et al. (2015:1), who identify training for social workers as one of the challenges of social work in mental health settings. In addition, Kourgiantakis et al. (2019:2) report that there have been concerns internationally about the gaps in social work education and training in mental health,

the most important concern being the relationship between the course content taught in universities and the practice conducted in the field. The same authors also point out that social work programmes have limited exposure to a mental illness curriculum (Kourgiantakis et al., 2019:2).

The workplace as a feature of the microsystem is responsible for the provision of training to social workers. The failure to provide in-service training in mental health has a negative impact on the social worker's service delivery, leading to negative experiences in the field. The issue of social workers not having a say in this matter, even though it directly affects them, also reflects the interplay between the microsystem and the exosystem.

- **Sub-theme 4.3. External training in mental health**

This sub-theme focuses on the external training received in mental health. The following quotes are provided to support this sub-theme:

> *P2; "We were also trained about the Children's Act from DSD, so they also trained us about the Children's Act[s] cause sometimes we will just know sections."*
>
> *P4: "So, we were trained on trauma counselling and crisis intervention. It's somehow relating to mental health because of the trauma when you experience … when in crisis when you've got number of problems and you can no longer know which one to deal with. So that's the kind of training I got from SACAP."*
>
> *P6: "But in my position here at this organisation about four months, or five months after I got the position, I actually went to a training that was given by the Leratong Hospital, and the pharmacy and the pharmacist about how do … what is the reasoning for certain medication."*
>
> *P7: "Where I'm working at the moment we [are] given the opportunity to attend the cerebral palsy conference once a year, and I gained quite a lot of information from there, especially the medical side of stuff. Yeah."*

Four participants reported that they had received external training on mental health. The participants regard external training as useful in adequately equipping them with

the knowledge required in the provision of mental health services. The findings indicate that additional training is required to equip social workers adequately for the provision of mental health services. These findings are corroborated by Roestenburg et al. (2016:171), who indicate that the provision of effective mental health services requires a significant amount of satisfactory training of health care professionals, including social workers. Acker (2004:68) points out that ongoing professional development has a positive impact on the social worker's job satisfaction in mental health service provision.

This sub-theme reflects the interactions with the mesosystem in terms of the ecological systems theory. The mesosystem comprises the interaction between the social workers' microsystems. In the content of the current study, the fact that provision is made for social workers to attend external training offered by other institutions indicates good collaboration and a satisfactory relationship between the employer organisation and other social work-related organisations. The interaction between these systems has a positive impact and enhances the social workers' skills and abilities in providing mental health services.

3.7.2.5 Theme 5: Supervision of social workers in mental health

This theme is mainly centred around the supervision of social workers in mental health. One sub-theme reflecting the views of social workers on supervision emerged from the findings. The sub-theme will be presented below.

- **Sub-theme 5.1. Social workers' views on supervision received**

This sub-theme explored social workers' view on supervision. The following quotes are provided to support this sub-theme:

> *P1: "So, supervision is good because it helps you to push you plan your things, you know that I have to do this. You have [a] timeframe to do your things."*
>
> *P2: "Oh yah supervision is important but not so necessary. I will go and ask for help if it feels that now am stuck[ed] and every time you don't know what to do we just go there and be like now am stuck[ed] and I need advice, ok I will even ask what is going on with you."*

P3: "Supervision. Yeah, that's what we receive, supervision from manager and also teamwork, we work as a team. You will never struggle on a case all on your own. You can always go to other social workers for assistance."

P5: "I would say it's helpful because if you are doing a case by yourself and you do not have somebody who's looking whether you are progressing or somebody helping you with ideas about the case to provide effective service… So, I would say it's good."

P6: "I'm very lucky that our director is also a social worker. So she understands the field of social work. And she has been in the service of disability, I think for close to maybe 30 years. So she also knows how draining it can be. So for me, she's very much giving me support and supervision because I sometimes go to her also for guidelines."

P8: "Supervision here is: you go to your supervisor you tell them the problem. So, every day you basically have to go because every day there's a new case, because I've never received training..."

P9: "And actually, it's necessary, because sometimes I do feel that need to also check in. So, it's very important, very important because as a social worker, you also need to take care of yourself. If you're not okay, you're going to project all that negative energy on your clients. So, it's a very vital part of being a social worker."

P10: "The supervision is good, he checks our work and see if we are doing the right things and he is also supportive."

Eight of the participants mentioned that they receive supervision at their place of work. These participants all expressed a positive view of the supervision received and indicated further that it helps them to provide mental health services. From the above quotes it is evident that most of the participants are happy with the supervision received and agree that supervision is a critical aspect of social work practice in mental health. Caras and Sandu (2013:77) emphasise that supervision in social work mainly provides direction, facilitation, professional development, staff socialisation, and support in service delivery. Social work service delivery is directly influenced by

supervision, which contributes to the social workers' job satisfaction and improved wellbeing (Caras & Sandu, 2013:77; Moreau & Mageau, 2011:268).

Supervision is a feature of the workplace that is found at the microsystem level of the ecological systems theory. In the context of the current study, it may be observed that the microsystem interaction occurring between social workers and supervisors contributes positively to the overall experiences of social workers in the provision of mental health services and improves the quality of the services provided.

3.7.2.6 Theme 6: Support received by social workers in the provision of mental health services

This theme focuses on the support provided to social workers in providing mental health services. It contains three sub-themes, namely the support that the participants receive from their employers, support from their colleagues, and other available systems of support.

- **Sub-theme 6.1: Support from employer**

This sub-theme reflected on the support social workers received from their employer. The following quotes present the participants' responses:

> *P2: "Not that I can say we do have support from…it depends, like we do have support from the clinic, the site clinic, where you can be able to call and explain that you have a certain client who goes to the clinic and ask if you can bring the client for assistance, that is the support you get. But other than that, in most cases you struggle and the Department of Health don't usually get involved, with the Department of Social Development also, we just know that we must submit stats."*
>
> *P4: "I should go back before, like I said, I listen to 702 and read [up] on it on Google because our company does not invest on employees for research and give us the latest what is happening with ADHD and all those things, even there is no supervision. Whatever that you are doing, you only go to supervisor and say this is the case I have, and it ends there. There is no supervision or support whatsoever. So, we use our*

own skills to research and get much information and you implement what you learnt on 702."

These two participants strongly indicated that they do not receive support from their employer. Iyamuremye and Brysiewicz (2012:72) identify the lack or organisational support as one of the main factors contributing to secondary traumatic stress, pressure, and poor service delivery within the workplace. A study conducted by Triplett (2017) identified lack of support as one of the negative experiences of social workers in mental health.

The employer can be identified as a component within the microsystem because it is a structure with which the social worker has direct contact. Within the context of the current study, it can be observed that this structure has a negative impact on social workers and leaves them vulnerable and exposed to various risks in providing mental health services.

- **Sub-theme 6.2: Support from colleagues**

This sub-theme reflected the support received by participants from their employer. The following quotes are provided to support the sub-theme:

P1: "Also, the training and colleagues are supportive."

P2: "Supporting us as a team member here, we do support each other and the very one that['s] giving each other hope that, ok fine, we become family and then, so, we be there to support you even it feels that this case you cannot work on, its too personal."

P5: "Yes, I can say so because I have mentioned that if I have a challenging case, as staff members we sit and try to support and assist each other with cases, we also go to our manager."

P6: "So, I have group supervision sessions with our people in the…and the team and we learn from one another. with [a] technology these days and the training that is much more informed and to be updated. We can learn from one another."

P7: "I must say we've got a very supporting system. Yeah. In terms of our colleagues, so at least we can debrief with our colleagues. Okay. And that helps a lot."

P9: "So, when you work with a good staff that always have your back, and then it makes it so much easier to do what you do and make a difference".

P10: "It's the support of my colleagues that has been good."

Seven participants revealed that they receive adequate support from their colleagues, which assists them in dealing with their case work effectively. Moreau and Mageau (2011:268) support this assertion and agree that support from colleagues is significant in making unique contributions to the work satisfaction and psychological health of the team members.

Colleagues form part of the microsystem components that social workers interact with directly. The interaction between the social workers and this system has a positive effect, not just on the outcomes of service delivery, but also on their overall wellbeing.

- **Sub-theme 6.3: Other systems of support**

This sub-theme looked at other systems of support that are available. The quotes below present participants' responses to these other systems of support:

P1: "As you know, at mental health we don't work in isolation, we work with different stakeholders, so for that I would talk about the police, they help with violent clients, we write a letter to the police to accompany the ambulance to a certain hospital or clinic for assessment. We also have foster parents that support us in case of emergencies and help us with kids – if they are in the ward for too long, we can call them to help with placement."

P3: "Our HR manager at head office also has a lot of experience in social work. So, when you feel like you are overwhelmed with the work you can always speak to her and book an appointment to speak to her soon. I haven't spoken to her, but she is there."

P7: "No, But I've also been involved with our national council and our provincial organisation, okay. And we, at that level, also support each other. And it also gives me the opportunity a little bit today [into] like, from top to bottom, you get a little bit of guidance and support."

P9: "My family is a good support structure."

Four participants identified other support system that are available to them. These additional systems of support included support from the various stakeholders like the South African Police Service, their HR manager, and family members.

This is supported in the literature by Narsi (2018:29), who reports that social workers often receive support from other systems if not directly from management. Looking at the theoretical framework, it is evident that an interplay between aspects of the microsystem (family and the HR manager) and the exosystem (stakeholders) enhances social work service provision within mental health.

3.7.2.7 Theme 7: Roles and tasks of social workers in mental health

This theme presents the roles and tasks of social workers in mental health. The roles of the social worker as advocate, as mediator and as educator are presented.

- **Sub-theme 7.1: Role as an advocate**

The role of the social worker as advocate was explored in this sub-theme. The following quotes are provided to support the sub-theme:

P2: "We work as an advocate and also we speak for this people and also [the] empower them so that they can be able to do it for them because I won't always be there for them so am there to take you where you want me to take you."

P3: "You are an advocate also for the mental health care service users."

P4: "I believe those are the roles, to advocate for those people who are living with mental health issues and make sure that more people come out and share their experience."

P8: "Okay, so basically, my understanding would be to advocate for persons with mental health problems, specifically like intellectual

disabilities, and basically they don't have an act which fights for their rights, so we need to advocate for them."

P10: "To advocate for them, if a person comes and they cannot speak for himself or herself I have to speak on their behalf, like when I take them to other organisations like the courts, most of them you advocate for them at court."

These five participants reported on their role of being an advocate for their clients. Simpson and Chipps (2012:55); Chong and Francis (2014: 257) point out that social workers in mental health can assist with early identification of mental health problems and can advocate on behalf of mental health care service users' interests.

The social worker's role as advocate interacts with the microsystem and the exosystem. The social worker advocates directly for the service users within the microsystem, and uses the policies and systems within the exosystem to protect mental health care users and to ensure that the service provided to them is good quality and efficient.

- **Sub-theme 7.2: Role as a mediator**

The role of the social worker as mediator was explored in this sub-theme. The following quotes are provided to support this sub-theme:

P3: "The social worker has many roles; you can be a mediator in family conflicts, you can intervene in a lot of cases that have to do with mental healthcare patients."

P5: "And then a mediator, where you mediate between two people, because we do have our mental health people who are married and you have to intervene between the two, and a broker, you refer to other organisations."

These two participants reported that they play the role of mediator. Mediation in the mental health setting has been influenced by the managed care and recovery movement. Managed care entails providing opportunities for solving differences when mental health care is denied, while the recovery movement entails the establishment of community-based mediation programmes for people with severe mental health

problems. The social worker's role as a mediator in a health care setting goes together with advocacy. The social worker plays the role of an advocate for the client with mental health conditions (Bentley, 2002:109).

In terms of the ecological systems theory, the interplay between the social worker and the mental health care users and their families is within the microsystem. The social worker directly undertakes the role of a mediator within the microsystem.

- **Sub-theme 7.3: Role as an educator**

The role of the social worker as educator was explored in this sub-theme. The following quotes are provided to support the sub-theme.

> *P4: "I think the role of a social worker in the provision of mental health services is to educate the family about mental health."*
>
> *P5: "Then you are an educator. You have to educate people and raise awareness on mental health."*
>
> *P7: "I think the role is to give guidance to especially the family around mental illness, to educate them around that, and to give guidance around the opportunities and the development of a person with mental illness."*
>
> *P8: "The one that I can say for sure that I know (do you want like the specific roles?) like advocating and then educating is another one. Okay. So those are the two important [ones]. All right, that's what I [can] think of for now."*

These four participants reflected on their role of being an educator within the mental health field. The Department of Social Development (2020:88) and O'Brien and Kimberley (2010:320) identify the role of educator as an important role in social work. Bentley (2002:125) indicates that social workers, as educators in mental health settings, educate clients about mental health issues. At this level, education entails the exchange of information between the social worker and the client, and ongoing professional development and self-education for the social worker.

The interaction between the social worker and mental health care users, their families and their communities, occurs within the microsystem. The social workers directly interact with the microsystem agents.

3.7.2.8 Theme 8: Challenges of social workers in the provision of mental health services

This theme focuses primarily on the challenges that social workers encounter in the provision of mental health services. The sub-themes that emerged include lack of resources, poor remuneration, shortage of placement facilities for mental health care users, compromised safety of social workers, and the ways in which social workers are affected by the challenges confronting the provision of mental health services generally.

- **Sub-theme 8.1: Lack of resources**

The lack of resources was explored in this sub-theme, supported by the following quotes:

> *P2: "We don't have enough resources, like us, we are six social workers to conduct home visits, sometimes your work becomes more and slow because you have to wait for other social workers busy with placing or with a client and now your job is stuck."*
>
> *P3: "Another challenge would be because this is an NGO so also lack of resources. Sometimes you have to share the resources that you have, which we don't have enough. So, you always have to share the little that we have to work on."*
>
> *P5: "First of all, I would say resources. You know as an NGO we struggle with resources; we are a lot of social workers and social auxiliary workers sharing one car. You find that you have an urgent case, and you have to wait for the other one."*
>
> *P6: "Okay, the resources sometimes is a bit of a problem. There isn't always the right medication, sometimes the psychiatrists will prescribe a certain medication which works and then the next time they go, then there a is generic one, or that is not … no longer made."*

P7: "So that, that is the biggest challenge and then funding – it's actually a very expensive field and there's not enough funding. And people don't understand the amount of staff, for instance, that you need to be available to deliver a quality service. Because it's not just delivering the service."

These eight participants identified the lack of resources as one of the main challenges encountered within social work in mental health service provision. The mental health system in South Africa is facing the challenge of inadequate resources, infrastructure, and funding. Lack of capacity in regional in-hospital and clinic settings to contain aggressive patients has contributed to an increase in admissions of involuntary patients and referrals to provincial hospitals. There are still challenges in the clinical assessment of different categories of mental health care users (Rensburg, 2007:205-207). Non-governmental organisations providing primary care have been facing the challenge of inadequate funding from the government (Lund et al., 2012: 403).

The lack of resources is attributed mainly to the fact that the funding allocated to mental health has been inadequate. This can be identified as a responsibility of the government, thus forming a part of the exosystem in terms of the ecological systems theory. This aspect also reflects some components of the macrosystem, in that budget allocation occurs outside the scope of social workers but has a direct impact on their overall experiences in providing mental health services. Therefore, the interplay in between these systems negatively affects social workers.

- **Sub-theme 8.2: Remuneration/salaries**

The remuneration of social workers was explored in this sub-theme. The following quotes address this theme:

P2: "The payment, salary, that we get is not enough sometimes, but because we are not here for a salary but passion, it also motivates you. We get only the subsidy from the organisation, they are not able to get funding to top up the salary, so practically we get the subsidy salary that's it, so those are the three challenges that we face."

P3: "I think it also goes back to money, not having money, and not having enough money to pay salaries, you know, because even as we are in the sector, but we're complaining about money."

P9: "…because the money is not, it's not wonderful. So, you know that the people who get there are not there [for] money because you earn peanuts, so they are really there because they're passionate about what they are doing."

Three participants indicated that social workers in mental health receive inadequate remuneration. The above findings can be corroborated by those of Nare et al. (2018:2), who found that 32% of countries worldwide, including South Africa, did not have a specific mental health budget, and 36% used only 1% of the allocated budget for mental health. This could could be the reason why mental health social workers receive inadequate remuneration. Salsberg et al., (2017:25) further revealed that social workers generally earn less than other professionals like nurses and teachers.

The low remuneration of social workers within mental health can be interpreted as occurring within the macrosystem of the ecological systems theory, which comprises the economy, cultural values and beliefs, political systems, and laws with which the social worker interacts indirectly. The social worker is not directly linked to or involved in any of the mentioned components of the microsystem; however, the decisions made within the system with regard to mental health budgets has a direct impact on them, specifically their remuneration in this case. Furthermore, the poor remuneration may be seen as be a clear indication of the beliefs held by government in relation to the profession of social work in the mental health context. The allocation of poor remuneration to social workers in mental health, in comparison to other mental health professionals, could be an indication that social work is not perceived as a field of mental health service provision.

- **Sub-theme 8.3: Shortage of placement facilities for mental health care service users**

The shortage of placement facilities for mental health care users was explored in this sub-theme, supported by the following quotes:

> *P1: "Yeah. first challenge is when it comes to placements. I have a soft spot for kids, so if ever I try to find placement for the child and there is no space or I'm not getting help that I need, it's hard."*
>
> *P4: "In providing services, so okay, for example, as a social worker, there are not enough spaces for children with behavioural problems."*
>
> *P8: "But when our clients are being abused, what do you do? When they are in a need of placement? What do you do? So, there is a challenge there isn't … and like, even with the residential care places, there is no facility that can accommodate your clients, which are not able to pay. So, there is a struggle."*

These three participants reported that the shortage of placement facilities for mental health care service users is one of the most prevalent challenges encountered in the provision of mental health services. At the tertiary level, there is a serious shortage of infrastructure and number of beds available in tertiary hospitals. In addition, there is a shortage of tertiary hospitals to accommodate the population and demand (Lund et al., 2012:403). This shortage of placement facilities can further be attributed to the inadequate budget allocated to the mental health sector (Pillay, 2019:463).

This shortage of placement facilities can be interpreted in terms of the exosystem of the ecological systems theory. The understanding would be that government, as an exosystem component, invests poorly in the development of placements for the mentally ill. Inadequate funding results in the inability to secure sufficiently adequately functioning places of safety. This in turn impacts negatively on the social workers' service provision in ensuring that service users are given a place of safety.

- **Sub-theme 8.4: Compromised safety of social workers in mental health**

The compromised safety of social workers was explored in this sub-theme. The following quotes are provided to support the sub-theme:

> *P2: "The challenges that we encounter, the very first one I encounter it's danger, like we are in danger."*
>
> *P3: "I think mostly the one that we encounter the most to be safety."*
>
> *P4: "Most negative experience is being attacked by mental healthcare users – we are not safe, they attack us. I have been attacked, I have opened a case for this one parent who later hid behind mental health [is much] as she had mental health challenges."*

These three participants mentioned that their safety as social workers in mental health is compromised and they are often exposed to danger in their respective workplaces. Tullgren et al. (2015:1) identified lack of co-operation and collaboration by mental health care users and their families as a challenge for social workers in mental health. A study conducted by Rippon (2000) with nurses and other health care providers revealed that health care professionals are increasingly becoming victims of violence and aggression at the hands of their clients and mental health care users. These actions of violence leave professionals with trauma and stress (Rippon, 2000:452-453).

- **Sub-theme 8.5 Impact of challenges on social work service provision in mental health**

The impact of challenges on social work service provision in mental health was explored in this sub-theme. The following quotes are provided to support the sub-theme:

> *P1: "It affects me a lot because let's take for example I have a case to court and I have been told lies, I have to face a magistrate. But then I will have intakes, process notes, background reports and then you find out that it's all lies, like I don't want to mention name of the client for confidentiality, I found out everything that the mother has told me is lies… so it becomes a bit of a challenge when you have to assist*

someone and that person you assisting is not telling the truth, that is why in court you need a lawyer. Your lawyer will tell you to tell him everything and not hide anything."

P2: "It does affect our services because like social worker … because like social workers are not doing anything, it feels like we are offending our job because like at first it's knowledge…"

P3: "Yeah, I think somehow, I answered that one because it will affect because you won't finish at the time that maybe you expected to finish, you know, or when you want to finish when you look at … Okay, I've had this case for maybe three months now. So, I was supposed to have done all of this by now. But you haven't achieved that much."

P4: "Those are the challenges, and it comes back to us because we are seen as if we are not delivering but we depend on those services … for me to make a change in child's life I need that service to place that person or an adult that centre."

P5: "It affects it so bad because like I said sometimes you will have an urgent case and another social worker also have an urgent case so you will have to wait. We tend to wait for long periods before we can attend to all clients, so some people will think you are not doing anything. It means you are not able to perform roles to the best of my ability because I don't have the necessary resources."

Participants reflected on the impact of the challenges encountered on their wellbeing and on the quality of the social work services provided to mental health care service users. These participants' responses show that the challenges faced by social workers have a negative effect on service delivery. These findings can be supported by Tullgren et al. (2015:1), who found that the challenges faced by social workers in mental health hamper the professional response to the rapidly changing environment. Roestenburg et al. (2016:169) indicate that the lack of funding in African countries impacts the expansion of services to meet the high demand for social work services in mental health.

The way in which these challenges affect social workers has a direct influence on their interaction with service users within the microsystem. These challenges negatively affect the social workers' experience in mental health, resulting in conflicts within the microsystem which could lead to a feeling of hopelessness.

3.7.2.9 Theme 9: Recommendations by social workers

This theme presents the recommendations made by social workers for mental health service and social work undergraduate degree programmes.

- **Sub-theme 9.1: Recommendations for mental health**

This sub-theme focuses on the recommendations made by participants regarding the provision of mental health services. Participants' recommended strategies for the improvement of mental health service provision are provided below:

> *P2: "So I don't know, but government needs to be more involved, provide more especially resources, employ more social workers because we are six but we work from Orange Farm to Krugersdorp and now two social workers who were based in Johannesburg are here, I have to go as far as Eastgate and Johannesburg and the whole of the town. We are only six, with one car, so we do need more involvement from our government"*

> *P3: "I would say, because my experience is in the NGO, maybe the government would focus more on funding NGOs. They need to [be] because NGOs are more accessible to communities. So, if we had enough resources, they need to be able to be easy for people to get assistance. So now that we have, we lack resources, then it's not easy. So, if we can have that and adequate resources, then I think it will be to really help in[to] the provision of mental health services in the future."*

Participant 3 further echoed the previous participant's recommendation as follows:

> *P3: "I think, even employment of more social workers, because we have more social workers who need[s] the job, and they have the skills. I think it also goes back to money, not having money, and not having enough money to pay salaries, you know, because even as we are in the sector, [but] we're complaining about money. So, if there can be enough money*

for salaries to employ more social workers, then it means less workload for the other social workers…"

Participant 5 additionally recommended that more funds be allocated to mental health:

P5: "If the government would invest more on mental health because currently, I think only 5% of the budget is meant towards mental health. Mental health is such an important factor and now with covid you realise that a lot of people are dealing with a lot. So, if the government can invest more on mental health."

From the findings presented it is evident that the majority of the social workers perceive funding and the employment of more social workers as critical areas for the overall improvement of the mental health field.

- **Sub-theme 9.2: Recommendations for undergraduate social work degree programmes**

This sub-theme focuses on the participants' recommendations regarding the BSW undergraduate degree. The following quotes provide the recommendations made by the participants:

P1: "Like I said before, practicals must start from the first year of your studies, you must face clients, you must know exactly what you are going to do and deal with when we work because those are the things that affect us when we go to the workplace we don't know."

P2: "From the first year of study people should go to the field, to all these fields so one can feel that when I am a social worker going to mental health [or after fours] you know that this is what I am going to go through so that you can decide when you are on first level that this is not my place."

P4: "I think there should be maybe annual module, number of modules that should be added going deeper about mental health."

P8: "Okay, firstly, the practicums we do is we've we focused so much on child protection, because we supposed to go to a child protection organisation and you're supposed to go to a child and youth care centre.

Why can't they include the same with mental health? They should have as part of our practicum in a mental health organisation just to prepare us even our hospital setting, to equip us on how to deal with challenges, which you think is easy to deal with but when you come across them it's actually not easy to deal with and you don't want to fail your clients, that's the most important thing. So, they can definitely include a section based on mental health."

P9: "More hands-on training, more practical training, instead of just theory, maybe they should do it like they do with teachers' degrees."

P10: "Maybe they should let us do our practicals from first level. Then first level you must go to different other fields…"

The findings indicate that participants recommend more exposure to the mental health field practice, and the incorporation of modules on mental health, as some of the strategies that can be implemented to improve the undergraduate BSW degree. Participants believe that that the current undergraduate BSW degree training is not enough for practice in mental health service and should incorporate more field training and in-depth mental health theoretical content.

The ecological systems theory is concerned with the interaction and interdependence between the organisms and their environment (Teater, 2014:2). The social worker as an organism does not function in isolation but rather interacts with their environment. The social workers (the microsystem) interact with their families, friends, and colleagues. This interaction can also be linked to the exosystem, which allows social workers to interact with government policy makers who may further implement the recommendations made by participants on the exosystem level.

3.8 CHAPTER SUMMARY

This chapter started with an overview of the research, describing the research methodology that was used, the pilot study, and the ethical considerations that guided the researcher. This was followed by the presentation of findings: the biographic information of the participants in the form of graphs, and the themes and sub-themes that emerged from the participants' interviews.

The nine themes and sub-themes that emerged from the interviews were discussed and supported by relevant quotes from the participants' responses. Relevant literature, and an application of the ecological systems theory as it pertains to the research, were included to support the findings of this study.

The following chapter presents key findings, conclusions, and recommendations.

CHAPTER FOUR:
KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

This chapter explains how the aim and objectives of this study were met and how the research question was answered. Furthermore, the key findings, conclusions and recommendations are presented based on the findings that emerged from the study.

4.2 AIM AND OBJECTIVES

The aim and objectives of the study were:

4.2.1 Aim

The aim of this study was: to explore and describe the experiences of social workers in the provision of mental health services in the West Rand District.

4.2.2 Objectives

This sub-section presents the objectives and explains how they were met during the study in order to achieve the aim of the study.

Objective 1: To contextualise mental health services internationally and locally.

The first objective was met by means of an in-depth literature review on mental health practice globally, in Africa, and in South Africa. This objective was specifically met in chapter 2 (sections 2.3 to 2.5), where the literature review provided a discussion of mental health internationally and locally. It was noted that The World Health Organisation (WHO) (2019) estimates that almost 450 million people in the world suffer from mental illness and that those mental disorders are among the leading causes of ill health and disability internationally (Saxena & Belkin, 2017:1; Roestenburg et al., 2016,167). Sankoh et al. (2018:954) point out that mental health problems appear to be increasing in importance in Africa. In addition, Akeaympong (2015:37) maintains that the mental health system in most African countries cannot be described as satisfactory. Bila (2017:74) concurs that mental health remains neglected and not prioritised in many African countries including South Africa, where 40% of

South Africans with HIV suffer from a mental disorder, 41% of pregnant women are depressed and only 27% of people diagnosed with a severe mental illness receive treatment (Pillay, 2019:463).

Objective 2: To contextualise the provision of mental health services by social workers internationally and locally.

This objective is achieved in chapter 2 sub-section 2.5.1, where the following findings by Simpson and Chipps (2012: 54, 55) are presented: that social workers have a significant role in ensuring that the human right of mental health care users and their families are protected; and that social work services can range from early identification of mental health care users, referral to appropriate systems, promotion and monitoring of mental health, to treatment care and rehabilitation of mental healthcare users. This objective was also met in chapter 2 sub-section 2.8.4, where Allen's (2014:8) assertion is presented: that social work is vital to modern mental health services and good social work practice can change the lives of people living with mental health conditions.

Objective 3: To ascertain the views of social workers on their role and task in the provision of mental health services in the West Rand District.

This objective was met in chapter 2, and in chapter 3 in theme 5, which discussed the roles and tasks of social workers in mental health. Participants identified their role in mental health service provision as that of advocate, mediator and educator. The roles are further confirmed in chapter 2 sub-section 2.8.4. The roles identified in this sub-section are assessment, collaboration and consultancy, crisis counsellor, mediator, educator, case manager and programme evaluator and researcher. The participants' views on their roles and tasks were clear, and they were able to provide a clear description thereof.

Objective 4: To determine the capacity of social workers in rendering mental health services in the West Rand District.

This objective was achieved in chapter 2 sub-section 2.8.1 of the study. The training required to be a social worker is a four-year undergraduate university degree. The four-year training qualifies one to be a generic social worker with no specialisation (South African Council for Social Service Professions, 2008a). Triplett (2017:1) asserts that most social work undergraduate students are not compelled to take any course

or module explicitly dealing with mental health. The participants in this study were therefore qualified social workers with a BSW degree. Although the SACSSP has recently approved and gazetted clinical social work and social work in health care as fields of specialisation, it is not a requirement for social workers to have a postgraduate qualification to practise in mental health settings.

Objective 5: To suggest strategies in the provision of mental health services by social workers.

In chapter 3, Theme 9, participants provided recommendations and strategies for the provision of mental health services by social workers. The participants suggested that the government should increase funding for the mental health sector. This would allow organisations to acquire more resources and improve service provision. Furthermore, the participants recommended the employment of more social workers, which would be beneficial in tackling the workload that they are faced with.

4.2.3 Research question

The research question that was asked in the context of this study is:

"What are the experiences of social workers in the provision of mental health services in the West Rand District?"

The above question was answered by conducting a qualitative research study consisting of interviews with ten social workers employed in the provision of mental health services in the West Rand. Semi-structured interviews were conducted with the participants, and the recorded data was transcribed and analysed. The data collected was generated into themes and sub-themes, with a thematic analysis discussed in chapter three of the study.

4.2.4 Limitations to study

The limitations to the study include the following:

- This research study was conducted at 2 mental health organisations only. As a result, the findings cannot be generalised to the overall populations.
- The study was conducted during the COVID-19 global pandemic. The compliance conditions of the pandemic as specified by the South African

government (e.g., wearing of masks) restricted the researcher from observing the facial expressions of the participants during the interviews.

- The researcher had to divert from the initial set criteria of the sampling population due to Covid-19 restrictions posing a barrier which led to the inclusion of two participants who did not meet the criteria.

4.3 KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS REGARDING THE LITERATURE STUDY

The key findings, conclusions and recommendations from the literature study and the empirical study are discussed in the following section.

4.3.1. Key findings and conclusions regarding the literature study

In the succeeding section, the key findings, conclusions and recommendations regarding the literature review are discussed

Key findings

This study was underpinned by the Ecological Systems theory, which was discussed in chapter one. The Ecological Systems theory is concerned with the relationship between individuals and the levels of the ecological system, namely the micro-, the meso-, the macro-, the exo-, and the chronosystems, and their interaction with the environment. The theory was considered appropriate, as it allowed the researcher to explore and scrutinise the influence of each level on the social worker's provision of mental health services. Furthermore, the interplay between the systems has an influence on the social worker's experience of mental health service provision. The theory was relevant and appropriate, as it could be linked and applied throughout the study.

The literature review provided a clear representation of the state of mental health practice globally, in Africa and in South Africa. Mental illnesses have been increasing globally, but there is still a huge shortfall in funding for the mental health sector. Insufficient funding can be attributed to the fact that the mental health sector is not yet recognised as a growing and demanding field that requires more funding. The state of mental health in Africa is not satisfactory: there are huge challenges, with limited resources and a shortage of mental health care workers. This was found to be true in

South Africa as well, where the challenges faced deny patients the care that they need. The literature review further emphasised the importance of integrating mental health into the primary health care system. The public sector has adopted the process of deinstitutionalisation, which focuses on reducing institutionalised care and discharging mentally ill patients from psychiatric institutions into community-based care and treatment. The researcher believes that the aim of deinstitutionalisation – to reduce stigma in the communities and to bring mentally ill patients closer to their families – can be effectively achieved through adequate resource allocation, including appropriately trained mental health care staff.

The literature review explored the relevant legislation applicable to mental health. The study further highlighted social justice and human rights issues in mental health practice. Emphasis was placed on the issue of stigma and the social worker's role in combating stigma. The literature review contextualised social work in mental health. Social work training was emphasised, and it was pointed out that social workers struggle to practise in the mental health field with their undergraduate BSW degree only and require postgraduate qualifications to practise.

The Social Service Professions Act, 1978 (Act No.110 OF 1978), Regulations relating to the requirements and conditions for registration of a speciality in social work in health care (2020), were approved by the Minister of Social Development, which was approved and gazetted. It is, however, not yet a requirement to practise in the mental health field.

Lastly, social workers' roles and tasks in mental health, and their provision of service, were discussed. It was emphasised that the social worker forms part of a multidisciplinary team and has a significant role to play. Finally, social workers' experience of working in the mental health field was discussed in detail.

Conclusions

The literature review revealed that although mental health is a specialised field and continuously expanding, it still faces challenges due to insufficient funding from the government. The challenges within the mental health sector have a direct negative impact on social work service provision. It is evident from the literature study that social workers have a distinct role to play in mental health service provision. Social work services contribute to the recovery of MHCUs.

Recommendations

Based on the literature review, it is recommended that further future research should be conducted on the challenges experienced by social workers in mental health settings. Strategies to combat these challenges should also be incorporated.

4.3.2 Key findings, conclusions and recommendations of the empirical study

This section provides the key findings, conclusions, and recommendations relating to each theme that emerged from the study.

4.3.2.1 Theme 1: Understanding of mental health

This theme focused primarily on contextualising the participants' understanding of mental health. The two subthemes that were identified were: the understanding of mental health as a field of service provision, and mental health as a field of social work service provision.

Key Findings

Most participants were not able to provide a clear description of mental health as a field of service provision. Three of the participants understood the field of mental health in terms of the services they provide, as helping mental health care users to ensure optimal wellbeing and to reduce stigma centred around mental health. The participants further understood mental health as a specialised field of social work.

Conclusion

It may be concluded that it is important for social workers to have a thorough descriptive understanding of the mental health field, to enable them to understand their roles better and what is expected of them within this field. Social workers provide essential and distinct services to assist the recovery of individuals. Their understanding of the mental health field would allow provision of more effective services to MHCUs.

Recommendations

There is a need to equip social workers with detailed knowledge and understanding of mental health and the specialised field of social work in mental health.

The undergraduate BSW curriculum should include training in social work in mental health to equip social workers to work in the field.

4.3.2.2 Theme 2: Services provided by social workers in mental health

This theme focuses on the services that social workers provide within the broader field of mental health. The sub-themes that indicated the services that the participants identified were psychosocial support, statutory services, placements, raising awareness on mental health, and counselling services.

Key findings

All the participants were able to identify the services they provide as social workers in the provision of mental health services, namely psychosocial support services, statutory services, placement services, raising awareness on mental health and counselling services.

Conclusion

It may be concluded that the participants have a clear understanding of the services that they provide. The services provided by social workers are directly influenced by the needs of the MHCUs. Social work services are therefore significant to overall mental health service provision. The participants' understanding of the holistic scope of their service provision contributes positively to the quality of service that the MHCUs receive.

Recommendations

Social workers should receive training through continuous professional development (CPD) related to the services they provide within mental health settings. This training should include knowledge of mental health legislation.

In order to reach more community members through awareness raising, it is recommended that organisations should partner with other community organisations and stakeholders that have access to the community, like clinics and schools.

4.3.2.3 Theme 3: Knowledge and understanding of legislation

This theme focused on knowledge and understanding of legislation, with specific reference to the Mental Health Care Act 17 of 2002 and the DSM.

Key findings

The participants demonstrated an uneven level of knowledge and understanding of the Mental Health Care Act 17 of 2002. Most of them were aware of the Mental Health Care Act 17 of 2002 but indicated little knowledge or understanding of the Act and the specific sections of the Act applicable to their practice. Some participants demonstrated a good knowledge of the act and the specific sections of the act applicable to social work service provision in mental health. Few of them had knowledge of the DSM, and most indicated that they had never used it in practice.

Conclusion

Participants had little to no knowledge of the specific sections of the Act that they applied in practice, but they were aware of it as a legislative framework. However, most of them knew very little about the DSM. Insufficient knowledge of legislation may a have a negative impact on the social worker's role in multidisciplinary teams, which in turn may negatively affect the social worker's experience of mental health service provision.

Recommendations

It would be beneficial for the social workers to invest in their own professional development, to familiarise themselves with the Mental Health Care Act 17 of 2002, and to seek guidance in understanding and applying the Act.

Group supervision could be beneficial, as the social workers could learn about mental health legislation collaboratively.

4.3.2.4 Theme 4: Training of social workers in mental health

This theme highlighted the training of social workers in mental health. Undergraduate social work training, the lack of In-service training in mental health at the place of employment, and external training on mental health were the main sub-themes.

Key Findings

Participants expressed the opinion that the undergraduate BSW degree alone is not enough in equipping social workers for practice in the field of mental health. Participants also indicated that they had not received any training since they started employment in the current mental health facility where they were employed. The lack

of in-service training could possibly be ascribed to a lack of budget allocation within organisations for the training of employees.

Four participants reported that they had received external training on mental health and felt it had been useful in adequately equipping them with the knowledge required in the provision of mental health services.

Conclusion

It may be concluded that there is insufficient mental health training for social workers. The gap is found in undergraduate social work training and subsequently affects mental health service provision by social workers.

This gap affects social workers' service provision and may be bridged by external training, as participants have indicated the efficiency thereof.

Recommendations

Social workers in the mental health services should be given the opportunity to express their need for training in mental health.

Subsidies for mental health organisations from the government should be increased to allow for budget allocation for in-service training.

4.3.2.5 Theme 5: Supervision of social workers in mental health

This theme centred mainly on the supervision of social workers in mental health. The sub-theme that emerged from the findings dealt with social workers' views on supervision.

Key Findings

Participants mentioned that they received supervision at their workplace. They all expressed a positive view of the supervision received and pointed out that it was helpful to them in their provision of mental health services.

Conclusion

Most of the participants were happy with the supervision received and felt that supervision was a critical aspect of social work practice in mental health**.** Consistent supervision plays a vital role in keeping the employees motivated and in the reduction of burnout and work-related stress.

Recommendations

In order to ensure consistency of supervision and to ensure its effectiveness, there should be a commitment from the supervisor to schedule individual supervision of the employee.

Group supervision should not be neglected, as this will provide employees with an opportunity not only to assist one another with difficult cases, but also to provide each other with emotional support.

4.3.2.6 Theme 6: Support received by social workers in the provision of mental health service

This theme focuses on the support provided to social workers in providing mental health services. This theme reports on three subthemes: the support that the participants receive from their employer, support from their colleagues, and other existing systems of support.

Key Findings

The participants revealed that they did not experience sufficient support from their employers. They indicated that they received sufficient support from their colleagues and other systems of support such as their family members, their HR component, the SAPS, their organisations' governing councils and the Department of Social Development.

Conclusion

Although the participants reported that they did not receive support from their employer, they did receive support from their colleagues. The participants also sought support from other sources, like their families. Support is important in helping the social workers relieve work-related stress and burnout.

Recommendations

It is important that the social workers prioritise self-care and do not neglect their own mental health care needs.

The organisations could facilitate this by putting in place an effective Employee Assistance Programme for their employees.

4.3.2.7 Theme 7: Roles and tasks of social workers in mental health

This theme focused on the roles and tasks of social workers in mental health. The roles of advocate, mediator and educator were discussed.

Key Findings

All the participants were aware of adopting various roles and tasks in the provision of mental health services. They explained their various roles as advocate, mediator and educator. The participants emphasised the fact that most mental health care users cannot speak for themselves, and social workers advocate and fight for the rights of their clients.

Conclusion

Participants understood their scope of practice and their role in the provision of mental health services. The clear understanding of the scope of practice could be attributed to the fact that the participants did not work with other professionals within the same settings but were part of a multidisciplinary team with external professionals.

Recommendations

Social workers should provide a clear description of their roles and tasks to mental health care users.

They should engage with the community often, using education as a tool to combat stigma around mental illnesses and to promote good mental health.

4.3.2.8 Theme 8: Challenges of social workers in the provision of mental health services

This theme primarily focused on the challenges that social workers encountered in the provision of mental health services. The sub-themes included the lack of resources, poor remuneration; lack of placement facilities for mental health care users; compromised safety of social workers, and the impact of challenges on the provision of mental health services by social workers.

Key Findings

The participants reported that the lack of resources presents a serious challenge. This is due to a lack of sufficient funding. Poor remuneration, lack of placement facilities for

mental health care users, and the compromised safety of social workers were the other challenges that the social workers experienced. The participants further reported that these challenges posed a barrier to their effective provision of mental health services, and this has a negative impact on their workload.

Conclusion

The government's budget allocation is limited, particularly to non-governmental organisations. Lack of funding affects the daily operations of these organisations. There is no clear standard operational procedure in dealing with violent mental health care users or for the protection of social workers.

Recommendations

Organisations should ensure that other role players in mental health services, especially the police, actively carry out their role of assisting social workers with violent and aggressive mental health care users.

There should be a conference or meetings with the Department of Health and the Department of Social Development at which all the non-governmental organisations in mental health identify their challenges, targets for improvement are set, and progress towards meeting such targets is followed up.

4.3.2.9 Theme 9: Recommendations by social workers

This theme presented the recommendations made by social workers for mental health service and social work undergraduate degrees.

Key Findings

Participants recommended more funding and resource allocation to the field of mental health, and the employment of more social workers for the mental health field.

Participants recommended more field training in mental health and the in-depth incorporation of mental health content in the undergraduate social work curriculum.

Conclusion

Most of the participants believe that adequate funding will permit procurement of sufficient resources and the employment of more social workers. More extensive training in mental health will prepare the participants better for the mental health field.

Recommendations

The mental health field has been underfunded for a long time, and the inclusion of social workers in policy making might be what the field needs.

Organisations should have a marketing team that focuses on fundraising, which will assist with other operational costs.

Organisations should partner and share service provision tasks, as this will relieve pressure on individual organisations' inadequate resources.

4.4 RECOMMENDATIONS FOR FUTURE RESEARCH

The researcher recommends that future research of this nature should be undertaken on a larger scale, particularly focusing on tertiary mental health hospitals and clinics in the West Rand.

It is further recommended that research should be undertaken into the challenges encountered by social workers in the provision of mental health services. The strategies to combat these challenges should be incorporated in the study.

4.5 CONCLUSIVE REMARKS

It may be concluded that the study has achieved all its set objectives. The study provided a detailed discussion of mental health practice globally, in Africa and in South Africa, and social work in mental health was thoroughly examined. The study provided the participants with the opportunity to contextualise the significance of their roles and tasks within the field of mental health service provision. The themes and sub-themes that emerged from the study indicated that social workers in mental health face various challenges that pose as barriers to their rendering effective mental health care services. Adequate funding is required for the mental healthcare sector.

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APPENDICES

Appendix A: Ethical Clearance

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

17 September 2020

Dear Miss K Matebesi

Project Title:	The experiences of social workers in the provision of mental health services in the West Rand
Researcher:	Miss K Matebesi
Supervisor(s):	Dr CL Carbonatto
Department:	Social Work and Criminology
Reference number:	14166489 (HUM025/0720)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 17 September 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 Noomé; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsehe; Ms D Mokalapa

Appendix B: Permission from Organisation 1

Central Gauteng
Mental Health Society
Changing Lives, Changing Attitudes

HEAD OFFICE
PO Box 10443, Johannesburg 2000 | 42 Berea Road, Bertrams, Johannesburg
Tel: (011) 614 9890 **Fax:** (011) 614 5503
Email: admin@witsmhs.co.za **Website:** www.cgmhs.co.za

REGIONAL OFFICES & CENTRES

Johannesburg Office	**Tel:** (011) 614 9890	**Email:** admin@witsmhs.co.za
Ekurhuleni Office	**Tel:** (011) 909 0152	**Email:** katorus@witsmhs.co.za
West Rand Office	**Tel:** (011) 984 4038	**Email:** soweto@witsmhs.co.za
Gordonia Services	**Tel:** (011) 614 6855	**Email:** gordonia@witsmhs.co.za
Tshepong Stimulation Centre	**Tel:** (011) 909 3255	**Email:** tshepongsc@witsmhs.co.za
Fundraiser	**Tel:** (011) 614 9890	**Email:** fundraiser@witsmhs.co.za

Confirmation Letter

Date: 07 September 2020

I Mr Skhumbuzo Mncube line manager for Central Gauteng Mental Health West Rand office, herby confirm that permission has been granted to the researcher Miss Kearabilwe Matebesi to conduct her study titled "The experiences of social workers in the provision of the mental health services in the west Rand".

Yours Faithfully

Center Manager

Mr Skhumbuzo Mncube

CENTRAL GAUTENG
MENTAL HEALTH SOCIETY
PO BOX 10443
JOHANNESBURG 2000

Appendix C: Permission from Organisation 2

West Rand Association for Persons with Disabilities
003-969 NPO
PBO / 9300 11554

Fund-raising organisation
Admin Tel: (011) 660-7964
Fax : 0864160207
E-mail : admin@wrapd.co.za
Facebook:
West Rand Association for Persons with Disabilities
Website: www.wrapd.org.za

70 years
1947

Non Profit Organisation

P O Box 192
Krugersdorp 1740

9 Wheeler Street
Oatlands
West Krugersdorp

TO WHOM IT MAY CONCERN:

Confirmation letter

I hereby confirm that permission was given to Kearabilwe Matebesi to do research at West Rand APD for her Social Work studies. This will entail discussions with Social Workers ~~and Auxiliary Social Workers~~ employed by West Rand APD around their experiences of doing Social Work in the specialized field of Disability on ground level in the communities as well as services rendered at a residential care facility and a protective workshop.

The information gathered may be used in Kearabililwe's final scrip with the titled "The experiences of social workers in the provision of mental health services in the West Rand".

For any further queries, please do not hesitate to contact the undersigned.

Kind regards,

E Claassen

Elisma Claassen
MANAGER : PROFESSIONAL SERVICES

NLC
NATIONAL LOTTERIES COMMISSION
a member of the dti group

Appendix D: Interview Schedule

MSW (Health Care) 2019 Group Research

Interview schedule

1. **Biographic information**

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

2. **Knowledge and understanding of mental health services**

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

3. **Training in the provision of mental health services**

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

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

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

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

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

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

6. Recommendations

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

Appendix E: Letter of Informed Consent

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Date: 15 September 2020

Name: Kearabilwe Matebesi
Email: u14166489@tuks.co.za
Cellphone No: 0813485000

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information
This letter serves to invite you to participate in a study on the experiences of social workers in the provision of mental health services in West Rand. The informed consent gives a brief explanation of the purpose and procedure of the research and the rights of participation. Please read the form carefully before you make an informed decision regarding your participation.

Title of the study
The experiences of social workers in the provision of mental health services in West Rand

Purpose of the study
The purpose of the study is to explore and understand the experiences of social workers' in the provision of mental health services in West Rand

Procedures
You have been informed of the study and provided your contact details for the researcher to contact you to partake in the study. The researcher will conduct a face-to-face interview with you, using an interview schedule to guide the interview. An audio recording of the interview will be made with your permission, to ensure accurate data collection on your experiences as a social worker in the provision of mental health service in West Rand. (Please note that should Covid-19 Lockdown restrictions still be in place at the time of data collection, Skype, Zoom or Google Meet platforms will be utilised to collect data on-line and by recording the virtual interview with your permission). Please note that the recording will only be used for the purpose of data analysis of the research and will be kept confidential. If you refuse the recording of the interview, detailed field notes will be made during the interview instead. Once you sign this letter, you agree to take part voluntarily in this study. The researcher will arrange to conduct an individual interview with you when it suits you best and at a venue that is private and suitable, or online through a virtual meeting.

Risks and discomforts
Please note that the researcher does not intend to put you under any risk or discomfort with the information you will share. There is a possibility of emotional harm related to the sharing and exploration of your

experiences. The researcher will debrief you after the interview and should you experience a need for counselling, you will be referred to a professional counsellor, Ms Minisi, who has agreed to provide the counselling free of charge. You do not have to answer any question that will make you feel uncomfortable during the interview.

Benefits
You will not receive any form of remuneration/ compensation/ incentives for participating in the study. The study is however about exploring and understanding the experiences of social workers in the provision of mental health services. The findings of this study can also help professionals in the future by suggesting strategies that can be utilised in the provision of mental health services by social workers.

Participants' rights
Your participation in the study is entirely voluntary and you may withdraw from participation at any time and without negative consequences to you or your family members. Should you wish to withdraw from the study, all data gathered in respect of your interview will be destroyed.

Confidentiality
The information shared during the interview will be kept confidential and will be used for the purpose of the study only. The researcher will also not identify you by name during the interview or report, as a pseudonym, symbol or number will be allocated to you to protect your identity. The only people who will have access to the data, will be the researcher and the supervisor.

Data usage and storage
Please note that the data collected might be used in the future for further research purposes, a journal publication or conference paper. The data collected will be stored in the Department of Social Work and Criminology, University of Pretoria for the period of 15 years as required.

Access to the researcher
You may contact the researcher using the contact details provided above for the duration of the study, should there be any questions or uncertainties regarding the study and your participation. It must be clearly stated that the role of the researcher is to do research and not to provide counseling services.

Please sign Section B on the next page if you agree to participate voluntarily in the study.

Yours sincerely,

Kearabilwe Matebesi

Researcher

SECTION B: INFORMED CONSENT OF PARTICIPANT

I …….., (*Full Name of participant*) hereby declare that I have read and understood the above information. I was given 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.

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

I……(*Full Name of researcher*) hereby declare that I have explained the information in Section A: Research Information to the participant and he/she indicated understanding the contents and was satisfied with the answers to the questions asked.

Researcher: Kearabilwe Matebesi
Date: ----------
Signature: ----------

a

Appendix F: Letter requesting permission

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Humanities 100.
1919 - 2019
Department of Social Work & Criminology

09/07/2020

Ref. Kearabilwe Matebesi
Student Number: 14166489
Cell. 081 348 5000
E-mail: u14166489@tuks.co.za

TO WHOM IT MAY CONCERN

Dear Sir /Madam

REQUEST FOR PERMISSION FOR KEARABILWE MATEBESI (14166489) TO CONDUCT EMPIRICAL RESEARCH FOR MSW (HEALTHCARE) DEGREE - UNIVERSITY OF PRETORIA

The above-named student is registered for the following programme at the Department of Social Work & Criminology, University of Pretoria: **MSW (Healthcare).** The student is required to write a mini-dissertation, resulting from a research project, under my supervision. The research will only proceed once a departmental Research Panel and the Faculty Research Proposal and Ethics Committee has approved the proposal and data collection instrument(s). The following information from the research proposal is shared with you, although a copy of the research proposal will be provided to you if needed.

The envisaged title of the study is: The experiences of social workers in the provision of mental health services in the West Rand. The goal of the study is: to explore and describe the experiences of social workers' in the provision of mental health services in West Rand District. The objectives of the study are:

- To contextualise mental health services internationally and locally.
- To contextualize the provision of mental health services by social workers internationally and locally.
- To ascertain the views of social workers on their role and task in the provision of mental health services in West Rand District.
- To determine the capacity of social workers in rendering mental health services in West Rand
  District.

- To suggest strategies in the provision of mental health services by social workers.

The envisaged target group of the study is: Social workers in mental health service provision. The student will do the empirical part of the study through:

A personal interview social workers from your organization, using a semi-structured schedule to guide the interview and a voice recorder to ensure the data is collected accurately, with the permission of the participants.

This request will not result in any demands on you or your staff and no costs will be incurred by this request. This student undertakes responsibility to provide you with a copy of the final results.

It would be appreciated if you will please consider the above and grant permission to the student to proceed with the research, at your earliest convenience.

Yours sincerely,

DR CL CARBONATTO: SUPERVISOR

KEARABILWE MATEBESI: RESEARCHER

Appendix G: Confirmation Letter from Language Editor

I, **Glenda Holcroft, (ID 5103060026082)**, a professional language practitioner, declare that I conducted the language and reference editing of this dissertation, *The Experiences of Social Workers in the Provision of Mental Health Services in the West Rand*, submitted by Kearabilwe Matebesi.

Signature

22 April 2021