

The experiences of social workers in the provision of mental health services in Tshwane, Gauteng province.

By

Mokgade Hellen Mamabolo

21246255

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Supervisor: Dr C.L. Carbonatto

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RESEARCH ETHICS COMMITTEE**

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Full names of student: Mokgade Hellen Mamabolo

Student number: 21246255

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ABSTRACT

Candidate: Mokgade Hellen Mamabolo

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Supervisor: Dr Charlene L. Carbonatto

Department: Social Work and Criminology

Social workers have a significant role to play in the provision of mental health services. Their role and function depend on the settings in which they are employed. The social work profession focuses on the individuals' relationships with the environment and recognizes the impact that the social, economic and cultural aspects have on their health and well-being (Australian Association of Social Workers, 2015:3). In providing mental health services, social workers encounter myriad challenges, hence, the need to explore their experiences was identified.

The aim of the study was to explore the experiences of social workers in the provision of mental health services in Tshwane, Gauteng province. This exploratory study targeted social workers employed by North Gauteng Mental Health Society, which is an organisation that provides mental health services in Tshwane. Qualitative research was used in this study, using an instrumental case study design to explore the experiences of social workers in the provision of mental health services. Non-probability purposive sampling was used to select the sample of nine participants who met the selection criteria. Data was collected through a semi-structured interview, using an interview guide. Data was analysed through a thematic analysis.

The ecological systems perspective provided substantiation for this study to explore a range of issues within the micro, meso, exo, macro and chrono level systems within which the mentally ill person functions and the extent to which the mental health services and resources support this relationship.

The findings of the study revealed that participants had limited knowledge of mental health services in general, including DSM and the Mental Health Care Act (17 of 2002). It became evident from this study that the training received on the BSW undergraduate

level did not adequately prepare the participants to practice in the mental health field, and they have consequently gained additional knowledge through attending in-service training. The main roles and tasks that they perform include: support and supervision, therapeutic services, education and awareness and advocacy. The study further revealed that participants received supervision and support both from their organisation and from external sources, although others viewed this as inadequate. Participants also encountered challenges in the provision of mental health services. Lastly, the study found both positive and negative experiences that participants encountered in the provision of mental health services.

The following recommendations were made: Mental health should be incorporated into undergraduate training and in-service training needs to be offered regularly in the workplace. Adequate resources ought to be made available and intersectoral collaboration needs to be strengthened. Future research needs to be conducted in this field, nationally in the South African context, to add to the gap identified in the existing literature.

List of key terms

- Experiences
- Social worker
- Mental health
- Mental health services
- Social work in mental health

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CHAPTER 1

GENERAL ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND CONTEXTUALISATION

Mental health is an essential component of health and it encompasses a person's general psychosocial well-being (Matlala, Maponya, Chigome, & Meyer, 2018:46). Mental health disorders have psychosocial implications on the individual, family, and caregiver; and affect general social function (Department of Health, 2013:13). Social workers working in collaboration with other professions contribute their knowledge and skills not only for the benefit of individual clients but also to their families and communities (Kourgiantakis, Sewell, McNeil, Logan, Lee, Adamson, McCormic & Kuehl, 2019). Within the interprofessional teams and in other settings where social workers are employed, their roles include that of providing therapeutic services; advocates, wherein they act on behalf of clients for services and resources; case managers, wherein they follow through with the clients and liaise with other professionals, linking clients with resources; and as administrators and policy developers (Ambrosino, Heffernan, Ambrosino & Shuttlesworth, 2012:218). The social work profession is concerned with individuals and the environments within which they function and considers the influence of the socio-economic and cultural factors on their well-being (Australian Association of Social Workers (AASW), 2015:3). Their knowledge of mental health conditions, skills, roles and tasks, whether as social workers providing generic services or as specialists, is important in making valuable contributions to individuals, families, and communities.

Although social workers play a role within multidisciplinary mental health teams, their position in the provision of mental health services and lack of clarity on their role as specialists have always been argued (Wilberforce, Abendstern, Batool, Boland, Challies, Christian, Hughes, Kinder, Lake-Jones, Mistry, Pitts & Roberts, 2018:2). The researcher's interest in the study grew out of her experience in the provision of social work services in Tshwane District Health Services and through liaison with social workers employed in non-governmental organisations (NGOs). Through involvement in the Life Esidimeni Mental Health Relocation Project, it was realised that there is a challenge in the provision of mental health services and that social workers are faced

with uncertainties when confronted with cases that require the provision of mental health services.

This challenge required a study to be conducted to explore the experiences of social workers involved in the provision of mental health services at North Gauteng Mental Health society in Tshwane.

The following key concepts are conceptualised:

- Experiences

Experience is described as the consequence of peoples' engagement with their social and environmental spheres, which includes their belief systems or their world views (Bennett, Grossberg & Morris, 2005). For the purposes of this study, the experiences of social workers refer to the processes by which they gather knowledge and skills through the provision of mental health services. Experience can be good or can suggest areas that may require further intervention.

- Social worker

The Social Services Professions Act (110 of 1978) defines a social worker as “a person registered in terms of section 17 of the Act”. The person should be in possession of a qualification in social work that is in line with the stipulations of the South African Council for Social Services Professions (SACSSP), and be suitable to practice and registered in that manner. The Department of Social Development (DSD), Regulations on specialities in social work (2020:89,93), further recognised social work in health care and clinical social work as specialities. DSD (2020:89,93) further defined the social worker in health care and the clinical social worker as:

“Social worker in health care means a social worker with specialised knowledge, skills, education, training and experience in social work in health care”.

“Clinical social worker means a registered social worker with advanced therapeutic competence to intervene in the mental health and other psychosocial consequences of psychiatric health and other challenges”.

- Mental health

The World Health Organization (WHO, 2014)) describes mental health as:

“Mental health is a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her or his community. It

is a state of complete physical and mental wellbeing and not merely the absence of disease or infirmity”.

From this definition, it can be concluded that in the context of this study mental health includes a state of physical, cognitive, and psychological balance to enable people to regulate and control their thinking and behaviour in a socially acceptable manner, to deal with life's challenges, relate to other people and to function optimally and harmoniously within themselves and with the community.

- Mental health services

Pilgrim (2020:4) defines mental health services as:

“Mental health services include a range of services that are offered to improve symptoms of distress or create mental health gain; temporarily resolves social crisis; contain those posing a risk to themselves or others and maximises the potential of people disabled by mental health problems.”

For the purposes of this study, mental health services refer to services provided by social workers to mental health care users, individually and in groups that recognise the contribution of psychosocial factors in the onset of mental ill-health and recognise the inner strengths and capabilities of the users, as well as their interdependence with the environment.

1.2 THEORETICAL FRAMEWORK

The theoretical framework that will be utilised for this research study is the ecological perspective. The ecological perspective originated from the work of Urie Bronfenbrenner, the psychologist, and seeks to understand how the different types of environments influence human growth (Bronfenbrenner, 1994:38; Ettekal & Mahoney, 2017:2). The ecological perspective is based on the notion that all living organisms have a mutual relationship with the environment in which they live (Pomeroy & Garcia, 2018:35). The ecological perspective also focuses on the person-environment fit, which looks at the clients' capabilities, the interaction with the environments and also on modifying the environments to serve the needs of the clients (Gitterman & Germain in Teater, 2014; Zastrow, 2004:55). Teater (2014) further agreed to the fact that individuals strive to achieve a balance between themselves and the environment in which they live.

Social workers working within the ecological perspective explain and give meaning to the clients' behaviour and development within their milieu while they simultaneously consider their biopsychosocial spiritual perspective (Allen & Spitzer, 2016:76). When rendering mental health services, social workers using the ecological perspective understand that the relationship between the mentally ill person and their environment is continuously in exchange and that the two factors influence one another (Jack, 2012:130). The transactional relationships within the mental health care user's life will be looked at from micro, meso, exo, macro and chrono levels (Malitta, 2012:169).

Micro system – this consists of activities that takes place in direct contact with clients in their close environment (Bronfenbrenner, 1994:39). The micro level consists of the mental health care user's immediate environment which includes the user, family, friends, community, church, health services, social welfare services and work. The users interact directly with those in their immediate environment, influence and are influenced by them. Each micro system provides different resources, supports or demands (Connolly & Harms, 2012:54). There is a transactional relationship between the users and their immediate environment. Within the micro level, social work practice with mental health care users involves direct work with individuals, groups and communities (Pomeroy & Garcia, 2018:36).

Meso level – the meso level consists of relationships that take place between two or more settings in the mental health care user's life (Bronfenbrenner, 1994:40). At the meso system, the mental health care user's immediate environments work closely and impact each other. This is the connection between the family and other systems in the user's life, such as friends, community, health facilities and so forth. This level requires the mental health care user to participate actively in the exchanges taking place (Connolly & Harms, 2012:54; Jack, 2012:130).

Exo level – this level is made up of the activities and relationships that involve more than one setting, whereby the activities occurring in these environments indirectly influence activities in the clients' close environment (Bronfenbrenner, 1994:40). Within the exo level, mental health care users are not active participants but are affected by the decisions made. Within the exo level system, social workers provide interventions within the wider social structures that are responsible for policymaking, in which those

policies affect the user's life but do not interact with them personally, but the decisions made at this level impact their functioning (Connolly, and Harms, 2012:56).

Macro level – this is made up of the broader society, culture and shared beliefs and ideologies (Bronfenbrenner, 1994:40). At the macro level, social workers look beyond the illness and treatment issues and instead focus on the broader human, social and political issues in mental health (Ministry of Health and Family Welfare Government of India, 2016:91).

Chrono level – this encompasses gradual changes or consistencies both in the person's attributes and in the environment (Bronfenbrenner, 1994:40).

The researcher believes that the ecological perspective is appropriate in answering the research question because it focuses on the reciprocal relationship between clients and their environments in which they live.

1.3 PROBLEM STATEMENT AND RATIONALE

There is a deficiency of information that addresses the experiences of social workers in the provision of mental health services in Tshwane, Gauteng province. Throughout the literature review, various studies on mental health were found that focused more on the service recipients and not on the service providers and their experiences in providing such services.

The researcher's interest in the study grew out of her experience in the provision of social work services in Tshwane District Health Services, Gauteng Province. She is based at the Stanza Bopape Community Health Centre within the Community Based Rehabilitation programme. Her responsibilities include the provision of mental health services to the users and their families, support to non-governmental organisations, including day and residential chronic care facilities, and assessments of such facilities. The researcher also gained interest in the study through liaison with community-based organisations and non-governmental organisations providing mental health services.

The current study was also based on the recommendations of a previous study conducted by Ornellas (2014). Though the study focused on the views of social workers, its findings also revealed the positive experiences and challenges in that regard. Despite little research being conducted on mental health social work, it was believed that by exploring the experiences of social workers providing mental health

services, this study would add to the knowledge that already exists in this field and further uncover both positive experiences and gaps in the service, which will help in guiding future research focus.

The research question explored in this study is: **What are the experiences of social workers in the provision of mental health services in Tshwane, Gauteng?**

1.4 AIM AND OBJECTIVES

The study aimed to explore the experiences of social workers in the provision of mental health services in Tshwane, Gauteng. In order to achieve this goal, the following objectives have been identified:

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

1.5 BRIEF DESCRIPTION OF RESEARCH METHODOLOGY

The research paradigm for this study is interpretive because the aim is to offer a perspective of a situation and to provide an understanding of the social workers' experiences in the provision of mental health services. The study seeks to explore the experiences of social workers in the provision of mental health services, in the settings in which these services are provided (De Vos, Strydom, Schulze & Patel, 2011:8).

The research question was explored using the exploratory study method. Although exploratory studies are conducted when there is little or no knowledge about the topic being studied, this study focused on exploring the case to understand the experiences of social workers providing mental health services (Nieuwenhuis, 2016:44; Neuman, 2014:38).

The qualitative research approach was selected for this study. Fouché and Delpont (2011:64) assert that a qualitative research approach answers questions about complex phenomena, in order to understand the phenomena from the participants' perspectives.

The type of research appropriate for this study is applied research. As applied research is interested in applying practical solutions to immediate problems, it is believed that this type of research has the potential to bring change in the practice of social workers in the provision of mental health services.

The case study research design is appropriate for this study because it describes complex phenomena and it reveals intense understanding of these phenomena (Moore, Lapan & Quartaroli, 2012:243). The sub-design selected for this study is the instrumental case study because it aims to explore a particular subject, in this case the experiences of social workers who are providing mental health services, to gain knowledge that may be used to influence policy and improve services (Fouché & Schurink, 2011:322).

The study population for this research included registered social workers who are rendering mental health services in North Gauteng Mental Health in Tshwane, Gauteng. The sampling approach used for this study is non-probability sampling and the method used was purposive sampling. Other considerations for the sampling included the transferability of the research findings, ethical preconditions, and the feasibility in terms of money, time, and other practical issues (Nieuwenhuis, 2016:85). 10 participants were recruited for the study until data saturation was reached and no new data was coming forth (Nieuwenhuis, 2016:85).

The participants had to meet the following selection inclusion criteria:

- Be in possession of a BSW degree in social work.
- Registered with SACSSP as a social worker.
- Employed by NGOs involved in the provision of mental health services in Tshwane.
- Have six months or more of practical experience in the provision of mental health services.
- Of any gender and age.

Data collection was done through a recorded face-to-face interview it was made sure that all COVID-19 regulations at that level were observed. The data collection method used in this study was interviews. Semi-structured interviews were conducted using an interview schedule. Broad, open-ended questions were formulated and used to give direction to the interview. During the interviews, field notes were used alongside an audio recording device, with the consent of the participants.

In analysing data, the thematic data analysis process was used, as described by Clarke, Braun and Hayfield (2015). Analysing data using thematic analysis required that the following steps be taken into consideration: Familiarisation, coding, searching for themes, reviewing themes, defining and naming themes and writing a report.

To safeguard data quality, it was ensured that the views of the participants were correctly captured in the research findings. To achieve that, trustworthiness throughout the research project was implemented. Bless, Higson-Smith & Sithole (2013:236) asserts that trustworthiness involves the level of trust attached to the research process and findings. The following four constructs of trustworthiness, in terms of Guba (1981) as quoted by Nieuwenhuis (2016: 123-125) and Lietz and Zayas (2010:191-197), were used. These four constructs include credibility/authenticity, transferability, dependability and confirmability.

A pilot study was conducted to determine the feasibility of the study, test the interview schedule and evaluate the research methods and data analysis (in, 2017:601; Schachtebeck, Groenewald, & Niewenhuizen, 2018; Strydom & Delport, 2011:395). The data obtained from the pilot study was used to test the data analysis through thematic analysis and was evaluated to determine trustworthiness. The participants in the pilot study were included in the main study, as they provided rich data that was necessary for the study.

In conducting the study, certain ethical guidelines were followed. According to Neuman (2014:69), ethics guide the researcher's conduct and decisions they make about the research and research process. The following ethical issues were considered during the study: informed consent and no deception, voluntary participation and no incentives, confidentiality, and anonymity, debriefing of participants and avoidance of harm, mandated protection of research participants, actions and competency of researcher and publication of findings.

A detailed discussion of the research methodology is covered in chapter 3 of the research report.

1.6 CONTENTS OF THE RESEARCH REPORT

The research report will be covered in four chapters. The chapters are as follows:

Chapter 1: General Introduction to the research project

This chapter consists of the general orientation to the research study and will give a broad perspective of the problem as stated. The chapter will cover the following: the problem formulation and problem statement, research question, goal and objectives, the theoretical framework of the research, research methodology, limitations and the presentation of the report.

Chapter 2: Literature review

This chapter focuses on the literature review of the study on the literature on the experiences of social workers in the provision of mental health services. It addresses the following: prevalence and social determinants of mental health, an overview of mental health services internationally and locally, role of social workers in the provision of mental health services, the capacity of social workers and their views in the provision of mental health services.

Chapter 3: Research methodology and research findings

This chapter consists of the research methodology, ethical issues, empirical findings and thematic analysis of the empirical study on the experiences of social workers in the provision of mental health services.

Chapter 4: Conclusion and recommendations

This chapter comprises the summary, key findings, conclusions and recommendations of the study.

The next chapter focuses on the literature study.

CHAPTER 2

LITERATURE STUDY

2.1 INTRODUCTION

The literature review serves to provide an overview of services provided in mental health locally and internationally and to conceptualise and contextualise mental health and social work in mental health. This forms part of Objective 1: To contextualise mental health services internationally and locally, and Objective 2: To ascertain social workers' views on their roles and tasks in the provision of mental health services. The literature study is presented under the following main headings: the prevalence of mental health, the social determinants of mental health, overview of mental health internationally and locally and social work and mental health. The main headings will be further discussed according to the sub-headings.

2.2 PREVALENCE OF MENTAL HEALTH

The WHO (2014) estimated that about 450 million people suffer from mental health related conditions, placing mental disorders as the number one cause of the development of ill-health and disability worldwide. The World Health Organization (WHO, 2017) further estimated that about 4.4% of the population worldwide suffer from a depressive disorder and about 3.6% of these account for anxiety disorders. In addition, Mapanga, Casteleijn, Ramiah, Odendaal, Metu, Robertson & Goudge (2019) assert that anxiety and depressive disorders fall within the topmost types of mental disorders accounted for in the global burden of disease, and further states that the numbers could be higher than the current estimates.

In South Africa as in other countries, mental disorders are a public health issue and contribute to the burden of disease in the country. Docrat, Lund and Chisholm (2019) state that mental health and substance abuse disorders contribute to Years Lost due to Disability (YLD) in South Africa. The authors further mentioned that in South Africa, neurological conditions and those occurring because of alcohol and drug use constitute about 15.6% and 35% of YLD due to non-communicable diseases respectively (Docrat et al., 2019). It is further estimated that about one-sixth of South Africans have a likelihood of developing mental disorders (Lund, Petersen, Kleintjes & Bhana, 2012).

The increasing number of mental illnesses in South Africa is also linked to the presence of other conditions that co-exist with it, such as HIV and other chronic diseases (Schneider, Baron, Breuer, Docrat, Honikman, Onah, Sorsdahl, van der Weshuizen, Lund, Kagee, Skeen & Tomlinson, 2016:154). In addition, the high rate of substance abuse, which includes the use of alcohol, tobacco and illicit drugs, is also linked to an increased burden of mental health in the country (Schneider et al., 2016:154; Roostenburg, Carbonatto & Bila, 2016:183).

The findings presented above paint a picture of the extent to which mental health services are required both locally and internationally. The questions that arise are whether or not countries are well-enough equipped to address the demands of mental health services and if there are adequate resources in terms of policies, infrastructures, finances and trained staff. The demand in mental health services places a huge responsibility and commitment on mental health practitioners and civil society to make a difference in peoples' lives. Social workers in mental health are well equipped to address the psychosocial needs of individuals, their families and communities, working alongside other mental health care practitioners and civil society. The growing statistics on mental disorders require interventions, not only on the individual and family level but also services that address prevention, promotion and rehabilitation.

2.3 THE SOCIAL DETERMINANTS OF MENTAL HEALTH

Mental health can be caused by the conditions occurring in the person's lifespan, as a result of their socio-economic status, education, health, access to and use of resources (Sederer, 2016). Various authors agree that exposure to certain social, environmental and economic factors throughout the course of life contribute to the development of mental health disorders (Saxena, Collins, Lund & Cooper, 2018; Silva, Loureiro & Cardoso, 2016). These include poverty and discrimination, adverse childhood experiences, adverse neighborhood characteristics, limited education, occupational status, poor housing quality and housing instability, unemployment and underemployment, limited access to health care, poor social support and critical life events (Department of Health, 2013:13; Engelbrecht & Ornellas, 2015:23; Roostenburg et al., 2016:173; Saxena et al., 2018; Sederer, 2016; Silva et al., 2016).

Skeen, Kleintjies, Lund, Peterson, Bhana and Flisher (2010) as quoted by Engelbrecht and Ornellas (2015:23), also mention that the stigma and discrimination attributed to the presence of mental illness adversely affect the recovery of mentally ill persons and limit their ability to participate in decisions that affect them.

The causal link between poverty and mental health, and their co-existence, have been noted significantly (RSA, Department of Health, 2013:13). Poverty may subject people to the likelihood of suffering from mental ill-health and may further aggravate the condition in those who are already suffering from it due to limited opportunities available to them (Roestenburg et al., 2016:173).

Apart from these factors, there are protective factors that are linked to a reduced chance of suffering from mental ill-health, such as having trust in people, feeling safer in the community and neighborhood and having social reciprocity (Silva et al., 2016). The authors confirm that the circumstances occurring throughout the course of life contribute to the development of mental ill-health and further exacerbate it, especially where there are no interventions meant to address them or the available interventions are ineffective and inadequate. Sederer (2016:235) pointed out that there is a need to design interventions that address social factors leading to mental illnesses and further mentioned the importance of developing policies and adopting practices that support and guide these interventions. Roestenburg et al. (2016:175) concur with Sederer (2016:235) and further mention that countries can also learn from each other regarding the interventions that have been successfully employed to address the socio-economic needs of people affected by mental illnesses.

It is suggested that addressing the social factors contributing to mental ill-health requires the strengthening of inter-sectoral collaborations, with various departments, civil society and communities as partners to this engagement. In addition, it must be ensured that implementation is driven and monitored at all spheres of government and civil society. Policies developed at different levels of government should complement each other so that they can effectively respond to the needs of communities and people affected by mental illnesses.

Social work brings a distinctive social perspective to mental health. Social work always focuses on the social determinants of mental distresses that occur throughout the course of life, and often intervene in issues such as trauma, loss, abuse and problems

occurring in childhood and adolescence that are often disregarded by those professionals practicing in the medical model (Allen, 2014).

Karban (2017) suggests that social workers employed in all settings should strive to address health inequalities in mental health. This can be done through working with service users to address issues related to poverty and advocating for decent living conditions aimed at contributing to improved mental health well-being. The author further mentions that where intervention is aimed at access to employment, social workers should work in collaboration with service users to help them navigate through the challenges related to employment, and further ensure that it indeed contributes to their mental well-being rather than diverts from it (Karban, 2017). Engelbrecht and Ornellas (2015:23) also indicated that psychosocial rehabilitation is one of the major tasks performed by social workers and this should be considered whenever they are employed to provide services in this field.

From the above it is clear that social factors contribute to the development of mental ill-health and that the social workers' role in the mental health field is crucial, focusing on the interface between the mental health system and the community. It is also important to take note of both the protective factors and other factors leading to the development of mental illnesses. There is a need to focus intervention on the individual and societal factors that are linked to the development of mental ill-health. The role of social workers in prevention and treatment of mental disorders is vital. The need for policy change to make resources available for agencies and communities is also important in addressing the social determinants of mental health.

2.4 OVERVIEW OF MENTAL HEALTH INTERNATIONALLY AND LOCALLY

2.4.1. Mental health services internationally

Globally, mental disorders were neglected and underfunded and did not cater for the needs of the users and their families (Saxena et al., 2018). Globally, the treatment of people with mental disorders was marked by human rights abuse and neglect (Saxena, et al., 2018; Simpson & Chipps, 2012:47).

Majority of countries around the world still have challenges in providing proper access to mental health services (Rebello, Marques, Gureje & Pike 2014:308; Pike, Susser, Galea & Pincus, 2013:7; Wainberg, Scorza, Shultz, Helpman, Mootz, Johnson, Neria, Bradford, Oguendo & Arbuckle, 2017:3). Mental health services in countries are still

centralized, making it difficult for people who stay far from these centralized services to get access to them (Wainberg et al., 2017:3). Becker and Kleinman (2013:67) further mention that there is insufficient data from countries to assist in the evaluation of the effectiveness of the treatment for the minority of mental health care users who receive treatment.

With regard to the shortage of human resources, Ngui, Khasakhala, Ndeti and Roberts (2011:6) pointed out the discrepancies that exist in terms of the need to address mental disorders worldwide, especially in developing countries, and the available human resource capacity to provide these services. The author further mentioned that these discrepancies occur because of limited budget dedicated to mental health, poor staff compliments and an influx of mentally ill persons in the few psychiatric facilities available (Ngui et al., 2011:6).

In investing in mental health and recognising it as part of the global health agenda, several major initiatives were undertaken and a report was released by the World Health Assembly in 2012, which encouraged countries to prioritise mental health on the global agenda (Becker & Kleinman, 2013:71). Countries were advised to decentralise mental health services to community care and many of the countries met success and challenges in integration into primary care (Wainberg et al., 2017:3).

Many countries made efforts to include this development into their policies and legislations and in the movement towards deinstitutionalisation (Wainberg et al., 2017:3). Ngui et al. (2011:6) referred to some of the benefits of incorporating mental health services into primary care, namely that the move will minimise the social and economic burden, address the interconnectedness of physical and mental problems, address the existing treatment gaps, lead to improved health outcomes and ensure access to resources and protection of human rights. These benefits, however, were accompanied by several challenges because services at this level were not adequately developed to address the anticipated demand (Wainberg et al., 2017:3).

Consequently, in 2015, mental health was recognized as part of the Sustainable Development Goals (SDG) and targets were also set to facilitate their realization (Saxena et al., 2018). The incorporation of mental health in the Sustainable Development Goals helped in recognizing mental health as part of the global agenda, however, gaps still exist in the treatment of people with mental disorders (Saxena et

al., 2018). In addition, Rebello et al. (2014:313) further stated that many countries around the world still face challenges in closing the mental health treatment gap, especially those with limited resources. The author further suggested cost-effective strategies that could be implemented in an effort to close the existing treatment gap, namely incorporating mental health services into primary care; delegating tasks to less specialised health care workers and training of mental health care providers; and the development of ways to improve access, limit expenditure and reduce the stigma associated with mental illness (Rebello et al., 2014:313). The author concludes that in order to close these gaps effectively, there needs to be social and political change supported by proper policies and legislations (Rebello et al., 2014:313).

From the above discussion it is clear that millions of people are affected by mental health disorders worldwide and the situation is likely to increase in the coming years. Those that are already affected by mental disorders are also not becoming better due to an inability to access services, as well as low coverage of mental health services in many countries. Worldwide, mental health services are still facing many challenges which negatively impact the recovery of mental health care users and make integration into community life impossible. Although there have been several policy changes worldwide to improve mental health services, there is still a need to put more effort into addressing the gaps that still exist.

2.4.2. Mental health services provision in South Africa

This section focuses on mental health services in the South African context covering the following topics: a brief history of mental health services, mental health care policies and legislative framework, provision of mental health services at community level and social work in mental health.

2.4.2.1. Brief history of mental health services in South Africa

Mental health services in South Africa have not been different from other countries worldwide. Historically, the state of mental health services has been appalling. The apartheid system and its policies were marked by gross human rights violations and fragmented and centralized services, with more services being developed in the urban areas than in rural areas (Roestenburg et al., 2016:169). Mental health services where the poor and people with mental illness were deprived of the opportunity to make

decisions (Republic of South Africa [RSA] Ministry of Health, 1997; Roestenburg et al., 2016:169).

During that era, people with mental illness could not get access to proper health care, were forced into psychiatric facilities with poor living conditions and degrading treatment and were made to forfeit their rights equal to other citizens (Simpson & Chipps, 2012:47). These gross human rights violations took a turn when the post-apartheid government took over and led the country to heed the call by international movements to prioritise mental health services, and move to universal health coverage, which led to deinstitutionalisation and decentralisation of mental health services (Engelbrecht and Ornellas, 2015:21).

In South Africa, the Mental Health Act 17 of 2002 and the National Mental Health Policy Framework and Strategic Plan 2013-2020 advocates for deinstitutionalisation and community-based care and clearly specifies how the move should be implemented. Makgoba (2016:28) agreed that in order to uphold the rights of mentally ill people, community mental health should be developed before the downscaling from psychiatric hospitals could be implemented. The author further agreed with the Mental Health Care Act 17 of 2002, which specifies that NGOs, other voluntary organisations and families should be prioritised to provide community mental health services and should be empowered in that regard (Makgoba, 2016:28).

The above indicates that the move for deinstitutionalisation and community-based care had the potential to bring about improved quality of life for mental health care users, improve access to participation and use of resources and promote social inclusion and self-reliance (Makgoba, 2016:50). The way the process of deinstitutionalisation was implemented adversely impacted service provision and availability for people with mental illnesses and disregarded the necessity to develop and empower community structures first, as indicated in the policy framework (Engelbrecht and Ornellas, 2015:21).

The process of deinstitutionalisation has also impacted the social work profession in multiple ways. Ornellas (2014:168) stated that the effect of deinstitutionalisation led to challenges regarding finding accommodation for people with mental illness in communities, due to lack of placement facilities and co-dependent with the stigma

around mental health in the community, making it difficult for social workers to find placements.

The above literature indicates that South Africa has progressed well in terms of the transformation of the health system. Although there are policies in place that have been developed to guide the transition, the country needs competent leadership and governance to implement those policies. The Life Esidimeni debacle has proven this in that it exposed the need to further scrutinise the mental health system, the legislations in terms of how they are aligned, the powers and authority as well as leadership and governance. The implementation of policies, and the power to make decisions affecting the mental health and well-being of citizens, also impact on the social work profession.

The next section will focus on the legislative framework and its relevance to the social work profession.

2.4.2.2. Mental health policies and legislation in South Africa

This section provides a summary of mental health legislation in South Africa, focusing on: Mental Health Care Act 17 of 2002, National Mental Health Policy Framework and Strategic planning 2013-2020 and the Traditional Health Practitioners Act (THPA) 35 of 2004 and their relevance to social work practice.

- **Mental Health Care Act 17 of 2002**

The Act was introduced to bring changes in the way mental health services were rendered in the past, particularly to move away from institutional care to care based on human rights protection (Simpson & Chipps, 2012:47). The Act advocates for care, treatment and rehabilitation services within the human rights perspective (Van Rensburg, 2007:35). The Act further clearly outlines the responsibilities of health care establishments in terms of the level of care they provide, and the level of care required by the users (Van Rensburg, 2007:35). Likewise, the Act also increase access for mentally ill people to reach the services as close to their homes as possible, makes primary health care the entry point to access the service and promotes the inclusion and the development of services in the community (RSA, Department of Health, 2013:9). The Act also clarifies referral routes in all levels of care and emphasises collaboration among those levels to ensure continuity of services (Van Rensburg,

2007:35). The importance of collaboration with non-government organisations that have been taking part in rendering mental health services is also specified in the Act.

The Act further defines health care practitioners that play a role in rendering mental health services which includes the psychiatrists, medical practitioners, nursing professionals, psychologists and social workers, who have been trained to provide mental health services holistically (Freeman in Simpson & Chipps, 2012:50; Van Rensburg, 2007:206).

The above indicates that social workers are part of health care practitioners in mental health and work alongside other professionals to provide mental health services. The recognition of trained social workers in the provision of mental health services is important in that it recognizes the social impact of mental health, which is the valuable contribution that the social work profession make in the field. Despite its recognition of trained social workers as mental health practitioners, the Act gives direction on the delivery of mental health services and emphasis on provision of services from a human rights approach. Social workers have long been practicing from a human rights and social justice approach and advocated for the needs and rights of mental health care users.

Regardless of efforts made to improve policies and legislation, Burns (2011:104) stated that South Africa still faces challenges with regard to financing and developing mental health services (Burns, 2011:104). Several authors mention treatment gaps within the South African mental health system and cited, amongst others: insufficient budget allocation, poor mental health literacy and lack of information, stigma and discrimination, lack of available mental health professionals and poorly developed psychosocial rehabilitation (Burns, 2011:104; Lund et al., 2012:404; Robertson, Chiliza, Van Rensburg & Tatala, 2018:101; Schneider et al., 2016:154).

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

The implementation of the National Mental Health Policy Framework and Strategic planning 2013-2020, brought some improvements in the execution of mental health services in the country. The policy was developed in line with the WHO recommendation and seeks to address transformation of mental health services and ensure that these services are provided in an accessible, equitable, and comprehensive manner and are incorporated into all levels of care (RSA, Department

of Health, 2013:3). The policy serves as a tool to guide provinces towards proper implementation of mental health services, covering all levels of service delivery (RSA, Department of Health, 2013:9). The policy further looks at the recognition and involvement of all stake holders in mental health in line with the Act, and further on the establishment of district specialist health teams that will be involved at the strategic level to coordinate these services (RSA, Department of Health, 2013:12).

The importance of inter-sectoral collaboration with other stakeholders rendering mental health care was mentioned by Brooke-Sumner, Lund and Petersen (2016). The findings of the study revealed that South Africa is still facing challenges regarding inter-sectoral collaboration in mental health services provision, despite evidence of little progress being made in that regard. Some of the challenges cited in the study were lack of communication between sectors, inability to identify and describe their roles in mental health services provision and the perceived lack of support from other sectors (Brooke-Sumner et al., 2016).

The policy framework clearly identifies and recognises the role of social factors in the development of mental disorders, with emphasis on mitigating these factors to prevent or minimize the development of these disorders. The policy also reiterates the importance of prevention and promotion, as well as inter-sectoral collaboration with other stakeholders in mental health. Social workers are well positioned to provide these services at all levels of care. The implementation of the policy framework will assist social workers and other stakeholders in navigating the many challenges that they face in rendering mental health services and will empower social workers to also focus on rights-based interventions and recovery.

- **Traditional Health Practitioners Act (THPA) 35 of 2004**

The Traditional Health Practitioners Act (THPA) 35 of 2004 became relevant to mental health due to the emphasis it placed on mental health and promotion of well-being (Van Rensburg, 2007:206). Traditional health practice refers to the execution of services and functions in line with its beliefs, ideology and customs (Republic of South Africa, Traditional Health Practitioners Act, 35 of 2004). The services play a major role in the maintenance and restoration of physical and mental health, diagnosis, treatment, prevention and rehabilitation as well as preparation for life transitions (RSA, THPA 35 of 2004:6; Van Rensburg, 2007:206). The services are performed by

persons registered in terms of the Act, including traditional birth attendants and traditional surgeons, but does not include services performed by professionals registered with other professional bodies in the Health Professions, Pharmacy, Nursing or the Dental Technicians Acts (Van Rensburg, 2007:206; RSA, THPA 35 OF 2004:6).

Sorsdahl, Stein, Grimsrud, and Seedat et al. (2009) as quoted by Sossou and Modie-Moroka (2016:xii), assert that nine percent of participants of a study conducted in South Africa consulted traditional healers and eleven percent consulted religious or spiritual healers. The study concluded that alternative practitioners play an important role in the provision of mental health services in South Africa (Sossou & Modie-Moroka, 2016:xii). Roestenburg et al. (2016:175) and Lund et al. (2012:404) assert that mental health care users still consult with traditional and spiritual healers, although in low numbers. The motive for consulting with the traditional healers differs from one person to another and may at times be derived from their understanding of mental illness and the belief that other forces might have played a role in the development of the condition (Roestenburg et al., 2016:175).

Social workers work with diverse groups, coming from different religious and cultural backgrounds. It is in this sense that social workers understand the influence that these factors have on the person's understanding of mental illness, and on their ability to seek help and cooperate with mental health care providers. It is believed that social workers should assess and treat clients holistically, and that knowledge of the Traditional Health Practitioners Act and their role is important when rendering mental health services.

The proper implementation of this legislative framework can enhance the standard of mental health services provided and further uphold the rights of people suffering from mental illnesses. It is important for social workers to have an understanding of the legislative framework in mental health so that they can effect changes in the micro, meso and macro levels. Having discussed the legislative framework for mental health services in South Africa, it is imperative that the current range of services offered should be discussed.

The following section will focus on community mental health services within the primary level of service provision.

2.4.2.3. Service provision within community mental health

It is noted that mental health services in South Africa are categorized, according to the WHO guidelines, as mental health services integrated into general health services, community mental health services and institutional services provided by mental health hospitals (Roestenburg et al., 2016:171). Taking into consideration how services are organized in all these levels, the review of literature will focus only on community mental health services as this study is conducted in an organisation providing mental health services in the community.

Community mental health services are classified in terms of three categories, namely, community residential facilities, day care services and outpatient services which include general health outpatient services in PHC and specialist mental health support (RSA, Department of Health, 2013:22).

Lund et al. (2012:403) asserted that services at this level are aimed at managing symptoms and monitoring treatment. The authors further mentioned a gap in the training of staff in primary care, which makes these functions non effective. Apart from management of symptoms and monitoring of treatment, this is a level where mental health care users receive psychosocial rehabilitation (Lund et al., 2012:403).

Asher, Patel & Da Silva (2017) alluded that community based psychosocial interventions are important in promoting the recovery of people with schizophrenia and that countries with minimal resources can provide this service in addition to facility-based care. With regard to psychosocial rehabilitation in South Africa, this service is provided largely by non-government organisations such as those affiliated with the South African Federation for Mental Health. However a gap is evident in the support and allocation of resources to sustain them (Lund et al., 2012:403). The role of NGOs in the provision of psychosocial rehabilitation was also identified and discussed by Brooke-Sumner et al. (2016:7). In this study, participants indicated that although NGOs play a role in providing community-based psychosocial interventions, they require budget and resources to help them to manage the service (Brooke-Sumner et al., 2016:7). Furthermore, Lund et al. (2012:403) indicated that funding from government has been a major challenge towards provision of psychosocial rehabilitation, thus making it difficult for reintegration and recovery of mental health care users.

Brooke-Sumner et al. (2016:7) also identified the specific roles played by NGOs in managing residential facilities for people with mental illness, addressing their general needs and providing them with opportunities to participate in income-generating projects. These roles are very important in facilitating recovery, giving them the opportunity to integrate and participate in the broader society.

Furthermore, Matsea (2019:675) identified the role played by home-based carers as support systems for people affected by mental illness in the community. The author mentioned that the roles of the home-based carers involved education on the mental condition and the importance of follow-ups and adherence to treatment, in addition to supervision and support of the client and the family and educating them on financial management. Furthermore, they offer different forms of support as required (Matsea, 2019:675).

For these services to be effective, the priority should be the allocation of funds and ensuring that sufficient resources are available. With the current status in the provision of mental health services and evidence backing up services in community level, allocation of resources and funding is still prioritised on specialised mental health care hospitals rather than at the community level (Mapanga et al., 2019). The author further mentioned that a lack of resources in mental health occurs because of less priority being given to these services (Mapanga et al., 2019).

From the above literature review, it is evident that community mental health services working closely with the primary, secondary and tertiary hospitals is important in the provision of these services. Psychosocial rehabilitation is also important in ensuring that mental health care users are properly integrated into society. In an era where deinstitutionalisation and community-based care is a priority, there is a need to provide funding and resources at the community level to facilitate improved services for the benefit of people with mental illness and the service in general. The importance of inter-sectoral collaboration is also emphasised, with all stakeholders understanding their role and communicating effectively towards improved health outcomes. Social workers play an important role in providing psychosocial rehabilitation, working with other professionals and also in collaboration with relevant stakeholders in the community.

The following section will present social work and mental health and will cover the social workers' views on their roles and tasks, as well as their capacity in the provision of mental health services.

2.5 SOCIAL WORK AND MENTAL HEALTH

In the previous section on the social determinants of mental health, it became clear that social factors play a role in the development of mental ill health and may even worsen the condition. The recognition of the social perspective in mental health and how this may contribute to the development of, or exacerbate, the condition, reveals the important role played by the social work profession in mental health. Golightley (2011:2) estimates that one in six persons may suffer from mental ill health at one point in their life and are likely to seek professional services. This statement implies that mental health services are a necessity, as mental health affects anyone at any given time. Despite the important role played by social work in the mental health field, social workers experience daily challenges in the provision of services. The following section will outline what the literature says about challenges and experiences encountered by social workers in the provision of mental health services.

2.5.1. Challenges encountered in rendering mental health services

Social workers have been providing mental health services in different settings in which they are employed, however, they encounter challenges that require them to respond to the changing needs within the mental health system (Bland, Renouf & Tullgren, 2020). These challenges include, amongst others: the highly contested workplace, the multidisciplinary team wherein they face competition for authority and expertise from other disciplines, the need for a workable paradigm for practice where they are expected to clearly define their domain for social work practice, working collaboratively with consumers, families and carers and connecting social work theory or base knowledge with the education and training in terms of preparing them to practice (Bland et al., 2020).

Karban (2017) also asserts that social work in mental health is practiced within environments dominated by uncertainties and conflicts. Apart from the existing policies on mental health that support the rights and needs of people with mental health conditions, emphasis is still placed on the medical model supported by the psychological interventions, thereby lessening the social perspective of mental health

disorders and the role of social workers (Karban, 2017). These environments are shaped by many uncertainties that, coupled with the lack of resources and proper guidance and support, limit the role of mental health social workers (Karban, 2017).

Alpaslan and Schenck (2012) as quoted by Bila (2018:146) noted other challenges faced by social workers in the Mpumalanga, North-West, Eastern Cape and Western Cape provinces, namely a lack of resources and infrastructure, community members' poor knowledge of the roles and tasks of social workers, travelling long distances to render services and clients' cultural and traditional beliefs and practices. Social workers provide mental health services within a multidisciplinary team in different settings, alongside other professionals such as psychiatrists, nurses, clinical psychologists and occupational therapists.

In a study conducted on mental health social workers, the state of their well-being and support in Minnesota, Conway (2016:7) found that participants experienced high rates of stress and burnout due to multiple factors emanating from the environment in which they are employed. This included a shortage of resources, involuntary overtime, understaffing, high workload and lack of appreciation by employers and society (Conway, 2016:7). In addition, Willems (2014) was of the view that having to work with a person who is diagnosed with a serious mental illness causes enormous stress and burnout among social workers. Willems (2014) and Conway (2016:7) similarly linked high stress and burnout with workload, degree of involvement with clients, lack of social support and role ambiguity. Social workers also suffer from stress as a result of not being able to help the clients and families as required, too little time to perform duties to the client's satisfaction, a feeling that they are spreading themselves too thin to cover for the services and the meeting of imposed deadlines and emotional demand of clients (Willems, 2014). Conway (2016:7) claimed that this does not only affect the mental well-being of the professionals but also the quality of services rendered to the service recipients.

In a study conducted by Ornellas (2014:51) participants cited several challenges that they encountered when providing mental health services. These challenges include issues such as the safety of social workers as they have to conduct home visits and work with clients that are psychotic, challenges in terms of their need to go the extra mile in terms of the services they provide and facilitating and participating in

involuntary admissions of users that are psychotic (Ornellas, 2014:51). The author further indicated that the safety risk is not only limited to social workers rendering mental health services but also in the provision of general social work services, and suggested that this matter needed to be explored further in research. Bila (2018:414) and Conway (2016:43) furthermore mentioned that there is lack of resources required to render mental health services. The lack of critical resources often causes social workers to experience stress and as such they are unable to deliver the services required (Conway, 2016:43).

In a study conducted by Ornellas (2014:118) participants suggested that the government should provide more resources in terms of building more hospitals in addition to making funding available to manage those services. This confirms that the scarcity of resources in community mental health occurs as a result of the lack of prioritisation of mental health services. Mapanga et al. (2019) stressed the issue of the lack of resources for community mental health services and further mentioned that these services continue to suffer a multitude of challenges because of the lower priority they are given.

Besides these challenges, studies conducted by Ornellas (2014:148) and Triplett (2017:17) revealed that participants encountered positive experiences when there is evidence of positive client outcomes, coming in the form of an expression of gratitude from service recipients. Equally, negative client outcomes can also impact the service recipient and service in general, as well as the well-being of the social workers who are providing the service. These negative outcomes come from the feeling of not being able to help when required to do so and the experience of seeing the client suffer (Conway, 2016:7; Triplett, 2017:17; Willems, 2014).

The above discussion indicates that social work as a profession is crucial to the provision of mental health services; however, the profession faces numerous challenges daily due to the complex nature of the service and the environment in which these services are rendered. These challenges need to be explored further in order to place the profession at the same level as other professions within the mental health field and also to improve client outcomes.

2.5.2. Roles and tasks of social workers in mental health

Karban (2011:3) asserted that the move to strengthen mental health services, and to integrate them at various levels of care within health care, left social workers in the dark. Feeling that their role is undefined, social workers feel that they are professionally marginalised and undervalued. Changes that unfolded in the health system in the past decades impacted on the contribution that social workers make in rendering mental health services (Aviram, 2002:624). Social work needed to respond adequately to these changes and challenges in order to maintain its social status and legitimacy in the changing world so that it could be taken seriously (Aviram, 2002:624).

In Australia, the role performed by social workers in rendering mental health services is well understood, unlike in South Africa, where it is often misunderstood (AASW, 2015; Bila, 2018:145; Olckers (2013:12). The preparation of social workers in terms of training to provide mental health services and conduct assessments seems to be limited which, when coupled with the lack of clear scope of practice, poses a challenge for social workers to articulate their role (Olckers, 2013:12). However, this has recently changed as the two fields in social work, in healthcare and clinical social work, have now been recognised as fields of specialisation in social work. This move will help clarify the roles and tasks of social workers in providing mental health services in the South African context and will further identify the skills and knowledge required to practice in those fields. It is important that social workers are clear about their role and should possess the required skills and knowledge to work in the mental health field.

Derret (2012:2) asserted that social workers in healthcare must be able to delineate and articulate their role clearly and further demonstrate how their profession can add value to healthcare. The author suggested that they should also always strive for visibility in an effort to prove the adequacy and suitability of the services they offer to clients (Derret, 2012:2).

Concerning the role performed by of social workers in rendering mental health services, the AASW (2008b) in Bland et al. (2020) describes the domain as follows:

“The domain in social work is that of social context and social consequences of mental illness. The purpose of practice is to restore individual, family, and community wellbeing, to promote the development of each individual’s power and control over their lives and to promote the principles of social justice. Social work practice occurs at the interface between the individual and the environment, social work

activity begins with the individual, and extends to the context of the family, social networks, community and broader society.”

In describing the social context, it comes out clear that social work intervention concentrates on the reciprocal relationship between clients and the environments in which they live, as well as how these shape their experiences of mental illness and mental health problems (Bland et al., 2020). Several concepts emerge from this description of social context. These are: individual personality, vulnerability and resilience, family functioning, strengths and stressors, support networks, culture, community, class and ethnicity and gender, as well as the broader social issues of economic and well-being, employment and housing (AASW, 2015; Bland et al., 2020). This describes the parameters according to which social workers operate within mental health services and identify their role, which is different from other mental health care professionals.

Regarding the roles and tasks performed by social workers, Engelbrecht and Ornellas (2015:23) stated that social workers focus primarily on facilitating communication between clients, families and members of the health team. Their added roles include case management, supported employment, residential care, psychosocial support, family therapy and support as well as reintegration and recovery.

Brooke-Sumner et al. (2016:8) in their study also identified the need for the role of social workers as case managers. The participants of the study were from the national, provincial and district offices of the Department of Social Development, as well as representatives of NGOs, specifically from the South African Federation for Mental Health and other service user organisations. The case management role as discussed in their study included conducting home and community visits, providing support to families at all levels, working with healthcare facilities to facilitate referrals, supporting clients and families regarding treatment compliance and identifying those that have missed their appointments for follow-ups (Brooke-Sumner et al., 2016:8).

Ornellas (2014:172) identified various roles that social workers need to focus on, which are the therapeutic, supportive, advocacy, relational and holistic roles. Social workers utilise therapeutic interventions, their advocacy role for mobilisation of services and support to improve the person’s general well-being and reduce the stigma of mental ill health (AASW, 2015).

Malitta (2012:199) cited several psychosocial strategies employed by social workers in health settings. These include, amongst others, routine screening of psychosocial conditions, transdisciplinary collaboration and coordination of services, where they also serve as brokers to facilitate services and resources (Malitta, 2012: 199). In addition to these interventions, it was further mentioned that social workers are involved in information and education, whereby they help individuals and families understand the mental condition, including its progression, expected outcomes, treatment and psychosocial factors involved, as well as adherence to medication and treatment, stress management, interventions to enhance coping, family and social support and spiritual resources (Malitta, 2012:200).

Furthermore, Bila (2018:144) asserts that social workers are well experienced in addressing the social perspective of mental health and they use that experience to address the causes of mental ill health, while at the same time they focus on and harness opportunities and human potential to bring about change. Social workers help individuals and groups to navigate through life's challenges and overcome barriers with which they are confronted (Pomeroy & Garcia, 2018:1).

In addition to the above, the Canadian Association of Social Workers (CASW ACTS) ([sa]) mentions that social workers work in a variety of settings which requires them to perform such roles as prevention, treatment and rehabilitation and further identified some of their roles and tasks in rendering mental health services as follows:

- “Direct services to individuals, couples, families and groups in the form of counselling, crisis intervention, therapy, advocacy, coordination of resources;
- Case management – coordinating inter-disciplinary services to a specified client, group or population;
- Community development – working with communities to facilitate the identification of mental health issues and development of mental health resources from a community needs perspective;
- Supervision and Consultation – clinical supervision/consultation, maintaining quality and management audits and reviews of other social workers involved in mental health services;
- Management/Administration – overseeing a mental health program and/or service delivery system; organizational development.”

In as far as the social worker's roles and tasks in providing services in community mental health organisations are concerned, Conway (2016:15) mentioned that their primary function is to provide case management, complete biopsychosocial assessments, assess for suicidal or homicidal ideation, implement treatment plans,

provide individual or group therapy, advocate for clients' needs, complete referrals to other resources, focus on reintegration into the community and facilitate independent living, management of symptoms and safety and promote recovery.

Ministry of Health and Family Welfare Government of India (2016:91) further outlined the following roles of the social worker: collaboration with other professionals, clients, families and caregivers, working in partnership with communities to facilitate reintegration and recovery, playing an advocacy role in services and resources, advocating for policy changes to address the social issues impacting on mentally ill persons and develop and participate in programmes aimed at the prevention of mental illnesses.

Ministry of Health and Family Welfare Government of India (2016:91) further mentioned that social workers rendering mental health services at the micro and meso levels pay specific attention to clients and families' general well-being, including their physical, mental and spiritual wellness. Within the macro level, they also focus on the broader societal issues in mental health (Ministry of Health and Family Welfare Government of India, 2016:91).

Currently, South Africa has taken a step forward in recognising the specialised field of social work in healthcare and in clinical social work, and has outlined the scope of practice in these fields (DSD, 2020:90,95). These are summarised in the following table:

Table 2. 1 – Comparison of Social Work Practice

Social work in Health care	Clinical social work
Bio-psychosocial assessment of the client systems	Assessment
Health promotion, education and prevention	Therapeutic interventions
Discharge planning focusing on bio-psychosocial adjustment	Rigorous systematic documentation
Liaise and network with relevant stakeholders	Review of the treatment outcomes
Collaborate with other service providers in health	Consult and collaborate effectively within the social work profession and externally
Play an advocacy role, facilitate, liaise, coordinate and act as a catalyst between health service and clients	

From the above literature reviews on the social workers' role in mental health, it became clear that social workers perform a variety of roles, depending on the setting in which they are employed. The scope of practice in the two specialisations help

clarify the roles, functions, responsibilities and activities of social workers and will bring uniformity in the way mental health services are provided in the field. It will further bring recognition by other mental health care practitioners and will alleviate some of the challenges that social workers come across in the provision of services.

2.5.3. Capacity of social workers in the provision of mental health services

Social workers rendering mental health services need to have the appropriate knowledge and skills to provide effective and efficient service. They need to demonstrate their competency in order to be recognised by other mental health professionals in the field. Derrett (2012:15) stated that competency within social work has to do with the knowledge and skill to perform their roles efficiently and effectively. The author further adds that competency is determined by the quality of services offered, the level of preparation in terms of training, education, and exposure to field practice and the ability to know and work within scope of the profession (Derrett, 2012:15).

2.5.3.1. Training in mental health

Regarding the social workers' capacity to provide mental health services, Saxe Zerden, Lombardi and Jones (2019:144) asserted that training offered in social work that focuses on social aspects of health enables social workers to treat clients holistically.

Social workers should understand the psychosocial risk factors in order to provide effective mental health services. The study conducted by Bila (2018:533) indicated that respondents had limited knowledge and skills in terms of mental health, mental illness and the types of mental illnesses before they attended the training. But this changed after they were trained, where there was an increase in their knowledge on mental health legislation and policy and the DSM. Olckers (2013:52) was of the view that social workers should possess adequate knowledge on mental health and mental disorders since that knowledge will contribute towards conducting holistic and comprehensive assessments to enable them to make appropriate referrals and recommendations. Derrett (2012:48) asserted that social workers should possess knowledge of different cultural and ethnic groups and should incorporate that into their daily practice with the clients. The author further mentioned that they need to have the skills to identify multiple and diverse views and to recognise the impact of ethnic, cultural and spiritual worldviews on the nature of social work interventions that can be

rendered (Derrett, 2012:48). Francis and Tinning (2014) reiterated that social workers must at all times pay attention to the broader psychosocial assessment and its relevance on psychiatric and medical symptoms, and advocated this for the benefit of clients while maintaining representation between them and the environment in which they operate.

Ornellas (2014:126) asserted that poor knowledge regarding mental health and the Mental Health Care Act is evident in social workers rendering generic services, however this could be attributed to the fact that social workers rendering generic services often do not pay particular attention to mental health and as such do not make any attempt to develop their knowledge and skills in this field. Knowledge of legislation pertaining to mental health services is important in protecting the rights and dignity of persons with mental disorders, it helps in the development of accessible mental health services and provides a legal framework to integrate mental health services (Ministry of Health and Family Welfare Government of India, 2016:89).

Allen (2014:8) further stated that social workers are well motivated and adequately prepared to provide services in adult mental health and they are able to do that with the right support. This view is supported by the study undertaken on working with mental illness and the preparation of social workers at the University of Tennessee, Chattanooga, which revealed that social workers are confident in their ability to work with mental illness but required more training and supervision in the practical setting (Tripplett, 2017: 22).

However, regarding social workers' training in the rendering of mental health services internationally, Kourgiantakis et al. (2019:2) indicated that discrepancies were identified in the education of social workers in terms of what was taught and required in practice, and the result was that the social work curricula paid little attention to mental health, suicide and addiction. The author further mentioned that subsequent to the findings, a recommendation was made that, in order to better prepare students for clinical practice, they need to be taught the foundation and fundamentals of mental health (Kourgiantakis et al., 2019:2).

Within the South African context, training in the provision of mental health services is mentioned in the Mental Health Act (Act 17 of 2002), which stipulates that all mental health care practitioners, including social workers, must be enabled in the care,

treatment and rehabilitation of people with mental illnesses (Republic of South Africa [RSA], Ministry of Health, 2002). In South Africa, a person is recognised to practice as a social worker after successfully completing a four-year BSW degree and must be registered with the South African Council for Social Services professions (Bila, 2018:159). Roestenburg et al. (2016:194) further mentioned that some modules on specialized areas introduce social workers to areas such as mental health and healthcare at the undergraduate level, but only at postgraduate level do social workers specialize with improved knowledge and skill on mental health. The author further mentioned that these include a Master of Social Work in Healthcare or a Master of Social Sciences in Clinical Social Work. With that being said, the question that arises is whether the current training at undergraduate level for social workers prepares them adequately to provide services in mental health and whether or not they get the necessary recognition by other members of their team. Olckers (2013:51) was of the opinion that the four-year training in social work is limited in its ability to prepare social workers to be competent in rendering mental health services as it merely offers an introduction in the field.

The findings of the study conducted by Olckers (2013:15) corresponded with those of the study conducted by Ornellas (2014:165), which further concluded that in order to adequately prepare social workers to provide services in the mental health field the undergraduate training needs to include mental health and should cover both theoretical and practical exposure.

The education and training of social workers also emerged as a recommendation in a study conducted by Ornellas (2018:215). The study recommended that the curriculum of social workers should be revisited to include practical training in micro and macro interventions and should incorporate more knowledge in addressing structural issues (Ornellas, 2018:215). Similarly, the study conducted by Triplett (2017:24) also concluded that social workers needed exposure to the field of mental health before they exit school in order to feel prepared.

Despite the formal qualification in social work and its preparation of social workers in providing mental health services, the SACSSP also requires social workers to attend in-service trainings and Continuous Professional Development (CPD) activities for them to be competent and confident in undertaking their professional duties

(September, 2010:312). The CPD activities afford the social workers the opportunity to learn new things in the profession for the benefit of client systems and the community, rather than relying only on their qualification which in the long run is inadequate to keep up with new trends and developments in the field (Lombard, Pruis, Grobbelaar & Mhlanga, 2010:109). The question that arises is whether social workers in mental health attend in-service trainings and CPD activities to equip them with proper knowledge and skills in the provision of such services, and whether such training gives them confidence in providing mental health services.

The study conducted by Ornellas (2014:87) found that participants had insufficient training in the provision of mental health services during their undergraduate studies and that they did not always pursue postgraduate training, however their competencies were achieved through the knowledge and skills they gained from attending in-service trainings.

The study conducted by Bila (2018:355) reflected that participants noted their need to be capacitated in mental health care, and recommended that the department organise workshops that should cover a wide range of approaches, including primary mental health care to enable them to improve delivery of services in this field. Knowledge of legislation pertaining to mental health services is important in protecting the rights and dignity of persons with mental disorders, helps in the development of accessible mental health services and provides a legal framework for integrating mental health services (Ministry of Health and Family Welfare Government of India, 2016:89).

A study conducted on mental health social workers, focusing on the state of their wellbeing and support in the USA at the St Cathrine University, Minnesota (Conway, 2016:1), found its relevance to the current study in that it addressed the experiences and issues of support available to social workers. Some of the findings cited in the study were that social workers can use their inner resources to effect change and manage their well-being, and that organisations should recognise the role that co-workers and supervisors play on the wellbeing of staff (Conway, 2016:62). This study appeared to suggest that certain organisational values and principles among co-workers played a significant role in effecting positive influence to its staff, such as the promotion of trust, reliance and mutual support and interaction (Conway, 2016:62).

The above literature covered the social workers' competencies with regard to the training which they receive in mental health and the knowledge and skills required to provide services, and also the importance of improving knowledge and skills through in-service training. From the above literature review on training, it appears that the four-year BSW degree in social work is the only passport to provide services in the broader social work profession as it introduces social workers to different fields, including mental health. Considering the different fields in social work practice and the nature of specialist services required in those fields, the generic training of social workers on undergraduate level may bring challenges to the image of the profession itself. Apart from the four-year degree, there is also emphasis on improving knowledge and skills through in-service training and CPD activities. From the above literature on training, a gap has been identified in that there is little literature and research done in the South African context that investigates training of social workers in rendering mental health services.

2.5.3.2. Training in DSM

Social workers employed in mental health care settings require knowledge and understanding of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5). Clinicians use the DSM 5 as a tool to guide them to decide on a reliable diagnosis of mental disorders (American Psychiatric Association, 2013). DSM can also be used by other professionals and is applicable in any setting. In social work, the DSM 5 is generally used by clinical social workers for diagnosis, especially in countries such as Canada and Australia where social workers' roles in mental health are clearly defined and where there has been adequate training provided (AASW, 2015).

Gould (2016) asserted that social workers need to familiarise themselves with the main systems of mental disorders in psychiatry, as this can help them make informed contributions to interdisciplinary practice. A study conducted on "A training programme in the DSM system for social workers" revealed that in South Africa, social workers both in private practice and in other settings use the DSM for assessment and diagnosis, regardless of their training and scope of practice (Olckers, 2013:1). The conclusion drawn from the study was that social workers received insufficient training in DSM during their formal studies (Olckers, 2013: 176). This conclusion was also supported by Bila (2018:344) who also indicated that participants who were interviewed in her study showed limited understanding of the DSM. The authors further

recommended that social workers providing mental health services should be trained in the DSM system as a prerequisite, irrespective of the setting in which they work (Olckers, 2013:178; Bila, 2018:42).

In addition, Robbins (2014:203) mentions several reasons why social workers need to be trained in DSM diagnosis as follows:

- It helps in communicating with other professionals in mental health, while clearly understanding the relevant concepts and terminologies.
- The DSM should be seen as a tool that helps to advocate for the client's needs, such as the social grants and school placements.
- Social workers can use the diagnostic tool to conduct comprehensive and holistic assessments focusing on all aspects of clients' lives.

While there are different reasons that compel social workers to be trained in DSM, it also poses several ethical dilemmas for both the social work clinicians and educators (Wakefield, 2013:134). Social workers using the DSM should always be aware of the ethical dilemmas this may bring and as such they should strive to protect the clients and the profession.

Although there are differing perspectives on the use of the DSM in the social work profession, it is still a valuable tool that can be used effectively in social work practice. Taking this into consideration, it can be said that the DSM is also applicable to social workers working in both primary healthcare and community settings. The knowledge of the DSM is crucial to helping social workers understand different types of mental illnesses and their symptoms and assist them in communication with other professionals in mental health and making appropriate referrals. After all, social workers make a valuable contribution in mental health and if they are to be taken seriously, they should show understanding of mental health concepts and terminologies.

2.5.3.3. Human resource capacity

With regard to human resource capacity, Burns (2011:5) agreed with Lund et al. (2010:309) that South Africa has insufficient human resources dedicated to provide mental health services. It was confirmed by the Department of Health (2013:15) that in total the number of personnel working in mental health in the Department of Health and NGOs is about 9,3 persons per 100 000 of the population. Lund et al. (2012:309)

further mentioned that the total personnel working in mental health facilities in the South Africa at that time was low for all the professions in mental healthcare, including social workers, with a percentage of 0.40 per 100 000 of the population. Psychiatrists were found to be at 1.2 and psychiatric nurses were 7.5 per 100 000 as compared to high income countries (Jack, Wagner, Petersen, Thom, Newton, Stein, Kahn, Tollman & Hofman, 2014). Despite the low percentages of human resources, there was no evidence of training in mental health and poor monitoring of personnel providing these services across all provinces (Roestenburg et al., 2016:169).

In South Africa, the capacity of social workers providing mental health services was also affected by mental health reforms and the effects of deinstitutionalisation (Engelbrecht & Ornellas, 2015:22). The authors further asserted that this was seen in the reduction of specialist clinical social work services which was then performed by non-specialist social workers providing generic services (Lund in Engelbrecht & Ornellas, 2015:22).

2.5.3.4. Supervision and support

Supervision is a requirement in social work practice and plays a crucial role in meeting the organisational, professional and personal needs of social workers required to improve client outcomes.

The National Department of Social Development (NDSD) (2012:18) defines supervision as:

“Supervision is a formal arrangement where supervisees review and reflect on their work. It is related to on-going learning and performance. Social work supervision is an interactional process within the context of a positive anti-discriminatory relationship, based on distinct theories, models and perspectives on supervision whereby a supervisor with the required experience and qualification, and to whom authority is delegated, supervises a social worker, student social worker, social auxiliary worker and learner auxiliary worker by performing educational, supportive and administrative functions in order to promote efficient and professional rendering of social work services”.

The new developments in social work recognise supervision as a specialisation. In its definition of a supervisor, DSD (2020:81,83) affirmed that it is a social worker who provides supervision and performs the following functions: management and administration, education and professional development and professional support.

For effective supervision to take place, all the functions of supervision need to be incorporated in order to support social workers in rendering quality services. The

administrative function of supervision focuses on making sure that policies and procedures are adhered to in the provision of services; the educational function seeks to improve the knowledge, skills and attitudes of the supervisees in the performance of their duties; and the supportive supervision is aimed at improving morale, job satisfaction and quality of work (NDS, 2012:25).

Different methods of supervision could be utilised depending on the needs of the organisation and should comply with the ethical guidelines of the profession, namely, individual supervision, group supervision and peer supervision (NDS, 2012:28).

Silence (2017:127) stated that supervision in social work is valued for its role of improving knowledge and skills and providing support in social work practice in health services. Engelbrecht and Ornellas (2015:27) asserted that effective supervision of social workers contributed to staff retention, improved competencies and improved outcomes which serves the best interest of clients.

Although supervision and support of social workers is crucial, it could be hampered by other organisational challenges such as insufficient resources. Acker (2010:594) found that insufficient resources and funding contributed to lessened social support and supervision in the workplace and opportunities for social workers to attend and participate in professional development activities such as workshops, continuing education and stress management. Lack of resources was also supported in the study conducted by Conway (2016:43). The author indicated that participants in her study cited a lack of resources as one of the challenges social workers are faced with and this affects their job and well-being (Conway, 2016:43). The author further mentioned that support from co-workers and support received through supervision contributes to improved client outcomes and improved morale for social workers (Conway, 2016:52).

Bila (2018:527,531) found in her study that both the district and hospital social workers lacked supervision and thus viewed it as ineffective because managers themselves did not possess any knowledge of mental health. This was also confirmed in the same study, where it was indicated that supervisors are not equipped to render effective supervision (Bila, 2018:531). The study further recommended that managers should receive training in mental health so that they can also provide in-service training and supportive services to social workers (Bila, 2018:531).

Supervision is an important aspect of social work and should be carried out in line with the professional code of ethics to meet organisational, professional and personal goals. Without supervision, social workers perform their duties in the dark. Social workers providing mental health services often find themselves having to intervene in difficult and challenging situations, advocating for the mental health care user's rights, while at the same time having to serve as brokers for the resources and services. Those working in the clinics and communities are usually the first line of contact where mental health services are concerned. Meeting the needs and expectations of the families that have mental health conditions, who have not been diagnosed or who have relapsed, and having to search for the resources to help such families, is quite challenging in an environment where not all service providers concerned are clear about their roles. Without supervision, social workers providing mental health services may suffer stress and burnout and ultimately their service provision will be compromised.

2.5 SUMMARY

Chapter two gave a detailed discussion on mental health services internationally and locally in terms of the objectives of the study. The chapter covered the prevalence of mental health services and the social factors that contribute to the development of mental ill health and how these could be mitigated to lessen its impact. The literature consulted gave insight into mental health services in South Africa, the legislative frameworks that underpin these services and how the services are structured and organised. Service provision at community-based level was discussed to give an overview of how these services are structured as well as the importance of inter-sectoral collaboration at this level.

The chapter concluded on mental health and social work, the challenges that social workers encounter in the provision of mental health services, views on their roles and tasks, undergraduate training and supervision and support.

The next chapter will focus on research methodology and research findings.

<p style="text-align: center;">CHAPTER 3</p> <p style="text-align: center;">RESEARCH METHODOLOGY AND RESEARCH FINDINGS</p>
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3.1. INTRODUCTION

The goal of the study was to explore the experiences of social workers in the provision of mental health services as not much is known about it. This section presents the research methodology used, research methods implemented and processes followed during the empirical study. The ethical considerations are also discussed, and the empirical study is presented in the form of a thematic analysis.

3.2. RESEARCH APPROACH

The research paradigm followed for this study is interpretive because the aim was to offer a perspective of a situation and to provide an understanding of the social workers' experiences in the provision of mental health services. The study explored the experiences of social workers in the provision of mental health services in the settings in which this service is provided (De Vos et al., 2011:8). The subjective view of the social workers in their natural environment can best be understood through this paradigm (Nieuwenhuis, 2016:60). Different people view and interpret situations and events differently and therefore there will be multiple perspectives in terms of how the social workers experience the provision of mental health services (Nieuwenhuis, 2016:60).

The research approach selected for this study is the qualitative approach, because it answers questions about complex phenomena with the purpose of understanding the phenomena from the participants' viewpoints (Fouché & Delport, 2011:64). The exploratory research purpose was used in the study, as the experiences of the social workers who are providing mental health services were explored, and described, using the qualitative approach. Linguistic data was gathered as opposed to numerical data and participants were observed and interviewed in the natural settings where the service is provided (Nieuwenhuis, 2016:53). The quantitative approach was considered; however, it was not appropriate because it focuses on the numerical data and relies on deductive rather than inductive reasoning (Nieuwenhuis, 2016:53). In conducting this study, the researcher was the main key instrument to collect data from the social workers in their natural settings (Creswell, 2013:45). Because qualitative

research is unstructured, it is flexible and allowed the researcher to modify the data collection methods, as new data emerged during the process of the study. The data was collected from various sources to give detailed information about the subject being studied (Nieuwenhuis, 2016:53).

The research question was explored using the exploratory study. Although exploratory studies are conducted when there is little or no knowledge about the topic being studied, this study focused on exploring the case with the aim of understanding the experiences of social workers in the provision of mental health services (Nieuwenhuis, 2016:44; Neuman, 2014:38). The exploratory study helped to point out some significant issues in the social workers' experiences in the rendering of mental health services and to understand the environment in which they provide these services (Nieuwenhuis, 2016:55). Exploratory studies allowed for specific attention to be paid to the intensity of the information shared on the social workers' experiences in the provision of mental health services as well as their willingness to disclose such sensitive information. The qualitative exploratory research links up with the applied research as discussed in the next session.

3.3. TYPE OF RESEARCH

The type of research considered appropriate for this study was applied research, as applied research is interested in applying practical solutions to immediate problems. It is believed that this type of research had the potential to bring change in the practice of social workers in the provision of mental health services. It assisted in exploring the experiences of social workers in the provision of mental health services and the affirmation of good or best practices and addressed shortfalls where challenges were encountered (Neuman, 2014:27; Babbie, 2011:25; Jansen, 2016:9).

3.4. RESEARCH DESIGN

The case study research design was appropriate for this study because it is used to describe complex phenomena and to reveal new and deeper understanding of these phenomena (Moore et al., 2012:243). Cases are multi-bounded and the research aimed to explore the experiences of social workers in the provision of mental health services, using in-depth data collection systems involving multiple sources of information and reports on descriptions and themes (Creswell, 2013:97). The sub-design selected for this study was the instrumental case study because it aims to

explore a particular subject, in this case the experiences of social workers in the provision of mental health services, with the aim of gaining knowledge which may be used to influence policy and improve services (Fouché & Schurink, 2011:322). The case was of secondary interest and was used as an instrument to understand the experiences of social workers in the provision of mental health services (Nieuwenhuis, 2016:82).

3.5. RESEARCH METHODS

This section covers the following topics: study population and sampling, data collection, data analysis, data quality and pilot study.

3.5.1. Study population and sampling

The study population for this research included registered social workers who are rendering mental health services in North Gauteng Mental Health in Tshwane, Gauteng. The sampling method used for this study was non-probability sampling and the method used was purposive sampling. Purposive sampling was selected because the researcher used her own judgement in selecting the participants, based on the research question and the likelihood that the study could generate rich information on the phenomenon being studied (Nieuwenhuis, 2016:85; Krysik, & Finn, 2013:161). Other considerations for the sampling included the transferability of the research findings, ethical preconditions and the feasibility in terms of money, time and other practical issues (Nieuwenhuis, 2016:85).

The researcher recruited 2 participants for the pilot study and due to the data collected being rich and thick, this data was included in the main study. Seven (7) participants were originally recruited for the main study, and recruitment would continue until data saturation was reached and there was no new data coming forth (Nieuwenhuis, 2016:85). Due to the COVID19 pandemic, it was challenging to recruit participants as they could not be recruited from their workplaces through a brief presentation during the staff meetings as initially planned. The researcher liaised with the supervisors and managers as gatekeepers to introduce the research study to the prospective participants using an information letter. This information letter and the letter of informed consent were sent electronically via email to the supervisors and managers. Those who indicated an interest in partaking in the study via email to the supervisor or manager were then sent the letter of informed consent electronically by the

supervisor or manager. An instruction was given that they read through the letter of informed consent and sign it if they would like to partake in the study and attach it in an email to the researcher's email address. The seven participants who emailed the researcher to indicate interest in partaking in the study, who met the selection criteria and attached a signed informed consent, were included in the study. Thus, a total of nine (9) participants were included in the study sample.

The selection criteria for participants were as follows:

- Had to be in possession of a BSW degree in social work.
- Had to be registered with SACSSP as a social worker.
- Had to be employed by an NGO involved in the provision of mental health services in Tshwane.
- Must have had six months or more of practical experience in the provision of mental health service.
- Can be of any gender, age, culture, religion.

3.5.2. Data collection method

Data collection was done through a recorded face-to-face interview at a venue chosen by the participants. The data collection methods were as follows:

3.5.2.1. Interview and recording

In the interview, to collect data, the researcher asked questions from the interview schedule to the social workers about their experiences in the provision of mental health services and about ideas, beliefs, views, opinions and their behaviors (Nieuwenhuis, 2016:92; Yin, 2014:110). The researcher used the interview to establish a general direction for the conversation, followed up and clarified new topics raised by the participants (Babbie, 2013:311). Semi-structured interviews were conducted, using an interview schedule.

The disadvantages of using the semi-structured interview are that some aspects that are not related to the study may come up and, in this case the researcher must guide the participant back to focus on the interview (Nieuwenhuis, 2016:93). The semi-structured interview allowed the participants to give as much information as possible, as they are the experts in the subject, and it gave them maximum opportunity to tell

their story (Greeff, 2011:352). Prior to the interview the researcher received permission from the participants to make use of an audio recording device, and used said device to get more in depth data (Greeff, 2011:359; Yin, 2014:110). All the participants agreed to be audio recorded and written notes of specific aspects of the interview were recorded for further revision.

3.5.2.2 Interview schedule

An interview schedule is a list of questions that the researcher plans on covering in the interview. It outlines the main topics that the researcher intends to cover and is flexible regarding the phrasing of questions and the order in which they are asked and allows the participant to lead the discussion in an unanticipated direction (King & Horrocks, 2010:35).

In using the interview schedule, broad and open-ended questions were formulated and used to give direction to the interview and not dominate it. The interview schedule allowed the researcher to ask questions in any order as determined by the direction of the interview and allowed her not to use the exact wording as it appeared on the schedule. During the interview, the researcher also identified key words that are related to the research topic and further invited participants to elaborate, clarify or provide more detail regarding these concepts (Greeff, 2011:351). The nature of the questions allowed the researcher to modify them as the interview progressed in order to fit the situation (Krysik & Finn, 2013:155).

3.5.3. Data analysis

The researcher used the thematic data analysis process as described by Clarke et al. (2015). Analysing data using thematic analysis was done by following these steps: Familiarisation, coding, searching for themes, reviewing themes, defining and naming themes and writing a report. These steps are subsequently discussed:

3.5.3.1. Familiarisation

The process of familiarisation with the data required the researchers to immerse themselves in the data (Braun & Clarke, 2013:204). For the researcher to be familiar with the data set, the researcher had to read and reread each data item actively, analytically and critically to understand and interpret the data (Braun & Clarke, 2013:204).

The researcher had to read the data set at least twice and listened to the audio recording several times, while at the same time transcribing the recording (Clarke et

al., 2015:231). As the researcher was listening to the electronic data set, she made notes as she went along and as this process ended, the researcher made notes on the overall observation of the data set (Clarke et al., 2015:231). In addition, Nowell, Norris, White and Moules (2017:5) mentioned that researchers can document their theoretical and reflective thoughts so that may develop through immersion in the data, including their values, interests and growing insights about the research topic. The researcher also included her field notes to strengthen this process.

3.5.3.2. Coding

Nowell et al. (2017:5) referred to this stage as generating initial codes. Coding involves a process whereby the researcher carefully reads through the transcripts line by line and divides them into meaningful analytical units (Nieuwenhuis, 2016:116). In assigning codes to the data identified, the researcher had to read and reread the data set to identify, prioritise and assign codes to the data that was more likely to answer the research question and that was of interest and relevance during analysis (Clarke et al., 2015:235). The researcher had to use the manual method of scribbling on the wide margins of each data item to identify themes and assign codes (Clarke et al., 2015:235).

3.5.3.3. Searching for themes

The researcher had to search for themes by creating a credible and clear mapping of the themes for the data (Clarke et al., 2015:235; Nowell et al., 2017:8). The researcher had to cluster codes together to form themes which are pinned by a central organising concept, simply put as key analytic points that unify the participants (Clarke et al., 2015:235). The researcher identified the overarching themes, had to break them down into themes and sub-themes and had to make sure that there was a relationship between themes and that they work together to form a coherent analysis (Clarke et al., 2015:235).

3.5.3.4. Reviewing the themes

This step required two methods of engagement to review the theme, firstly in relation to the collated coded data for each theme, and secondly in relation to the entire data set (Clarke et al., 2015:238). In order to ensure that the individual themes work in relation to the coded data, all the data associated with the themes for each code had to be reread to ascertain whether or not there is a good fit between the candidate theme and the meaning evident in the coded data (Clarke et al., 2015:238). The

researcher had to ensure that the individual themes and the analysis captured the key meanings and patterns in the data, which may have led to the changes being made or returning to theme development and revisiting the entire coding (Clarke et al., 2015:238). At this stage, it was shown how each theme was derived from the data (Nowell et al., 2017:10).

3.5.3.5. Defining and naming the themes

This step entailed the writing of short descriptions that explain the essence, scope, coverage and boundaries of each theme to allow for the development and enrichment of the narrative analysis (Clarke et al., 2015:240). Catchy and informative theme names that were descriptive, sensible and followed one another were identified and then finalized. (Clarke et al., 2015:240).

3.5.3.6. Writing up/producing the report

The process of writing a report started as soon as the analysis began (Clarke et al., 2015:241). This is the final opportunity for analysis where data extracts and analytic commentary was included (Clarke et al., 2015:241; Nowell et al., 2017:11). The report was written in the form of a mini-dissertation. The findings were then confirmed with literature substantiation and interpreted from the theoretical framework. The mini-dissertation is available in the UP library.

3.5.4 Data quality

In order to ensure data quality, it was crucial to make sure that the views of the participants were correctly captured in the research findings. “Trustworthiness has to do with how much trust can be given to the research process and findings,” (Bless, Higson-Smith & Sithole, 2013:236). The following four criteria had to be considered when assessing the trustworthiness in terms of Guba (1981) as referenced by Nieuwenhuis (2016: 123-125) and Lietz and Zayas (2010:191-197).

3.5.4.1. Credibility/ Authenticity

The researcher had to ensure that there was a fit between the participants’ views and how they were represented (Nowell et al., 2017:3). The research designs and the methodology used in the study had to be proven and defended (Bless et al., 2013:236). In order to increase the credibility of the study, the following strategies as outlined by Lincoln and Guba (1999) as quoted by (Schurink, Fouché & De Vos, 2011:420) were considered:

- Peer debriefing

The researcher worked with her superiors who were not part of the research, whose responsibility was to examine the transcripts, research methodology and final report impartially and give feedback to ensure credibility of the study.

- Member checking

The researcher presented the results – such as the themes generated - to the participants to ask for their feedback and correction of any data that was incorrectly captured and analysed (Clarke et al., 2015:241).

3.5.4.2. Transferability

This refers to the extent to which the results of the study applied to other similar situations (Bless et al., 2013:236). In qualitative research, the results of the study cannot be generalised to other populations, however, a full and useful description of the context in which the study was conducted was provided, and the participants' voices were heard providing their rich and dense verbatim quotes from the interviews. This allowed the readers to make their own judgement and decision about transferability (Nieuwenhuis, 2016:122; Nowell et al., 2017:3).

3.5.4.3 Dependability

To ensure dependability, detailed information was given about the decisions that were taken during the research process, as well as how the arrival to the conclusions was made. This helped the readers to examine the research processes for them to judge dependability (Nowell et al., 2017:3). An audit trail was kept, saving all data and noting all processes followed.

3.5.4.4 Confirmability

Lincoln and Guba (as quoted by Nieuwenhuis, 2016:125) described confirmability as “the degree of neutrality or the extent to which the findings of a study are shaped by the participants and not by the researcher bias, motivation, or interest.” To avoid bias and misrepresentation, member checking was used and peer debriefers were involved who are not part of the research to investigate the processes and decisions undertaken and thereafter give feedback. An audit trail was kept of the decisions and procedures followed in a systematic manner (Nieuwenhuis, 2016:125). The issue of coding was looked at to avoid using participants' words out of context to support the researcher's own points and views. The researcher used reflexivity by keeping a

journal to record daily logistics of the research as well as the researcher's personal reflections of her values, interests, and insights (Nowell et al., 2017:3).

3.5.5. Pilot study

A pilot study is a small version of the main study used to test whether the components of the main study can all work together (Schachtebeck et al., 2018). The pilot study was conducted to determine the feasibility of the study, test the interview schedule and evaluate the research methods and data analysis (In, 2017:601; Schachtebeck et al., 2018; Strydom & Delpont, 2011:395). The pilot study was conducted as soon as ethics approval and permission to conduct were obtained, the study and was done in preparation for the main study. Purposive sampling was conducted to select two participants from the same setting where the main study was conducted, as they shared the same characteristics with the participants in the main study (Strydom & Delpont, 2011:394). Testing the interview schedule assisted in the modification of the questions with the goal of quality interviewing (In, 2017:601; Schachtebeck et al., 2018; Strydom & Delpont, 2011:395). The pilot study also assisted in determining whether the participants selected for the study were able to provide data required to answer the research question (Strydom & Delpont, 2011:395). The data obtained from the pilot study was used to test the data analysis through thematic analysis and was evaluated to determine trustworthiness. The participants in the pilot study were included in the main study, as they provided rich data necessary for the study.

3.6. ETHICAL CONSIDERATIONS

According to Neuman (2014:69) ethics guide the conduct and decisions made by researchers about the research and research process. The following ethical considerations were applicable to this study:

3.6.1 Informed consent and no deception

Informed consent implied that participants should be fully informed about the research project before they agreed to participate (McLaughlin, 2012:59). Deception occurs when the researcher intentionally gives false or incomplete information to the participants whether in a verbal or written instruction (Neuman, 2014:75). Researchers should always give all the relevant information that the participants need prior to them making the decision to take part in the study (Strydom, 2011:119). In order to ensure informed consent, participants were asked to consent to take part in the study and this

was done in writing using a consent form (Babbie, 2017:30; Neuman, 2014:75). A letter of informed consent specified their rights to participate and all the details regarding the study. This included a description of the purpose and procedures followed, as well as the duration of the study, statement of potential risks, permission for the interview to be voice recorded, ensure confidentiality, protecting their identity by using a pseudonym, that the data will be stored for 15 years at the University of Pretoria and offered to provide a summary of findings to them once study is completed (McLaughlin, 2012:59; Neuman, 2014:75). Data captured electronically was password protected.

3.6.2 Voluntary participation and no incentives

Participants were made aware that their participation was voluntary, that they could withdraw at any time without any consequences and that they should not, for any reason, feel coerced or obligated to participate in the research study (Neuman, 2014:75; Strydom, 2011:116). The participants were also informed that they would not receive any incentive or remuneration for participating in the study.

3.6.3 Confidentiality and anonymity

Confidentiality and privacy were assured during the interviews, as only the researcher was present and only she and her supervisor had access to the data. Babbie (2017:67) states that the researcher can only guarantee anonymity when the reader cannot link the identity of the participant with a particular response. This is not possible when conducting face-to-face interviews, as the interviewer will be physically present with the interviewee and will be able to identify and match the responses to the participants. In this case, participants were made aware at the beginning that they will be assigned a pseudonym that was used in the study with all information provided linked to that name (McLaughlin, 2012:62). Thus, their identity was protected.

3.6.4 Debriefing of participants and avoidance of harm

Debriefing of participants is mandatory. It allowed the participants to share their experiences of the study and enabled the researcher to reveal and address any problems that may have emanated from the study (Strydom, 2011:122; Babbie, 2017:71). The researcher conducted debriefing after each interview and this assisted her to determine if there was any need for further debriefing. This allowed the participants to share their misconceptions about the study and to have questions

answered if any arose, as well as deal with any emotions that might have surfaced (Strydom, 2011:122). Babbie (2017:71) asserted that harm to participants may include emotional or psychological distress as well as physical harm. The researcher was always aware of potential harm to the participants and strived to protect them against it should it occur. The participants did not suffer any physical harm as a result of participating in the study, but there was a possibility that they could suffer emotional and psychological harm, especially if sensitive information was shared (Strydom, 2011:116). Arrangements were made beforehand with Ms. Eunice Mabena Baloyi for either face-to-face or telephonic counselling for participants if needed. As the study took place during the COVID-19 pandemic lockdown period, the researcher had to ensure that she followed the regulations for the lockdown stage, as prescribed at the time of data collection. During the face-to-face interviews conducted, the researcher made sure that the health and safety of both herself and the participants were protected by ensuring that they were sanitized, wore masks and maintained a safe social distance. No participants needed further counselling.

3.6.5 Mandated protection of research participants

Neuman (2014:79) and Babbie (2017:72) asserted that the protection of research participants is mandatory and that the responsibility lies with national governments, faculty research ethics of universities and institutional research ethics committees. In an effort to protect participants, the researcher was granted ethics approval by the Faculty of Humanities, Research Ethics Committee and also permission to conduct the research from the relevant institutional Research Ethics Committee where the participants are employed prior to undertaking the study. All the information regarding the research study was discussed with the managers and immediate supervisors of the participants, as they are the gatekeepers. The researcher also familiarised herself with the institutional policies, laws and regulations for conducting research and for protection of the participants' rights (Neuman, 2014:79).

3.6.6 Actions and competency of researcher

Research is governed by a professional code of ethics from different bodies. Neuman (2014:81) asserts that professional codes of conduct are not only there for codifying thinking and providing guidance but they also help universities and institutions defend ethical research against abuse. The researcher was guided by the SACSSP professional code of ethics and always adhered to them by conducting herself in an

ethical manner as mandated by the council during the research. She ensured that she conducted the study in an honest and professional manner, considering the ethics at all times (Strydom, 2011:121). Where the researcher was confronted with a difficult and ethical choice to make, she consulted with the supervisor for guidance. Yates (in Strydom, 2011:123) asserted that the researcher needed to portray herself professionally in the initial contact so that she could gain cooperation from all those that are involved in the project. The researcher has conducted research during her final year BSW degree and has completed a research methodology module on master's level (MWT 864).

3.6.7 Publication of findings

This involves making the findings of the research study available to the public. Babbie (2017:72) asserted that a researcher is ethically obliged to the participants and also to their colleagues regarding analysis of data and the way the findings are reported. In adhering to these obligations, it was ensured that the report was written in a legible and unambiguous manner, so that the readers may gain a clear understanding of what it entailed (Strydom, 2011:126). All information pertaining to the study, including its limitations, was clearly stated in the report (Strydom, 2011:126). The research report was written in a mini-dissertation format and is available in the university library UP Space, and an article will be prepared for possible publication in a scientific journal and a presentation of a paper at a conference. A summary of the results was shared with the participants.

3.7. EMPIRICAL FINDINGS

This section outlines and presents the empirical findings of the study. The participants' biographic details are presented in the form of a table, followed by a presentation of the findings and discussion of themes and sub-themes.

3.7.1 Biographic findings

Table 3.1 – Biographic information of participants

Profile	Suzan	Ruth	Maria	Nono	Maggie	Palesa	Ndumiso	Clive	Tumi
Age	35	45	35	39	51	32	34	36	31
Gender	Female	Female	Female	Female	Female	Female	Male	Male	Female
Marital status	Married	Married	Married	Single	Married	Single	Married	Married	Married
Home language	Tsonga	Sepedi	Sepedi	Ndebele	Sepedi	Sesotho	iSiswati	Ndebele	Setswana
Department/ NGO working for	NGMH	NGMH	NGMH	NGMH	NGMH	NGMH	NGMH	NGMH	NGMH
Highest qualification	BSW	BSW	BSW	BSW	BSW	BSW	BSW	BSW	BSW
University attended	UNISA	UNISA	UNISA	UNISA	UNISA	University of Lesotho	UNISA	UNISA	UP
Current position	Social worker	Social Worker	social work supervisor	Social worker	Social worker	Social worker	Social worker	Director	Social worker
How long in current position	4 yrs	5yrs	4yrs	4yrs	2yrs	3yrs	5yrs	5yrs	5 yrs
Experience in mental health services provision	4 yrs	5 years	3yrs	4yrs	2yrs	8yrs	5yrs	10yrs	5yrs
Registration with SACSSP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Postgraduate qualification	No	No	No	No	No	No	No	No	No

Data was collected from nine (9) participants, in accordance with the data collection methods discussed earlier. Participants were mainly from Tshwane and employed by North Gauteng Mental Health (NGMH) society. The biographic information was categorized according to 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 and any postgraduate qualification.

The table above outlines the biographic details of the participants.

From table 3.1 above it can be seen that the ages of the participants ranged from 31 to 51 years old, with the majority of participants (7) being in their thirties. The majority of the participants, (7) were females and 2 were males. The majority (7) are married and 2 are single. Their home languages are Sepedi, Ndebele, Sesotho, isiSwati, Setswana and Tsonga, the most predominant one being Sepedi. All participants are in possession of a BSW degree obtained between the year 2011 and 2018, and mainly at UNISA, but also from University of Lesotho and University of Pretoria. The participants' highest years of experience in the provision of mental health services were 10 and 8 years and the lowest 2 years. One participant had two years of experience and had been employed in the same organisation as an auxiliary social worker prior to her completion of a BSW degree. Although all participants are social workers, two hold different positions within the organisations, namely, one is a supervisor and the other is a director of the organisation. One social worker's responsibility is mainly advocacy and another was responsible for mental health support. All participants are registered with the South African Council for Social Services Professions (SACSSP). None were in possession of a postgraduate qualification, however two participants indicated that they are currently studying and are doing BA (Honours) in Criminology.

3.7.2. Thematic analysis of themes and sub-themes

During the data collection phase, a semi-structured interview was used with an interview schedule to explore the experiences of social workers in the provision of mental health services. A thematic analysis was used to analyse the data. The data was divided into themes and sub-themes. From the data 7 themes, each with their own sub-themes, were identified. Table 1 below presents the themes and sub-themes that emerged from the data. The researcher also used pseudonyms during the data collection phase, such as Maria and Ruth, as they appear in the biographic information, however in the discussion of these findings the pseudonyms have been replaced with P1 and P2 to further protect the identity of the participants. This amendment was made due to the size of the organisation, and the fact that the participants know each other, therefore one may be able to link the information to another. Another issue that emerged during data collection was that participants regularly switched to their home language during the interviews, and as a result, the researcher had to translate the words used.

Table 3.2 – Summary of Identified Themes

Theme 1: Understanding of mental health services	
Sub-theme 1.1	Participants' understanding of mental health services
Sub-theme 1.2	Services provided
Sub-theme 1.3.	Referrals received
Sub-theme 1.4	Mental Health Care Act 17 of 2002
Sub-theme 1.5	Participants' understanding of the DSM
Theme 2: Training in the provision of mental health services	
Sub-theme 2.1	Undergraduate training in mental health
Sub-theme 2.2	Undergraduate training alone
Sub-theme 2.3	Knowledge and skills acquired in mental health
Sub-theme 2.4	Other trainings attended
Theme 3: Roles and tasks of social worker in the provision of mental health services	
Sub-theme 3.1	Roles and tasks
Sub-theme 3.1.1.	Supervision and support
Sub-theme 3.1.2.	Therapeutic services
Sub-theme 3.1.3.	Education and awareness
Sub-theme 3.1.4	Advocacy
Sub-theme 3.2.	Frequency of role performance
Sub-theme 3.3.	Social workers' capacity in the performance of tasks
Sub-theme 3.4	Knowledge and skills needed
Theme 4: Support and supervision regarding roles	
Sub-theme 4.1.	Description of support received
Sub-theme 4.2.	Views regarding supervision
Sub-theme 4.3.	Importance of supervision
Theme 5: Challenges experienced in the provision of mental health services	
Sub-theme 5.1.	Stakeholder challenges
Sub-theme 5.2.	Lack of resources and funding
Sub-theme 5.3.	Placement challenges
Sub-theme 5.4.	Community 's perception of mental illness
Sub-theme 5.5.	Safety of social workers
Theme 6: Social workers' experiences	
Sub-theme 6.1	Participants' positive experiences
Sub-theme 6.2	Participants' negative experiences
Sub-theme 6.3	Impact of challenges on service provision
Sub-theme 6.4	Support and assistance received regarding challenges
Theme 7: Recommendations	
Sub-theme 7.1	Suggestions and strategies
Sub-theme 7.2	Recommendations regarding undergraduate BSW degree

The themes and sub-themes are subsequently discussed in detail, using verbatim extracts of the participant interviews to support the themes and literature to substantiate the findings.

3.7.3 Discussion of Themes

3.7.3.1. Theme 1: Knowledge and understanding of mental health services

This theme focused on the knowledge and understanding of mental health services.

Four sub-themes emerged from this theme:

Theme 1: Knowledge and understanding of mental health services	
Sub-theme 1.1.	Participants' understanding of mental health services
Sub-theme 1.2.	Services provided
Sub-theme 1.3.	Referrals received
Sub-theme 1.4.	Mental Health Care Act 17 of 2002
Sub-theme 1.5.	Participants' understanding of the DSM

Sub-theme 1.1. Participants' understanding of mental health services

The sub-theme focused on the participants' understanding of mental health services in general. The following testimonials represent the participants' views of their understanding of mental health services:

P2: "My understanding about mental health services ... it's a services that is rendered to people who are mentally challenged. Eh ... services like support, services like care and also protection for...for mental health care users. Support, eh...care and protection and rehabilitation..."

P4: "Eh... mental services in general, say it's about eh... helping the people... ok let me talk about what I do. It's about uhm... helping the people who are mentally challenged for example lets' say if there is a family who have a who have a person who is a ...who has a family member who is suffering from mental illness, there, we step in there to help the family; we talk take the client to...to the hospital for 72-hour observation. So, basically the services that we help the clients and supporting the victim... let me say not the victim, the client, family to support the client, to us is the client to them is a family member, so we step in ... eh... in terms of support services and then also raise awareness to the community in general, so we also provide services of supervision, support and raising the awareness campaigns. That's my understanding of mental health services..."

P6: "Okay. Uhhh... I believe that in terms of social... mental health as a social work practice we have to make sure that we focus on the social part of the client.... The mental health care user. They have to ensure that the mental health care user is understood and is not stigmatized and is not discriminated, the medication that they take they understand what is it for, and what they need to do in order for them to maintain and go back to their normal self as possible."

P1: "Ok I do understand due to my responsibility or my, what can I say, my job description. On how I am expected to do as a social worker working with mental care users. So, I understand on that manner on my...my... , I mean my....what to do and what I'm expected to do as a social worker working with them."

From the statements above, it was revealed that participants understand mental health services generally as services that are provided to people who experience mental health problems. The services that are described above include providing care, support and rehabilitation. One of the participants further indicated that they also provide education and awareness on mental health issues and another participant indicated that the services focus on the social aspect of mental health. When reflecting on these questions all the participants understood mental health services in terms of their roles and services within the organisation in which they are employed. Their understanding is guided by their roles and tasks in terms of the services they provide on a daily basis. This could be so because most of them have never been exposed to work in any setting except where they are currently employed.

Bila (2018:144) asserted that social workers' training and knowledge of the social aspects of mental health enables them to intervene effectively in the causes while also focusing on the individuals' capabilities and prospects to bring about changes in their lives. Social workers are trained to assist clients individually and in groups to address complex situations in their lives and to deal with challenges effectively (Pomeroy & Garcia, 2018:1).

Sub-theme 1.2. Services provided

This sub-theme reflected on the services they provide as social workers in mental health. The following narratives represents the participants' views:

P2: "Eh... eh... A kere ke (let me say, is) care and protection. By care, it's where eh... social workers eh... eh... we...we work closely related with mental health care user who are not violent. Then we offer ...eh ...eh... psychosocial services ...psychosocial support service to the client and then as a result the client will be aware of her or his illness and then he accept... he accept his or her condition. And then for ...for...for protection is where a social workers... if the client become violent, and then is where we work together with the police, then we call the police... then the client ... the police came with their skills of working with mental health care users ...is where they will accompany us to the hospital for client to get ...72 hours observation services at hospital."

P7: "Eh.... According to what we doing here, we provide the support to living with mental disorders. Support in a sense to...we make sure that they go to hospitals, when they need to go for check-ups, where... we also encourage them to take medication, encourage family members to support people living with mental

disorders and also give them information on the kind of disorders their patients are suffering from. Yes.”

P8: Okay. The other services that we render, we have got special care services, where we cater for children from age of three years, children whom are intellectually disabled. For example, children with...eh...having affected by maybe cerebral palsy. Then we've also got di uhmmm ... Protective workshops where we cater for adults from the age of 18 to adults then where we do different activities. We do educate them on how to do ... like for example, there other things that they cannot do from home. We help them especially with computer literacy, then there's sowing trainings, there's garden trainings, then there 's others and more activities that we do with those beneficiaries. Yah.”

From the above statements it was found that the participants provide psychosocial services to individuals, families and communities in the form of education, support, counselling and therapy, liaison and referrals. One participant further indicated that they also provide services to children at the special care centre and for adults at the protective workshop.

Social workers are involved in information and education, wherein they help individuals and families understand the condition; including its progression, expected outcomes, treatment and psychosocial factors involved, adherence to medication and treatment, stress management, interventions to enhance coping as well as family and social support and spiritual resources (Malitta, 2012:200). Social work services are directed to individuals, families, groups and communities aimed at provision of therapeutic services, support and guidance during critical times, advocacy wherein they act on behalf of the clients regarding services and resources and collaboration with communities to promote mental health and identify their needs (CASW ACTS ([sa]). Ministry of Health and Family Welfare Government of India (2016:85) indicated that social workers in mental health provide a range of services that focus on prevention, treatment and rehabilitation. The participants further reflected on the services that they spend most of their time doing and this is represented in the following narratives:

P3: “Ok, for us the services that we spend more time doing... is like home visits, and also we offer support to our clients and also another service that we do maybe we assist our clients with ...eh... when maybe the mental health care user needs to go to hospital for 72 hours observations. That's most of the services that we do and then finding a placement since Life Esidimeni is difficult but previously we used to do that sometimes and also writing psychosocial reports. Yes.”

P4: “Supervision. Supervision. Yes, we do more of supervision. Even support but mainly is supervision.”

P6: “I think advocating for their rights and advocating for mental health in general”.

From the above statements it appears that participants spend most of their time providing numerous services in mental health. These services include: providing support and supervision, conducting home visits, facilitating and referring for 72-hour admissions, placements and advocacy. The diagnosis of mental illness brings with it some psychosocial implications to the individual, family and community. Difficulties in understanding the diagnosis and feelings of blame, guilt, loss, stigma and discrimination impact on the individual and the family. The family also suffer from multiple losses, guilt, helplessness, changes in family functioning, the burden of care and in some instances loss of income.

These feelings, as mentioned by Sandhya Kaveri and Shekinar, (2012), coupled with misconceptions and a lack of information, may render support to be inadequate or lead to a lack of support. Social work is directed at improving the transactions between the people and their environment within the micro, mezzo, exo, macro, chrono levels. The participants focus more on the micro and macro level interventions with individuals, families and communities. Within the micro level, social work practice with mental health care users involves direct work with individuals, groups and communities to effectively address challenging situations in their lives (Pomeroy & Garcia, 2018:36). At the micro and meso levels social workers are concerned with the social well-being of individual clients and their families as well as the importance of their mental and psychosocial spiritual well-being (Ministry of Health and Family Welfare Government of India, 2016:91). The author also mentions that within the macro level, social workers also focus on the broader societal issues in mental health (Ministry of Health and Family Welfare Government of India, 2016:91).

Sub-theme 1.3. Referrals received

This sub-theme reflected on the referrals received by social workers in mental health. Their narratives are as follows:

P5: "Most, is helping the family to take them to the hospital because it's so... it's the process because sometimes the... The family first they do not know what to do..."

P1: "Ok the referrals that we got most is the ... when people are violent in the community. If somebody start to be violent in the house or locking themselves or rejecting people tending of social issues, yes life ...that's when they get people who want to isolate themselves and the family becomes frightened, if that person want to kill himself for or not . That's the case that we get most. And if the person

is starting to be violent in the street that's where we get most of the referrals of it."

P7: "Eh... it's 72 hours observation because people need to...when the family members are failing to take them to the hospital, they mostly refer them to us. Yes."

P8: Okay. Normally the referrals that we get it's uhmm... complaints of families saying that there's someone whom we suspect that... the... my cousin or my brother uhmm.... Displays signs of mentally disturbed. So, those are the... complaints or reports that we... Then we do investigations and determine whether the person is mentally ill or not through admitting the person for 72 hours observation. Yes."

From the above, it is clear that social workers in community mental health provide a range of services with individual clients, families and communities. Their most commonly referred cases are coming from other social workers, hospitals, community and families.

All the participants indicated that most of the referrals they receive require them to assist in facilitating involuntary admissions at the hospital. In line with these services, Conway (2016:15) mentioned that their primary function is to provide case management, complete biopsychosocial assessments, assess for suicidal or homicidal ideation, implement treatment plans, provide individual or group therapy, advocate for clients' needs and complete referrals to other resources, focus on reintegration into the community and facilitate independent living, management of symptoms, safety and promotion of recovery. Social workers are involved in the coordination and collaboration of services with other sectors in all areas of practice in casework, group work and community work. Within the ecological model, they focus on how various interactions within the environment support the interactions between individual clients and their families.

Sub-theme 1.4. Understanding of Mental Health Care Act 17 of 2002

The sub-theme on the understanding of the stipulations in the Mental Health Act is depicted in the following quotes from the participants:

P1: "We mostly use the... I don't know about the Act actually most but what I know we use mostly, mostly Form 4 for referral to the hospital. Other than that, we don't deal much with those Act. We don't get into depth with the Act or of which Act to use. So, we have Mental Health Act but we mostly don't use it, we use mostly the form. The form that I know most that we mostly use is Form 4 that you use for admission of the patient to the...of the client to the hospital admission."

P2: "(Giggling...) I can't tell you ... eh ... which stipulated but I know... we as social workers ... I am not familiar with the Act but we as social workers mostly we ... we support."

From the above quotes, it can be seen that participants are not familiar with the stipulations from the mental health care act. Seven participants indicated that they are not familiar with the stipulations from the Act whereas two participants indicated that they are familiar with the stipulations. The views of the two participants who indicated that they are familiar with the Act, are represented in the following statement:

P7: "Acts.... We normally use? Yah. We normally use section 40 when they are violent. Yah, we normally use section 40 that says we must involve the EMS and the South African Police services. Yes."

From the above, it came out that most of the participants are not familiar with the stipulations from the Act. This implies that social workers are rendering mental health services without sufficient knowledge of the legislative measures that guide the services (Ornellas, 2014:126). This corresponds with this study in that although participants are employed in a mental health organisation and are required to provide these services, they are also rendering other services including statutory services and as a result they prioritise the statutory services more highly and better equip themselves in that field. Knowledge of legislation pertaining to mental health services is important in protecting the right and dignity of persons with mental disorders, helps in the development of accessible mental health services and provides legal framework to integrating mental health services (Ministry of Health and Family Welfare Government of India, 2016:89).

Sub-theme 1.5. Participants' understanding of DSM

This sub-theme focused on the participants' understanding of the DSM in terms of using it as a basis for intervention in the provision of mental health services. Participants' understanding of DSM is captured in the following narratives:

P4: "Oh... that one I did it in psychology. Uhm... for me I think it's act according to my own advantage because I get to understand that this person is suffering from that... even before they get to the hospital and when I listen to what they say about the client I can see the.... The client... whatever the client will be displaying then I get to know okay these falls under this category according to the DSM criteria I get to understand. But it can get hard for someone who didn't do psychology. Yah, for me it's advantageous but I know if you did criminology it can be a bit tricky. Yes."

P9: "...Nna waitsi yona (me you know this) DSM the one you talking about neh, I only read about it ko (in) psychology, akere (you know)? It's when you ... it's like a criteria so, and then you ... you look at it and then you use it to diagnose. That's my understanding (laughing) yah so, I only saw it ko psychology but here

in the field, I don't have it (laughing) I don't have it. So, I only know there's something like that where you ... that thing ... you read it, neh. Like when you talking with the client at the back of your head you must be there where you can be able to diagnose or something. Mara nna (me/I), in the field I've never maybe I should get it (laughing)."

The following narratives reflect the views of the participants who indicated that they are not familiar with the DSM:

P3: "Ok, No, for us we don't use it."

P7: "I will not lie. I have never used it but some of my colleagues are using it. But I have never used it."

P8: Okay. Meaning is there any manual that we have?

Participants were asked to reflect on their understanding of the DSM in terms of using it as a basis for their intervention. Five participants indicated that they are familiar with the DSM. From these five, four indicated that their knowledge is derived from the psychology module in their undergraduate training and one participant indicated that she came across it in the field. In terms of their understanding of the DSM, participants indicated that it is a diagnostic tool that helps them to understand the client, gives an understanding of illnesses and symptoms and helps to understand the language they use at the hospital. The data above suggests that the majority of the participants have limited knowledge on the DSM and are also not using it as a basis for practice.

The training of social workers on the DSM was documented in the study conducted by Olckers (2013). The conclusion drawn from the study was that social workers received insufficient training in DSM during their formal studies (Olckers, 2013: 176). This conclusion is also supported by Bila (2018:344), who also indicated that participants who were interviewed in her study showed limited understanding of the DSM. The authors further recommended that social workers providing mental health services should be trained in the DSM system as a prerequisite, irrespective of the setting in which they work (Olckers, 2013:178; Bila, 2018:42). Gould (2016) asserted that social workers need to familiarise themselves with the main systems of mental disorders in psychiatry, as these systems can help them make an informed contribution to interdisciplinary practice. Within the ecological perspective, social workers should be competent in their ability to intervene in the transactions occurring in the individual's environment. These involve knowledge of policies and procedures in mental health, advocating on policy change and interrogate policies to ascertain the extent to which they meet the interest of the users and play an advocacy role in that regard. Other

policies that may impact directly on the mental health care user are those related to their rights to access housing and also those related to social security.

3.7.3.2. Theme 2: Training in the provision of mental health services

This theme focused on the training participants received in the provision of mental health services. Four sub-themes emerged from the theme on training in the provision of mental health services. These are outlined as follows:

Theme 2: Training in the provision of mental health services	
Sub-theme 2.1	Undergraduate training in mental health
Sub-theme 2.2.	Undergraduate training alone
Sub-theme 2.3	Knowledge and skills acquired in mental health
Sub-theme 2.4	Other trainings attended

Sub-theme 2.1. Undergraduate training in mental health

This sub-theme focused on whether the training that the participants received on undergraduate level adequately prepared them to undertake practice in mental health services. In reflecting about this question, two of them linked their responses to not having done psychology during undergraduate training. Other responses given included four participants who indicated that training in their undergraduate studies was not enough to enable them to undertake practice in mental health, three participants felt that undergraduate training did not prepare them and two participants indicated that undergraduate level prepared them to undertake practice in mental health.

The following quotes reflect the views of the participants who indicated that the training at undergraduate level was not enough to prepare them to undertake practice in mental health:

P2: "With... I don't is... is enough. Silence...I don't is not enough because the... we... eh... during training we do... ke gore (is that) we do everything in general so we don't ... we don't spend ...we don't nka e bea bjang (How can I put this) (researcher assisting with word... spend) we don't eh... spend most of the time with maybe for example social illness ... mental illness or ...or trauma what, what or ...or substance abuse ... we do things in general so the information or that education is not... is not enough for us to tackle mental cases. Yah... eh... eh..."

P1: "Because when we did eh... I did eh...social issues that's where social workers specialize with. But then I got a job in a mental health organisation. That's where I think I need more and more training about it. But actually, I have a basic, we have a basic training about it, as we do awarenesses most of the time when they give us the pamphlet, we read it ... bit by bit we are getting to it. But then, to know it but actually I have not started getting any training from my degree about mental health issues but I was specializing with criminology part."

But somehow, somehow, it corresponds with the criminal because it's all about the mind of the ... or the psychological part of the person. But actually, not so much."

From the above quotes of participants, it emerged that training in undergraduate level is generic and focuses on social issues.

The narratives of the participants who indicated that undergraduate training did not prepare them to practice in the field of mental health are reflected in the following quotes:

P4: "Because at undergraduate we... they will just tell me ...ok let me say support that with that DSM thing. They describe ... they let me know what is depression, I get to know what is schizophrenia, all those disorders and the like, but how to deal with that person I don't remember being taught about that I don't remember that.... About how to deal with the person or how do I approach such a person. I don't remember being taught about that unless if I missed the... the chapters. I was just exposed."

P8: "(Laughing) Yah, I think the... The curriculum itself, its only on social work itself but doesn't have any or specific module that talks to mental health per se. Because I think only I was only introduced to the Mental Health Care Act or mental health uhmmm.... Responsibilities when I got to.... to the organisation. I wasn't even familiar because I didn't Remember there's choices when you do social work. I didn't do psychology for example I was.... One of my major subjects was criminology. I did criminology and at the same time I'm here in the mental field which is ...yah....yah... (laughing)."

During the interview, one participant mentioned that she had done psychology as part of her undergraduate training, but lacked the practical application which gave her challenges in practice. One participant pointed out that the undergraduate training lacked a specific module in mental health.

The following quotes reflect the views of the participants who indicated that undergraduate training prepared them to undertake practice in mental health:

P5: "Yah, for me I can say it did help me a lot because I did psychology. Mostly psychology when dealing about the behaviors which make me to understand more clear about the... the behaviors, which is not normal."

P9: "Eh... (silence) you know what? I think it did, neh? When I was When I was... when I was at the university... but I feel like... most of the time once you complete your degree, we don't go back to... we don't refer. We don't use our textbooks to refer to what we have learnt and then you apply it in practice. I think it does. Because of, like in one of the modules, there was social work in health care wa bona (you see) and the psychology as well..."

Data from the two participants who indicated that the undergraduate training prepared them to practice in mental health revealed that both have studied psychology as one of their modules in undergraduate and the other one has also studied a module in social work in health care in undergraduate level, which exposed her to mental health.

It also emerged that one of them was also exposed to mental health services as she was working as an auxiliary social worker in the same organisation prior to her qualification as a social worker.

From the analysis above, it emerged that social workers are not receiving training on mental health during undergraduate level and as a result they are not adequately prepared to practice in the field. They are also not receiving practical training to enable them to provide mental health services after graduation. Ornellas (2014:165) supported the view that social work students do not receive adequate training in the field of mental health during undergraduate level to enable them to practice. The study concluded that in order to adequately prepare social workers to provide services in the mental health field, the undergraduate training needs to include mental health and should cover both theory and practical exposure. (Ornellas, 2014:165). Roestenburg et al. (2016:194) further mentioned that some modules on specialized areas introduce social workers to areas such as mental health and health care, but they are however not adequate to equip one to practice in the field; while at postgraduate level social workers specialize with improved knowledge and skill on mental health.

Sub-theme 2.2. Undergraduate training alone

This sub-theme reflected on whether participants think the BA Social Work degree alone adequately prepares one to practice in the mental health field. Various responses were given by the participants when reflecting on this question. Six participants mentioned that the BSW degree alone cannot adequately prepare social workers to practice in the mental health field. This is represented in the following narratives from the participants:

P9: "No, no, no. no, no... no because akere (isn't it) they... nna (followed by translation) I feel like it's only the basics you know. And mental healthI think it's the specialization. Yah, and then So, you can't use that information to... to help you to be confident. You know it's just the basics so that when someone is saying something you will know like different types of illnesses tsa (of) mental health but yona (it) is not enough for you to be an expert of eh... you can say.... You can be confident and then do trainings and ... and wa bona (you see). No, no, no, It's not enough. I think we need to add. We need to add on it."

P4: "I think it needs more information. Alone..... mmmh mh (Turning her head sideways) I think it lacking something especially in terms of mental services....maybe there must be the supervision part or let me say maybe if they can say psychology has to be compulsory Yah, because social work and psychology... I think...I believe they have to go hand in hand so I believe if they can say psychology is compulsory and also if they can add that part of how to deal with those mental clients exactly, maybe they can also add the Mental

Health Act exactly in the syllabus as well so that when you go you will be knowing exactly what is it happening there.”

Two participants mentioned that they are not certain about whether the BSW degree alone can adequately prepare social workers to practice in the mental health field. Their responses pointed to two things: the need to add some practical application to boost the degree and the need for some courses or training to be added prior to beginning to practice in mental health. These were reflected in the following narratives from the participants:

P3: “I can’t say ...per se... maybe if I can also add maybe some few courses or maybe we can maybe get some trainings on mental health issues. I think it will be fine. Not only UNISA only.”

P6: “(A sigh.... An expression, Laughing) well.... Mmhhmmh... I’m not really sure. But I would think it also needs ...uhm... an extra boost. I believe it needs an extra boost and in terms of practicals, not really the theory, yes the theory is adequate enough but I feel there is more that needs to be done in terms of the ... the practicals.”

One participant felt that the BSW degree alone can help prepare social workers to practice in mental health but the choices that students make in terms of selecting the modules based on where they want to see themselves in practice limit the ability of the degree to prepare social workers. This was reflected in the following quote from this participant:

P8: “Yah. It can, but now whether..... the thing is ... remember sometimes we do ... our choices are determined by whether is what I want to do like, for example, as I ‘ve said that with myself, I wanted to see myself working at eh.... Saps or working with As a probation officer somewhere but I found myself due to the situation sa (of) unemployment rate in South Africa, then I have to find myself in the mental health field and I had to obviously learn from the organisation itself. Meaning I ‘ve learnt most of the things here not where I come from, the university.”

From these participants, it emerged that the undergraduate training in social work alone did not prepare them to practice in the mental health field. Participants felt that undergraduate training needs some additional training after graduating or additional information in mental health to help prepare social workers to practice in mental health. It also emerged that there is a need to incorporate psychology during training to enable social workers to be adequately prepared in the mental health field. Tripplett (2017:16) found that the educational background or mental health syllabus during undergraduate training alone did not sufficiently prepare participants to work with individuals with serious mental illnesses and they were not prepared after graduation. The author further mentioned that in order to prepare social workers in the mental health field,

there must be additional resources such as training, good supervision and practical experience (Tripplett, 2017:25). In addition, Ornellas (2014:78) further asserted that very few participants received sufficient training in their undergraduate level.

Sub-theme 2.3. Knowledge and skills acquired in mental health

This sub-theme reflected on whether or not participants acquired the majority of their knowledge and skills regarding mental health on the job or in their undergraduate BSW degree. The following narratives represent their views:

P3: "Ok, I can say maybe 50/50. Some of them I have acquired at UNISA, some of them I have acquired them while I 'm working on a daily basis. And maybe few of them I have acquired them via trainings and staff."

P9: "I think it's ... some ... some ... some of the information. I think, yah some of the information I came with it from... from... from the university, neh. And then when you come here and then they add on it. They add. They add. Yah."

In reflecting on this question, five participants indicated that they have acquired their knowledge and skills in both undergraduate BSW degree and on the job training. From these participants, three of them had psychology as one of the modules in undergraduate level. Four participants indicated that they acquired the majority of their knowledge and skills regarding mental health only on-the-job through training and support from colleagues. Their views are represented in the following narratives:

P4: "I got them here."

P8: "...then I have to find myself in the mental health field and I had to obviously learn from the organisation itself. Meaning I 've learnt most of the things here not where I come from, the university."

P2: ... "we just come from school then, we learn... with mental health we learn from eh... eh.... others. If the previous social workers were doing mental... mental cases, I just follow what she or he was doing. So, we don't get eh... more information on mental... mental health. We just work randomly."

From the above narratives of the participants, it emerged that participants acquired their knowledge and skills on the job through training they attended. It also was shared that an additional module in psychology at undergraduate level has also helped participants with their knowledge and skills in mental health. It appears that both on-the-job training and undergraduate training had played a role in equipping them with knowledge and skills in mental health.

Sub-theme 2.4. Other trainings received

This sub-theme reflected on the training the participants have received in mental health outside of the BSW undergraduate program and to describe the kind of training

they had and whether it had specifically helped them. This is reflected in the following verbatim quotes from the participants:

P3: "Umm... Yes, I think that eh... one time we went to Weskoppies and then we did acquire training but is long time ago."

P7: "Yes. I have went to trainings.... Different trainings from Mental Health, Laudium, the South African Federation for Mental Health, and also North Gauteng Mental Health, they also trainings there and there."

P8: "Yes. There's few trainings that I have attended obviously on different topics, obviously. There's topics on mental health per se, there's different topics for example, on mental health illnesses, like for example schizophrenia, there's trainings that I attended on schizophrenia. There's trainings... trainings that I've attended on stress or ... or depression, for example. Yah, we went through different trainings since I have started. I think I had more than twenty trainings or sessions that I have attended."

In reflecting on this sub-theme, seven participants indicated that they received other forms of training outside of their BSW undergraduate degree. They indicated that they received these in the form of in-service training offered within their organisation and liaising with Department of Health, NGOs and the SAFMH. Although some of them could not exactly recall titles of the training they have received, the majority of them indicated that they attended the following: Mental Health Care Act specifically on voluntary and involuntary admissions and different mental health conditions, such as schizophrenia, depression, bipolar, suicide and self-harm. Other training that was also mentioned was stress management, wellness offered during COVID19, trauma debriefing, public speaking and also their roles as social workers. Some of them also mentioned that self-reading of pamphlets given to them according to the awareness events calendar, helped them to acquire information on mental health to enable them to raise awareness and educate the community. This is depicted in the following narratives:

P1: "Yah... what we have we have a training... service in training, they do give us a little bit of training not much as per se but we haven't get the experts from mental health services ... but from the support from SA Federation for Mental Health we do get some training but the training mostly as I said it comes through pamphlet issues so if you are ignorant and to read those pamphlet you cannot get more information about mental health. But as a social worker working with mental health, it's your duty or responsibility to learn about it so that if the client came ...so that you have a basic knowledge about mental health issues."

P4: "...But even there, there are pamphlets. Sometimes I think reading also helps. Yah because they give us pamphlets when we are doing awareness campaigns. Sometime it can be easy, you know our job is a lot of work..."

These seven participants also indicated that they have benefitted much from the training. They indicated that training broadened their knowledge in the mental health

field and clarified their roles. The following narratives from the participants attest to this:

P3: "For me because the one that says the role of a social worker when coming to mental health services, I think we have learnt a lot because from the beginning we didn't understand exactly what is expected from us because we were doing a lot of things that we were not supposed to do..."

P5: "Yes, it helped me a lot."

P7: "I can say it did because most of the terms and the conditions...mental health conditions, I did not know before and I knew after that."

Two participants indicated that they did not receive any form of training outside of their BSW undergraduate degree. Of these two participants, one referred to the training she received as short courses which included the following: suicide, depression, basic training on mental health, covering voluntary and involuntary admissions and the definition of her role. The participant also indicated that self-reading through pamphlets during health calendar awareness events also played a role. The participant also indicated the training did not help much as she recalled that sometimes they were lengthy, she could not grasp everything that was taught and also that some were attended long time ago.

P2: "No, no."

P4: "Ah, not that I know of. It's only this year that it was uhmmm... e bile it was an employee wellness thing so, they were also touching what we do as social workers there. And then last year, there was another one yes, I remember.... There was a training last year, the problem is that it was too lengthy ...ah... you know, we are now grownups so you can teach me from 8 to 4, I can track what you taught me maybe from 8 to 10 or from 8 to 12 beyond that I 'll then I 'll just watch you..."

From the above reflections, it can be deduced that participants received in-service training to equip them in the mental health field. Whether in the form of short courses or in-service trainings, participants attended some form of training within their organisation apart from the training they received from the BSW undergraduate. These trainings are crucial in increasing their knowledge of mental health services and clarified their roles. Ornellas (2014:87) found that participants had insufficient training in the provision of mental health services during their undergraduate studies and that they did not always pursue postgraduate training, however their competencies were achieved through the knowledge and skills they gained from attending in-service training. The SACSSP requires social workers to attend in-service trainings CPD

activities for them to be competent and confident in undertaking their professional duties (September, 2010:312).

Training of social workers is very crucial. From the exo level, the nature of the training determines the level of service that the mental health care user receives, as well as the nature of the decisions made about the service. The exo level comprises of those services that the user is not directly part of, but which influences the care they receive (Bronfenbrenner, 1994:40). Within the ecological model, social workers need to possess knowledge and skills through training in order to provide effective services to mental health care users, their families and the community.

3.7.3.3. Theme 3: Roles and tasks of social worker in the provision of mental health services

This theme focused on the social workers' understanding of their roles and tasks in the provision of mental health services. This theme will be discussed according to three main sub-themes as depicted from the data, namely, roles and tasks, social workers' capacity in the performance of tasks and knowledge and skills needed. Participants' understanding of their roles and tasks was guided by the duties that each of them performs in the organisation as well as the position held. In analysing the data, the researcher identified a variety of responses from the participants.

Theme 3: Roles and tasks of social worker in the provision of mental health services	
Sub-theme 3.1	Roles and tasks
Sub-theme 3.1.1.	Supervision and support
Sub-theme 3.1.2.	Therapeutic services
Sub-theme 3.1.3.	Education and awareness
Sub-theme 3.1.4.	Advocacy
Sub-theme 3.2.	Frequency of roles performance
Sub-theme 3.3.	Social workers' capacity in the performance of tasks
Sub-theme 3.4	Knowledge and skills needed

Sub-theme 3.1 Roles and tasks

The sub-theme on roles and tasks will be further discussed in relation to four main roles that emerged from the data: supervision and support, therapeutic services, education and awareness and advocacy. These are discussed as follows:

Sub-theme 3.1.1 Supervision and support

This sub-theme focused on supervision and support received by the participants. The following verbatim extracts from the interviews support this sub-theme:

P3... “to offer support to the family because is difficult to live with someone who is mentally unstable and then if maybe a social worker maybe comes and offer support...”

P7: “We will make sure that the person has support from home and make sure that the family and the person who is suffering from the mental problem has understanding of the condition that they have and they know the importance of going to the doctor. They know the importance of taking medication. And we also make sure that the family knows the importance of providing support to the person with mental problems.”

P4: “...Yah, and then, not forgetting the supervision (giggling) ...you know, this one of supervision we play it a lot because if we don't, sometimes they just relax sometimes the clients they just relax but when they see you coming then they say, yah, okay yah...yes, then we take the medication....yah you should take the medication you know those social workers when they come back....”

P5: “...what their role must do after the client is back from the hospital and to do supervision again to them and mostly to inform them even though they don't have... if they are...”

From the data analysed, all the participants indicated support and supervision as one of the roles that social workers play in providing mental health services. Being a social worker in an NGO providing mental health services involves a lot of support and supervision to mental health care users. This includes support to the client and family members' prior admission, during admission and after discharge. Supervision involves work and support conducted to the client and family or caregiver after the user is discharged from the hospital and includes such things as making sure that the family understands the diagnosis, the importance of treatment adherence and ensuring that the client adheres to treatment, the importance of family support towards recovery and monitoring that client indeed takes treatment and is stable until at a point where they believe the client and family are able to manage on their own. This involves supporting clients through recovery and making sure that they are well integrated in their family and communities.

Social workers in mental health play a significant role in supporting the client and family members and caregivers to deal with the changes and challenges that occurred and also to provide psycho-education on the condition to eliminate stigma and discrimination. The above findings are in line with the study conducted by Ornellas (2014:158), who in her study found that the majority of the participants viewed support

as one of the major roles that social workers play in working with clients with mental illness, their families and caregivers. Social workers provide support on many levels such as facilitating the process of reintegration into normal societal functioning, emotional and administrative support, building collateral and facilitating resource access (Ornellas, 2014:158). Through therapeutic interventions and the mobilisation of services and supports, mental health social workers enhance the person's social functioning, promote recovery and resilience and aim to reduce stigma (AASW, 2015). Similar tasks were identified in the study conducted on investigating challenges and way-forward for inter-sectoral provision of psychosocial rehabilitation in South Africa, where it came out that social workers in the community perform a case management role, where they are involved in conducting home and community visits, providing support to families at all levels, working with health facilities to facilitate referrals and supporting clients and families regarding treatment compliance and identifying those that have missed their appointments for follow-ups (Brooke-Sumner et al., 2016:8).

The important role that the social workers play within the ecological perspective is that of support, whereby the social worker works with the mental health care user, the family and community, towards successful reintegration into family and community life by looking at the user's immediate environments with which they have a direct link and how interactions occurring at that level affect the user (Bronfenbrenner, 1994:39). Social workers working in the micro level offer support to the mental health care users and their families and focus on strengthening support networks.

Sub-theme 3.1.2. Therapeutic services

Therapeutic services as a sub-theme was identified as one of the roles that social workers perform in providing mental health services. Five participants identified counseling as one of the roles that they perform. This includes one to one counselling with clients with mental illness and their families and caregivers. From the responses given, participants mentioned that one to one counselling with mentally ill clients, their families and caregivers involved helping them understand and cope with the condition, understand the importance of treatment and adherence to treatment, as well as how to cope and relate to a mentally ill person at home. These was reflected in the following quotes:

P9: "... and counselling To counsel the family, you know. I think those are our roles."

P6: "I think they would include counselling, uhmm... therapy..."

P5: "... and assisting the family with counselling."

The findings are in line with those in a study conducted by Ornellas (2014:157), wherein 40% of the participants regarded counselling as one of the key roles and considered it to be of great significance in rendering mental health services. The author further mentioned that this role was seen to be performed more by social workers employed in non-governmental organisations and in private organisations than by those in the public sector (Ornellas, 2014:157). NDS (2020:95) supported the role performed by clinical social workers when rendering therapeutic services and includes providing counselling and therapy to individuals, couples, families and small groups drawing on the full range of therapeutic techniques and modalities. Within the ecological model, social workers providing interventions at micro-level work with the mental health care users and their immediate environments such as family, friends, community, church, health services, social welfare services and work. Their work also involves direct work with individuals, groups and communities (Pomeroy & Garcia, 2018:36). These services are more client and family oriented and they focus on helping the mental health care user and family to cope successfully with the changes that the condition brought into their lives and helps them to make informed choices towards recovery.

Sub-theme 3.1.3. Education and awareness

This sub-theme focused on education and awareness, identified by five participants as being crucial in providing services to people with mental illness, their families and communities. The participants indicated that they educate the families about the condition, symptoms, medication and the importance of adherence and continuous follow ups at the clinics. They also indicated that they educate community about mental health issues. This is confirmed by the following narratives from the participants:

P2: "... is where the social worker educate... I forgot education. One of our role is to educate, then, is where as a social workers we go to the family and educate the... the family about what bipolar is or eh... eh... what depression is. We will give them the information so they will know when the client will .when the client 's symptoms triggers They know how to handle their mental care users."

P6: "...we educated the family about the illnesses and the medication and the importance of her taking that medication on a daily basis and monthly basis for check-ups..."

The importance of the social worker's role in providing community education was also cited in the study conducted by Ornellas (2014:124). In this study, participants felt that psychoeducation is necessary in the communities to educate them about mental health issues and how to provide care and support to people with mental illnesses (Ornellas, 2014:124). Social workers play an important role in educating the community through programmes that empower community members with knowledge of mental health issues and use those programmes to help them to identify symptoms of mental illness, change behaviours and attitudes, and encourage them to seek help (Ministry of Health and Family Welfare Government of India, 2016:37). Community awareness and education is one of the powerful roles social workers play to bring change in community perceptions about mental illnesses. Within the micro and macro-level interventions, social workers work with the communities to improve support networks and the effect this has on the individual's perception of the illness, educate the community on mental health, challenge views, address issues of belief systems and stigma and discrimination regarding mental health. Social workers can do this through interventions in the broader society, culture, shared beliefs and ideologies (Bronfenbrenner, 1994:40).

Sub-theme 3.1.4. Advocacy

This sub-theme focuses on one of the roles that was identified by two participants in the study which is the role of advocacy. These participants indicated that they advocate for people with mental illnesses and their families to access the services and advocate for their rights. This is evident in the following narrative from the participants:

P4: "I believe that the role of the social worker in mental health care services is for playing the advocate part, whereby you have to step in to assist the family..."

P6: "We have to ensure that the mental health care users they are as comfortable as possible, they have information ka their illnesses, they are educated, we advocate for their rights, we provide the knowledge and do the education to the community and the families in general."

Social workers work within the rights-based perspective to protect individuals and communities from any form of harm and abuse. As mental health professionals, social workers focus explicitly on the rights of people with mental illness and their families and they are skilled in providing interventions that enable them to investigate and address issues of maltreatment to enhance safety, foster a caring environment and a culture of tolerance and understanding within mental health services (Allen, 2014:14).

In addition, Conway (2016:17) asserted that social workers have extensive knowledge in both mental health and advocacy and bring that expertise into the community health centre to benefit the clients and the service. The role of social workers as advocates also correlates with the study of Ornellas (2014:159). In that study, most of the participants perceived advocacy as one of the primary roles of the social workers that is provided in all spheres of their lives and in service rendering (Ornellas, 2014:159). Their role in advocacy is to ensure that services for people with mental illness are developed and accessed and to ensure that community attitudes towards mental health are changed (Ministry of Health and Family Welfare Government of India, 2016:85).

Sub-theme 3.2. Frequency of roles performance

The sub-theme focused on the extent to which participants perform the roles mentioned in the previous sub-theme. In reflecting on this question, seven participants indicated that they perform them daily. These responses were aligned with the role and position they occupy in the organisation. This is depicted in the following narratives from the participants:

P5: "The task that we perform mostly is the... assisting them with hospital."

P7: "Mostly we give information because most people do not understand how to deal with the person with mental problems so we normally give them information on how to treat them and how to interact with people with mental health problems and involve them in decision making especially it involves them. Yes."

P6: "Mostly uhmmm... Advocating for their rights, uhmm... ensuring that they are treated with dignity in most cases. Yes, those are the two that we usually take care of everyday."

Two participants indicated that they do not perform the roles and tasks daily. This is depicted by the following narratives from participants:

P6: "Not really on a daily basis but most of them are really performed. Yes."

P9: "I do it daily? No, I don't do it daily because I feel like I'm not even equipped. I didn't have thorough information for me to do it like daily, where like even when I do my home visits, it's only by referral when I ... when I go attend but I don't plan..."

From the above, it becomes clear that social workers in community mental health perform a variety of roles and tasks. The participants understanding of their roles and tasks are found to be in line with the study conducted by Ornellas (2014:156) whereby four roles were identified, namely, therapeutic function, support, advocacy and relational role. Social workers focus mainly on the social context and on the

implications of mental illness and their service is aimed at the restoration of wellbeing, promotion of autonomy and social justice (Bland et al., 2020).

Sub-theme 3.3: Social workers' capacity in the performance of roles

This sub-theme focused on whether participants think they are capacitated to perform the roles described. In reflecting on this question, five participants indicated that they feel they are capacitated to perform the role and four participants felt that they are not adequately capacitated. The following narratives represent the views of the participants that feel they are capacitated to perform the roles described:

P5: "The roles, yes. Yes."

P6: "Yes, I think so, Yes, I think".

P8: "Yes. Let me put it that way. Yes, I'm capacitated enough..."

The following narratives represent the views of the participants who feel that they are not adequately capacitated to perform the roles:

P1: ... "sometimes you see... we stuck on the cases of mental health issues. We have to know better, like if you start with a case not knowing what to do next..."

P3: "When coming to the part of mental health, I don't think that I'm 100 percent capacitated. Yes. I think also that maybe training on how to supervise mental health cases. I think I also need that."

P9: "No, no...no. I only have the basics."

From the above, it is clearly indicated that the participants' perspectives on whether they are adequately capacitated to perform the roles varies. Olckers (2013:37) asserted that social workers provide mental health services daily even without being adequately capacitated. The role of social workers in mental health is very important. It is therefore important that social workers should be adequately capacitated on their roles. This will enable them to also comply with their professional ethics in the social work.

Sub-theme 3.4. Knowledge and skills needed

This sub-theme described the knowledge and skills that participants needed most in providing mental health services. The following narratives attest to this:

P1: "The skills that I need most is to respect that particular client. Because as you see the mental health care users sometimes, they come, they are violent to us. Even though they become violent to us I still need to respect that client no matter how the mental state the person may be in. That's the basic skill that I have to use. And then other than that I have not to stigmatise and I have to protect that client and to listen with understanding whenever that client is saying, not judging that the client because of mental health issues. The most skills that I have to use

is to respect and to take that client as anyone of any my client who who do not have that mental health issues. I have to treat my client equally even though they have that mental issues. Yes.”

P8: “I believe good communication skills will really help...”

In reflecting about the knowledge and skills that the participants require in the provision of mental health services; three participants were able to identify the skills they need most and the other six participants focused more on the knowledge than the skills. In describing the skills they think they needed most, two of the three participants indicated that they need basic communication skills to be able to communicate with people with mental illness with respect and a non-judgemental attitude. One participant indicated that she needed report writing skills to be able to write high profile quality reports. The following quote from P6 further explains this:

P6: “uhmmm... I think... I think... (laughing) I think mmmh... I think report writing. I think I would need that more even though I still write reports but I would need those reports that I will be able to write to let's say to ministers and they will understand what I 'm saying to them, you know. Those are professionally higher reports. Yah. So, I think report writing would be one of those”.

With regard to the knowledge needed most, all participants indicated that they needed training, however, their responses in terms of the nature of training needed is varied. Participants indicated that they needed training on basic information about mental health, which includes different types of mental illnesses, how to deal with aggressive clients, DSM, knowledge of the Mental Health Act and on understanding different cultures. The following narrative from the participants support this:

P3: “What can I say maybe umm... (silence)? For me neh... maybe I don't know maybe it's eh... my problem alone, I need to understand deeply ka... ka... different kinds of mental health ...”

P7: “Eh.... (Laughing) I believe that one has to be...he has to have what? Ehh... We have to have understanding of the culture of the people and eh... because it's very important when you interact with them, you interact with then on their own level...”

P8: “Mmmmh.... I think the skills that need most is uhmmmm ... I think the Mental Health Act itself.... Because there's sections where we understand but we don't have the whole understanding of the Mental Health Care Act. And then, there's contradictions. Remember the mental health care act, there's somewhere where it says these are the responsibilities of the SAPS, these are the responsibilities of the EMS. But going to those particular stakeholders you find out that they have got their own understanding of their responsibility when it comes to the Mental Health Care Act. Meaning the Mental Health Care Act as a whole is a problem. I still lack more guidance and training with regard to it because ... yah...”

The above quotes indicate that more training on mental health is needed in order to assist social workers providing services in this field. Olckers (2013:52) was of the view that social workers should possess adequate knowledge on mental health disorders since that knowledge will contribute towards conducting holistic and comprehensive assessments, enabling them to refer and make recommendations appropriately. This was also confirmed by the study conducted by Bila (2018:533) wherein respondents had limited knowledge and skills of mental health and the types of mental illnesses before the training. But this changed after they were trained, where there was an increase in their knowledge on mental health legislation and policy and the DSM. With regard to knowledge and skills in working with different cultures, it is important that social workers should possess knowledge of different cultural and ethnic groups and should incorporate that in their daily practice with their clients (Derrett, 2012:48). The author further mentions that they need to have the skills to identify multiple and diverse views and to recognise the impact of ethnic, cultural and spiritual world views on the nature of social work interventions that can be rendered (Derrett, 2012:48). Francis and Tinning (2014) reiterated that social workers must at all times pay attention to the broader psychosocial assessment and its relevance on psychiatric and medical symptoms, and advocated this for the benefit of clients while maintaining representation between them and the environment in which they operate.

Within the ecological perspective, social workers require the knowledge and skills in mental health in order to intervene in the micro, meso and macro levels and to understand the reciprocal relationships in these environments. The knowledge acquired will assist them to intervene with mental health care users on the individual level, their immediate environment, as well as to advocate and influence policies in the broader society. Knowledge and skills are important, as they determine service provision and decisions regarding the service, of which these indirectly impact on the mental health care user.

3.7.3.4. Theme 4: Support and supervision regarding roles

This theme was developed from the previous theme on the roles and tasks of the social workers in the provision of mental health services. Due to the richness of the data, the researcher generated this theme that focuses on exploration of the support and supervision received by the participants in the provision of mental health services.

Theme 4: Support and supervision regarding roles	
Sub-theme 4.1.	Description of support received
Sub-theme 4.2.	Views regarding supervision
Sub-theme 4.2.	Importance of supervision

Sub-theme 4.1. Description of support received

This sub-theme described the form of support that participants received regarding the roles they perform. The participants' responses in terms of the form of support they received in performing their roles varied. The form of support received ranged from limited support, support received within the organisation, support from external sources and no support at all. Three participants indicated that they received limited support, three participants indicated that they received support externally from other sources, two participants indicated that they received support internally through discussions with colleagues and through supervision, and one indicated that she received no support at all. The following quotes from the participants are reflected:

P1: "The support that we are getting from our superiors they do give us support but actually I don't know how to say it. We are getting support but the support is limited because of the limited resources in our organisation. Hopefully I think if we have enough resources to do our job the support will be more but because of lack of resources the lack of support will also be there."

P3: "To be honest, I cannot say I receive a lot of support neh... per se but sometimes I do communicate with my director here and there but it's been a long time since we communicated. It's been a long time since he supervised me on those kinds of things."

The quotes above reflect the limited support that the participants received in the performance of their roles. One participant linked the limited support she received to limited resources in the organisation. The other participant indicated that communication with her director has not occurred in a long time and as such there has not been any supervision.

The quotes below reflect the views of participants who indicated that they receive support internally:

P7: "I believe what is also important is the support of the people you working with because we are not working alone, we working as a team. So, when I have a problem that is above me, I go to the supervisor or to the senior social worker to ask for help and... and then we provide help. So, I believe we.... It's a work in progress, it's not something that I can say I'm comfortable doing."

P4: "Yah support? Support e sharp... You know, I just tell my colleagues, eh...maybe like... ah... we just discuss the case."

P6: "Uhm... we get uhm... monthly supervisions from our supervisor, eh... we also.... Once in a while we get to debrief about the cases that we deal with that are difficult. So, those are the support that we get."

The above quotes reflect the views of the participants who indicated that they receive support within the organisation. Of these participants, two indicated that they receive support from their colleagues through consultation and discussion. The other one indicated that she receives supervision on a monthly basis from her supervisor.

Below are the views of the participants who indicated that they receive support externally. Sometimes social workers reach out to other sources outside of the organisation for support. This is evident from the following narratives from the participants:

P5: "Well, accompanying them to the hospital, the police assist them a lot because is very difficult to take the people who have mental health problem to the hospital and the ...the...the... nurses... the people who are working there ...the nurses... yes, mostly they assist us a lot".

P8: "Okay. On my side (sorry...phone rings) Okay on my side I think the support that I need is the guidance on other related issues. For example, we have got the SA Federation for Mental Health. If there's key issues that are beyond my control as the director of the organisation, that's where I consult because as I was saying that we've got problems with emergency services when rendering services, we have got problems with SAPS. Sometimes we have got problems with hospitals themselves whom don't want to admit or whom don't want to understand their responsibilities when it comes to mental health cases. So, that's where I need guidance. I need clarifications because we try to raise those issues but we not sure whether we gonna get them resolved like soon. Yah. Let me put it that way. Yah."

The statement below represents that of the participant who indicated that she is not receiving any support. The participant further indicated that instead of support, she feels pressured to perform the tasks allocated to her, irrespective of whether or not she has the resources. The following statement from the participant explains this:

P2: "As a support from my employer... to be honest we are not supported. We are not getting any support. Instead of getting support you are pressurised. You will get more pressure, especially when the case... the case is referred... is referred to them akere (You know) some of the client knows our telephones... the head office telephone suboffice, they will call at head office and then they will refer the case. But at times they will ask... not ask... they will tell you... they will tell you to attend the case, especially if is mental case they will tell you to attend ...they... they don't ...don't want to know if you have resources or not."

The thematic analysis of this sub-theme indicated that there are variations in terms of how participants perceive the support they receive. Most of the participants receive support either within the organisation or externally. The support from within the organisation appears to be coming from the colleagues in the form of discussions.

Only one person indicated that she received supervision on a monthly basis. It also came out that participants receive support even if they consider it to be limited. Lack of resources was also cited as one possible reason why there is limited support. Lack of resources is also supported in the study conducted by Conway (2016:43), in which participants indicated it affects their job and well-being. The author further mentioned that support from co-workers and support received through supervision contribute to improved client outcomes and improved morale for social workers (Conway, 2016:52).

Sub-theme 4.2. Social workers' views regarding supervision

This sub-theme focused on participants' views regarding supervision. Some participants indicated their dissatisfaction regarding the supervision that they receive when performing their roles in providing mental health services. These responses ranged from limited supervision to a complete lack of supervision. From the analysis, five participants indicated that the support they received was inadequate. It also emerged that inadequate supervision or lack of it results in loss of confidence in the participants' ability to perform their professional roles. Participants expressed the need to have someone with whom to share and discuss challenges, which explains the need for support and supervision. Furthermore, supervision only when there is a referred case is also inadequate as it only applies to the task at that particular time. General supervision, according to the participant's view is not taking place. Lack of resources is also cited as the reason for lack of supervision. The above indicates that participants have access to supervision even though they view it as being inadequate. This is reflected in the following narratives:

P3: "I can say it's not enough. Yes. I need more. Sometime eh... dealing with mental health cases is a challenge on its own so, sometimes I feel like ...uh... maybe I think... I'm not doing enough maybe so sometimes I feel like I need to share with someone challenges, work related issues especially on the mental health side but I'm not getting that much of support. Yes. Sometimes if you encounter a difficult case and then you don't know how to deal with it. Yes, sometimes if you share with someone like maybe for example my director maybe he can maybe try to explain to me maybe do like this, maybe if you can treat this case like this, things like that."

P1: "My views about supervision. That's how I wanna say it. We have supervision, they do support us and through supervision, but as I said because of lack of enough resources the supervision also lack. It's limited. Is not as we are supposed to be... so we have supervision part but is not enough and we understand gore (that) why it's not enough because we know gore (that) we don't have much resources. Actually, we have one supervisor to supervise more than seven service offices so the resources is limited to get the suitable supervision that we need."

P9: "I think that supervision only when there's a referred case. Then the supervisor called you and explains to you that there's a case. This is how it should have.... This is what is expected of you. Mara (but) like in terms of the... like the caseload then the supervisor comes and check on the cases and we discuss... I don't remember getting it... getting supervision."

The following response from the participant further indicates that supervision is rare, especially to those working in sub-offices and she went on to point that she is not sure about those who work at central office.

P4: "Ah... ah... mhh mh (frowning...turning head sideways)...we rarely receive those... mhhhm (turning head sideways) I don't know about those who work at head office but for us, where the support is ...ah... we are not really... rarely receive those."

Three participants indicated that supervision is adequate. One participant from the three indicated that supervision helped him to be where he is now. This participant also highlighted the importance of supervision and debriefing to assist in meeting both the personal and professional goals. The other participant indicated that supervision is good and is determined by the supervisor's willingness to work with him. This participant also indicated that he prefers group supervision as it helps one to get different perspectives and sees it as being more accurate. Another participant expressed her satisfaction with the supervision she receives and feels no need to add anything to it. These participants appear to have confidence in their ability to perform their professional roles. In further analysing the data, it emerged that the three participants who view supervision as being adequate are all stationed at central office. The following narratives from the participants give evidence:

P6: "Uhhh. I think it's adequate. I think its okay now. I don't think there is anything much that needs to be added. Yah."

P7: "Eh.... Supervision, I believe it is determined by the person who is doing supervision. Eh.... When the person is willing to work with you, then he will be able to feel free to.... When you have a problem, you will know that I'm consulting my supervisor so, I believe group supervision eh.... It's what I believe is working because in group supervision we have a chance to share your problems and other people will relate to your problems and give you accurate answers to your problem not that you have only one person as a supervisor. Yes."

P8: "Okay. My views on supervision is that supervision is a very important tool, I think, in the field because without supervision I 'm not sure if I was gonna be able to reach where I am at the moment. Yah. Because the social worker is obviously, remember, as a social worker you are a human being as well without supervision you have got your own problems and at the end of the day you gonna have to be involved in someone's' problems. Yes, without you getting supervision or debriefing sessions I don't think you might be able to cope with the ... with the responsibilities that you are doing... you have as a social worker. Yah."

From the data analysed it appears that the location of the service determines the participants' access to supervision, frequency of supervision and the quality of supervision offered. It appears that the participants who felt that supervision is inadequate are stationed in the sub-offices in different areas, unlike those who are stationed at head office. Only one participant stationed at head office felt that supervision is inadequate. This, ironically, is the participant whose position and responsibility is to offer supervision to the social workers in the organisation.

In a study conducted by Bila (2018:527,531), it was found that both the district and hospital social workers lacked supervision and thus viewed it as ineffective, because managers themselves did not possess any knowledge of mental health. This was also confirmed in the same study where it was indicated that supervisors are not capacitated to render effective supervision (Bila, 2018:531). The study further recommended that managers should receive training in mental health so that they can also provide in-service training and supportive services to social workers (Bila, 2018:531). For effective supervision to take place, all the functions of supervision need to be incorporated in order to support social workers in rendering quality services. The administrative function of supervision focuses on making sure that policies and procedures are adhered to in the provision of services; the educational function seeks to improve the knowledge, skills and attitudes of the supervisees in the performance of their duties; and the supportive supervision is aimed at improving morale, job satisfaction and quality of work (NDSO, 2012:25). Supervision should be rendered by a competent supervisor, who is able to meet the needs of the supervisees through all the functions of supervision.

Sub-theme 4.3. Importance of supervision

This sub-theme focused on the importance of supervision for social workers.

This is depicted in the following quotes from the participants:

P7: "Yes. It does, it does because we ...when you do...when you do supervision you get advices even if you were going to make a mistake and provide support to someone in a wrong way, if you are supervised and you have views of other people you will be able to get a proper response to a person's request. Yes."

P2: "Yah... a bit ... is helping... especially because ...eh...eh... with eh... eh... the person who is giving us supervision... I don't know... you know her is Ntebo (name of person) akere (You know) ...yah.... she ... she has more information ...at head office, she is working closely to mental health. She is not doing

statutory; she is working mental cases only. Yah, with her knowledge we gain a lot."

P9: "Yona (followed by translation) that supervision ya (of) ...when there is a referral and then the supervisor explains, it does. Because akere (you know) sometimes we don't understand gore (that) what is expected of you."

The above responses indicate that participants have access to supervision regardless of whether it is adequate or not. It also came out that participant value their supervision as crucial in the provision of mental health services. Eight participants reported that supervision does help them provide better mental health services. All these participants regard the value of supervision in helping to make the right decisions about the client and also in helping to clarify what is expected in terms of the role and task to be performed. Another participant indicated the value of receiving supervision from the most experienced social worker who focuses only on mental health.

Silence (2017:27) stated that supervision in social work is valued for its role of improving on knowledge and skills and providing support in social work practice in health services. Engelbrecht and Ornellas (2015:27) asserted that effective supervision of social workers contributes to staff retention, improved competencies and improved outcomes which serves the best interest of clients.

Social workers working within the ecological perspective explain and give meaning to the clients' behavior and development within their milieu while they simultaneously consider their biopsychosocial spiritual perspective (Allen & Spitzer, 2016:76). When rendering mental health services, social workers using the ecological perspective understand that the relationship between the mentally ill person and their environment is continuously in exchange and influences one another (Jack, 2012:130). Social workers provide interventions within the wider social structures that are responsible for policymaking, in which those policies affect the user's life but do not interact with them personally. However, the decisions made at this level impact their functioning (Connolly, and Harms, 2012:56).

3.7.3.5. Theme 5: Challenges experienced in the provision of mental health services

This theme focuses on the challenges experienced by social workers in the provision of mental health services. Five sub-themes emerged from the theme on challenges.

Theme 5: Challenges experienced in the provision of mental health services	
Sub-theme 5.1.	Stakeholder challenges
Sub-theme 5.2.	Lack of resources and funding
Sub-theme 5.3.	Placement challenges
Sub-theme 5.4.	Community 's perception of mental illness
Sub-theme 5.5.	Safety of social workers

Participants were asked to reflect on the challenges they experienced in the provision of mental health services. This question was linked with the one that sought participants' reflection on what may contribute to the challenges they face. In analysing the data of the two questions, the researcher identified the similarities in the responses that the participants have given. The sub-themes are discussed as follows:

Sub-theme 5.1. Stakeholder challenges

This theme focused on the challenges experienced with stakeholders. The following quotes from the participants gives evidence:

P5: "There are many challenges because mostly the police sometimes does not want to support us. They will say to you that you have to call the ambulance. When the ambulance are there, they must tell you, you must contact the police. And mostly they don't arrive at the same time. So, you will end up difficult to assist the family. Because when the ambulance are there they will go back and say call the police, when the police are there they will not assist you, they say you have to call the ambulance. You spend maybe three to four hours not helping the family at the right time."

P7: "When we try to take the person to the hospital and they become violent. The Act says we must call the police and the EMS to be there but the problem is that we do not get a response... a positive response from the EMS and the police. 'The police will say that it is not our jurisdiction. The person hasn't committed any crime so we will not take him. The ambulance will come and say no, we will not be able to take the person if the police are not there. Then we go around in circle not finding the solution to that."

All the participants indicated that they experience challenges with stakeholders and other Departments in their role and responsibilities in the provision of mental health services. Participants mentioned that the involvement of the South African Police Services (SAPS) and Emergency Medical Services (EMS) in terms of assisting in facilitation of involuntary admissions for 72-hour observation at the hospital. Participants receive various responses from the police and they are sent to and from between the two departments in terms of whose role it is to intervene, when the Act is clear on that. Another participant also shared the following experiences regarding

stakeholder challenges and how he thinks they have an important role to play in mental health services:

P9: "... we ... also gonna need or we also need Department of ... is its Human Settlement or Housing because they don't seeI don't see anywhere where they are playing their part because there's places that are available , places that are not being used by municipalities but the application processes is Is very difficult obviously and different because you don't know whether because we are an NGO, we want to do the job but the thing is we cannot Because someone doesn't understand his or her responsibilities. I think there's still a very serious gap in the mental health side itself. Then another thing is that we There's uhmmm... Department of Transport. At the moment we've got If you can check, we have got special care centres we have got protective workshops, ne (isn't it), so, under those protective workshops if you can see in the morning when they come obviously, they come with different transports. Transports that are not special as the ... yah...as they deserve special treatment and special transports. They don't have but I don't know what the department of transport is doing then again there's uhmmm.... Apart from this transport Department the Education Department as well. Yes, remember they also need special education. We do workshops, we train them on different things but at the same time we are not getting enough support from the education department itself, especially when it comes to trainings because they know better, I think because they might be knowing better on how to uhmm..."

The findings of this study with regard to stakeholder cooperation, especially the involvement of the police, correlates with the study conducted by (Ornellas, 2014). The study concluded that the police are not carrying out their role and functions as key stakeholders in assisting and supporting social workers to facilitate involuntary admissions, ensure safety and provide transportation of the admitted (Ornellas, 2014:168). In terms of other stakeholders involved in mental health, the roles of other key structures such as the Department of Housing, education and social development are clearly outlined in the National Mental Health Policy and Strategic plan 2013-2020 (Department of Health, 2013:44). Participants in this study also indicated that they experience challenges in getting other departments on board regarding their roles and functions in mental health. Within the ecological perspective, mental health care users can benefit from the services when the transactional relationship within the environments are taken into account and where different stakeholders work together collaboratively and in partnerships, each acknowledging and performing their role.

Sub-theme 5.2. Lack of resources and funding

This sub-theme focused on the lack of resources and funding as experienced by social workers. This is supported by the following narratives from the participants:

P8: "Yah, at the moment we've got the health department itself. Remember, we are in the NGO sector and then the health departments they ... they... they say they do fund mental health services whereas we ... the service itself is funded

by social development whereas the health department is not at all. So, we still currently try to fighting with the health department to check with them whether where are they in supporting or funding the service as they talk ... tell themselves that they are the mental health department. Because there is a specific mental health department but we don't have social workers in those specific departments. Instead, they rely obviously on the NGOs whereas those NGOs don't have funds to.... To pay for those positions."

P2: "My challenge is that with mental health, sa mathomo (Followed by translation) the first thing is di... di (the ...the) resources. As an NGO you know we ...we are mental health but we are not eh... funded for mental ...mental health department. We are mental...we are mental health but we are funded for statutory purposes and then the challenges isis ...is resources, when working with mental ...mental case."

P9: "...and the other thing ke gore (is that) our funding is from Social Development and they are funding statutory. That is why maybe we are putting more emphasis on the kids, on the statutory thing rather than on the mental."

Seven participants cited lack of funding and resources as one of the challenges that they encountered when providing mental health services. One of the main barriers to delivery of mental health services in South Africa and in other countries worldwide was cited as the lack of funding and resources which results in treatment challenges in the provision of these services (Schneider et al., 2016:156). Lack of funding and resources impact negatively on service delivery to people with mental illness. Lund et al. (2012:403) asserted that community-based organisations that offer mental health services are faced with the challenge of providing services with little or no resources from the government. While these organisations are also tasked to do mental health promotion and prevention campaigns, the lack of funding for these campaigns is a challenge, as service providers have to do them on their own without resources. Lack of resources was also cited in the study conducted by Bila (2018:414), recommending that social workers should have adequate resources in order to render quality mental health services.

Within the ecological model, the structure of the organisation, resources and funding are crucial in determining the services for the mental health care user, their family and community and further influence their ability to seek help and access quality services.

Sub-theme 5.3. Placement challenges

This sub-theme focused on placement challenges as experienced by social workers. This is evident in the following narratives from the participants:

P1: "The second issue the challenge is the residential institution for the mental health care users. It's so...we don't have much and sometimes we just let the

client suffer in the community or the client stay alone without being attended by anybody, lack of those mental health institutions for residential part.”

P9: “The challenges ke (is) no 1, if ga gona (there’s no) space.... If like you are looking for.... If maybe you are looking....this person cannot stay with the family. He is a danger to the family or a danger to himself, the fact that like when you look for placement you can’t find placement.”

P8: “And remember another thing is that there’s uhmm.... Shortages of residential facilities in South Africa again. Obviously, talking about shortages of eh.... Residential facilities we ...”

From the quotes above, it emerged that lack of or insufficient placement facilities for mental health care users, is a challenge that participants experience in the provision of services. Four participants indicated that they experience challenges in placing people with mental illnesses in mental health residential facilities. This shortage of placement facilities and inability to find admission space for them results in the mentally ill persons being left in the community without proper care and supervision. The issue of shortages of placement facilities for people with mental illness emerged as one of the challenges that social workers are confronted with in the provision of mental health services. This has an impact on the social worker as a professional and also on the community overall.

The findings of this study correlate with the findings in the study by Ornellas (2014:168) who concluded that the effect of deinstitutionalisation and development of community structures and facilities pointed to challenges regarding accommodation for people with mental illness in that there is lack of placement facilities coupled with the stigma around mental health in the community, which pose serious challenges for social workers to find placements. Social workers are the only professionals with the task of facilitating the placement of mental health care users in residential facilities. When this cannot be achieved, it impacts negatively on their work and their well-being as professionals.

From the ecological perspective, services provided by social workers are holistic and include the micro, meso, exo, macro and chrono level within which the mental health care user functions. The inability to find placement for the users impacts on all their spheres of life.

Sub-theme 5.4. Community perception and awareness on mental illness

This sub-theme focused on community's perception and awareness on mental illness as experienced by social workers in the provision of mental health services. Their narratives supporting this sub-theme are as follows:

P6: "Again, I can also say our societies are also not fully aware of how to handle and treat people with mental health disorders so, I can say those sides is Just lack of knowledge. Yah."

P9: "The community itself still needs a lot of work in terms of mental so that there's no stigma. No stereotypes, no ..."

P1: "... our culture, so, while motho ba re (the person they say) you have a mental issue; we take it as like a witchcraft issue. We don't understand it better like other races. We take it like a curse if they said I'm mental health, I have a mental health illness, I don't take it well."

Four participants indicated that the community's beliefs and lack of awareness and information on mental illness pose a challenge to the provision of mental health services. Lack of information and stigma around mental illness has been there for many years and people with mental illness continue to suffer under the care of their families and communities.

Common stigmatising beliefs still exists in South Africa and worldwide and this includes the beliefs that the mentally ill are bewitched, insane, weak, lazy and incapable of doing anything and cannot even think for themselves (Department of Health, 2013:14). Within the ecological model, the person's belief is influenced by the cultural beliefs and practices within the environment in which they are born and raised. These beliefs, coupled with a lack of community knowledge about mental health, affect the person's ability to seek treatment and where treatment is sought, it impacts negatively on treatment adherence, care, support and recovery.

Sub-theme 5.5. Safety of social workers

This sub-theme explored if safety was a challenge for social workers. This is depicted in the following quotes:

P1: "Another thing is our safety as social workers. Sometimes we are going out there to a violent client who has mental issues, we are not safe at that moment. If anything, that may happen to you, you are not covered with anything. There is no insurance that can cover you...any benefit that is injury on duty, you are not safe on that, we don't have that. It's your own risk if you get hurt, if you get killed, it's you. You are not protected at that part."

P4: "Even me I cannot risk going to this so it's another challenge that we are experiencing..."

Three participants indicated that the safety of social workers in rendering mental health services is a challenge. As social workers, they are required to conduct home visits and as the first line of contact in the community, they respond to requests to intervene with violent clients, including those that have relapsed. This poses a safety risk to the social workers working in the community. Lack of insurance to cover for safety was also cited as a challenge. The issue of safety is a serious concern for social workers as they are required to do home visits and intervene in difficult and challenging circumstances within mental health field.

Ornellas (2014:149) discovered in her study that participants reported social workers' safety as one of the challenges they encountered. The author further indicated that the safety risk is not only limited to social workers rendering mental health services but in the provision of general social work services too and suggested that this matter needs to be explored further in research (Ornellas, 2014:149).

From the ecological model point of view, systemic issues within the macro level and on the exo level impact negatively on the service recipients holistically. These systemic issues bring about safety issues which limit the services the mental health care users receive. Safety issues also go hand in hand with the inability of other stakeholders to perform their roles.

3.7.3.6. Theme 6: Social workers' experiences regarding challenges

This theme explored social workers' experiences regarding challenges. Three sub-themes emerged from this theme:

Theme 6: Social workers' experiences	
Sub-theme 6.1.	Participants' positive experiences
Sub-theme 6.2.	Participants' negative experiences
Sub-theme 6.3.	Impact of challenges on service provision
Sub-theme 6.4.	Participants' support and assistance regarding challenges
Sub-theme 6.5.	Other measures of support received

Sub-theme 6.1. Positive experiences

This sub-theme explored the positive experiences of social workers, reflected in the following quotes from the participants:

P9: "Okay. I think the most positive experiences on my side is uhmm... the changes or the change that we see or the difference that we make in the community..."

P5: "Eh... (silence) the positive thing is when the family are happy about your assistance to them..."

P1: "...That the story that I can say. I did change somebody 's life who were refusing, denying that I don't have that..."

All the participants shared their experiences of working with people with mental illness. Participants indicated that their positive experiences are derived from a sense of achievement when they believe they have changed lives, when they have made a difference in the client's life and when the family is happy about the services offered.

The above is in line with the study conducted by Ornellas (2014:148) and Triplett (2017:17) which revealed that participants encountered positive experiences when there is evidence of positive client outcomes coming from the expression of gratitude from service recipients.

Sub-theme 6.2. Negative experiences

Besides the positive experiences reflected above, the negative experiences were also explored as reflected in the following narratives from the participants:

P3: "Its when I'm unable to assist the mental health care user...maybe for example like I said you find that there are... eh... there are less institution whereby we can place them. Things like that. And also, after life Esidimeni ...you know... finding a placement for a mental health care user 's part, so if I can see that this person is in dire need of a placement then I cannot assist him or the family. That's where... that's what I can say it's a negative impact."

P4: "Uhm... especially if I fail to help the client for me, I feel like ...ah...maybe I didn't choose the right thing or maybe I was supposed to do ...I was supposed to do something... (laugh) like this thing of blaming yourself you find out you don't even know that I am supposed to go beyond your capacity or what..."

P7: "Negative one is that you will be called by family saying that we want you to take this person to the hospital for 72 hours observation. We would take the person and they would give him medication at the hospital and after discharging them and when get home the family is not part of his... his journey. They will not be supporting this person. They will not be monitoring his medication. Then he will relapse and we have to redo the process again starting it from the scratch taking him to hospital almost those things. Yes."

All the participants shared their negative experiences as well. Their experiences came from a feeling of not being able to help when they were required to and when they believed they have gone through the trouble of helping the family, but in turn the family do not play their part. Another participant also indicated that a sense of failure to help, brings feelings of self-blame and self-doubt. Several authors agree that negative client

outcomes can also impact on the service recipient and service in general, and on the well-being of the social workers who are providing this service. These come from the feeling of not being able to help when required to do so and the experience of seeing the client suffer (Conway, 2016:7; Triplett, 2017:17; Willems, 2014).

Sub-theme 6.3. Impact of challenges on service provision

This theme explores the impact of challenges on service provision, substantiated in the following narratives of the participants:

P4: "Yah it does, in a negative way in that you feel this strong dissatisfaction remember when I chose to be a social worker I wanted to help. So, if I fail to help, I feel like I've failed. Somewhere somehow, I do not do what I was supposed to do. I think that spirit of dissatisfaction it just comes and it hit you and you feel like maybe I should do more... I.... I don't know.... but you just feel that a case has been left."

P6: "Uhhmm. They hinder it because if the client is not being assisted it means it's one case unsolved and one case unsolved is constantly coming back. It seems like it's a backlog. It seems like you are not rendering your services. So, if it keeps on coming back like that, it makes you looks like you are unsure of what you doing or incompetent. It really affects one in that department."

P7: "It affects it because when you go back to the family you tell them that the police do not want to help us then we also ...we also stuck because we are also afraid of the person if they are violent, we are also afraid of them. So, you end up not helping the family."

From the above narratives, it emerged that participants perceive their inability to help the client as one of the most negative experiences they have. One participant also indicated the reason for this is a lack of resources, especially placement facilities. It also emerged that negative client outcomes due to lack of support from the family is one of the things that impact negatively on interventions and the experiences of social workers. This may imply that the inability to assist the client sometimes is not because the social worker lacks the competency but that external factors also play a role. All participants felt that the challenges experienced affect the provision of mental health services in several ways. Participants indicated that they feel a strong sense of dissatisfaction and helplessness when they cannot help the client as required. One participant also mentioned that she feels incompetent in the performance of her duties. The failure of the police to assist with involuntary admissions also leaves the social workers stuck with cases they cannot progress, causing them to feel overwhelmed. The social workers find themselves in the position where they are unable to provide the service as required.

Triplett (2017:17) observed that participants indicated that seeing the client suffer was a painful experience for them. The lack of resources to provide mental health services resulted in stress among social workers as they were not able to deliver the required services due to systemic issues (Conway, 2016:43). Participants' feelings of dissatisfaction, helplessness and incompetence due to inability to provide the services is a serious cause for concern. Willem (2014:8) identified in his study that one of the most prevalent sources of stress in the social work profession was also the fear of not being able to give their clients the help they needed.

Sub-theme 6.4. Experiences regarding support received on challenges encountered.

This sub-theme focused on the experiences regarding support received in terms of the challenges. The participants' response in terms of this sub-theme varied. Their responses can be categorised as: **adequate support, inadequate support and no support**. In reflecting on this sub-theme, six participants indicated that they got adequate support in terms of the challenges they experienced, while two participants indicated that the support they received is inadequate and one participant indicated that she is not getting any support.

Their narratives are as follows:

P1: "We are getting support from the superiors as I said and sometimes you need to strengthen yourself from the colleagues that we are in this field of mental health issues..."

P6: "Yah, we do, like I said in supervision, we debrief about such cases and we get comfort by sharing ideas to say, okay, this is what happened ...uhmm... but you also need to move on from it and get better like that. So, I believe the support that we get from the organisation it's adequate and it assists us to look out for for the new day."

P7: "Yah, I can say we do from the organisation side because I remember one time, we even reported it to Mental Health Watch for... At the federation they have a section we call a Mental Health Watch. So, when we encounter problems, we report it to them so we reported it to them. The federation attend it on our behalf."

P3: "Yes, we do get support from outside colleagues that for example from the department of health, from the hospital, there are social workers and also at the clinics sometimes we phone to ask for assistance."

The above quotes reflect the views of four participants who indicated that they receive adequate support regarding the challenges they experienced in the provision of mental health services.

The following two participants indicated that the support they receive is inadequate. From these participants, one expressed her feeling of helplessness with regard to the support received regarding challenges. Her view is represented in the following narrative:

P4: "Ah not really. Because whoever you can sharing... share that information they are also experiencing this same challenge. Here at head office there's this department for advocacy so if you tell them about the aggressive cases like it's difficult for them." They also tell you about their own cases. Eh... even the transportation issue. The police stations are not willing to release cars for such cases. They also tell that iyoo.... there was a day that we left the hospital at 1 o'clock am so ah... it's the samewe are experiencing the same so and it's like there is no solution to these."

The following participant indicated that she is not getting the support she needs. Her narrative is as follows:

P2: "No, no, not at all especially as NGO as I mentioned that ...eh... resources are limited so we don't get support that we see needed."

The same participant further mentioned that she gets support within the organisation from the supervisor who is focusing on mental health only.

P2: "Nna (myself, me), currently the support that we get, I would say... as I said that we have a social worker who is focusing on mental ...mental health department only. Yah. Is where I get support because she is familiar and she knows ...eh.... eh...eh...eh...she knows resources or institutions that dealt with mental...mental cases. Yah... she is the one who is supporting us."

One participant indicated that she does not get any support at all. Her narrative is as follows:

P5: "(Silence, hesitation and laughing) No, we don't receive....eh...the assistance. So, after that workshop, we are we just do our roles. We don't get assistance."

Participants' views on the support they received regarding the challenges varied. The majority of the participants were satisfied with the support they receive within the organisation in the form of supervision and consultation with the colleagues and externally through consultations with colleagues from other departments and organisations. This corroborates with the findings of the study conducted by Conway (2016:52) in which participants mentioned that support from co-workers and support received through supervision contributes to improved client outcomes and improved morale for social workers. Furthermore, Silence (2017:127) stated that supervision in social work is valued for its role of improving knowledge and skills and providing support in social work practice in health services. Engelbrecht and Ornellas (2015:27)

further asserted that effective supervision of social workers contributed to staff retention, improved competencies and improved outcomes which ultimately serves the best interest of clients. Effective supervision and support create a supportive and enabling environment for social workers to provide services to mental health care users.

Within the ecological perspective social workers should work within a supportive environment in order to effect changes in micro, meso, and macro environment within which the mental health care users function.

3.7.3.7. Theme 7: Participants’ recommendations

This theme focused on the recommendations made by social workers, with the following sub-themes.

Theme 7: Recommendations	
Sub-theme 7.1	Suggestions and strategies
Sub-theme 7.2	Recommendations regarding undergraduate BSW degree

Sub-theme 7.1. Suggestions and strategies

Participants were asked to reflect on their suggestions and strategies towards the provision of mental health services in future. Their responses with regard to strategies and suggestions varied, supported by the following narratives:

P3: “Ok in future I can say maybe ...eh...eh... maybe the federation of mental health neh, they can maybe offer us support and also trainings may be twice a month or six times a year. If you have knowledge, there is nothing you can’t do so.”

Four participants identified **training** as one of the strategies that could be implemented in the provision of mental health services in future. The training is in relation to provision of regular in-service training for social workers, incorporating mental health in undergraduate BSW training and training of police officers about mental health. With regard to providing in-service training to social workers on mental health, one participant believes that it should be done regularly to improve knowledge about mental health. She further stated that SAFMH should take responsibility to offer such support and training to them.

The following participant shared this view regarding in-service training:

P5: “I think when coming to mental health we need to learn more about it because, really, we just do the basics..... that we don’t know more about the mental cases. Yes.”

This participant stated the importance of training to newly qualified social workers in mental health. She further stated that the role of social workers in mental health should be taught at undergraduate level and suggested that psychology should also be made compulsory. She is also of the view that police officers should be trained in mental health. Her narrative is as follows:

P4: "Haai... I think it goes back again to trainings being offered regularly especially for the new social worker. I remember when you are from school you don't know anything about these mental cases, so it can be started at school or it can be started at the universities that as much as they are offered, maybe they can start making psychology compulsory and then I think in social work remember psychology applies a lot. Because even with the children you need that basis again."

In terms of training to police officers about mental health, the same participant further mentioned the following:

P4: "But regarding the trainings again I think they must also include them in the police stations. They must choose... in the police department they must choose certain police officers who are specifically there who should be specifically there to deal with mental cases."

Participants identified several strategies that they believe could help in improving mental health services in future. They identified training as one of the key strategies and further indicated that these trainings should be included in undergraduate training, which should include psychology as one of the core modules, and should also be provided to newly qualified social workers after graduating. Participants indicated the need to be trained in the basics of mental health to capacitate them to be able to provide services in future. One of the strategies participants raised was the training of police officials in mental health and to dedicate certain officials within SAPS to focus on mental health cases and referrals.

The above reflections with regard to training correspond with the recommendations in the study conducted by Bila (2018:354), wherein participants articulated their need to be capacitated in mental health care and recommended that the department organise workshops that should cover a wide range of approaches, including primary mental health care, to enable them to improve delivery of services in this field.

One of the issues which emerged from the analysis is the **provision of more resources**. Four participants indicated that more resources should be provided in future. These participants suggested that government should build more hospitals for

people with mental illness and should also provide resources in the form of residential facilities or institutions to cater for their needs. The following narratives support this:

P9: "Yah, I think suggestion ke gore (is that) there should be more hospital like that. Like Weskoppies. Mo e lego gore (where there is) like when someone has an episode or what, what, they go directly there, wa bona (you see). Ka gonne (because) Weskoppies I feel like it has a lot of support like kwale ba re gona le (there they say there is) psychiatrist, go na le (there is) social worker, there's a psychologist, go na le (there is) accommodation, you know."

P3: "...and also the government to offer a lot of resources where they can and also to have more hospitals that deals with eh... eh... people with mental health challenges because currently I can say they do refer to Weskoppies and you find that is not enough maybe if we can have a lot of hospitals that deals with people with mental health illnesses. I think it will be eh... eh... it will assist us a lot and also maybe to have more institution whereby we can place them because placing someone who has mental ... who is mentally unstable is very difficult."

Another participant suggests that there should be community-based organisations whose responsibility would be to follow up on mental health care users in the community and to provide support and supervision on treatment. The following narrative supports this:

P7: "What I can say is that maybe if we can have If we can have organisations like the country have when we were faced with HIV and AIDS and TB like home-based care for people with mental health problem. We can have people who will regularly visit them and encourage them on taking medication because we do it but we not enough and we are not doing enough because the resources are very scarce. But if we have organisations that are based in the community and they are doing it on a day-to-day basis I think that we will really help. Yes."

Participants identified the provision of resources as one of the key strategies that can assist in improving mental health services in future. Participants expressed the need for more resources in terms of hospitals and institutions for people with mental illness. This is in line with the findings in a study conducted by Ornellas (2014:118), where participants suggested that the government should provide more resources in terms of building more hospitals and at the same time make funding available to manage those services. Mapanga et al. (2019) supported the issue of lack of resources to community mental health services and further mentioned that these services continue to suffer a multitude of challenges because of lower priority being given to them.

One participant identified the involvement of community health workers as one of the strategies to improve mental health services in future. The participants mention that their role would be to support people with mental illness and their families through home-visits and should have the same roles and functions as those who used to provide HIV, AIDS and TB services. In terms of suggestion, the government supports

the involvement of other community-based workers, who are less skilled to provide psychosocial interventions under the supervision of the specialists (Department of Health, 2013:28; Mapanga et al., 2019). Furthermore, Matsea (2019:675) identified the role played by home-based carers as support systems for people affected by mental illness in the community. The author mentioned that the roles of the home-based carers involved education on condition and the importance of follow-ups and adherence to treatment, supervision and support to the client and the family as well as educating them on financial management and offering different forms of support as required (Matsea, 2019:675).

The above discussion on lack of resources for mental health are also in line with the views of participant P1, that **mental health should be taken seriously** just like other programmes of HIV and AIDS. Her narrative is as follows:

P1: "Ok, nna (me) I want to be.... mental health to be taken serious. It seems like its one part that is neglected other than other part of illness. Because just like HIV and AIDS, when it comes, they treat it in higher part higher level. Each and every one, the government was willing to intervene and do something about it. But when it comes to the mental health issues, it's like they take it on a lower level. It's like it's not a problem".

One participant suggests that there should be **availability and accessibility of a multidisciplinary team in mental health** for purposes of liaison and referrals. Her narrative is as follows:

P6: "Uhhh.... I ... I would suggest that for us to be able to render smooth services and good quality services to mental health care users we need to have that....uhm... that need multidisciplinary team that we know when we have this client that needs to be attended to A,B,C,D, you can easily refer the client to A,B,C,D, without any challenges or without any hiccups so that you know gore the client will be fully assisted."

The participant's view is also in line with the views of the participants in a study conducted by Ornellas (2014;144), where participants indicated the importance of multidisciplinary teams in community mental health, with more psychiatrists and psychologists being available.

Another participant suggested that the **Department of Health should continuously collaborate with NGOs in mental health** and should further take their inputs with regard to improving services into consideration. His narrative is as follows:

P9: "Okay, I think I'm gonna go back to the health department obviously. So, if the Health Department can listen especially to us as NGO's because we are on the ground level. We know what's happening. Then I think we are the right people

to be given that opportunity.... To be given that opportunity to give inputs or recommendations when it comes to the services.”

This view corroborates with the study conducted by Matsea (2019:677), where it revealed the important role played by stakeholders as well as the importance of collaboration with the Department in order to improve mental health services provision.

Sub-theme 7.2. Recommendations regarding undergraduate BSW degree

This sub-theme focused on recommendations regarding the BSW degree curriculum. Participants were asked to reflect on what they think should be included in the BSW degree to help prepare social workers for mental health. The participants' recommendations are represented in following narratives:

P1: “Yah my recommendation is that it has to start there as a major subject like criminology, like psychology. They have to make it like that major subject in... in mental health so that it will be your choice to choose if you wanna take that field while you are still studying”.

P2: “eh, em... for example, I will, at UNISA when I... I do my last year, they included some legislations like Children 's Act, at fourth level, we ...I did Children's Act in UNISA they must also include ...eh... eh... mental health legislation at university level.”

From the narratives above, it emerged that participants recommend that mental health should be included as a major subject in undergraduate training in order to help prepare social workers for mental health. Participants further indicated that mental health legislation should also be incorporated in the BSW degree.

In addition, P4 further indicated that training should also be offered after graduation prior to being exposed in the field. Her narrative is as follows:

P4: “I think it has to be part of the curriculum and then when you are in the ... in the field you have to... before you get exposed there must be some trainings”.

One participant further suggests that mental health legislation could be incorporated under the policy module at undergraduate level. His narrative is as follows:

P8: “Yah, I think if they can be because I understand that there's psychology modules but, on those modules, according to my experience there's no way they talk about mental care itself. They talk about different mental health issues and how to approach those situations as a social worker but at the end when you get to the field then you find yourself having to deal with uhmm ... Different sections in the Act. So, meaning what does ... the only thing that I can say because and maybe ... unless maybe if it's Maybe if they can maybe issue that under the policy module, they can have different Acts instead of having the SAP... SACSSP and other policies in social work.”

One participant is of the view that students should be afforded the choice to specialise in psychology and in that way, they will gain an awareness of mental health. Her narrative is as follows:

P5: "I think if eh... maybe ...eh... tackle mental cases, I think mostly we must specialize with psychology. Because if you specialize in psychology it will not be so difficult for you. You will be familiar with them. But if you do other... other... specialize... specialize with other is going to be difficult. Because you need to go back to workshops because they have to be teaching you what this schizophrenia, bipolar, is you have to learn them. So, if you have done before I think is more easily."

Data analysed showed the need for training from undergraduate level on mental health. Eight participants indicated that **mental health should be incorporated in undergraduate training** in the form of a module or course, that teaches the basics in mental health and that should include mental health care legislation. One participant from the eight further indicated that **training** should also be offered once the person has graduated to add on the knowledge learnt at undergraduate training on mental health. Another participant indicated that there is a **need to specialise in psychology** to help prepare social workers in mental health. The overall conclusion from all these participants is that mental health should be taught at undergraduate level.

The view that mental health training should be incorporated at undergraduate BSW degree is also supported by the study of Ornellas (2014:77). In that study, the participants indicated that expertise in mental health for social work professionals should be taught at undergraduate level, so that social workers could be well equipped (Ornellas, 2014:77). Olckers (2013:191) also recommended that there should be undergraduate training in mental health in order to address the growing need for social work practice. Kourgiantakis et al. (2019:2) indicated that in Canada a gap during the training of social work students was identified as resulting from the discrepancy of what was taught in class and what was needed in the field. As a result, a need to develop a scoping review in mental health, suicide and addiction was identified to align the training with the practical requirements of field work (Kourgiantakis et al., 2019:2).

Within the ecological perspective, social workers understand and interpret human behavior and development within the context of the clients' environment by looking at the biological, social, psychological and spiritual perspective (Allen & Spitzer, 2016:76). The context within which the social workers are employed and the availability of resources, as well as the policies and protocols that govern them in the

provision of their services, determine the extent of the services rendered to the mental health care users and their families.

3.10. SUMMARY

Chapter three focused on the research methodology and the empirical findings on the experiences of social workers in the provision of mental health services. The chapter started with a detailed presentation of the research methodology that was followed and further presented the quality assurance and ethical obligations observed throughout the study. The biographical information of the participants was discussed, followed by a detailed table stipulating all the information. Seven themes, each with its own sub-themes derived from the data, were discussed and supported with personal narratives from the participants and literature. The following main themes were identified:

- Knowledge and understanding of mental health services
- Training in the provision of mental health services
- Roles and tasks of the social workers in the provision of mental health services
- Support and supervision regarding roles
- Challenges experienced in the provision of mental health services
- Social workers' experiences
- Recommendations

The next chapter will present the conclusions and recommendations of the study.

CHAPTER 4: CONCLUSION AND RECOMMENDATIONS

4.1. INTRODUCTION

This chapter will present the extent to which the research aim, objectives and research question were met. It will also discuss the limitations of the study and the key findings, conclusions and recommendations of the findings.

4.2. SUMMARY

The aim of the study was to explore the experiences of social workers in the provision of mental health services in Tshwane, Gauteng. This aim of the study was achieved through the achievement of the following objectives:

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

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

The first objective was achieved through conducting an extensive literature review as reflected in chapter 2. The theoretical framework underpinning the study was the ecological model and was used to contextualise mental health services provision (section 1.2). Mental health services were contextualised through a review of the literature covering the prevalence of mental health services (section 2.1); social determinants of mental health (section 2.2); mental health services internationally (section 2.3.1); and locally (section 2.3.2). In the local context, conceptualisation was achieved through discussion on the brief history of mental health services in South Africa (section 2.3.2.1); and an overview of the mental health legislative framework that guides the provision of mental health services (section 2.3.2.2). Levels of mental health service delivery with specific reference to community mental health services were also discussed to give a perspective of how services are organised at this level (section 2.3.2.3). The chapter ended with a discussion on social work and mental health (section 2.4), explored the challenges and the roles and tasks of social workers

in the provision of mental health services (section 2.4.1) and the capacity of social workers in the provision of mental health services (section 2.4.2).

From the literature, it can be concluded that mental health services have undergone some major transformations globally and many countries have heeded the WHO's call to upscale these services. Although this has been implemented widely, it became evident that the low- and middle-income countries still experience challenges about the accessibility of services, contributing towards a treatment gap in those countries. Worldwide, there is still an increase in mental health conditions. The growing statistics of mental health conditions could be attributed to other social ills, such as violence, trauma, poor socio-economic conditions, unfavourable living conditions and many more. Although South Africa made strides in terms of its progressive policies, there are still gaps that exist in the delivery of mental health services and this calls for the implementations of strategies to address the gaps.

4.2.2. Objective 2: To ascertain the views of social workers on their role and task in the provision of mental health services.

Objective two was attained through the empirical findings revealed in chapter 3 of the study. The participants' perspectives on their understanding of mental health services (section 3.9.3.1) and their roles and tasks in the provision of mental health services (section 3.9.3.3) were explored. Participants generally understand mental health services as services rendered to people with mental health illnesses. It was further revealed that their understanding of mental health services is guided by the services that they provide within their organisation. In line with the ecological model, the analysis of data revealed that they provide services at the individual, family, and community levels and they receive referrals from the broader community, families and other service providers in the community. Participants indicated that they have little knowledge of the stipulations of the Mental Health Care Act (Act 17 of 2002) and this is regardless of their role in facilitating 72-hour admissions, which is one of the roles that they perform daily. Most of the participants indicated they are familiar with the DSM but indicated that they do not use it in practice.

Participants identified four main roles that they play in the provision of mental health services, namely, supervision and support, therapeutic services, education and awareness and advocacy. Their role of supervision and support is performed daily and includes contacts made with the client and family through the process of

admission and after discharge, when the mental health care user is reintegrated back into family and community life. The supervision role includes contacts made with the family members after discharge and includes giving information about the condition, the importance of treatment and adherence and the importance of family support. The role of therapeutic services includes one-to-one counselling with the client and family members or caregivers, addressing the psychosocial issues they encounter as a result of the diagnosis. Participants indicated that the role of awareness and education involves educating the family and community about mental health, mental conditions, symptoms, medication and adherence. They also conduct community awareness on mental health issues. Lastly, the advocacy role was important in advocating for access to services and the rights of mental health care users. Participants generally indicated that they perform these roles daily.

4.2.3. Objective 3: To determine the capacity of social workers in rendering mental health services

Objective 3 was achieved through chapter three on the empirical findings (section 3.9.3.2) on the training of social workers in the provision of mental health service and section 3.9.3.3, sub-theme 3.2 and 3.3, 3.4. Participants generally indicated that the undergraduate training has not prepared them to undertake practice in the mental health field. In terms of whether undergraduate training alone can prepare social workers to practice in mental health, the participants generally indicated that undergraduate training alone cannot adequately prepare one to practice in mental health. Participants indicated that the undergraduate social work graduate needs some additional training after graduating or additional information in mental health to help prepare social workers to practice in mental health. With the current knowledge and skills that they possess, participants indicated that they acquired their knowledge and skills both in undergraduate and on-the-job training. Participants indicated that they attended in-service training to equip them with knowledge and skills in mental health.

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

Objective four was achieved through chapter three on empirical findings of the study, section 3.4, 3.9.3.6, 4.1, and 4.2. Participants indicated that they needed training in basic communication skills to help them communicate better with people with mental

illnesses. Participants also indicated that they needed training on basic information about mental health, which includes different types of mental illnesses, how to deal with aggressive clients, DSM, knowledge of the Mental Health Act and understanding different cultures. Participants generally showed dissatisfaction in the support and supervision they received in the organisation in terms of the provision of mental health services. Participants also cited challenges that they experience in the provision of mental health services and identified stakeholder challenges, lack of resources and funding, placement challenges, community perception of mental health and safety of social workers. Participants indicated that their positive experiences are derived from a sense of achievement when they believe they have changed lives, when they have made a difference in the client's life and when the family is happy about the services offered. Participants indicated their negative experiences too. This comes from a feeling of not being able to help when they are required.

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

Objective 5 was attained through chapter three on the empirical study, section 3.9.3.8. Various suggestions and strategies for the improvement of services in the future were highlighted. The majority of the participants indicated that training of social workers at the undergraduate level on mental health, as well as the regular implementation of in-service training within the workplace to newly qualified and practicing social workers, is crucial. One of the main suggestions and strategies that participants mentioned is the provision of more resources in the form of building more hospitals and residential facilities and institutions for people with mental illnesses. Other suggestions and strategies that participants indicated were as follows: that multidisciplinary teams should be available and accessible for purposes of liaison and referrals; that there should be community-based organisations whose responsibility would be to follow up on mental health care users in the community and to provide support and supervision on treatment; that the department of health should continuously collaborate with NGOs in mental health and should further take into consideration their input with regard to improving mental health services.

4.2.6. Research question

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

The research question was answered through a semi-structured interview conducted face-to-face with the participants. The participants interviewed were nine social workers employed by North Gauteng Mental Health Society in Tshwane. From the data collected through these interviews, seven (7) main themes with their sub-themes were identified. These were presented in detail in chapter 3 sub-section 3.9 on the empirical findings.

Table 4.1. below shows the themes as emerged to answer the research question, as discussed in chapter 3 of the thematic analysis.

Table 4. 1 – Overview of themes and sub-themes

Theme 1: Understanding of mental health services	
Sub-theme 1.1	Participants' understanding of mental health services
Sub-theme 1.2	Services provided
Sub-theme 1.3	Mental Health Care Act 17 of 2002
Sub-theme 1.4	Participants' understanding of the DSM
Theme 2: Training in the provision of mental health services	
Sub-theme 2.1	Undergraduate training in mental health
Sub-theme 2.2	Undergraduate training alone
Sub-theme 2.3	Knowledge and skills acquired in mental health
Sub-theme 2.4	Other training attended
Theme 3: Roles and tasks of the social worker in the provision of mental health services	
Sub-theme 3.1	Roles and tasks
Sub-theme 3.1.1.	Supervision and support
Sub-theme 3.1.2.	Therapeutic services
Sub-theme 3.1.3.	Education and awareness
Sub-theme 3.1.4	Advocacy
Sub-theme 3.2.	Social workers' capacity in the performance of tasks
Sub-theme 3.3	Knowledge and skills needed
Theme 4: Support and supervision regarding roles	
Sub-theme 4.1.	Description of support received
Sub-theme 4.2.	Views regarding supervision
Theme 5: Challenges experienced in the provision of mental health services	
Sub-theme 5.1.	Stakeholder challenges
Sub-theme 5.2.	Lack of resources and funding

Sub-theme 5.3.	Placement challenges
Sub-theme 5.4.	Community's perception of mental illness
Sub-theme 5.5.	Safety of social workers
Theme 6: Social workers' experiences	
Sub-theme 6.1	Participants' positive experiences
Sub-theme 6.2	Participants' negative experiences
Sub-theme 6.3	Participants' support and assistance regarding challenges
Sub-theme 6.4	Other measures of support received
Theme 7: Recommendations	
Sub-theme 7.1	Suggestions and strategies
Sub-theme 7.2	Recommendations regarding undergraduate BSW degree

4.2.7 Limitations of the study

The following limitations were experienced with this study:

- The recruitment of participants during Covid-19 lockdown was challenging and thus a small sample of only nine participants could be included in the study, which is acceptable for a qualitative study. Thus, the findings cannot be generalised, but can be used to compare to similar populations.
- Data collection was conducted in the form of interviews using English as a medium of communication, however, the participants frequently switched to their home languages. This required the researcher to translate their verbatim responses into English. These verbatim home language quotes have been included in the thematic analysis for accuracy of translation.
- Since the study was on the experiences of social workers in the provision of mental health services, in an organisation that provides both mental health and statutory services, participants seemed cautious of their responses, and there was an instant where the participant needed to be assured that the information would be kept confidential. In that case, the participants were assured that the information shared would indeed be kept confidential. Thus pseudonyms in the form of names were assigned first and then in the report other numeral pseudonyms were again assigned, in order to protect their identity as far as possible.

4.3. KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.3.1. Key findings and conclusions from the literature study

- **Key findings**

The ecological perspective underpinned this study. The literature emphasised that social issues occurring in the person's life course contribute to the development of mental ill-health. It was found to be relevant for this study because it focuses on the reciprocal relationship between people and their environment, with changes in one environment having the likelihood to influence the other. Social workers interpret and understand human behaviour and development within the context of the client's environment by looking at the biological, social, psychological and spiritual perspective. The ecological perspective focuses on the mental health care users within the micro, mezzo, exo, macro and chrono levels.

Mental health services have undergone some major changes globally, however, mental health conditions are still growing rapidly and services remain poor and inaccessible especially in lower- and middle- income countries. The growing statistics of mental health conditions could be attributed to other social ills, such as violence, trauma, poor socio-economic conditions, unfavourable living conditions and many more.

Mental health services are governed by policies and legislations, which are the cornerstone within which these services are provided. They give guidance on how services should be organised and structured, how they should be managed and they protect the rights of mental health care users. Mental health services are provided according to the Mental Health Care Act 17 of 2002. The Act advocates for mental health services to be provided within the human rights perspective, outlined the different levels of care and advocated for the development of community-based services. Community mental health services play a significant role in ensuring that mental health care users receive care, treatment and rehabilitation in the community. Psychosocial rehabilitation provided by NGOs and other stakeholders in the community is crucial and thus requires funding and resources in order for the service to be effective and beneficial to the recipients.

The Act also recognises social workers as mental health practitioners and they play an important role in the provision of care, treatment and rehabilitation. The roles played by social workers in mental health are varied and they depend on the setting in which

they are employed. Social workers working in the community are often the first point of contact between families and communities and they serve as a link between the community and the health facilities. They provide services within the micro, meso and macro level practice. They need to possess adequate knowledge and skills in mental health and need an understanding of different mental illnesses in order to intervene effectively. Knowledge of the DSM is crucial in assisting them to recognise the signs of mental illness, assess and plan their intervention. In rendering mental health services, support and supervision is important in ensuring that quality services are rendered. Supervision performs a variety of functions such as educational, supportive and administrative functions to equip social workers with knowledge and skills in the performance of their duties.

In reviewing the literature, the researcher found that there is a gap in the literature on social work and mental health in the South African. As such literature from other disciplines were also consulted, borrowing from other disciplines.

- **Conclusions**

Like other countries worldwide, South Africa has also witnessed some major changes in terms of its progressive legislation and service organisation since the end of apartheid. The implementation of the policies and legislations have been slow and there are disparities evidenced in different provinces in terms of organisation and implementations of these policies. In Gauteng, this was evidenced by the Life Esidimeni tragedy, which left many lives lost and families devastated. Social work as a profession has not been spared in terms of challenges experienced regarding the provision of mental health services. Although their role is important in the care, treatment and rehabilitation of mental health care users, and they are recognised by the Mental Health Care Act (Act 17 of 2002) as mental health practitioners, literature still identifies a lack of training in mental health from the undergraduate level to equip social workers with necessary knowledge and skills to practice in the field.

4.3.2. Key findings, conclusions, and recommendations from the research findings

The key findings, conclusions and recommendations will be presented according to the themes from the thematic analysis.

4.3.2.1 Theme 1: Understanding of mental health services

This theme focused on the participants' understanding of mental health services in general. Four sub-themes were identified under this theme, namely, participants' understanding of mental health services, services rendered, Mental Health Care Act (Act 17 of 2002), and lastly participants' understanding of the DSM.

- **Key findings**

Three main findings were made from this theme and these are presented as follows: Participants narrated their understanding of mental health services in terms of the services that they provide in their organisation and the services that they render daily. They understand mental health services generally as services that are provided to people who experience mental health problems. In line with their understanding of mental health services, participants revealed that their services include: provision of psychosocial services to individuals, families and communities in the form of education, support, counselling and therapy, liaison and referrals. Participants also revealed that they also provide services to children at the special care centre and to adults at the protective workshop.

In terms of the Mental Health Care Act (Act 17 of 2002), participants revealed that they do not use the Act and as a result, they do not know the stipulations in the Act. Participants revealed that they only use a form four to facilitate involuntary admissions for 72-hour observation at the hospital. Only two participants indicated that they use section 40 of the Act, which stipulates the involvement of the police in terms of their role in involuntary admissions.

The third and final finding under this theme is on the participants' knowledge and understanding of DSM in terms of using it as a basis of their practice. Participants revealed that they are familiar with the DSM from the psychology module that they attended in their undergraduate training; however, they are not using it as a basis in their practice.

- **Conclusion**

Three main conclusions can be drawn under this theme:

Participants showed a limited or narrow understanding of mental health services, only reflected on the services they render in their organisation. This could be so because

most of them have never been exposed to work in any setting except where they are currently employed.

Concerning the Mental Health Care Act, participants' knowledge of the Act was poor, irrespective of the services that they provide in the community and their role in facilitating involuntary admissions, which requires an understanding of the statutory requirements in terms of the Act.

The knowledge and understanding of the DSM showed participants to be familiar with the DSM, although their knowledge could be considered to be limited and they are not using it as a basis for their practice.

- **Recommendations**

- There is a need for an orientation on mental health services to expand on the existing knowledge and understanding of these services in general. These will also assist in the understanding of mental health services in different levels of care and how these services are interdependent.
- Social workers need to know and understand the legislation pertaining to mental health services. There should be intensive education to social work professionals on Mental Health Act.
- Social workers should be trained on the DSM to equip them with knowledge of understanding and recognising the signs and symptoms of mental ill-health and to use the knowledge to assess and plan interventions.
- The gap in knowledge about the Act shown by participants is critical as it affects the quality of services rendered.

4.3.2.2 Theme 2: Training in the provision of mental health services

This theme focused on training the participants received in the provision of mental health services. Four sub-themes were identified under this theme, namely, undergraduate training in mental health, undergraduate training alone, knowledge and skills acquired in mental health and other training attended.

- **Key findings**

Participants indicated that the undergraduate training alone did not adequately prepare them to undertake practice in mental health. It emerged that undergraduate training is generic and only focused on the social aspects. Participants revealed that they needed more training after graduation to help prepare social workers to practice

in mental health. It also emerged that there is a need to incorporate psychology during training to enable social workers to be adequately prepared in the mental health field. Very few participants revealed that the undergraduate training prepared them to undertake practice in mental health and attributed this to the psychology module and also to a module in health care that introduced them to mental health.

Participants also revealed that they acquired their knowledge and skills on the job through training they attended. These trainings were in the form of in-service training offered within their organisation and in liaising with the Department of Health, NGOs and the SAFMH.

- **Conclusions**

The majority of social workers did not receive training on mental health during their BSW degree training and as a result they are not adequately prepared to practice in the field. They are not receiving practical training to enable them to provide mental health services after graduation.

The BSW degree alone does not prepare social workers to practice in mental health.

On-the-job training and undergraduate training had played a role in equipping participants with knowledge and skills in mental health. Participants attended other training in the form of in-service training that covered different topics in mental health apart from the undergraduate training.

- **Recommendations**

- Social workers need training on mental health from an undergraduate level.
- Social workers with a BSW degree need some additional training or additional information on mental health to help prepare them to practice in mental health.
- Psychology should be a core module of the BSW curriculum, to enable social workers to be adequately prepared in mental health field.

4.3.2.3 Theme 3: Roles and tasks of social workers in the provision of mental health services

This theme focused on the social workers' understanding of their roles and tasks in the provision of mental health services. Three main sub-themes were identified: Roles and tasks, social workers' capacity in the performance of tasks and knowledge and skills needed.

- **Key findings**

Participants identified four main roles that they perform in the provision of mental health services as support and supervision, therapeutic services, education and awareness and advocacy. Participants revealed that they perform these roles daily.

In terms of their capacity to provide mental health services, participants' responses varied. Most of the participants revealed that they are not capacitated to perform their roles and others revealed that they are capacitated.

On the sub-theme on training needed, participants revealed that they needed training, however, their responses in terms of the nature of training needed varied. Participants indicated that they needed training on basic information about mental health, which includes different types of mental illnesses, how to deal with aggressive clients, DSM, knowledge of Mental Health Act and on understanding different cultures.

- **Conclusion**

Four specific roles are crucial in the provision of mental health services, namely, support and supervision, therapeutic services, education and awareness and advocacy. Social workers need to have basic knowledge of mental health, knowledge of mental health illnesses, knowledge of the Mental Health Care Act and knowledge of different cultures.

- **Recommendations**

Social workers need to know and understand their role in providing services to mental health care users, their families and communities. As social workers providing mental health services in the community, they are usually the first line of contact readily available, and as such the community puts their trust in their ability to execute their roles and tasks more efficiently. Knowledge of roles and tasks will empower them to provide services efficiently which will result in improved client outcomes. Based on the above, the researcher recommends the following:

- There is a need for social workers to intensify their role of providing support to mental health care users and their families and to collaborate with other community structures and community health workers whose responsibility would be to continue with follow-up home visits to the families and to facilitate adherence to treatment and access to the use of resources identified.

- Their role in providing therapeutic services individually and in groups is paramount in social work in mental health, as it determines the extent to which the family copes with the social consequences of mental ill-health.
- Education and awareness should be conducted regularly to address stigma, discrimination, and stereotypes and also to educate the community in general about mental health issues.
- The advocacy role is as important as the other roles mentioned above. Social workers should have a clear understanding of what advocacy entails and should play this role in micro, meso and macro levels to ensure that they protect the rights and dignity of mental health care users within their families, societies and influence at policy levels. This role should be intensified and be provided at every opportunity that may present itself.
- Social workers should be capacitated on mental health to provide services more effectively in this field. They need to know mental health conditions, knowledge of the mental health care act and mental health in general. The knowledge will assist them to identify and refer, and also to assess and plan their interventions.
- The social worker's role in facilitating involuntary admissions needs to be further explored in terms of the role of other stakeholders such as the police.

4.3.2.4 Theme 4: Support and supervision regarding roles

This theme focuses on an exploration of the support and supervision received by the participants in the provision of mental health services. Three sub-themes were identified from the theme, namely, description of support received, views regarding supervision and importance of supervision.

- **Key findings**

Participants' responses varied in this theme, with some receiving support within their organisation, although limited for some, while others received support externally. One participant indicated that she received no support at all.

They received support within the organisation from their colleagues through consultations and discussions while others revealed that they receive support externally.

Views on supervision varied. The majority viewed supervision to be inadequate, while some viewed it as being adequate and others revealed that there is no supervision at

all. Lack of supervision occurred because of lack of resources. Inadequate supervision or the absence of it resulted in the loss of confidence on their part to perform their duties.

With regard to the sub-theme on the importance of supervision, participants revealed that supervision does help them provide better mental health services.

- **Conclusion**

Participants receive support either within the organisation or externally. Participants value the input from their colleagues when they encounter challenges in the performance of their roles. It can also be concluded that participants utilise external support to assist them with challenges they encounter in the provision of services.

Participants have access to supervision, though it is inadequate. Inadequate supervision, or lack of supervision, impacts negatively on the well-being of the participants and the service in general.

- **Recommendations**

- Social workers need to receive support and supervision regularly to guide them in the performance of their duties. For effective supervision to take place, all the functions of supervision need to be incorporated in order to address the administrative, educational, and supportive needs of both the supervisees and the service. Supervision plays an important role in equipping social workers with knowledge and skills and in supporting them through the challenges they encounter.
- The views of participants regarding supervision needs to be further explored.

4.3.2.5 Theme 5: Challenges experienced in the provision of mental health services

This theme focused on the challenges experienced by social workers in the provision of mental health services. Five sub-themes were identified from the theme, namely, stakeholder challenges, lack of resources and funding, placement challenges, the community's perception of mental illness and safety of social workers.

- **Key findings**

Challenges are experienced in getting other departments on board regarding their roles and functions in mental health.

The involvement of the South African Police Services (SAPS) and Emergency Medical Services (EMS) in terms of assisting with the facilitation of involuntary admissions for 72-hour observation at the hospital is a challenge. Participants revealed that they receive various responses from the police and they are sent back and forth between the two departments in terms of whose role it is to intervene.

They encountered challenges in the provision of mental health services due to a lack of funding and resources. Participants revealed that they give priority to children's services in terms of the Children's Act, as they receive funding for those services, and less emphasis is placed on mental health services as no funding is given for those services. One participant indicated that the Department of Health is not supporting them with funds and resources to run the service.

The community's beliefs and lack of awareness and information on mental illness pose a challenge to the provision of services.

Lack of safety for social workers in providing mental health services is a challenge.

- **Conclusion**

Other stakeholders are not following through on their roles and responsibilities in terms of mental health services. The South African Police Services are not always cooperating when it comes to the facilitation of involuntary admissions for 72-hour observations. SAPS and EMS are not clear about their role.

Lack of funding and resources impact negatively on mental health services provision in general. Social workers are not able to provide quality mental health services without funding and resources being made available.

There is a challenge in a lack of placement facilities for mental health care users who need placement in residential facilities and institutions. One participant indicated that sometimes they resort to leaving the user in the community without the necessary care, support and supervision.

Cultural beliefs about mental illness and lack of information play a role in the families' and communities' understanding of mental illness and this poses a challenge towards service provision by social workers. One participant indicated that the families and communities perceive mental illness as being the result of witchcraft.

- **Recommendations**

- Inter-sectoral collaboration in the provision of mental health services needs to be strengthened.
- The challenges faced by SAPS and EMS with regard to facilitating involuntary admissions to the hospital should be explored and their roles clarified.
- NGOs providing mental health services need to get the necessary support in terms of funding and resources. Without funding and resources being made available, mental health services will continue to suffer and be given less priority. This results in poor client outcomes and the burden of care will be left on the families and community.
- Since deinstitutionalisation and decentralisation of services has been advocated for and mental health care users are reintegrated into their families and communities, there is a need for adequate and licensed facilities for placement of mental health care users in the communities that meet the demand for the service.
- One of the barriers for social workers in the provision of mental health services is the families' and community's beliefs and understanding of mental illness. There is a need to intensify education of families and communities about mental illness and mental health issues in order to change attitudes and encourage help-seeking behaviours.
- Lack of safety for social workers needs to be further explored to determine the magnitude of the problem.

4.3.2.6 Theme 6: Social workers' experiences

This theme explored the participants' experiences regarding challenges. Five sub-themes were identified, namely, positive experiences, negative experiences, the impact of challenges on service provision, participants' support and assistance regarding challenges and other measures of support received.

- **Key findings**

Participants revealed that their positive experiences are derived from a sense of achievement when they believe they have changed lives, when they have made a difference in the client's life and when the family is happy about the services offered.

Participants revealed that their negative experiences come from a feeling of not being able to help when they are required to and particularly when they have gone through the trouble of helping the family when in turn the family does not play its part. Participants also experience feelings of self-blame, self-doubt, a strong sense of dissatisfaction, helplessness and incompetence.

With regard to support received regarding challenges encountered, the majority of the participants revealed that the support they received is adequate whereas others expressed their dissatisfaction regarding the support received.

- **Conclusion**

Participants are inspired by positive outcomes and a sense of gratitude from the clients that they served. They experience a sense of achievement when they believe that their interventions have made a difference in the lives of the clients.

Their negative experiences are derived from a feeling of failure to help and this impacts negatively on the service they render and their well-being.

The findings suggest that the participants receive support and supervision within the organisation through supervision and consultation with colleagues, and externally through consultation with the SAFMH and other colleagues from the Department of Health.

- **Recommendations**

- There is a need for improved working conditions for the social workers in order for them to provide effective mental health services. Availability of resources is one of the key drivers towards effective service rendering.
- Social workers need to receive supervision and support in order to enhance their competencies, advance their knowledge and skills, and also improve their overall well-being. This may contribute towards improved service and positive outcomes.

4.3.2.7 Theme 7: Recommendations regarding BSW degree

This theme focused on the recommendations made by social workers with the following sub-themes identified, namely, suggestions and strategies for future mental health services and recommendations regarding BSW degree.

- **Key findings**

Participants identified suggestions and strategies that could be implemented in the provision of mental health services in the future.

- There should be training on mental health at the undergraduate level.
- There should be the provision of in-service training regularly to practicing social workers to improve knowledge about mental health and to newly qualified social workers.
- The government should provide more resources and build more hospitals and residential facilities, and/or institutions for people with mental illness.
- There should be community-based organisations whose responsibility would be to follow up on mental health care users in the community and to provide support and supervision on treatment.
- The government must take mental health more seriously.
- There should be availability and accessibility of a multidisciplinary team in mental health for purposes of liaison and referrals.
- The Department of Health should continuously collaborate with NGOs in mental health and should further take their inputs with regard to improving services into consideration.

- **Conclusion**

Mental health should be taught at undergraduate level in order to help prepare students to practice in mental health field.

In-service training needs to be conducted regularly to practicing social workers and newly qualified social workers.

Government should provide more resources in terms of building hospitals and residential facilities or institutions for people with mental illnesses.

Inter-sectoral collaboration is crucial in meeting the needs of people with mental illness and improving the service in general. SAPS members have a role to play with regard to the management of individuals or mentally ill persons, especially when they are violent and pose a danger to themselves and other people. Training to members of SAPS came out as being crucial.

- **Recommendations**

- Mental health should be incorporated in undergraduate training in the form of a module or course that teaches the basics of mental health and that should include mental health care legislation. Students should receive training in mental health from an undergraduate level to help prepare them to practice in the field.
- In-service training on mental health needs to be offered regularly to equip social workers with new information and developments in mental health and to improve on their knowledge and skills.
- Adequate resources ought to be made available to address challenges faced in the provision of mental health services and to address the needs of people with mental illnesses. Participants recommended that government should build more hospitals like Weskoppies and should build more residential facilities to meet the placement needs of people with mental illnesses.
- The involvement of SAPS in terms of section 40 of the Mental Health Act is a challenge for social workers when they facilitate involuntary admissions to the hospital. There is a need to liaise with SAPS to educate them on the Act and to clarify their roles in terms of the Act.
- There is a need to strengthen inter-sectoral collaboration between the Department of Health and other stakeholders in mental health.

4.4. RECOMMENDATIONS FOR FUTURE RESEARCH

It is recommended that more research be conducted, including the following:

- Since this research was conducted at an NGO that provides mental health services, future research can also be conducted with social workers employed at district health services in clinics and CHCs, employed by the department of health. The findings can then be generalised to inform the development of policies in the provision of mental health services.
- The role of social workers in community-based services in facilitating involuntary admissions for 72-hour observations at the hospital needs to be further explored in relation to the role of SAPS in terms of the Act.

- The experiences of social workers regarding supervision in an organisation providing mental health services need to be further explored.
- More research needs to be conducted in this field in the South African context to add to the gap identified in the existing literature.

4.5. CONCLUSIVE REMARKS

Social workers play an important role in the delivery of mental health services. They, however, need to be trained in mental health in order to provide effective services. Knowledge of their roles is crucial. There is a need for effective inter-sectoral collaboration with other stakeholders providing mental health services. The study revealed the experiences of social workers in the provision of mental health services and thus has met the objectives of the research.

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APPENDIX A: ETHICS APPROVAL



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



18 September 2020

Dear Ms MH Mamabolo

Project Title: The experiences of social workers in the provision of mental health services in Tshwane, Gauteng province.
Researcher: Ms MH Mamabolo
Supervisor(s): Dr CL Carbonatto
Department: Social Work and Criminology
Reference number: 21246255 (HUM024/0720)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 18 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,

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

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

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

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

APPENDIX B: PERMISSION FOR RESEARCH



**NORTH GAUTENG
MENTAL HEALTH
SOCIETY**

16 July 2020

To whom it may concern

North Gauteng Mental Health Society would like to confirm that Mokgadi Mamabolo is welcomed to do her empirical study at the above mentioned organisation. The organisation will give her all the necessary support in conducting the said study.

North Gauteng Mental Health Society is a non-profit organisation that renders psychosocial services to Mental Health care users and their families.

Should you require any further information please do not hesitate to contact our office on 012 332 3927.

Kind regards

Christina Mogashoa
Social work Supervisor

NORTH GAUTENG MENTAL HEALTH SOCIETY
PO BOX 31217
0134 TOTIUSDAL
Tel: 012 332 3927 \ Cell: 076 989 0107
NPO 010-191

APPENDIX C: LETTER OF INFORMED CONSENT



LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

1. TITLE OF THE STUDY

The title of the study is: **The experiences of social workers in the provision of mental health services in Tshwane, Gauteng province.**

2. THE RESEARCHER

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

3. PURPOSE OF THE STUDY

The purpose of this qualitative study is to explore the experiences of social workers in the provision of mental health services in Tshwane, Gauteng province. In addition, the study will focus on conceptualising mental health services locally and internationally and within South African context, explore the social workers' roles, capacity and views in the provision of such services.

4. PROCEDURE

The researcher is conducting a qualitative study and will arrange an interview with you once you have volunteered to take part in the study. The researcher will arrange a time and venue that will be convenient to you. The interview will take an estimated maximum time of two hours and

will be voice recorded with your permission. During the interviews, a pseudonym or false name will be assigned to you to protect your identity and capture your responses. The researcher will then transcribe and analyse the information obtained from the voice recordings. The results of the interviews will be compiled and published in the form of a mini-dissertation, which will be available at the University of Pretoria library. The records used during the interviews, including the transcripts, voice records, letters of consent, will be stored in a safe place at the University of Pretoria for 15 years as required for possible further research.

5. POTENTIAL HARM

You as a participant may suffer from emotional and psychological harm as a result of participating in the study and may be tired due to the length of the interview. In combating that, the researcher will conduct a debriefing session after the interview and if there is a need for further counselling, will refer you as an employee of:

- Tshwane District Health services, to the Employee Wellness Practitioner, Ms Effie Molefe at the district offices situated at Fedsure building, corner Lillian Ngoyi and Pretorius Street, Pretoria.
- North Gauteng Mental Health, to Ms Eunice Mabena-Baloyi, a social worker in private practice, situated at Louis Pasteur Private Hospital, Pretoria.

6. CONFIDENTIALITY AND ANONYMITY

The researcher will always adhere to confidentiality and will use pseudonyms or false names assigned to you before the interview to protect your identity. The researcher will only share information with the supervisor during the entire research process. You will also have an obligation to adhere to the issue of confidentiality with regards to the contents of the interview and your responses. Data will be stored in a safe place by the researcher.

7. VOLUNTARY PARTICIPATION

You will take part in the study voluntarily and are not obliged to participate. You have the right to withdraw at any time when you feel the need to do so and will not suffer any consequences or victimised.

8. RENUMERATION

Participation in the study is voluntary and there will be no remuneration or incentives for participating.

9. BENEFITS

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

10. DETAILS OF THE RESEARCHER

If you have any questions or inquiries about the study, please do not hesitate to contact the researcher at:

Name: Mokgadi Mamabolo

Cell: 073 301 3736

E-mail: lesedi.makoma@gmail.com

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

Sincerely yours,

MH Mamabolo
Researcher

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomo

SECTION B: INFORMED CONSENT OF PARTICIPANT

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

Signature: **Date:**

Declaration by researcher

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

Signature: **Date:**

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: COUNSELLOR FOR PARTICIPANTS

EUNICE MABENA BALOYI
SOCIAL WORKER IN PRIVATE PRACTICE
PR NO: 0013676
COUNCIL REG: 10-16979

DATE: 2020/07/10

To: University of Pretoria
Department of Social Work and Criminology

Consent to provide counselling services

Dear Sir/ Madam

This is to confirm that I, **Ms Eunice Mabena**, the undersigned social worker, **consent to participate in a research study titled: The experiences of social workers in the provision of mental health services, in Tshwane, Gauteng Province** by Ms Mokgade Hellen Mamabolo in fulfillment of Masters of Social Work (MSW) in healthcare at the University of Pretoria.

I will be responsible for providing counselling to the research participants who are employed at North Gauteng Mental Health (NGMH), at no cost as and when required. The services will be provided at my office at Louise Pasteur Hospital, and my details are as follows:

Physical Address: 374 francisbaard street.louis Pasteur hospital building

Contact numbers: 0835070616/012 322-3432

Email: ebaloyi@mweb.co.za

Signature: 
2020/07/10

APPENDIX F: PROOF OF EDITING

28 April 2021

AC2012465

Certificate of English Editing

To Whom It May Concern

This letter serves as proof and assurance that the manuscript

The experiences of social workers in the provision of mental health services in Tshwane, Gauteng province.

written and compiled by

Mokgade Hellen Mamabolo

was edited by an experienced and accredited English Editor. The following issues were corrected: grammar, punctuation, sentence structure and phrasing.

Sincerely,

Stefan Pretorius

stfn.pretorius@gmail.com
082 832 9446