Experiences of social workers in the provision of mental health services in KwaZulu-Natal

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ABSTRACT

Candidate: Thobani Noewell Ngubane

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There is growing recognition that mental health is an important public health issue in South Africa, yet mental health services remain chronically under-resourced. This study was conducted in the Durban & Coastal Mental Health Organisation in KwaZulu-Natal.

The aim of this study was to explore the experiences of social workers in the provision of mental health services in KwaZulu-Natal. The ecological systems theory underpinned this study. As the researcher wanted to understand the experiences of social workers in the provision of mental health services, according to their daily activities or practice, a qualitative study was appropriate and interpretivism was used as the research paradigm. The researcher used non-probability purposive sampling with selection criteria. Ten participants were purposively selected from the Durban & Coastal Mental Health Organisation. A semi-structured interview, with an interview schedule was utilised to collect data and it was comprised of open-ended questions to find out about their experiences in rendering mental health services. Attention was given to the ethical considerations and Ethics approval was obtained from the Faculty of Humanities Ethics Committee. The interviews were transcribed and the emerging data was analysed by means of identifying themes from all ten participants. The research question was: What are the experiences of social workers in the provision of mental health services in KwaZulu-Natal?

The findings revealed that participant social workers have knowledge of mental health services in general and of generic social work, as well as knowledge of the roles of a social worker in mental health. Participants' were able to express themselves with regards to rendering counselling services on understanding and accepting the illness and linking the service users to resources that are going to best help them. However,

they lack knowledge of the DSM and Mental Health Act (17 of 2002). The findings also revealed that the BSW programme in South Africa is not structured in a way that allows social workers to practice in the mental health field. There is a need for social workers to gain knowledge and understanding of mental health, specifically in order to be able to practice in this field. Consequently, the participants also felt that the supervision they are receiving needs to be improved, as there are no other supportive measures or debriefing provided, in order for them to perform their roles effectively, except for the supervision. A range of experiences of participant were also described in terms of their challenges, negative and positive experiences.

General recommendations were put forward from this study and these included the need to prioritise mental health services by the government and training in mental health care for social workers to be facilitated at all levels. Furthermore, also to include mental health in the BSW undergraduate programme in order to give social workers a background to practice in the mental health field.

While the aim and objectives of this study were met, the researcher emphasised the need for future research to focus on determining possible effective ways of addressing the challenges identified amongst participants in the provision of mental health care services in this study.

LIST OF KEY TERMS:
Experiences
Mental health
Mental health services
Social work in mental health
Social Work

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CHAPTER ONE
GENERAL INTRODUCTION

1.1 INTRODUCTION AND CONTEXUALISATION

Social workers are employed to provide services with regards to mental health in non-government organisations and in the Department of Health in the country South Africa with or without specialised training. The question was what were their experiences in rendering such services? Social workers who are employed in mental health institutions provide services to clients living with mental illness, substance abuse, unemployment, and/or poverty, among other challenges. They render services according to the social work methods of which they provide clients with individual therapy, group therapy, community participation, referral opportunities for social rehabilitation and crisis intervention (Olckers, 2013:02). They also conduct research. Mental health social workers experience different challenges on a daily basis.

A social worker's well-being influences not only the social worker at the individual level; but straightforwardly influences the organisation and client results, which impacts the psychological well-being framework. Satisfactory help is essential in keeping up the social worker's positive well-being (Conway, 2016:02).

Dovi (2013) cited in Roestenburg, Carbonatto and Bila (2016:169), asserts that there are a number of challenges faced by African mental health workers in their hard work to improve and enhance the availability of services in their districts. Accessing mental health services on its own can be affected by a vast number of problems, where mental health care users may be unwilling to admit or recognise they have mental health difficulty. Recognising a mental health issue is very difficult and may be due to not having knowledge about the situation or condition, the availability of services related to mental health and the stigma attached to the condition.

Roestenburg et al. (2016:194) states that "mental illness remains a reality in the South African society with multiple contributing factors related to social conditions such as violence and socio-economic factors playing a role in the incidence of mental illness, the challenge for social work intervention remains to deliver intervention services that

are relevant to society". Therefore, the researcher felt that there was a need to explore the experiences of those social workers whose responsibility is to render mental health services that are relevant to their respective clients/patients as mentioned above. This is done in order ensure the relevance of interventions provided by social workers who are in the mental health field, in order to follow proper legislation and policies.

The key concepts of this research are as follows:

Experiences: Experiences are particular instances of personally encountering or undergoing something it also refers to knowledge and skills gained over time (*Paperback Oxford English Dictionary*, 2012:249). In this study it refers to the social worker's experiences in rendering mental health services in KwaZulu-Natal within the scope of a profession.

KwaZulu-Natal: KwaZulu-Natal, additionally alluded to as the kingdom of KZN, is identified as the garden Province of the country (South Africa) that was made in 1994 when the Zulu speaking people or tribe of KwaZulu and Natal Region were amalgamated. It is situated in the southeast of the country, getting a charge out of the shoreline adjacent to the Indian Ocean and imparting boundaries to three different Provinces and the countries of Mozambique, Eswatini and Lesotho. Its capital city is Pietermaritzburg and its biggest city is Durban. It is the second most crowded province in South Africa, with somewhat less occupants than Gauteng (Berry, 2013:1). This study will be conducted in KwaZulu-Natal, specifically in Durban.

Mental health services: Mental health services incorporate the conventional arrangement of care; the arranged framework like companions, family and self improvement gatherings; the society system of religious leaders and substitute medicine; and the human-social system of teachers and police (Greene, 2012:2). Mental health services in this study will refer to a wide variety of mental health services provided by social workers.

Mental health status: It is stated that mental health status denotes the level of mental well-being of a person as influenced by, psychological, social and physical factors and that could consequence in a mental illness diagnosis (The Mental Health Care Act (Act

17 of 2002) (Section 1:xx). In this study mental health status refers to the mental health status of clients of the participants.

Social work in health care: The Regulation for the specialisation of social work in health care (2020:88) states that “social work within health care means a social worker with specialised knowledge, skills, education, training and experience in social work in health care”. Within the background of this study a social worker within health care will refer to the social workers who are providing mental health services in KwaZulu-Natal. Social work in health care as field of speciality in social work provides social work services within the national health system, including, but not limited to, health establishments, rehabilitation programmes, community-based programmes and private practise (Social Service Professions Act, 1978 (Act No.110 OF 1978, Regulations relating to the requirements and conditions for registration of a speciality in social work in health care (2020).

1.2. THEORETICAL FRAMEWORK

The researcher employed the ecological systems theory in this study, because the goal was to explore the experiences of social workers who are in the provision of mental health services. This theory was developed in 1979 by Urie Bronfenbrenner who influenced many psychologists in terms of the manner of analysing the person and the effects of different environmental systems that they encounter (Gitterman & Germain, 2008:5). The ecological systems theory became a foundation of work of other theorists. Ecological systems theory focuses not only on various systems, but interactions between systems. It also holds that development reflects the influence of several environmental systems (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2010:15). Therefore, this study looked at the social worker as an individual and the various systems and interactions between these systems as follows:

- The aspects that have a direct environmental influence on the social workers experiences like the family and the mental health institution in which the social worker is employed,
- The relationship between micro systems which are, for example, the families that the social workers come from and mental health institutions,
- The situation where there was a connection between the contexts where the social worker has no active role, versus the context where there was an active role.
- The cultural aspects of the social worker, which could have an influence on his or her experiences.
- The transitions and shifts in the social worker's life, such as the socio-historical contexts that may influence the social worker (Hepworth et al., 2010:15).

Subsequently each level of the ecosystem will be discussed.

The Micro System

Micro systems are the institutions and groups that are the most instant and have a direct impact in someone's life, which includes the settings in which individuals have a direct interaction (Ettekal & Mahoney, 2017:3). At this dimension it is where individuals in any environment, such as a home, a school, or a peer group, the developing person spends a good deal of time engaging in activities and interactions (Tudge, Mokrova, Hatfield & Karnik, 2009:201). Microsystems are tacit to refer to small social systems, like individuals and couples in social work systems (Friedman & Allen, 2014:7). The researcher believed that the person's stage reveals upon distinctive characteristics, attributes, behaviours and conflicts within Bronfenbrenner's Systems theory.

The Mesosystem

Mesosystem involves developments that take place between the manifold micro systems where people are entrenched (Ettekal & Mahoney, 2017:4). Individuals spend time in a number of micro systems and interrelations among each other. Furthermore,

these interaction form a micro system and a collection of these interactions creates a mesosystem which focuses on middle-size systems, including, support networks, groups and extended families in social work systems (Friedman & Allen, 2014:7; Tudge et al., 2009:201; Zhang, 2018:1766).

Based on the ecological systems theory, at micro and meso levels, social workers are mainly worried about the social well-being of the individual clients and their families, similarly esteemed with the significance of their physical, mental and spiritual well-being (NASW, 2013).

The researcher viewed the social environment as an important influencer on a person's behaviour. This is mainly factual regarding mental health interrelated issues, as, though the person's mental performance is important in the beginning and expansion of mental illness, an individual's societal support system outlines capability to adjust to, and deal with their environment (Glanz, Rimer & Viswanath, 2008; Altamura, Lietti, Dobrea, Benatti, Arici & Dell'aOsso, 2011; Lund, Kleintjies, Kakuma & Flisher, 2010; Barlow & Durand, 2012 cited in Ornellas, 2014:51). It is confirmed by Lakhan and Ekúndayò (2013:104) that the mesosystem of ecological systems theory incorporates distinctive micro systems and the different systems that serve these micro systems, formal and informal. They incorporate families and groups (peers, associations, local facilities, and services). Therefore, the researcher took into account the interaction between the participants' primary institution, which were their families and the mental health institution at which the participants are employed.

The Exosystem

Exosystem is subsequently the furthest level and comprises of the micro systems in which people are concerned but not directly entrenched and it influences improvement through the other people concerned in the individual's lives (Ettekal & Mahoney, 2017: 4). At the exosystem level there are also significant environments in which people, whose improvement is being measured, are not really located but which have significant tortuous influences on their development (Tudge et al., 2009: 201). The researcher also considered the services and organisational resources that do not essentially engage a direct contribution from the participant, but rather provide

pressure to procedures and a broader structure in which an individual's functioning and interactions are done.

The Macrosystem

The macrosystem background is the real culture of a person. The cultural circumstances involve the ethnicity or race of a person and also the economic status of his family, such as being born to a deprived background, and makes an individual to work hard each day (Kail & Cavanaugh, 2010:36). The macrosystem is the outermost system that is characterised by the set of all-embracing values, norms and beliefs as revealed in the religious, socio-economic and cultural organisations of the community. In the macrosystem, the growth between all other systems is influenced from side to side, which a person interprets in future experiences. The insight is also given into what predicts contribution and the reason why other people in the same community experiences that are different (Ettekal & Mahoney, 2017:5).

The researcher, for the purposes of this study, considered features like the cultural background which surrounds the participant; these backgrounds may not be constantly physical or ecological, however they can also comprise ideological and emotional features. Western culture, the broader political climate and religion can be the best examples (Tudge et al., 2009:201). The sturdy impact on the lower micro and meso levels can be determined by the approach in which a country is administered. Therefore, the macro system is frequently considered to be the most important one of other systems (National Development Agency, 2016:02).

The Chronosystem

Chronosystem highlights the impact of time on this system of nested relationships; all of the subsystems are situated in time and can change over time. However, this dimension relates to stability or changes in an individual or one's environment over the course of one's life (Lee, 2015: 5; Zhang 2018: 1768). The researcher took into consideration the environmental events and transitions that occurred throughout the participants practice because the mental health state is not the same as in the apartheid era. Therefore, it means that there is a change that occurs and it can impact mental health service delivery by social workers positively or negatively.

Greene (2009:200) asserts that the core focus of the ecological systems theory is "… how individuals adapt to environmental demands, it focuses on how the person's capacities, opportunities and needs for both development and the individual's capacity to acclimatise to changing external demands are provided for, met and challenged by the environment." The researcher explored the experiences of social workers holistically, applying ecology to human beings in the social work practice context, which involved holding a viewpoint that individuals interrelate with their social, cultural and physical environment. The researcher is of the opinion that this theory adds value in the social work practice and also this approach should be utilised by social workers because it is applicable to the context in a sense that the three main phases proposed by Germain and Gitterman (1996) as cited by Payne (2014:203) provide useful examples of practice and skills that can be applied by an ecological social worker. The main aim of ecological systems theory in practice is to develop the robust between individuals and their environment by ensuring that life stressors are alleviated, increasing individual's personal and social resources to allow them to apply better coping strategies, and influencing environmental forces so that they respond to people's needs (Payne, 2014:203).

Ecological systems theory in general, presents environmental influences on varying levels that interact and impact with an individual's behaviour, overall functioning and feelings (Okun, 2005:41). Ecological systems theory is a structure which is there to look at and explore the manifold features and interconnectedness of social basics in a setting, for the purposes of this study; the systems theory was utilised as the key theory in which the position of the social worker and mental health care is understood and assessed (Ornellas, 2014:47). A theoretical overview has been provided to better understand the ecological viewpoint, and its influence as the theoretical structure and foundation of the study, with an added focus on the reflections presented on Bronfenbrenner (1979).

1.3 PROBLEM STATEMENT AND RATIONALE

There are many people who are suffering from different mental illnesses and social workers are employed to provide mental health services with and without specialised training. It is clear that there are certain experiences that social workers experience in

their everyday work. Such experiences can affect the social worker as an individual, the client or patient, families, communities and mental health institutions as well. The question arose as to what are those experiences of social workers in the provision of mental health services. The provision of mental health services internationally and locally is still a bit challenging; due to various challenges. Olckers (2013:29) emphasises that many social workers in the health care setting have clients with different mental health disorders. As a result of this, the provision of mental health services by social workers is subject to numerous realities that have a significant impact on their overall experiences in the field; however, the researcher wanted to explore these experiences. Globally, mental health care receives an unreasonably small amount of health budgets, and psychiatric services cover far behind other services in infrastructure development, human resources, funding and the provision of suitable medical supplies and treatments (Burns, 2010:662).

Social workers are employed by mental health institutions to provide services in the mental health field and they have their different experiences which can have a positive or negative influence on their experiences. Therefore, in order to be able to suggest strategies on the provision of mental health services by social workers, it was very important to ascertain their views with regards to their experiences in the mental health services provision and to determine their capacity in rendering mental health services. This study will add to the body of knowledge with regards to social work experiences. The researcher intended to bridge the gap in research regarding the experiences of social workers in the provision of mental health services. The research was conducted to fill the knowledge gap which has not been researched before. Based on the results of research, recommendations had been made for social workers in practice providing mental health related services. The following research question was formulated for this research study: **What are the experiences of social workers in the provision of mental health services in Durban, Kwa- Zulu-Natal?** The research aimed to provide an answer to this question.

1.4 AIM AND OBJECTIVES

The aim of this study was to explore the experiences of social workers in the provision of mental health services in Durban, KwaZulu-Natal.

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

- To contextualise mental health services internationally and locally.
- To contextualise the provision of mental health services by social workers internationally and locally.
- To ascertain the views of social workers on their role and task in the provision of mental health services in Durban, Kwa-Zulu Natal.
- To determine the capacity of social workers in rendering mental health services in Durban, Kwa-Zulu Natal.
- To suggest strategies on the provision of mental health services by social workers.

1.5 OVERVIEW OF RESEARCH METHODS

This research study was exploratory because the researcher wanted to build a new understanding of the social workers experiences in the provision of mental health services (Nieuwenhuis, 2016a:55). The research paradigm was interpretivism, because the researcher wanted to understand the experiences of social workers in the mental health service provision, according to their daily activities or practice. Observation of their emotions was taken into consideration through the different participant's subjective experiences and social context.

The qualitative research approach was engaged in this study in order to explore the personal experiences of social workers in order to gain an understanding of their unique experience. The qualitative research approach was the most suitable for this study because there was little known about the phenomenon being researched namely the "experiences of social workers in providing mental health services" and it further enabled the researcher to obtain a patent understanding of the perceptions of social workers and to hear their voices on their experiences in providing mental healthcare services (Fouché & Delport, 2011:64). Additionally, this approach was suitable

because this research did not entail the use of any statistical techniques to analyse data.

The type of research is applied and the research design was a case study design, employed in order for the researcher to immerse himself in the activities of a small number of participants, to obtain an intimate knowledge with their social environment and to look for patterns in the research participants' lives, worlds and events in the situation of the topic or case as a whole (Fouché & Schurink, 2011:320). The researcher used the instrumental case study design because the researcher wanted to explore and develop a detailed understanding of the experiences of social workers, to suggest strategies to improve the provision of mental health services by them. Furthermore, the researcher utilised multiple sources of data including interviews with different social workers from different backgrounds (Nieuwenhuis, 2016:75-82). The research design was aimed at providing a map or plan with realistic value, in order to answer questions with regards to social issues (Neuman, 2011:6).

The study population was the social workers in the mental health services provision in the KwaZulu-Natal province, because the researcher works in this province and he sought to explore the experiences of social workers in the provision of mental health services focusing on KwaZulu-Natal. The researcher only focused on social workers who are employed by the Durban & Coastal Mental Health Organisation, providing mental health services in Durban Kwa-Zulu Natal (Neuman, 2011:341). This part of the population consequently was an exact population and that is one of the guiding principles for qualitative research (Garbarino & Holland, 2009:10).The researcher used non-probability sampling with a predetermined criterion of the characteristics of the social workers that the researcher wanted to sample (Maree & Pietersen, 2016:197). Purposive sampling is a specific type of non-probability sampling that was used in the study, which refers to when the researcher selects a sample with a specific purpose in mind (Maree & Pietersen, 2016:198). The sample consisted of 10 social workers providing mental health services in Durban, KwaZulu-Natal.

Methods of data collection incorporated a semi-structured interview in order to achieve the participants full depiction of beliefs about, or account or perceptions, of a topic, and this method gave the researcher and participants a great deal of flexibility (Greef,

2011:351). An interview schedule with open exploratory questions and a voice recorder were used as data collection methods to learn about the social workers and their experiences in providing mental healthcare services (Teherani et al., 2015:669; Fouché & Delport, 2011:64; Nieuwenhuis, 2016a:54). The researcher conducted data analysis according to phases, namely, familiarisation, coding, searching for themes, reviewing themes, defining and naming themes and writing up the results (Clarke, Braun & Hayfield, 2015:231-244). The researcher utilised thematic analysis to analyse the data which was collected from the participants.

The researcher ensured data quality by using credibility, transferability, dependability and confirmability to ensure trustworthiness. In this section the researcher only highlighted a brief overview of the research methodology. A detailed account of the research methodology is provided in the third chapter under research methodology, including the ethical considerations.

1.6 CHAPTER OUTLINE

There are four chapters that are contained in this research report and they are outlined as follows:

Chapter One

This chapter provided a discussion of the theoretical framework, the rationale and problem formulation, the aim, the objectives, the research question and a brief overview of the research methodology.

Chapter Two

This chapter includes a thorough discussion of mental health internationally and in South Africa, the Mental Health Care Act 2002, the Diagnostic Statistical Manual, social work in mental health care and the experiences of social workers in the provision of mental health services.

Chapter Three

This chapter gives a description of the research methodology and a presentation of the research findings of empirical research.

Chapter Four

This final chapter provides a discussion of how the objectives were met, the limitations, the key findings, the conclusions and the recommendations for social workers in the provision of mental health services as well as for further research.

Chapter two follows with the literature review.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

Mental health has become a very important public health problem both locally and globally (World Health Organisation, 2003:8). In order to realise the social workers' experiences on mental health services provision in KwaZulu-Natal, the mental health context in South Africa, mental health services, basic overview of social workers in the mental health field, legislation, the knowledge of the Diagnostic Statistical Manual (DSM) and the tasks, roles, experiences of social workers in mental health service provision and social work in mental health care in South Africa, and internationally will be discussed in this chapter.

This chapter will provide background on the significant mental health care analysis, and social work experiences in the provision of mental health services.

2.2. THE MENTAL HEALTH CONTEXT

Interrelated services of international and local mental health care are the background of mental health that includes mental health understanding and mental illness in accordance with their actual definitions, in which they form a foundation for one to be able to understand, the course, the nature, the treatment and the onset of mental disorders, and legislation and policy (Ornellas, 2014:21). Therefore, the researcher has discussed the mental illness in the following paragraph.

2.2.1. Defining mental illness

There are dissimilar theories presented regarding the nature and cause of mental disorders. Mental illness is argued by many professionals and scholars in terms of its understanding. A complete agreement is difficult to find on solid definitions and terms more specially, the "what" of mental illness is reliant on diverse variables. However, there are basic understandings which are more generally acknowledged, though anecdotal definitions do exist. A distinction between mental and physical disorder is not necessarily drawn in the recent edition of the ICD-10, but alternatively mental illness is referred to as another branch of disease. Mental illness definition is provided in the DSM by indicating particular disorder classifications that are treated and seen

by clinical psychologists and psychiatrists (Coppock & Dunn, 2010 in Ornellas, 2014:22).

It also needs to be highlighted that the existence of psychological disorders has not yet been able to be established by laboratory tests and, consequently, is dependent on the experience with the ICD acting as guiding principles based on the study, mental health professionals clinical training, the DSM and the general findings of a professional society of mental health; it is also mainly based on the impressions made from the interviews to reach the diagnosis by symptomatic association (First, 2010:50-51; Seligman & Rosenham, 1998 in Ornellas, 2014:22; Westen, 1997:895-903). In this regard, therefore, the validity and reliability of these documents endure because the listed disorders are frequently theoretical concepts that are not recognisable directly. It is also stated by Kleinman (1988:7) that “psychiatric diagnosis is an interpretation of a person’s experience and a culturally constrained activity.” Individual level efforts of treatment can then be affected as it can be seen as serving to minimise solutions for mental illness and social causes (Healy, 2002; Austrian, 2005 in Ornellas, 2014:24). Based on the aforementioned information, the researcher feels that it is indeed critical for the mental health social workers that are providing mental health services to be armed with knowledge in terms of the DSM for them to have an understanding of the illnesses of their clients/patients, and also to be accepted in the multi-disciplinary team. The researcher found it very important to discuss mental illness versus mental health.

2.2.2. Mental illness versus mental health

Mental health is not only about the nonappearance of signs of distress or a mental illness, as the defined understanding of “health” is understood. Mental health needs are of all people, in spite of their position on mental health, and therefore it is crucial that mental illness is not defined without having knowledge of what comprises mental health. It is stated by Lester and Glasby (2010:2) that optimistic mental health includes the capacity to be able to understand and make sense of our environment, to be able to deal with change and to communicate well with other people. Culturally acceptable behaviour and thoughts are other definitions of under which mental health can be classified as adhering to what community groupings define as “normal”, so as to be conforming to a standard of a community *(free dictionary*).

Interacting factors like psychological, biological elements and social determines mental health and mental illness (Patel, Schmid & Hochfeid, 2010 cited in Ornellas, 2014:24). Mental health status is defined as a level of mental well-being of an individual as affected by physical, social and psychological factors and which may result in a psychiatric diagnosis Mental Health Act (17 of 2002). The World Health Organisation (2001:5) states that the term mental health is seen as being all encompassing of the well-being of an individual with regard to their mental, emotional and psychological functioning. Consequently, mental health understanding is derived, in accordance with being the nonappearance or nonexistence of the signs or symptoms that represent mental health. It is believed that for someone to be perceived as mentally healthy, he needs to possess a state of holistic well-being. (WHO, 2001 as cited in Ornellas, 2014:24). The following section will discuss mental health services and policy.

2.3. MENTAL HEALTH SERVICES AND POLICY

In order to give an indication that is applicable for this study, the researchers' centre of the dialogue will be based on the development of a mental health policy with regard to the movement from institutionalisation to deinstitutionalised care at a local and international level that will have a very important impact on mental health care these days. The development of the mental health policy has an extensive history, with a range of contributing factors like developments in pharmaceutical knowledge and medical, religious views, human rights movements, a developing knowledge of mental health care needs, and expectations (Ornellas, 2014:31). Subsequently, the South African Constitutional mandate of mental health care will be discussed.

2.3.1. South African Constitutional mandate of mental health care

It is suggested by Mkhize and Kometsi (2008:104) that there has been a gross violation of human rights in South Africa and all these actions were fuelled by the policy of apartheid. These acts occurred before the advent of the new democratic dispensation in 1994. On the other hand, Lund, Petersen, Kleintjes and Bhana (2012:402) allude to the fact that the South African government is working hard for the mental health services to be improved, from the time when the cessation of the apartheid system occurred. The White Paper for the Transformation of the Health System in South Africa, incorporated mental health during the year 1997 which stated that "a

comprehensive and community-based mental health service should be planned and coordinated at the national, provincial, district and community levels, and integrated with other health services" (White Paper for the Transformation of the Health System in South Africa, 1997).

Burke (2012:564) argues that when working with MHCUs, irrespective of the severity of their condition, the practitioner should take cognisance of and adhere to the principles of the RSA Constitution which protects MHCUs. The researcher is concerned by the manner in which MHCUs are treated. Burke (2012:565) maintains that despite the increased focus on a rights-based approach, mistreatment of people with mental disorders continues, there have been media reports of abuse of MHCUs by state, institutions, or individuals. The Constitution states clearly that all people should be treated with dignity and respect (Burke, 2012:564).
Therefore, the researcher holds the view that the Constitution is essential in the mental health services provision, and all mental health care practitioners should comply with these provisions. The Mental Health Care Act (No 17 of 2002) is discussed in the next section.

2.3.2. Mental Health Care Act 2002

Clarity has been given by the Mental Health Care Act (17 of 2002) about the referral routes, from hospitals to the district and community levels, and emphasises continuity of services as well. This led to the recognition and collaboration with non-government organisations that have been playing a role in the treatment, rehabilitation services and care for mentally unwell people; it provides admission procedures for mentally unwell people. Review Boards in respect of all health institution are also established through this Act in order to establish their tasks and powers in the provision of administration and care for individuals who are mentally unwell.

Lund et al. (2012:404) argue that the act was promulgated, which enshrined the human rights of people living with mental disorders, and set up mechanisms such as Mental Health Review Boards, to protect and uphold those rights. Burke (2012:566) argues that many past ethical abuses against people with mental disorders were corrected by the Act. The Act intends to bring synergy between mental health

practices, World Health Organisation (WHO) principles, and the South African promotion of human rights for mentally ill people (Lund et al., 2012:404). The implementation of this Act took place in 2004.

Burke (2012:564) claims that the Act applies, in practice, what the constitution stipulates pertaining to people with mental illness, and any person who acts contrary to the stipulated responsibility can be guilty of a crime. Furthermore, the Act clearly defines different mental health professionals, their roles, and responsibilities, as well as the different types of admission requirements. In keeping with the Act, each province has established review boards and authority have been given to review appeals associated with all processes, review involuntary admission and discharge procedures (Mental Health Care Act, 2002, Act 17 of 2002). In 2004 The Regulations to the Mental Health Care Act (17 of 2002), was publicised in 2004 which, in effect, seeks to: (1) shift the system from a past custodial approach to one supporting community care; (2) make sure that suitable care, treatment and rehabilitation are given by all members of the multi-disciplinary team, including the social worker, at all levels of the health service; and (3) highlight that individuals with mental disabilities should not be discriminated against, stigmatised or abused.

The following section will discuss the National Mental Health Policy Framework and Strategic Plan.

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

This policy was geared toward enhancing the mental health care user's involvement and their relatives (Department of Health, 2013). The whole country (RSA) held meetings to give the situation of mental health services and mental health in South Africa a better look, in order to create a road map for the betterment of mental health and to discover best practices. Information was collected from the selected participants through interviews from the different government levels (Department of Health, 2013). This was made clear in the review process during the proliferation of the policy framework (Department of Health, 2013).

The content and arrangement of the National Mental Health Policy was informed by the international direction materials of the World Health Organisation. This policy

framework draft was argued during the consultations that were concluded in a National Mental Health Meeting (Department of Health, 2013). The policy framework promotes the mental health care users' rights all the way through the classification of key activities that hinders the furthering of mental health services transformation, and ensures that excellent mental health services are equitable, incorporated at all health system levels, accessible and complete, and are in accordance with World Health Organisation suggestions (Department of Health, 2013). Furthermore, the Department of Health's current 10-point plan is aligned with the policy (Bila, 2017:58).

2.3.4. Mental health, human rights, and social justice

It is stated by Ife (2012:14), that rights are seen as endorsed by God and are perceived as "self-evident". The United Nations Human Rights Commission (UNHRC) (2016) claims that Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, nationality or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible. The NASW (2014) defines social justice as "… the view that everyone deserves equal economic, political and social rights and opportunities."

Karban (2011:3) concurs that mental health is a human rights and social justice issue. Moreover, it is stated by the International Federation of Social Workers (IFSW) (2008) that human rights and social justice map the IFSW's understanding that all people have an equal right to enjoy the social conditions that underpin human health and to access services and other resources to promote health and deal with illness. Ife (2012:217) further asserts that framing social work as a human rights profession has certain consequences for the way in which social work is conceptualised and practiced. In addition, recognition of social justice and a strong foundation for assertive practice is provided by the human rights perspective which supports social work (Ife, 2012:217). In concurrence with this assertion, Allen (2014:13) states that the social work culture is to protect and safeguard the human rights of vulnerable people.

Misinterpretations often lead to the viewpoint that mental illnesses are untreatable, and that affected people are not valued as members of their communities or entitled to resources allocated to provide social work services or support (Funk, Drew & Knapp, 2012:166). Likewise, Kakuma (2010:116) asserts that people living with mental

illnesses are abandoned for long periods in inadequately resourced, unhygienic or abusive institutions. The WHO (2005) highlights that people with mental illness "experience human rights infringements in their everyday lives within the communities, with responsibilities being assigned to their care takers who make decisions for them in terms of the place of residence, movements, personal finances and medical treatment."

The main issue in the provision of care to individuals suffering from long-term mental disorders is human rights protection. The international organisations principles and standards played a crucial role in the process of deinstitutionalisation across Europe, international organisations such as the European Human Rights, and Amnesty International and the United Nations Human Rights System (de Almeida & Killaspy, 2011:2).

It is the researcher's view that social workers have a substantial task in educating communities about mental illness. South African and international mental health is subsequently discussed.

2.4. MENTAL HEALTH CARE INTERNATIONALLY AND IN SOUTH AFRICA

2.4.1. Mental health care globally

A report was released by the World Health Organization (WHO) (2010) stating that many programmes continue to ignore and exclude people with psychosocial disabilities as they are the most marginalised groups in the countries that are still developing, even though development players have promised that their focal point is to work on the most susceptible members in the society. Mental disorders account for an important burden of disease that impact the health needs measured by financial cost, mortality, morbidity or other indicators in all communities. Successful interventions are there, but they are not accessible to the most of those who are in need of them. These interventions can be made accessible through transformation in the training of appropriate personnel, policy and legislation, adequate financing and service development (WHO, 2009:2).

The above statement is also confirmed in the Mental Health and Development report (WHO, 2010) cited in Sossou and Modie-Moroka (2016:x), which states that “mental health is a developmental issue and people with mental disorders constitute a vulnerable group who need to be targeted in development assistance.” In most African countries the elevated unmet needs for mental health services is really comparable. The amount of money spent on National Security and Defence in most of these countries is higher when compared to the expenditures on mental health.

Mental health problems contribute to morbidity and mortality rates worldwide and if poor mental health has not been recognised during adolescence and early adulthood, it increases the weakness to poor psychological functioning in the short and long term, and lead to lost economic productivity and increased costs to society (Servili, 2012:127). Therefore, it is important to explore the social work experiences in mental health services provision, as it seems as if there is a need for more knowledge of mental health issues.

Sossou and Modie-Moroka (2016:vii) state that the mental-health conditions and services on the African continent in the 21st century are a concern beyond human understanding. There is evidence of health disparities along diversity lines such as race, culture and ethnicity, gender and class, and between geographical locations such as urban and rural communities. African countries’ traditional mental health care institutions require funds to increase, to find and educate more social workers, doctors, nurses and caregivers and purchase needed medications, and also (Sossou & Modie-Moroka, 2016:x). The researcher is of the view that there is still a long way to go in South Africa regarding the conditions of mental-health since mental health facilities are lacking in rural areas.

The WHO (2005) has entrenched the universal human right to quality health care (principles of primary health care) and social justice in all countries worldwide, reaffirming the holistic approach to attaining optimum primary health care. Therefore, in order to ensure that the receipt of the mental health care they need and close the treatment gap for the mental ill people, it is very important to integrate primary care with mental health services (World Organization and Association of Family Doctors, 2008).

In developed countries, like the United States of America and Western Europe, there is less reliance on mental hospitals to provide mental health care (WHO, 2003). The WHO further asserts that the process of deinstitutionalisation resulted in a reduced number of MHCUs committed to mental hospitals, as some institutions were no longer operational. However, the deinstitutionalisation of mental health care resulted in challenges such as insufficient provision of community-based residential facilities (Shen & Snowden, 2014:5).

It is argued by Jacob, Mirza, Garrido- Cumbrera, Sharan, Saxena, Mari, Sreenivas, and Seedat (2007:1061) that the purpose of health care systems in developing and developed countries is reasonable in the protection of rights and mental health care access. Olson (2006:7) is of the view that mental health systems should ensure that organisations, institutions, and resources improve service provision. Furthermore, Olson (2006:7) highlights that “mental health systems are generally subsystems of the health care system, and how these services are organised, delivered, and financed is significantly influenced by the way in which overall health services systems are run”.

The WHO conceptualises optimal actions to enhance service delivery in providing services like: developing human resources, legislation on mental health and establishing national policies, ensuring accessibility to essential psychotropic medication, programmes, mental disorders provision of services in primary care, and supporting relevant research, involving other sectors and promoting public education (WHO-AIMS, 2005). Therefore, a pyramid for an optimal mix of services for mental health in the organisation is described by the WHO and provides direction on how to organise mental health services (WHO, 2009). As illustrated in figure 2.1 below, casual societal mental health services like communities, religious groups and other institutions like schools can manage the prevalence of mental health care. An extra formalised system of services is required where other support and expertise are in need, such as “primary health care services, specialist community mental health services; psychiatric services based in general hospitals, and specialist long-stay mental health services” (WHO, 2009).

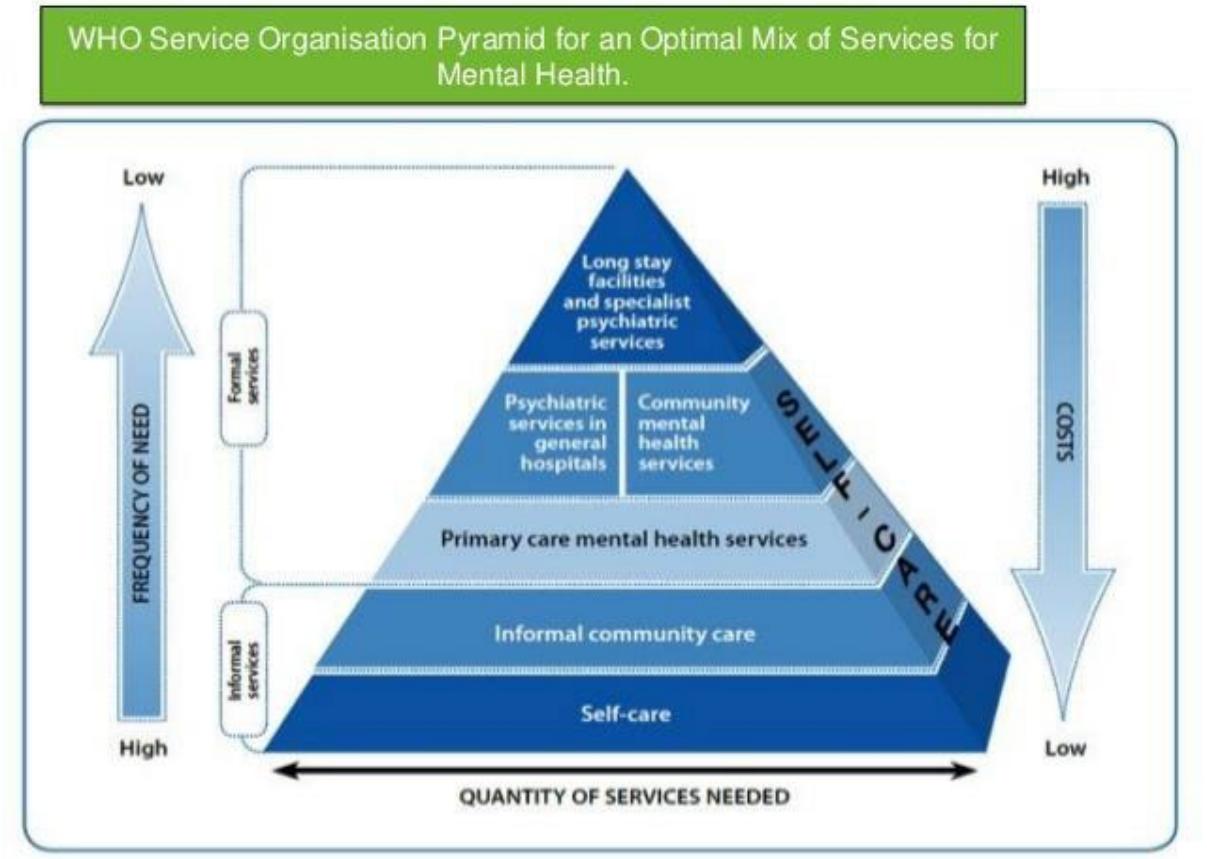

Figure 2.1: Optimal Mix Service pyramid for Mental Health (WHO, 2009, adapted in Bila, 2017:73).

There are challenges which include a lack of mental health legislation, constraints caused by the current public health precedence agenda and a correctly qualified mental health practitioner. Ensuring best mental health care services is an important challenge that is faced by the middle-income and low sub-Saharan African countries (Saraceno, Van Ommeren, Batniji, Cohen, Gureje, Mahoney, Sridhar & Underhill, 2007:1164).

The above information confirms that mental health institutions lack funds to provide training for the mental health providers. Therefore, exploring the experiences of social workers is very crucial and to hear their voices with regards to their everyday work. Mental health care in South Africa will be discussed.

2.4.2. Mental health services in South Africa

It is stated that in South Africa, “mental health services are arranged in terms of catchment areas in all provinces. In 2007 there were 3 460 MHCU mental health facilities in the country, of which 1.4% accommodated children and adolescents. These facilities annually treat 1 660 per 100 000 users of the population” (WHO, 2007). Effective mental health intervention is delivered by means of mental health services (WHO, 2003). The WHO states that the organisation of services plays an important role in the effectiveness and mental health policy ultimate achievement of the aims and objectives. The Department of Health (2013) intended to ensure that quality services are incorporated, accessible, comprehensive and equitable at all health system levels, and to ensure that they are in accordance with the recommendations of the World Health Organisation by developing a strategic plan 2013-2020 and a National Mental Health Policy Framework (Department of Health, 2013).

It is postulated by Ramakgopa in the Department of Health (2013) that the strategic plan and policy framework intends to fill the critical gaps in the Mental Health Care Act (No 17 of 2002), which lays down the legal framework for a primary health care-based mental health system based on human rights. Since the demise of apartheid, there has been a visible rising policy to drive an improvement in mental health services in South Africa. Mental health was incorporated during 1997 in the White Paper for the transformation of the health system in South Africa, which stated that “a comprehensive and community-based mental health service should be planned and coordinated at the national, provincial, district and community levels, and integrated with other health services” (Roestenburg, Carbonatto & Bila, 2016:170). The researcher is of the view that the South African government is trying by all means to ensure an improvement on mental health services as the Department of Health has developed a National Mental Health Policy Framework and strategic plan that is intended to bridge the gaps identified from the Mental Health Act.

A definition of Mental health services is an assessment, diagnosis, treatment or counselling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders (Baylor College of Medicine [BCM], 2005:1). South Africa has a moderately well-equipped mental health services as compared to many other African countries (Lund & Flisher, 2006:12).

Various services continue to operate within the institutional models of care, whereas in the global context community-based services have been introduced, and psychiatric institutions downscaled (Geller, 2000:42).

In South Africa, mental health services can be accessed on either private or public health levels. This means that in South Africa there are state institutions and private mental health facilities (Roestenburg et al., 2016:181). South Africa bears a massive load of mental illnesses with the main common factors including: substance abuse disorders depression, mood disorders and anxiety disorders. Individuals with mental health conditions face challenges like discrimination, neglect and stigma in the healthcare system (Matlala, Maponya, Chigome & Meyer, 2018:46).
In South Africa, the health services delivery approach in health care adopted since 1994 has been primary health care, which applies to mental health care as well. The health services under the apartheid government, from 1948 to 1994, were unfortunately characterised by inequality, discrimination, lack of efficiency and inaccessibility (Roestenburg et al., 2016:178). South Africa has inadequately resourced mental health care services and no efficient data exists on the health services presently used for the mentally ill (Seedat, Williams, Herman, Moolman, Williams, Jackson, Myer & Stein, 2009:346). During the apartheid government as stated above, mental health services focused on the centralised care and institutionalisation (Peterson, Bhana, Campbell-Hall, Mjadu, Lund, Kleintjies, Hosegood & Fisher, 2009:143).

International growing human rights movements and policy developments influenced the adoption of a policy shift by South Africa during the post-apartheid era, in the approach toward the implementation of mental health service, which was aimed at implementing a public health model with a specific focus on community and downscaling psychiatric institutions (Lund & Flisher, 2009:2). There have been legislative developments and important policies, mainly through very significant documents in the last decade such as the currently modified Mental Health Care Act (17 of 2002), which was publicised in 2004, The White Paper for the Transformation of the Health System (1997), the International human rights standards and the National Mental Health Policy Framework and Strategic Plan (2013-2020) together

with the National Health Policy Guidelines for Improved Mental Health in South Africa (1997) (DoH, 2013).

The South African government effected initiatives to align services to mental health with global directives like mental health integration into the deinstitutionalisation of care and primary care centres (World Organisation and Association of Family Doctors [WONCA], 2008). The endorsement of the Mental Health Care Act (No 17 of 2002) prepared accessibility of mental health care at primary health care centres and district hospital levels, thus easing access to mental health services (WHO-AIMS, 2007; Burns, 2008:46). Mental health care secondary levels are located in institutions that provide specialised services at designated psychiatric hospitals, regional hospitals and at a tertiary-level. In South Africa, an active role in offering primary mental health care services is played by general physicians (GPs) that play roles such as screening, for MHCUs, referrals and follow-ups (Burns, 2008:47; Mkhize, Green-Thompson, Ramdass, Mhlaluka, Dlamini & Walker, 2004:8).

The above information shows that the apartheid government approved legislation and policies to implement racial disparity in access to health care services, such as the Group Areas Act of 1913 (Roestenburg et al., 2016:178). These authors further state that the Minister of Health and the Department of Health are committed to restoring the previously abandoned mental health care. Therefore, exploring the social work experiences in the provision of mental health services will contribute to what the Department of Health is aiming to achieve. It is therefore, impossible to redress the past neglect of mental health care without knowing and attending to mental health services provided by social workers.

2.5. SOCIAL WORK IN MENTAL HEALTH CARE

A social worker is an individual who utilises her knowledge and skills in the social work profession to render services to mentally affected individuals in line with the Mental Health Care Act 17 of 2002. Social workers are often first responders to people with mental illnesses, and it is significant that they are equipped in this area so that they can best assist with improving the personal satisfaction of these individuals. Social work is defined by the National Association of Social Workers (NASW) as:

> ..a practice consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services; counselling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in legislative processes. The practice of social work requires knowledge of human development and behaviour; of social and economic, and cultural institutions; and of the interaction of all these factors. Therefore, social work in health needs to have a knowledge and understanding of what intervention needs to be rendered to which specific need (NASW, 2017).

Social work in mental health is a process where an individual in a setting is helped to attain freedom from overlapping internal and external problems (social and economic situations, family and other relationships, the physical and organisational environment, psychiatric symptoms) (Francis, 2014:117). It is further stated that it is intended for quality of life, harmony, personal adaptation of self-actualisation and across all systems. Psychiatric social workers assists patient and the family members in order to cope with either various social problems or economic and mental health issues that are caused by attaining improved and mental health psychiatric dysfunctions, and mental illness or well-being. They are very important multidisciplinary team members in the psychiatric hospitals and in community-based organisations (Francis, 2014:118).

> Mental Health Social Workers assess and treat individuals with mental, emotional, or substance abuse problems, including abuse of alcohol, tobacco, and/or other drugs. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Social work in mental health is also practiced against a background of conflicting pressures and imperatives. However, despite the policy emphasis on personalisation, recovery, user involvement and community or home-based care, the reality is that pharmacology is the primary mode of intervention by the multi-disciplinary team, supported by psychological therapies (Karban, 2016:888).

The lives of individuals living with mental health conditions can be transformed by social workers, which play a fundamental role in the multidisciplinary system of support. Therefore, social work is also critical to modern mental health services (Allen, 2014:8), ensuring the allocation of limited public resources, to protect human rights and promoting the self-determination of mental health care users (Allen, 2014:10).

Roestenburg et al. (2016:187) mentioned that services by social workers in a mental health context require specific training and specialisation in South African Mental health contexts. However, social workers are employed by mental health organisations and the Department of Health to render mental health services without any specialisation or training, as Olckers (2013:1) states, some social workers feel that it is unethical to utilise the Diagnostic Statistical Manual of Mental Disorders as they are not trained on it.

It is the researcher's opinion that the social work role with regards to this research topic, stretches over different areas of specialisation within the social work field.
This research study's aim is to explore the experiences of social workers in the provision of mental health in KwaZulu-Natal and, therefore, an understanding of social work in general mental health background is necessary. The advancement of health services nationally, within the foundation of deinstitutionalisation specifically, requires the contribution of psychological wellness proficient, in terms of social workers, psychiatrists and psychologists.

Volgeman, as cited in Ornellas (2014:37), states that in order to render adequate services, mental health professionals will need to begin to work together more closely, and states the possibility of a developing conflict between mental health policy changes and the previous training of professionals, thereby encouraging further education and academic development across professions interacting with this group. Social work has always been recognised to provide services that help and give power to the demoralised, assessing and integrating factors that can add to human issues.

> "Social work" means a practise-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people with the principles of social justice, human rights, collective responsibility and respect for diversities being central to social work and underpinned by theories of social work, social sciences, humanities and indigenous knowledge. Social work engages people and structures to address life challenges and enhance wellbeing (IFSW and IASSW, 2014);

The above social work definition highlights the social work practice in an ecological perspective. It further, shows that understanding the needs of susceptible groups in the social work practice is the key as well as the empowerment of individuals toward

their well-being. Social work interventions in the context of mental health subsequently should be at all four levels: anticipation should be carried out through education methods within societies, teaching people about psychological well-being, the wrong stigma of the mental health diseases, and to appropriately administrate care for the intellectually sick. Mental health has to be recognised as a specific illness that requires social work interventions, with regards to such descriptions as given previously. The delivering of services needs to occur in the early intervention, for example, family counselling and mindfulness in regards to dysfunctional behaviour, working intimately with centre and emergency clinic settings for an early diagnosis and intervention. Legal intervention through community-based services that provide treatment, support, family support and parental figures, prescription organisation and checking, access to resources and assistance with work. Lastly, after care and reconstruction, which is essentially based on the aiding the mentally ill patients' reintegration into their societies. The institutional consideration or post-diagnosis – this is presumably quite possibly the main aspect needed for mental health in the social work intervention setting (Lund et al., 2010; Lund & Flisher, 2002 cited in Ornellas, 2014:39).

Services by social workers that are needed in mental health can be obviously advocated for and recognised in this regard. In the research that was conducted by Rose (1998), rambling acts of psychological wellness care forces people to control their conduct according to regular social assumptions, and consequently, therapists, psychologists and social workers are there to give "master" information to direct service delivering. Clinical medications, despite the fact that they assist with reducing the excruciating symptoms that people experience, as a general rule are carried out paying little heed to the presence of the social roots of the distress. To such an extent, the way that issues are perceived as existing inside people makes it more uncertain that contributing social components will be tended to by any means (Ornellas, 2014:39).

During a period of change in organisational designs and to proficient roles, where concerns about the particular position that social workers have to direct their participation has been communicated, more extensive arrangements for social services in mental health field and well-being. The crucial part is also to think about the position and commitment of social work in multidisciplinary teams to provide

community mental health, legal community mental health teams, and helpless accessibility of clinical social workers in particular; as well as the self-assured efforts and emergency mediation groups with the spotlight on outpatient administrations. It is stated by (Lund et al., 2002; Lund et al., 2010), that mentally ill people are being assigned to be contacted by general social workers. General social work is also affected by the inexorably high flood of mentally ill people into neighbourhood networks that have pretty much nothing, assuming any, community-based care systems and organised public health, affecting territories of family construction, crime, functioning, aggressive behaviour at home, child abuse, family brutality and unemployment. In this way the generic social worker presently cannot stay segregated from mental health care practices. (Ornellas, 2014:39).

Nevertheless, it is of the view of the researcher that there is still a development and debate around the exact role of social work in the provision of mental health care. The next section focuses on the mental health services social workers offer in South Africa.

2.5.1. Assessment

Social work thinks about the proportional effect of individuals and their surroundings in assessing human conduct. From this point of view, social functioning issues may be a consequence of distressing life changes, ecological lethargy and relationship troubles or all other areas (Corcoran & Walsh, 2010 cited in Ragesh, Hamza & Sajitha, 2015:165). Much has changed as the development of the profession occurred, integrating cognitive, bio-psychosocial, ecological, family-centred and different models as pointed out by other practice theories, the workplace setting, or by patient needs (Ragesh et al., 2015:165).

The social work professional values and interests need a wide range of approaches to the formulation that incorporates assessment and social justice, spiritual, biological, systemic, psychological perspectives, cultural and ecological, (Ragesh et al., 2015:165). In the mental health settings, the social worker is required to have sufficient skills in clinical evaluation. Knowledge of the International Classification of Diseases (ICD) is crucial in order for the social workers to familiarise themselves with the symptoms of the illnesses for their clientele and also to be able to know other mental health professionals for referral purposes. For intervention planning, goal formulation

and assessment, Biopsychosocial (BPS) structure can also be utilised (Corcoran & Walsh, 2010 in Ragesh et al., 2015:166).

The researcher agrees with Ragesh et al., (2015:166) that "it is observed that new social work trainees face difficulties to do social work assessments in mental health settings and conceptualising cases due to the lack of proper assessment guidelines." The researcher has adopted the social work assessment framework from Ragesh et al., (2015:166) and it is presented in the following figure below:

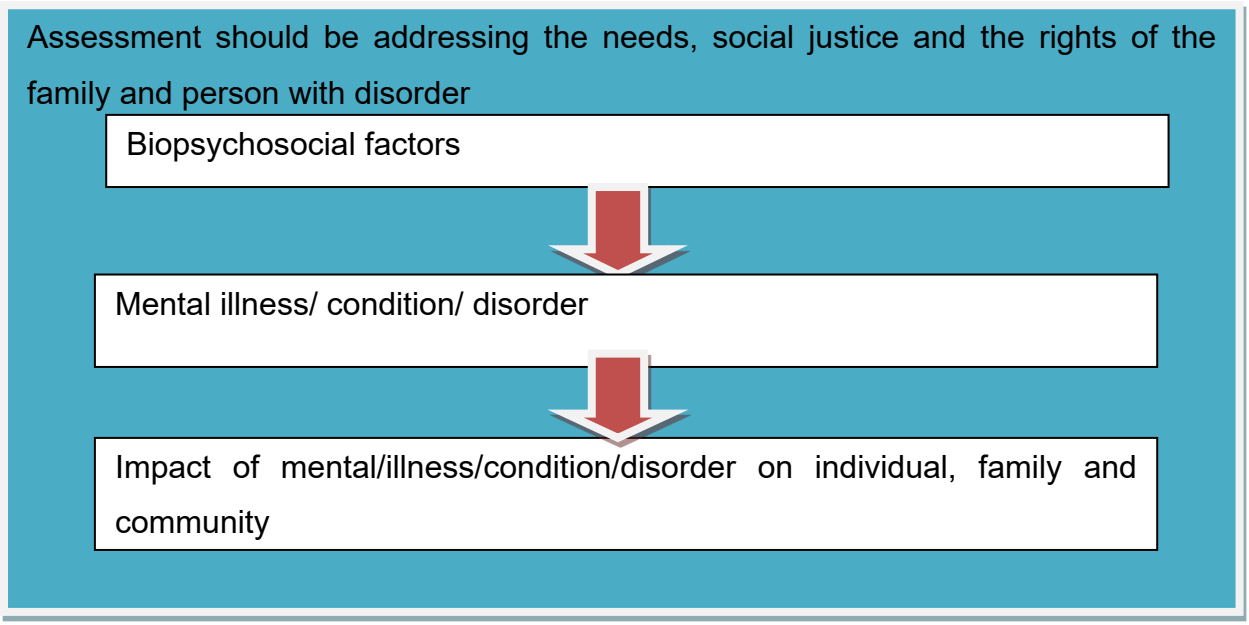

Figure 2.2: Social work assessment framework (Adopted from Ragesh et al., 2015:167).

The above figure illustrates that the social worker should look at the interconnection between biology (physical health, genetic vulnerabilities and drugs), psychology (coping skills, family relations, self-esteem and mental health), and socio-environmental factors (peers, family circumstances) when conducting assessments in clients. The researcher also feels that the understanding of mental illness of the client and its impact, not in only the client, but to the family and wider community is very important for a social worker.

Ragesh et al. (2015:167) provided the interventions and assessments steps for social work in psychiatric context as follows:

- Clinical evaluation (to understand the psychopathology of the client and making provisional psychiatric diagnosis. This may be done after consultation with a psychiatrist).
- Psychosocial Assessment
- Analysis and formulation
- Psychosocial diagnosis
- Psychosocial intervention plans (Ragesh et al., 2015:167).

The above information clearly shows that the interacting biopsychosocial [BPS] factors determines mental health disorders, which means that an understanding of how these factors operate in accordance with precipitating, predisposing, maintaining, protective and risk by social workers is important. To assess the concerns and needs of a client that includes family and the person with disorder is also important (Ragesh et al., 2015:168). Social workers compile reports that assist the psychiatrist to diagnose patients. Therefore, the researcher is of the view that it is crucial for a social worker who is in the mental health services provision to be equipped with knowledge of the DSM. Social work and diagnosis as another mental health service is also discussed.

2.5.2. Social work and diagnosis

It is explained that diagnosis is a process of identifying illness or a problem, after the examination of the symptoms (*The South African Concise Oxford Dictionary,* 2006:320). Furthermore, diagnosis is defined by Jutel (2010) as follow:

> … providing a rationale for the consultation, confirming the authority and prestige of the medical profession, delegating the responsibility for labelling an illness, and in our contemporary era, providing access to a range of resources. The diagnosis is generally a prerequisite for treatment, an imperative for reimbursement, an authorization to deviate from expected behaviours, in sum, a legitimate force.

Non-physicians can do a diagnosis in the USA, even though other countries require that psychologist or a physician only can conduct a diagnosis. The issue of, who is qualified to do mental diagnosis? is still being debated as from the 1990s (Munson, 2002 in Olckers, 2013:7). Very few South African research and guidelines exist which specify as to who should be authorised to conduct a diagnosis in mental health. In

South Africa there is no legislation that speaks about any other mental health assessment system or the social worker and the use of the DSM system. However, the DSM system is being utilised by social workers in their practice to help do assessments and writing of reports which provides evidence so that psychiatrist can diagnose (Sewpaul, 2007; Strong, 2007 in Olckers 2013:7).

The researcher found that Baumann (1998) cited in Olckers (2013:8) accentuates that today's psychiatry in South Africa should have a comprehensive way to deal with patient care whereby one assesses and deals with a person in a social world. The social setting of the patient should be incorporated in the assessment. On the other hand Dziegielewski, Johnson and Webb (2002) cited in Olckers (2013:8) affirm that, social workers need to aid the region of symptomatic assessment and evaluation in the mental health profession. Assessment varies in various manners from diagnosis. Gambrill (1983) cited in Olckers (2013:8) postulate that assessment ought to be of worth to a person, in light of the ability of social worker's in assisting individuals with characterising plainly their interests and wanted changes, and to distinguish related variables and potential methods for accomplishing results. In view of the literature, the researcher found that there are numerous vulnerabilities to whether there is an incorporation of mental health or barred from an assessment of a social worker and if a social worker could diagnose. After a person has been assessed and diagnosed, there is a need for the relevant and proper treatment as it is discussed in the following section.

2.5.3. Treatment

The *Medical Dictionary* (2017) defines treatment as "an action or manner of treating a MHCU medically or surgically." The APA (2010:9) identifies three goals of treatment planning as follows:

- Reduce or eliminate symptoms.
- Maximise quality of life and adaptive functioning.
- Promote and maintain recovery from the debilitating effects of illness to the maximum extent possible (APA, 2010:9).

Khamker (2012:113) asserts that treatment objectives are to reduce the mortality rates of the disorder and morbidity. This author further states that a complete treatment needs a multimodal approach which consists of psychosocial interventions and medication. As indicated by the APA (2010:9), medication or treatment reduces or eliminates symptoms. Furthermore, medication promotes and maintains recovery. The researcher is of the view that recovery cannot occur without a multi-disciplinary approach inclusive of medication and counselling. Therefore counselling and medication go hand in hand and counselling is discussed in the next section.

2.5.4. Counselling

Counselling is another form of psychosocial intervention, and refers to professional guidance of the individual by utilising psychological methods, especially in using various techniques in collecting case history data (Lazarus & Freeman, 2009:14). Counselling indicates scope normally aimed at managing symptoms in order to prevent further changes and it is a non-medical intervention in a limited period that usually does not exceed 6 to 8 sessions (Lazarus & Freeman, 2009:15). Counselling can be informal, psycho-educational and referral. Counselling can be offered by both psychologists and social workers, but the difference is that **social workers** can assist you in finding a plan which will assist you to cope with difficult situations and also to sort through feelings and thoughts in a safe environment. Whereas, **psychologists** help to alleviate feelings of distress, resolve crises and improve sense of well-being for individuals living with mental health issues, emotional and physical (Hough, 2010:2).

Subsequently the following types of counselling are discussed:

- Informal counselling

Informal counselling can take place in terms of health consultation (Lazarus & Freeman, 2009:15). Health consultations generally involve some communication between health worker and MHCU regarding health status and treatment and related issues, for example life-style factors such as diet, exercise, substance use, sources of stress and support (Lazarus & Freeman, 2009:15). Problems in these areas could in turn invite helpful health worker reactions which include referral to other resources, limited problem solving, emotional support and advice (Lazarus & Freeman, 2009:15).

Da Rocha-Kustner (2009:1) is of the view that allowing problems to continue unabated will result in significant inconsistencies in focus, empathy, and effective communication. Communication may range from empty reassurances and inappropriate advice to counselling in order to afford the MHCU a chance to express feelings to ensure more effective problem solving and articulate problems (Da Rocha-Kustner, 2009:1). It is also suggested that an appropriate use of informal counselling opportunities can be developed through training of health personnel and that could improve its quality (Lazarus & Freeman, 2009:15).

- Psycho-educational counselling

Conradi, De Jonge, Kluiter, Smit, Van der Meer and Jenner (2007:849) defines psycho-educational counselling as "counselling which focuses primarily on providing relevant information (for example, regarding symptoms, the role of related factors such as stress, coping strategies) and helping MHCUs to apply the information in their own situation." Some authors are of the view that insufficient psycho-educational interventions and mental health professional resources may place undue pressure on auxiliary workers and general nurses who are not trained mental health professionals (Lazarus & Freeman, 2009:15).

- Referral

Referral can be conducted in order to access services that are rendered by other sectors, like employment or social services if there is a need. It involves the shift of responsibility or the component of the MHCU care (Bower & Gilbody, 2005:839). As much as it may take place in a primary care team, it normally engages referral to the levels of care where necessary, for an example, to a specialist or, tertiary levels or secondary. Referral in the health services would be to an inpatient unit at a district hospital or to a psychologist for brief psychotherapy. The researcher has given the brief discussion of the mental health services and it is also important to focus on deinstitutionalisation in South Africa.

Deinstitutionalisation has been initiated as a measure to save costs without being an adjunct to the implementation of community-based services and adequate development in South Africa (Lund & Flisher, 2003:157). This leads to a "revolving door" care model where users are soon readmitted to hospitals after their discharge because there was a lack of adequate services and support to them in their communities. An example is the closure of the Randfontein Life Esidimeni Psychiatric

Hospital, with the purpose to cut costs (Lund & Flisher, 2003:181). It is stated by Bila (2017:70) that the Gauteng Department of Health was in a serious predicament due to the Randfontein Life Esidimeni Psychiatric Hospital situation that leaded to the fatality of MHCU's which were close to 100.

In South Africa, the implementation of mental health service is done through all the spheres of government structures (Jack-Ide, Uys & Middleton, 2012:52). The advisory to government on legislation and mental health policies is done through the National Directorate of Mental Health, a National Mental Health Authority and Substance Abuse (WHO-AIMS, 2007). A report by Burke (2012:565) postulates that there are stumbling blocks to the mental health services financing, this author further state that in spite of South Africa's progressive mental health legislation. In this regard, the following problems have been encountered:

- Serious shortages of mental health professionals.
- Inability to develop vitally important tertiary level psychiatric services.
- Psychiatric hospitals remain outdated, are falling into disrepair, and are often unfit for human use.

Psychosocial rehabilitation services and community mental health are still immature, and the institutionalisation of MHCUs without hope of being rehabilitated back into their societies remains.

It is important now to focus on the diagnostic statistical manual. DSM plays a major role in defining mental illnesses.

2.6. THE DIAGNOSTIC STATISTICAL MANUAL

The Diagnostic Statistical Manual (DSM) provides mental illness definition through a respective offering of treated and seen disorder classifications by clinical psychologists and psychiatrists. These systems implement primary learning toward that of references and medical concepts. This can therefore, be viewed as being a biomedical model representative (Coppock & Dunn in Ornellas, 2014:22).

Psychiatric drug regulation agencies, researchers, health insurance companies, clinicians, policy makers and pharmaceutical companies use the DSM in different way in the world. A professional boundary problem has been created by the mental health field for increased utilisation of the DSM, more particularly social workers who are nonmedical practitioners (Olckers, 2013:68). The (DSM-5) Fifth Edition (2013) is the last updated version of Diagnostic and Statistical Manual of Mental Disorders. Wakefield (2013:146) states that, the DSM serves as psychiatric diagnoses principal authority in the United States. Payment by health care providers and treatment recommendations is determined by DSM classifications, so the new version has major practical importance. However, Olckers (2013:1) states that in her social work experience, agencies expected her to utilise the DSM, despite her lack of knowledge with regards to the DSM.

In a research study that was conducted by Olckers in 2013, it is stated that the right to do mental health diagnoses by social workers has created an inconsistency in South Africa. South African Association of Social Workers in Private Practice (SAASWIPP) and South African Council for Social Service Professions (SACSSP) have not yet come up with a clear agreement with regards to the diagnosis by social workers. Olckers (2013:iv) stated very clearly that social workers are frequently utilising the DSM system without having trained on it.

Social workers rendering health care services are frequently described as clinical social workers because the focus on their work is on psychotherapy most of the time (Karpetis, 2010:157). This author further defines clinical social work as a practice speciality in social work that builds upon generic values, ethics, principles, practice methods, and the person-in-environment perspective. Olckers (2013:7) referred to a description given by the "*NASW Standards for the Practice of Clinical Social Work* (1989) that a clinical social worker aims to enhance and maintain the psychosocial functioning of individuals, families, and small groups, as do all social work practice." The clinical social worker utilises social work methods and theory to prevent impairment that includes emotional and mental disorders and also to prevent psychosocial dysfunction.

Karpetis (2010:157) further states in the practice of clinical social work specific methods and knowledge to diagnose and assess, to do intervention, plan treatment, and to assess the effects of working with families, small groups and individuals are useful. A specific focus on mental health disorders bio-psychosocial dimensions that manipulate the social performance of clients and assessment is done by clinical social workers (Karpetis, 2010:157). This practice incorporates the above statements with an aim to bring a behaviour change which can play a role in the improvement of the people's relationships and their social environment and also individual's functioning. Thus in South Africa both health social workers and clinical social workers can work with MHCUs.

In terms of the above information, the researcher feels that social workers in the mental health services provision must have knowledge and understanding of the DSM in order to be able to work well with other multidisciplinary team members and to provide relevant interventions to patients.

2.7. THE SPECIALISATION OF SOCIAL WORK IN HEALTH CARE IN SOUTH AFRICA

Regulation Gazette (No 11116). 2020. SOCIAL SERVICE PROFESSIONS ACT, 1978 (Act No.110 OF 1978), Regulations relating to the requirements and conditions for registration of a speciality in social work in health care, GOVERNMENT GAZETTE, Vol. 659, No.43343, 22 MAY defines social worker in health care as "a social worker with specialised knowledge, skills, education, training and experience in social work in health care". It further states that social work in health care as a field of speciality in social work provides social work services within the national system including establishments, rehabilitation programmes, community-based programmes and private practice (Regulation Gazette, 2020:88). Social work in health care includes the following:

- Health promotion, education and prevention concerning health challenges in empowering client systems which are individuals, families, groups and communities to improve health outcomes in relation to psychosocial health inequalities to make informed decisions;
- Bio-psychosocial assessment of the client systems to identify and address the biological, psychological and social health challenges within a multi-cultural context;
- Implement appropriate models of intervention with client systems in line with applicable legislation, policies and procedures;
- Liaise and network with relevant stakeholders, facilitate the development of sustainable resources and refer inter-sectorial where appropriate;
- Discharge planning focusing on bio- psychosocial adjustment, to ensure optimal functioning within a continuum of care which is community-based education, rehabilitation and after care;
- Influence the development of policies, procedures and legislation;
- Advocate, facilitate, liaise, coordinate and be a catalyst between health service providers and users regarding health service provision; and
- Functioning in collaboration with health service providers and significant others to ensure optimal bio-psychosocial functioning of the client system regarding health challenges (Regulation on specialization of social work in health care, Government Gazette, 2020:89-90).

The social worker in health care has been defined and the roles have been also outlined by the regulation gazette above. The researcher feels that it is important to discuss the roles, task and skills of a social worker in health care further.

2.7.1. Roles, tasks and skills of a social worker in health care

In order to ensure effective communication between families and patients, the conventional social work role in health care firstly includes working with families and patients, this also assists in ensuring effective working environment with health care

teams in trying to minimise difficulties that are caused by problems like low health literacy (Ornellas, 2014:60). There is still a need for social workers to undertake this significant activity. Nevertheless, the social work role has extended to incorporate a lot of activities such as community-based care, case management, supported employment, within residential and outpatient care, family therapy, assistance and psychosocial support in reuniting them with their communities (Johnson & Yanca, 2007; Barlow & Durand, 2012 as cited in Ornellas, 2014:60).

Social workers in healthcare services should have a broad range of interventions supported by a number of skills, attributes and competencies. They have a valuable contribution to mental healthcare in inter-professional teams focusing not on a person with mental illness alone but also to communities and families. Social workers empower individuals coping with addiction and mental health, and also advocate and address psychosocial needs (Ashcroft, Kourgiantakis & Fearing, 2017:318-334).

Social workers function in multidisciplinary mental health teams with other allied team members, and they are able to recognise and address the multiple factors contributing to the specific context of a group, individual or family in the society. Thus, the profession of social work has a clear role in mental health services to be rendered to individuals, families and in the communities (Australian Association of Social Workers, 2015:7).

Social work practice's primary focus is on the relationship networks between natural support resources, individuals, the formal structures in the communities, expectations that shape these relationships and the societal norms. However, social workers provide psychosocial intervention and support to clients and their families, group interventions, coordination of care with other health or mental health professionals, discuss discharge planning, mobilise social and community resources and collateral contact with key individuals or systems within a client's social network (Gitterman, 2014:129).

Allen (2014:5) states that "social workers are trained to work in partnership with people using services, caregivers and their families, to optimise collaborative solutions and participation". On the other hand, social workers manages a number of challenges and

difficult risks for society and individuals, balancing and protecting the rights of different parties and also to ensure that people within complicated legal frameworks are taken care of and decisions are taken on their behalf.

Gehlert and Browne (2012:69) state that helping patients and families to obtain and understand health information and to apply that information to better their health after discharge; this is a service which is not rendered by any other mental health professional in both the in- and outpatient, and community-based setting should be included in social work interventions. The social worker has a very crucial role in assessment, crisis intervention, coordination of services and planning. It is emphasised by Johnson and Yanca (2007:431) that "services such as these are vital to advancing the quality of life of mentally ill individuals and ensuring that their basic needs are being met".

The researcher feels that in order to ensure proper health care service delivery by social workers, there is a need to explore their experiences so as to be able to suggest and come up with good strategies in their provision of mental health services. It is also stated by Sossou and Modie-Moroka (2016:xiii) that as an essential part of multidisciplinary and multi-agency working, the lives of individuals living with mental health conditions can be transformed by good quality social work.

The role of social work is also described by Tilbury (1993:33) with regards to mental health as to "…reduce pain, relieve stress, offer practical services, bring in resources, restore social functioning, promote growth and development, speak up for the weak and powerless, protect the vulnerable and help people take control of their own lives". The social work role is thus to provide counselling and therapeutic services to affected individuals, but also to provide practical assistance with regards to making decisions by educating individuals and providing them with the necessary and most relevant information pertaining to their situation. The social work role is often the same across different areas of specialisation. For example, if we compare the social worker's role in community-based services with that of mental health care, some of the roles are the same with regards to linking individuals to resources or even developing resources and providing support and therapeutic services to individuals. Tilbury (1993:34) specifically states that the social worker is not a diagnostician, but as a social worker,

one needs to be equipped with the knowledge to identify symptoms and behaviour to identify whether one's client possibly presents with mental illness. Other roles of the social worker include:

a) To advocate for the rights of clients and those who are most vulnerable and have multiple needs;

b) To empower clients with knowledge and skills to enable them for good decision making and make positive changes in their lives and to link them with relevant resources within their communities;

c) Discharge planning;

d) Case management;

e) Addressing the psychosocial needs of the patient and family;

f) To work in a multidisciplinary healthcare team to provide the most effective services to the patient;

g) To coordinate and plan care as well as support services to families;

h) To execute interventions that are ethically and therapeutically appropriate to the needs of the patient and family; and

i) To be resourceful and creative to come up with alternatives when no resources are available (Corwin, 2002:166).

The researcher has noted that social workers have a critical position in assisting MHCUs. He is of the view that it is also crucial to discuss the social worker's role in mental health care.

2.7.2. The role of social workers in mental health care

The question could also be posed of where mental health links with the role of social work. It is the opinion of the researcher that many psychiatric illnesses pass unrecognised by general practitioners because of minor cases that are referred to psychiatric services. The general caseloads of social workers encompasses the mentally ill, whatever their speciality. Aviram (1997) cited in Olckers (2013:31) verifies

this view as this author noted that the social work involvement history in this field went back to previous decades of the profession as far back as the 19th century.

Years ago, the social workers' role would be parental intervention, and would not approach the family holistically. A child psychiatrist would have seen a problematic child individually (Bower, 2010:171). It is also worth emphasising that the role of a social worker in mental health has changed, where the family viewpoint has become more important. To understand the role of a social worker with regards to the patient was also part of this change.

2.7.2.1. Role of the social worker with regards to the mental health care user

The role of the social worker can be described as follows:

- To explore the patient's reality: how they view their mental illness and what they are experiencing with regards to dealing with their diagnosis, symptoms, and the families' reactions, behaviour towards them, etc.;

- To show empathy and measure the patient's boundaries of the illness, for example, what functions of their lives the patient is able to sustain? The social worker should not only make assumptions about what the patient can and cannot do, but should evaluate and measure their abilities in order to empower them and prevent them from becoming dependent when they are unable to perform certain functions; and

- To help the patient keep in touch with reality by distinguishing between reality and what the patient perceives as reality; to help the patient develop their own specific strategies to cope with and control the symptoms of mental illness and to identify, promote and strengthen their existing skills as measure to improve their coping mechanisms (Selborne, 2019:49).

2.7.2.2 The social worker's role with regards to the family and caregiver

When a family member takes on the role of caregiver, it is natural that the person will have some sort of response to the new role they have to fulfil. The new caregiver may have a response to the mental illness itself as well as towards their new role as a caregiver. It is important that the social worker who is working with the caregiver

distinguish between these two responses (Atkinson & Coia, 1995:31). By distinguishing between these roles, the social worker will be able to more clearly identify the caregivers' responses on different levels as well as their needs, challenges, fears, expectations and so forth, providing a clear indication as to what intervention geared towards the caregiver should be focused on. The social worker in the context of providing services to the caregiver may focus on increasing the caregiver's understanding of their responses and coping mechanisms towards mental illnesses by means of education as this will help them understand why they are responding the way they do, and open up new avenues for exploring positive changes by tapping into their internal strengths and resources (Atkinson & Coia, 1995 cited in Selborne, 2019:48).

The researcher feels that it is very crucial for social workers to educate the care givers on how to respond and support the people living with mental illness and to also create awareness where caregivers can be granted an opportunity to ask clarity seeking questions so as to create more understanding on mental illness. To discuss the experiences and challenges of social workers in the provision of mental health services is very important.

2.8. EXPERIENCES AND CHALLENGES OF SOCIAL WORKERS IN THE PROVISION OF MENTAL HEALTH SERVICES

Farmer, Bentley and Walsh cited in Olckers (2013:29) states that social workers deal with a client load that includes various mental health disorders, sometimes-overlapping disorders, while little is known about their experiences in the provision of mental health services. Skills, intervention techniques or ideas associated with 'psychosocial practice' are used by many mental health practitioners working with people living with mental health problems be it a child or an adult. It is further stated that social workers are mainly skilled at advanced social systems intervening to ensure modification and to provide psychosocial services to people living with mental health problems (Webber & Nathan, 2010:19).

Mental health social workers are frequently engaged in contradictory and complex spaces that are shaped by a variety of policies and societal drivers. It is further stated

that social workers had been utilising capacity assessment results to ensure patients' views and rights were upheld, thus acting as a mediator between relatives' views and patient autonomy (Mental Health Foundation, 2012:11). Mental health services may provide early intervention for non-clinical conditions, enhanced access to evidence-based assistance for basic treatments and to provide support to people with mental health issues and these services range from health promotion as suggested by recent policy documents (Christensen & Hickie, 2010:53).

The above statement could possibly explain the reason for exploring the social workers' experiences in the provision of mental health services. In other words, to explore the experiences of social workers can also contribute to determining what needs to be improved or not, whether it is in the profession itself or the organisations that provides mental health services. Social Workers may have different experiences in their daily work and some of these experiences are discussed in the following paragraph.

2.8.1. Challenges in engaging parents

The mental health services success depends on family members' cooperation with the providers' service. Parents may sometimes resist, though, but rejecting the social worker and do not want a social worker involved in the family. Cooperation and lack thereof does not have a positive effect on the provision of social work services and also resistance has been a challenge on its own (Sandoval 2010:36-37; Strydom 2010:200). Nevertheless, it was found in the study by Grockel, Russell and Harris (2008:97) that Parents described how staff in helpful programmes communicated attitudes, beliefs, and behaviours that allowed them to see themselves as valued, respected and cared for, and that made it easier for them to receive assistance and take risks to make changes. The attributes to the clients' involuntary participation is their reluctance to partake in programmes that are related to mental health care.

It has been highlighted by several authors that there is spontaneous client resistance in working towards the objectives that are set by the social workers (Sandoval, 2010:36-37; Collins, Jordan & Coleman, 2010:282; Birkenmaier, Berg-Weger & Dewees, 2011:137). Lack of willingness and readiness to engage with the worker frustrates all efforts, even though the affected individual is likely to benefit from

mandated professional intervention. Consequently, it is the researcher's opinion that the social workers should endeavour to obtain confidence on the likely benefits from the intervention, throughout education on the fundamental nature of their participation and also to establish a non-threatening relationship with resistant mental health care users.

2.8.2. Inadequate information provided by families

Family members provide false information during the intake which may overestimate or under-estimate the seriousness of the risk; whereas workers rely on their own assessments (Maccio, Skiba, Doueck, Randolph, son, 2003:6). It is therefore advisable for social workers to not solely act on what transpired at the time of intake and to request additional information from clients before providing services. Thus, social workers should ensure to follow the process of understanding the problem presented (Anderson, 2013:191).

2.8.3. Non-adherence to an intervention plan

The social workers' intervention plan may negatively affect the mental health service users, since experts frequently face the issue to either allow the mental health service users to find them alternative placements or to stay in their vulnerable family conditions (Holland, 2011:50; Bywater, 2008:45). The researcher is therefore going to discuss improvement and the lack thereof in the client's system.

2.8.4. Lack of improvement in the client's system

Social workers are, in some cases, dealing with a large scale of economic issues. For an example, treating an individual and afterward returning them back to a similar society which was demonizing them and adversely affects social work services. Regardless of whether social workers attempt their level best to rehabilitate them (guardians, families and societies) through mindfulness programs and strengthen them in the correct manner, the system will consistently influence social workers (Cash & Berry, 2003:22).

2.8.5. Lack of clear guidelines and training for social workers

The effective service provision is derailed by a misunderstanding among social service providers, and the lack of clear guidelines results in confusion (Dlangamandla, 2010:80-81; Mashigo, 2007:57). Social workers felt under-trained when it comes to meeting a requirement of the social service legislative. The ability of social workers to

work in the mental health field is questioned and there is also a concern in terms of the poor training of social workers' with regards to the mental health field (Patel et al., 2012:220; Cesare & King, 2015:1750). Furthermore, these authors indicate that there are concerns in the United States and the United Kingdom regarding the ability of social workers to practise effectively in mental health. It is confirmed that it is very vital for a social work course to be created in a way that mental concerns and health issues are going to be addressed (Morley & McFarlane, 2010:46). The development of a social work curriculum in the mental health context must be informed by the serious perspective, which emphasises structural inequality, progressive social change ideals and the analysis of power relations as further stated by the above authors. In addition, professionals require extensive clinical experience, coupled with formal academic instruction at a graduate level (Kneisl & Trigoboff, 2009:22).

2.8.6. Organisational resources and insufficient funding

There is a lack of funding in South Africa in most institutions, not only in mental health institutions. Additionally, organisations do not have enough funds to maintain, run and initiate social work programmes by social workers (Strydom, 2010:200). Additionally, it is also stated that when social workers have to implement programmes, they are then informed of not having enough funding to cater for programmes, yet they were expected to initiate them (Dlangamandla, 2010:90). Moreover, there is also a lack of organisational resources. It is revealed that there are obstacles to the provision of mental health services such as vehicles as organisations have insufficient resources (Strydom, 2010:198,200).

2.8.7. High caseloads and low salaries

After this autonomous indulgence which prompted huge numbers of recently distraught groups to approach government to request legislative support, low salaries and caseloads became problematic issues (Cock, 2008:84).

It is shown in the previous studies that social workers have caseloads which are above 100 cases and some of the cases that would, in general, be crisis-oriented, which makes it very hard for a social worker to provide mental health services (Strydom, 2010:196,199; Dlangamandla, 2010:90). This is as a glaring contrast with the perspective of certain researchers that suggest the size of caseloads ought to be small and escalated services ought to be given to families from four days to about a month and a half (Cash, 2008:472; Tully, 2008:iii). Social workers recommended the

elimination of inequalities in terms of salaries in none government organisations and the state in order to enable the effective implementation of services (Strydom, 2010:201). The researcher concurs with Strydom (2010:201) and he also feels that social workers are paid les while they are expected to cover vast areas in terms of rendering services.

2.9. SUMMARY

Psychological wellness, in its definition, strategy execution and care, is a progressing banter with a lot of space for additional arrangement and advancement. The execution of deinstitutionalisation and local area-based considerations, although characterised in principle and strategy, can be seen as still being in the beginning phases of effective integration into general medical services models which reasonably affect the mentally ill persons' functioning. In such a manner, the social workers' job and position in the delivering of care for the susceptible people is a point that has been assessed and discussed, especially in a worldwide and local setting, to create an understanding of the requirements for the existing mental health and to furnish the social worker with viable apparatuses for intervention.

The next chapter focusses on the research methodology and research findings.

CHAPTER THREE
RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1. INTRODUCTION

The research methodology used during the study is described in this chapter. The chapter focuses on the research approach, research design research methods and type of research. It continues to describe the study population and sampling methods utilised to choose the participants for the study. Data collection and analysis is described in detail, as well as trustworthiness. The implementation and outcome of the pilot study, aimed at testing the research instruments, as well as the ethical considerations that guided the study are discussed. The research findings provide a discussion of the thematic analysis of the sub-themes and themes identified in the study, supported by relevant literature and quotes from the participants' face-to-face interviews to support the themes.

3.2. AIM AND OBJECTIVES

The aim of this study was achieved through the implementation of various objectives.

3.2.1 Aim

The aim for this study was formulated as follows: To explore the experiences of social workers in the provision of mental health services in Durban, KwaZulu-Natal.

3.2.2 Objectives

This study had clear and achievable objectives (Fouché & De Vos, 2011:94). The following objectives guided this study:

- To contextualise mental health services internationally and locally.
- To contextualise the provision of mental health services by social workers internationally and locally.
- To ascertain the views of social workers on their role and task in the provision of mental health services in Durban, Kwa-Zulu Natal.
- To determine the capacity of social workers in rendering mental health services in Durban, Kwa-Zulu Natal.

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

3.3. RESEARCH APPROACH

This research study was exploratory because the researcher wanted to build a new understanding of the social workers' experiences in the provision of mental health services (Nieuwenhuis, 2016a:55). The research paradigm for the purposes of this study was interpretivism, because the researcher wanted an understanding of the social workers' experiences in the provision of mental health services, according to their daily activities in practice. Observation of their emotions was taken into consideration through different participants' subjective experiences and social context. The researcher employed a qualitative research approach in this study because he wanted to explore the personal experiences of social workers for the purposes of gaining an understanding of their unique experience.

The qualitative research approach was suitable for this study because there was little known about the phenomenon being researched namely the "experiences of social workers in providing mental health services" and it further enabled the researcher to obtain an understanding of the perceptions of social workers on their experiences in providing mental healthcare services (Fouché & Delport, 2011:64). Additionally, this approach was suitable, because the research did not entail the use of any statistical techniques to analyse data. Exploratory open questions were asked, the interview schedule and voice recorder were the main instruments of data collection and the main focus was on learning the meaning that the social workers hold about their experiences in providing mental healthcare services (Teherani et al., 2015:669; Fouché & Delport, 2011:64; Nieuwenhuis, 2016a:54).

This study was underpinned by the ecological systems perspective, to gain a more holistic understanding of the participants' experiences. This approach identifies values and beliefs that underlie the phenomena. It produces descriptive data in the participant's own spoken or written words and focuses on research that elicits a participant's account of meaning. (Durrheim & Painter, 2006:47; Fouché & Delport,

2011:63; Punch, 2005:19-28; Neuman, 2011:17; Teherani et al., 2015:669; Tewsksburg, 2009:38).

The researcher utilised qualitative approach, because he wanted to hear the voices of the social workers by gathering rich, thick data and using this data to discover themes that represent their voices.

3.4. TYPE OF RESEARCH

The type of the research is applied research, as one of the objectives of this study was to suggest strategies to improve mental health services provision by social workers. Brodsky and Welsh (2012:2) state that applied research refers to research that is field-based and designed to solve problems. This research is also applied because the researcher was also looking to apply the knowledge to solve problems in practice and, with regards to undergraduate social work training, to inform governmental policy and legislation to address the pressing issues of social workers in mental health practice (Brodsky & Welsh, 2012:2; Fouché & De Vos, 2011:95).

3.5. RESEARCH DESIGN

A case study research design was employed in this study, which is an empirical inquiry about a contemporary phenomenon, set within its real world context especially when the boundaries between phenomenon and context are not clearly evident (Nieuwenhuis, 2016b:81). The researcher utilised a case study research design in order to immerse himself in the activities of a small number of participants, to obtain an intimate familiarity with their worlds and to look for patterns in their lives, worlds and actions, in the context of the topic or case as a whole (Fouché & Schurink, 2011:320).

The subtype which was most applicable to this study was the instrumental case study design, which was used to accomplish something other than understanding a particular situation. It was to provide insight into an issue or help to refine a theory (Nieuwenhuis, 2016b:82). The researcher used the instrumental case study design, because the researcher wanted to explore and develop an in-depth understanding of social workers' experiences in mental health care, to suggest strategies for the

improvement of mental health services provision by social workers. Furthermore, the researcher utilised multiple sources of data including: interviews with different social workers from different backgrounds and organisations (Nieuwenhuis, 2016:75-82). The research design aimed to provide a strategy with a practical value or a plan, in order to answer questions about problems which are socially related (Neuman, 2011:6).

3.6. RESEARCH METHODS

The research methods amount to the study population, sampling method/technique, data collection-method, data-analysis and data verification, which are subsequently discussed:

3.6.1 Study population, sampling method and sample

3.6.1.1 Study population

The study population for this study was social workers employed to provide mental health services in the KwaZulu-Natal province, because the researcher works in this province, on the South Coast, and was seeking to explore the social workers' experiences in the provision of mental health services focusing on KwaZulu-Natal. The researcher only focused on social workers who were employed by the Durban & Coastal Mental Health Organisation specifically, providing mental health services in Durban, Kwa-Zulu Natal (Neuman, 2011:341). In terms of the guidelines for qualitative research, this component of the population was a specific population for this study (Garbarino & Holland, 2009:10).

3.6.1.2 Sampling method and sample

The researcher used non-probability sampling with a predetermined criterion of the characteristics of the social workers that the researcher sampled (Maree & Pietersen, 2016:197). The specific type of non-probability sampling that was used in the study was purposive sampling, which refers to when the researcher selects a sample with a specific purpose in mind (Maree & Pietersen, 2016:198).

Purposive sampling was used for the purposes of this study, because after the researcher had determined the sample, he was responsible for deciding the age, characteristics, race, socio-economic status and culture of all participants that were

involved in the research study. This study had a specific purpose to explore the experiences of social workers employed by the Durban & Coastal Mental Health Organisation, rendering mental health services in Durban, KwaZulu-Natal. Therefore only selected social workers participated in this study (Neuman, 2011:267; Babbie, 2011:178). The inclusion criteria for participants included:

- Registered at the SACSSP
- Holding a BSW degree.
- Employed as a social worker by the Durban & Coastal Mental Health Organisation
- Rendering mental health services in Durban, KwaZulu-Natal,
- Having six months or more of experience in rendering mental health services
- Of any age, gender, religion and culture.

The researcher obtained permission to conduct the study from Ms. Hussain, Deputy Director: Social Work, Durban & Coastal Mental Health Organisation. Due to Covid-19 pandemic lockdown, the participants could no longer be recruited from their workplace through a brief presentation during their staff meeting by the researcher as initially planned. Instead, the researcher liaised with the Deputy Director and supervisors of the organisation to act as gatekeepers, by introducing the research study to prospective social work participants, using an information letter to recruit possible participants. The information letter, which explained the research purpose, nature and aim of the study, was provided to Ms. Hussain, Deputy Director by the researcher. Ms Hussain, in turn, e-mailed the information letter to the supervisors in the organisation, who in turn e-mailed the information letter to the potential social work participants. Those who were interested left their contact details in a box at their organisation's reception, where the researcher collected it two weeks later.

Those who responded as interested in taking part in the study, were sent the letter of informed consent and were asked to sign it and return it via e-mail to the researcher. The first ten participants, who sent the letter of informed consent via e-mail to the

researcher, were included in the study provided they met the selection criteria. The sample consisted of ten social workers providing mental health services in Durban, KwaZulu-Natal.

3.6.2 Data collection

The researcher used a semi-structured face-to-face interview for the purposes of gaining a detailed participant's picture of their perceptions and beliefs about the topic and this method gave the participants' and the researcher more flexibility (Greef, 2011:351). The researcher developed an interview schedule because the researcher wanted to determine the social workers' view with regards to their experiences in the mental health services provision. Existing literature on the social work experiences in the mental health services provision were used to develop the semi-structured interview schedule, in order to gather the most information from participants. The interview schedule had certain open questions that were asked and followed by further probing and clarification (Nieuwenhuis, 2016b:93). The open questions collected non-numerical information, which is a characteristic of qualitative research and was text analysed, symbolising qualitative research (Creswell, 2011:15).

The researcher utilised the interview schedule to get a detailed understanding of their experiences (Nieuwenhuis, 2016:60-62). The interview was voice recorded with an audio recorder, with the permission from participants. Using the audio recorder enabled the researcher to be free from extensive note-taking, thus allowing him to concentrate on the interview and to clearly listen to the participant and prompt for further responses where appropriate (Bloor & Wood, 2011:7; Nieuwenhuis, 2016:94). The recorded interviews were then transcribed. Furthermore, the audio recording improved the reliability of data collection, since the data was not fully dependent on the researcher's recall or selective attention (Bloor & Wood, 2011:7). The study had open questions, to obtain more detailed data about the views and the personal experiences of the participants'. These questions were of a qualitative nature (Tewsksburg, 2009:43).

The data collection was conducted under the Covid-19 lockdown stage and the researcher together with the participants adhered to the Covid-19 protection protocol.

3.6.3. Data analysis

The researcher conducted data analysis according to phases, namely, “familiarisation, coding, searching for themes, reviewing themes, defining themes and naming themes and writing up the results” (Clarke, Braun & Hayfield, 2015:231-244). The researcher utilised a thematic analysis to analyse the data for the purpose of this study, which was collected from the participants, using an interview schedule and an audio recorder during the semi-structured interviews. Data was analysed using the following steps in terms of the thematic analysis:

- Familiarisation

All the interviews for this study were audio recorded to enable the researcher to familiarise himself with the data, by listening to the audio recorded interviews and transcribing the data verbatim. The researcher read through the interview transcripts and the notes of observations. In order to become familiar with the collected data, familiarisation entails spending time engaging with the data set (Clarke et al., 2015:230).

- Coding

To code the collected data, the researcher identified similar responses across the transcripts and used different text colours to highlight contents, in order to differentiate the themes. Coding is a systematic process of identifying and labelling relevant features of the data and identifying patterns (Clarke et al., 2015:235).

- Searching for themes

The researcher created plausible and coherent mapping of the data (Clarke et al., 2015:236), by grouping similar codes together and by cutting and pasting similar codes to create themes.

- Reviewing themes

The researcher put the theme generation process on hold and read through the data again, to check whether the generated themes fit in with the codes and data set as a whole, in order to review the study themes. The researcher also paused the theme generation process, to check whether there was a good fit between the coded data and the entire data set (Clarke et al., 2015:238). Verbatim quotes from the interviews were quoted at each theme to support that theme or sub-theme.

- Identifying and naming themes

The researcher wrote a brief summary of each theme and allocated a name to identify that specific theme. Identifying and naming themes entailed writing theme definitions and selecting theme names (Clarke et al., 2015:240).

- Writing the report

The researcher compiled the themes and used extra literature to substantiate the findings and draw analytic conclusions across the themes. This phase entailed compiling and editing existing analytical writing, as well as producing new writing and the report was written in the form of a mini-dissertation (Clarke et al., 2015:241).

3.6.4. Data quality

The researcher ensured data quality with regards to the following in order to establish trustworthiness, since the study utilised thematic data analysis as a qualitative study. Trustworthiness was ensured using the following constructs:

- Credibility

The researcher utilised various data collection methods, such as an interview schedule, observation and audio recording and ensured that the subject was accurately identified and described (Schurink, Fouché & DeVos, 2011:421). To achieve credibility the researcher aimed to collect thick, rich data and further engaged in frequent peer debriefing sessions with colleagues and the supervisor, to reflect on data gathered.

- Transferability

Transferability looks at whether the findings of the research can be transferred from one specific case to another, which is often referred to as external validity in quantitative data verification (Schurink, Fouché & DeVos, 2011:421).The researcher then ensured that he has made use of similar research to substantiate the findings and reported all findings in a well-structured research document. The researcher added to the transferability of the research study by utilising the theoretical framework to guide the method of data collection and data analysis and also with a clear description of the research methodology of the research study.

- Dependability/ Auditability

The researcher ensured that the research process was well documented, logical, and audited (Schurink, Fouché & De Vos, 2011:420). To ensure auditability the researcher kept an audit trail, saving all documents on MS Word, which is a written account of the research process, reporting what occurred throughout the research. The field notes, informed consent forms, and interview recording and interview transcripts were also preserved (Lietz & Zayas, 2010:196).

- Confirmability

The researcher confirmed that the interpretations and findings were clearly derived from the data and he established how interpretations and conclusions have been reached (Schurink, Fouché & De Vos, 2011:421). To achieve confirmability, the researcher used peer debriefing and audit trails. Additionally, the researcher used member checking by returning to the research participants to confirm the themes (Lietz & Zayas, 2010:197-198).

3.6.5 Pilot study

A purposive selection of two participants working for the Durban & Coastal Mental Health Organisation, but rendering services in the coastal area of KwaZulu-Natal were utilised to test the data collection interview schedule and a face-to-face interview was done to clarify the determined measurement instrument, to ensure a validity and effectiveness of the study. It was a test run where the implementation of the data collection method was done with two participants, in order to test the established data collection method, namely, the interview schedule and audio recorder, and to make sure that it was effective and efficient (Strydom & Delport, 2011:394). The pilot study helped to identify problems and the researcher was able to rectify all those problems before starting the full data collection.

3.7. ETHICAL CONSIDERATIONS

The researcher adhered to the ethical considerations required in ethical research as outlined in Neuman (2011:143), Babbie (2011:477) and Strydom (2011:115). The research was bound by the general ethical code of the South African Council for Social Service Professions (SACSSP, 2011) as the researcher is a registered social worker. The following research ethical considerations were implemented:

- Informed consent and voluntary participation

The researcher adhered to the standard components of the consent clearly outlined by Neuman (2011:149) and Babbie (2011:481) which are as follows:

Provision was made for the letter of informed consent to be sent via email to the participants who met the inclusion criteria and indicated their interest in the study. Potential participants who received the letter of informed consent via email, were instructed to read it, sign if they agreed to take part voluntarily and send the signed copy of the letter of informed consent back to the researcher via email. The letter of informed consent allowed the participants to decide, with the full knowledge of the risks and benefits of the study, whether the participants' voluntarily wanted to participate in the study. The researcher composed the informed consent letter to include the purpose of the study information, the process, the interview and the recording of the interview with their permission; that they had a right to withdraw at any time after the study started; that they could decide whether they were going to participate voluntarily; and that data will be stored for 15 years at UP as required. The researcher ensured that all participants had given written consent (Strydom, 2011:116-117) by signing the letter of informed consent before the interview commenced. Social workers as research participants were given a chance to choose voluntarily whether they wanted to participate in the study or not and the original informed consent forms were kept in a secured research file and that was guided by a signed informed consent presented. There were no participants that were forced to participate in the study and those who agreed to participate, were free to withdraw at any stage of the research (Fox and Bayat, 2012:148).

- Confidentiality and anonymity

A guarantee of confidentiality of records was made in a sense that the real names of the participants were not disclosed, but rather pseudonyms such as numbers were assigned, to ensure confidentiality and to protect their identity. Anonymity was not assured because the participants were interviewed face-to-face, but their identity was protected through assigning pseudonyms to each participant. The maintenance of confidentiality of information was done and steps were taken to ensure that personal data of participants was secured from improper access (Strydom, 2011:119-120).

- Debriefing of participants and avoidance of harm

As the study was taking place during the Covid-19 pandemic lockdown period, the researcher ensured that he followed the regulations for the lockdown stage, as prescribed at the time of collecting data. He protected the health and safety of the participants, by wearing a mask and sanitising, as well as maintaining a safe social distance during the face-to-face interview that was conducted. The researcher conducted debriefing sessions after the interview, during which time the participants got the opportunity to work through their emotional experiences, as this was a way in which the researcher could assist participants in minimising possible harm (Strydom, 2011:122). The possible legal, psychological and physical risks were taken into consideration in order to ensure that there was no harm or possible risks to participants (Strydom, 2011:115-116; Neuman, 2011:145-146).

The researcher also provided his personal number to the participants, should they feel that there are any forms of uncertainties, pain or harm caused by participating in the study (Babbie, 2011:479-480). If they have experienced any harm, such as emotional harm, they were to be referred to Ms. Khanyisile Dlamini, a social work practitioner in private practice for free counselling (contact number 0824436695). Arrangements were made beforehand with Ms. K.L.L. Dlamini to counsel the participants needing counselling face-to-face or telephonically, depending on the stage of the Covid-19 lockdown at the time of the referral. Fortunately, there was no participant who needed counselling after the interview.

- Competence of researcher and publication of findings

The researcher completed a postgraduate theoretical module on research methodology, gaining new research skills, compared to undergraduate research experience. He was also ethically obliged to make sure that he was adequately skilled to undertake the investigation and competent as well (Strydom, 2011:123). Additionally, if an unexpected emergency situation occurred, it was going to be revealed during the research and immediately reported to the supervisor for further guidance.

Strydom (2011:126) states that the true value of research findings lies in their successful introduction to the public through written format. Researchers are

responsible for compiling information from the research study into a report that accurately and objectively conveys the research findings (Strydom, 2011:126). The researcher therefore compiled a report in the form of a mini-dissertation, which will be accessible at the university library, reflecting objectively and accurately, all the obtained data from participants.

The following section presents the research findings.

3.8. EMPIRICAL FINDINGS

Empirical data were collected through interviewing ten participants who were social workers employed by Durban & Coastal Mental Health. These social workers were responsible for the provision of mental health services in various sub offices within the said mental health organization in KwaZulu-Natal. The interviews were conducted, recorded and thereafter transcribed verbatim. The analysis of transcripts by the researcher where data was coded and themes and sub-themes were identified. The biographical data collected from the participants is presented in the column below, followed by a comprehensive analysis of other biographical data by means of pie charts and a summary of the data. A thematic analysis of the research findings is then presented and supported by verbatim quotes from the interviews with participants and literature substantiation.

3.8.1 Biographical data

Table 3.1 shows the biographical data of all the participants who were interviewed making use of a semi-structured one-on-one interview, using a semi-structured interview schedule. A pseudonym was allocated to each participant to protect their identity as part of the ethical considerations. The table displays information on the age, gender, marital status, home language, NGO name, highest qualification, university attended, current position, experience in the provision of mental health services, registration with SACSSP and postgraduate qualification of the participants.

The participants' pseudonyms are not included in the following overall view of the biographical data because the research document will be submitted to the organisation. The researcher wanted to protect the identity of the participants as they are all employed by the same organisation in two sub-offices. There is a possibility

that they know each other's age, marital status, years of experience and so forth. Therefore, they are able to identify who said what when it comes to a thematic analysis if the pseudonyms are included in the biographical information.

Table 3.1: Biographical information of participants

Age	Gender	Marital status	Home language	Durban & Coastal Mental Health Sub Office	Highest qualification	University attended	Current position	Experience in healthcare	SACSSP registration	Postgraduate qualification
29	Female	Married	IsiZulu	Phoenix	BSW	UKZN	S/W	2 years	Yes	None
47	Female	Single	English	Sherwood	BSW	UKZN	S/W	14 years	Yes	None
33	Female	Single	English	Sherwood	BSW	UKZN	S/W	10 years	Yes	HRM
58	Female	Divorced	English	Sherwood	BSW	UNISA	S/W	18 years	Yes	Honours in psychology
27	Female	Married	IsiZulu	Phoenix	BSW	UKZN	S/W	3 years	Yes	None
34	Female	Single	IsiZulu	Phoenix	BSW	UNISA	S/W	4 years	Yes	None
38	Female	Married	IsiZulu	Phoenix	BSW	UNISA	S/W	10 years	Yes	None
27	Female	Single	IsiZulu	Phoenix	BSW	UKZN	S/W	3 years	Yes	None
49	Female	Married	IsiZulu	Phoenix	BSW	UKZN	S/W	13 years	Yes	None
49	Female	Single	IsiZulu	Phoenix	BSW	UKZN	S/W	12 years	Yes	None

Table 3.1 reflects an overall view of the biographical data. This data is subsequently presented further in further detail in the figures below.

- Age

Figure 3.1, represents the age of the participants who took part in the study:

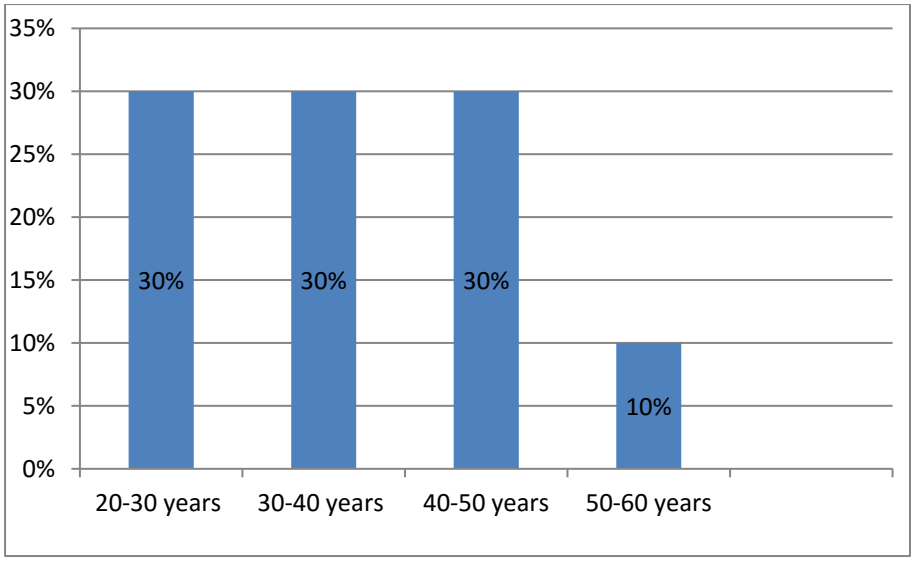

Figure 3.1: The ages of the 10 participants. (n=10)

All the interviewed participants were employed by the Durban & Coastal Mental Health Organization and they provided mental health services from their respective sub-offices around Durban. All participants ranged between the ages of 20 and 60 years. Three participants (30%) ranged between the ages of 20 and 30, 3 participants (30%) ranged between the ages of 30 and 40, 3 participants (30%) ranged from the ages of 40 and 50, and one participant was 58 (10%). All participants fell within working age, namely up until 65 years.

- Gender

All ten participants were females (100%). No male participants could be found willing to partake, but this is in line with this profession, which consists predominantly of females. This is supported by Thobela (2020:ii) who asserts that the “social work profession in South Africa has been generally dominated by females, however, various studies have evidently revealed that over the recent years men have been slowly occupying this female dominated field of work” (Thobela, 2020:ii).

- Marital status

Figure 3.2 displays the marital status of the participants:

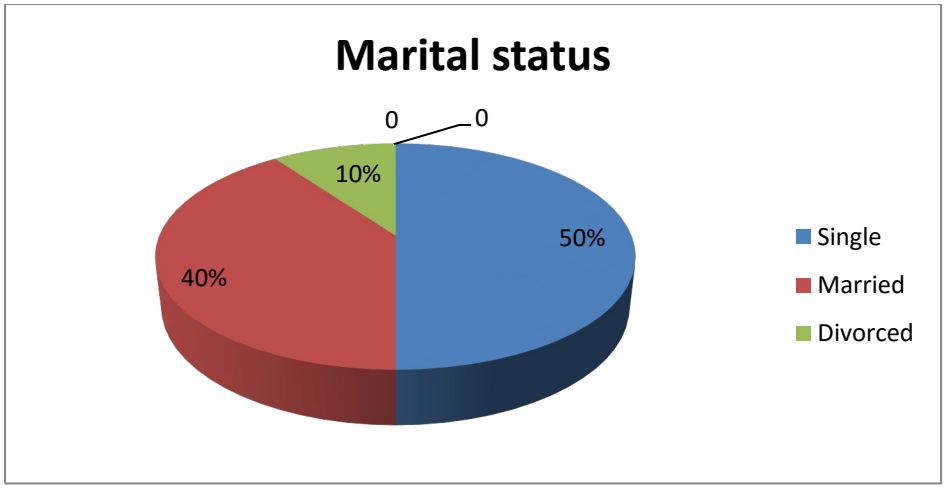

Figure 3.2: Marital status (n=10)

Out of the ten interviewed participants, the majority, namely five participants (50%) were single, four participants (40%) were married and one participant (10%) was divorced. This is interesting, as these were all females and half were thus single.

- Home language

The participants' home language is indicated in figure 3.3 below.

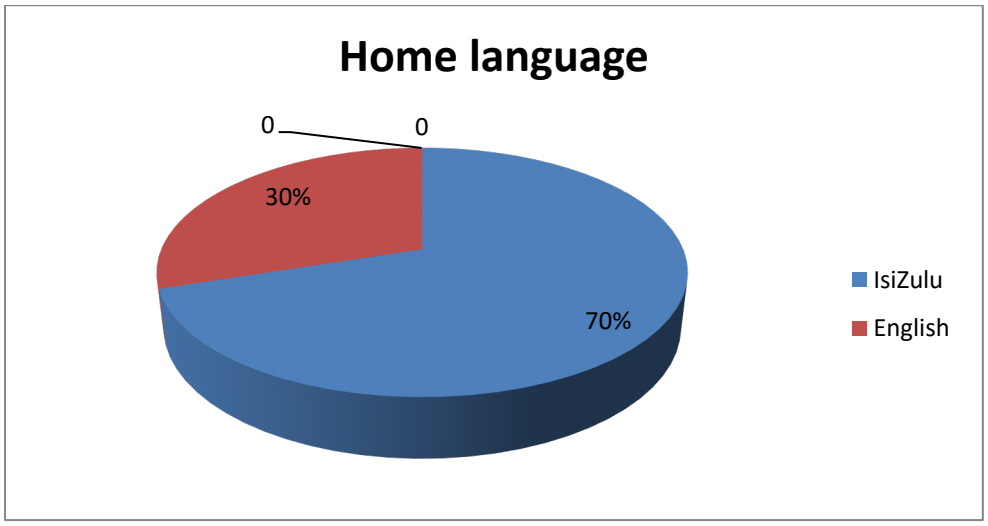

Figure 3.3: Participants home language (n=10)

Out of ten participants in the study, three (30%) were English speaking, and the majority, seven (70%) were IsiZulu speaking, which makes the total of ten (100%). This is in line with the main language spoken in KwaZulu-Natal province, namely IsiZulu.

- Race/ Ethnicity

In figure 3.4 below, the race/ethnicity of the participants is presented.

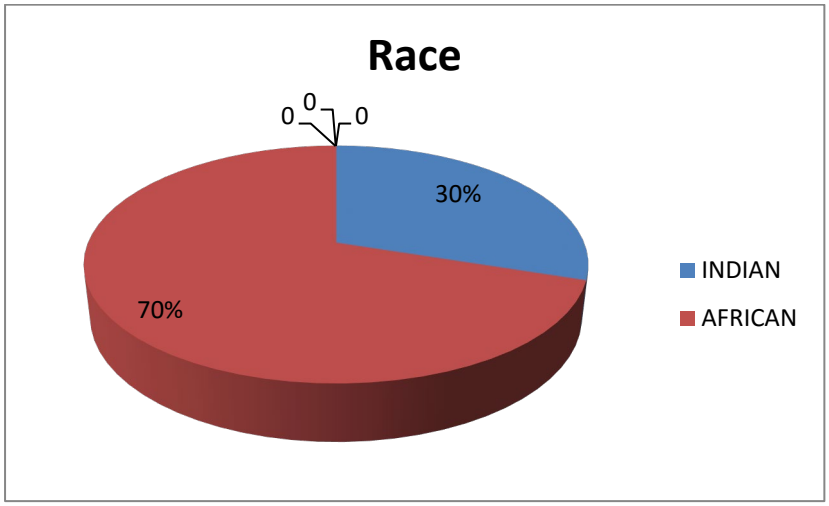

Figure 3.4: Race/Ethnicity (n=10)

Out of ten participants, seven (70%), the majority, were Africans, and three (30%) were Indians. This is in line with the population of the KwaZulu Natal province as Statistics South Africa (2011:28) states that "both South Africa and as in KwaZulu-Natal, the black African population group constituted the vast majority of the population, with South Africa having about 80% of black Africans and KwaZulu-Natal about 87%. The smallest population group in South Africa is Indian or Asian (2.6%) while in KwaZulu Natal 7.4% of the population are Indian or Asian".

- Office where stationed

In figure 3.5 below, the office in which the participants are stationed (Durban & Coastal Mental health) is represented.

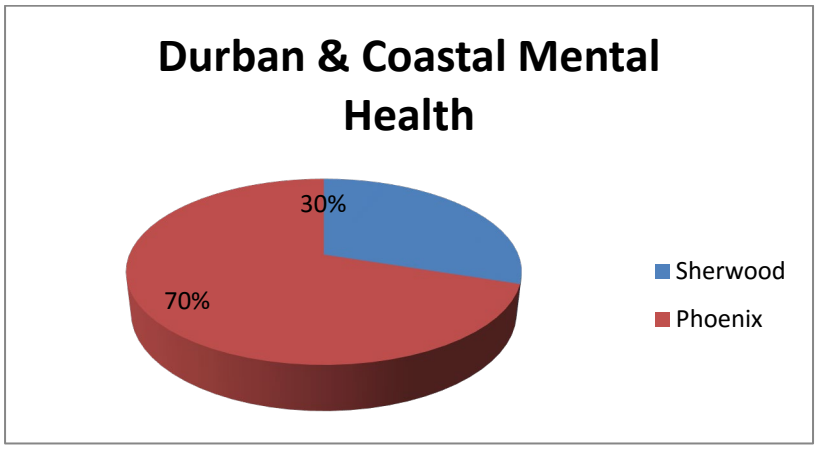

Figure 3.5: Participant office (n=10)

Out of the ten participants, seven (70%), the majority, were stationed at Phoenix sub-office, and three (30%) were stationed at Sherwood. All ten (100%) interviewed participants held the position of social worker in the organisation.

- Qualifications and institution

All ten (100%) participants were qualified social workers holding a Bachelor of Social Work - (BSW) degree. They obtained their degrees in different tertiary institutions of higher learning as indicated in figure 3.6 below.

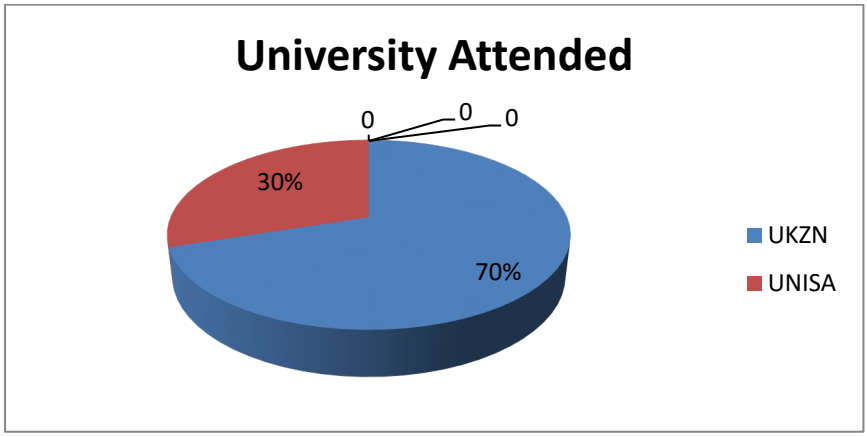

Figure 3.6: University attended (n=10) - indicate frequencies in figure – e.g. 1 (10%)

Out of all ten participants, seven (70%) obtained their degrees at University of KwaZulu Natal and three (30%) participants obtained their degrees at the University of South Africa.

- Experience in mental health

Figure 3.7 below, indicates the participants experience in the provision of mental health services.

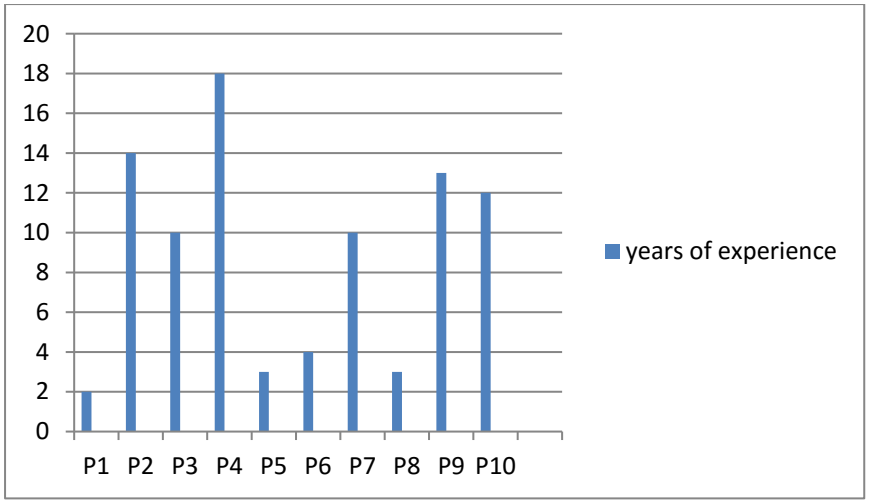

Figure 3.7: Experience in the provision of mental health services (n=10)

Out of ten interviewed participants, their years of experience in the provision of mental health services, were as follows:

- 18 years (1) - the highest experience
- 14 years (1)
- 13 year (1)
- 12 years (1)
- 10 years (2)
- 4 years (1)
- 3 years (2)
- 2 years (1)

Thus it seems that the majority (6) had between ten to eighteen years of experience in the provision of mental health services, which is well experienced. All ten (100%) were registered social workers with SACSSP and they were renewing their registration yearly.

- Postgraduate qualifications

Figure 3.8 below, indicates postgraduate qualification.

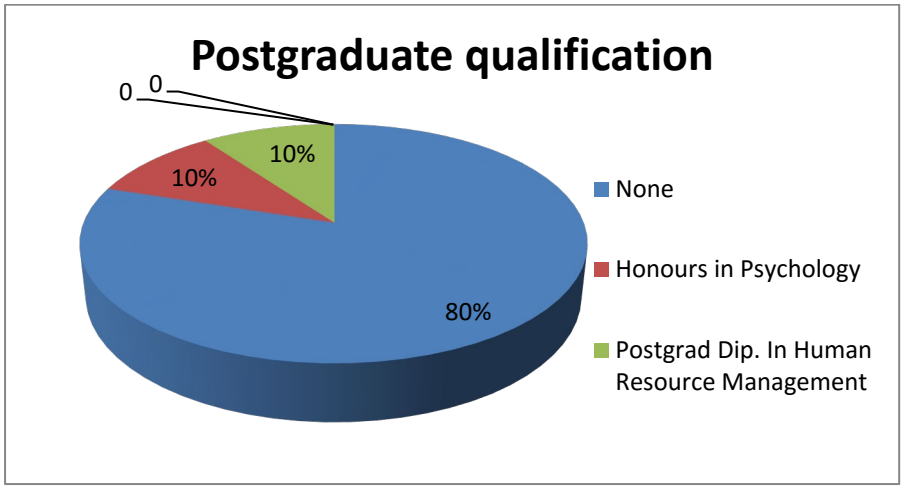

Figure 3.8: Postgraduate qualification (n=10)

Out of ten participants, eight (80%) of participants did not have any postgraduate qualification. One (10%), had a BA (Honours) Psychology and one (10%), had a Postgraduate Diploma (Human Resource Management). Thus the majority did not have postgraduate qualifications, while Kneisl and Trigoboff (2009:22) firmly believe that "professionals working in the field of mental health require formal academic instruction at graduate level, coupled with extensive clinical experience".

Subsequently, the thematic analysis of the data is presented.

3.8.2. Thematic analysis

In the table below, the themes and sub-themes that were generated during the data analysis are depicted.

Table 3.2 gives a summary of the themes and sub-themes generated during the data analysis

Table 3.2: Themes and sub-themes

Themes	Sub-themes
Theme 1 General understanding of mental health	1.1 Knowledge of mental health services in general 1.2 Knowledge of mental health care as a field of social work practice 1.3 Knowledge of Mental Health Act (17 of 2002) 1.4 Knowledge of the Diagnostic Statistical Manual (DSM)
Theme 2 Social work training	2.1 Feelings about the Bachelor of Social Work training with regards to mental health 2.2 Other training with regards to mental health received
Theme 3 Role of a social worker	3.1 Knowledge on the role of a social worker in mental health field 3.2 Skills and knowledge required
Theme 4 Social work supervision	4.1 Views regarding supervision 4.2 Other supportive measures
Theme 5 Experiences of social workers	5.1 Challenges experienced by social workers 5.2 Negative experiences 5.3 Positive experiences

Theme 6 Recommendations	6.1 Suggestions and strategies towards provision of mental health services in future 6.2 Recommendation on what should be included in the BSW degree to prepare social workers for mental health services

The researcher utilised alphabets and numbers to create pseudonyms for the quotes to support themes and sub-themes. The pseudonyms **CLa10, CLa12, CLa14, CLa16, CLa18, CLa20, CLa22, CLa24, CLa26** and **CLa28** represents the participants, but not in a chronological order or in sequence as they appear on the biological information table 3.1. This is done to make ensure that the participants' identity is protected and also to maintain confidentiality.

Each theme and its sub-themes are subsequently discussed.

3.8.2.1. Theme 1: General understanding of mental health services

Most of the participants in the study seem to have a general understanding of what mental health services are. This theme was derived from an exploration of the participants' knowledge of mental health services, in respect of what they know about mental health in general, what they understand about mental health care as a field of social work, how they make reference to the Mental Health Act in their provision of mental health services and understanding of DSM in terms of using it as a basis for their intervention. The sub-themes emanating from this theme were: Knowledge of mental health services in general, knowledge of mental health care as a field of social work practice, knowledge of Mental Health Act (17 of 2002), knowledge of the Diagnostic Statistical Manual (DSM).

- Sub-theme 1.1: Knowledge of mental health services in general

This sub-theme focused on the knowledge participants had of mental health services in general:

> ***CLa10:*** *"My understanding is that mental health services are services to people with mental health disabilities which include support services, therapeutic counselling, and medication compliance. Basically, it is services like support services and therapeutic*

counselling. I would also think that it's community awareness and education, and group therapy."

CLa12: *"a general understanding of mental health services would be providing psychosocial services to persons with intellectual disabilities or psychiatric illnesses."*

CLA18: *"mental health services in general are any services that are focusing on people to improve their mental health. So, these are any services, whether it's focuses on an individual, group or community, with an aim to address mental health issues."*

CLa26: *"Okay, Mental Health Services in general is a holistic service, not necessarily the Social Work services that we render, and obviously the psychological services, psychiatric services; you will also have psychiatric nurses, the psychiatrists themselves. It will also include the care services, which our organisation focuses a lot on in terms of the residential facilities that we have; the protective workshops, the day care centers, because these facilities specifically cater for the needs of people with mental disabilities that cannot be either accommodated in the communities for whatever reason, either they abandoned whatever. So, that would be it's more for holistic approach."*

CLa28: *"mmmh mental health services in general will basically mean to provide mental health services to service users and the people who care for them like their support system, it will include a range of services such as counselling, family preservation services, emmm also things like educating the community about mental health care and also providing support to family members and we do this through group work programmes."*

The responses of the participants showed that all of them did have an understanding of what mental health services in general are. Mental health services are defined as assessment, diagnosis, treatment or counselling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders (Baylor College of Medicine [BCM], 2005:1).

Some of the participants mentioned counselling as one of the mental health services when they were expressing themselves. It is also supported by Lazarus and Freeman (2009:14) that counselling is another form of psychosocial intervention, and refers to professional guidance of the individual by utilising psychological methods, especially in using various techniques in collecting case history data

Greene (2009:200) asserts that the core focus of the ecological systems theory is "… how individuals adapt to environmental demands, it focuses on how an individual's needs, capacities and opportunities for both growth and the individual's ability to adapt to changing external demands are met, provided for and challenged by environment." The participants' responses showed that they are trying by all means to educate themselves and to find information so as to understand the environment which they

are working under. It is assumed that an individual human agency has a capacity to overcome external environmental obstacles, when in reality the individuals may have little ability to exercise their will, especially in response to institutional oppression (Greene, 2009:206). This assertion and theory thus supports what is happening in the provision of mental health services by social workers.

- Sub-theme1.2: Knowledge of mental health care as a field of social work practice

This sub-theme focused on the knowledge participants had of mental health care as a field of social work practice.

> ***CLa14:*** *"Mental health care as a field of social work I think it would be broad, it basically contains various things that social workers are expected to do like: providing counselling services and support, referral of clients to other organisations and departments where they can receive assistance and also as I have said that group work is another aspect of intervention and we create support groups for service users and for the families as the service users are staying with their families. Family members form part of those support groups when it comes to them they actually caring and looking after patients who are having mental illness. It is also important for us as social workers to give them support and information required. Sometimes we have to give them information with various mental illnesses like psychiatric illness and how to provide support to the patient suffering from those illnesses."*
>
> ***CLa16:*** *"Okay, my understanding is that in the practice of social work, social workers basically are there to provide support and also to educate a person with a mental illness about their condition. Also, those services can be extended to the family and the community so as to bring about awareness."*
>
> ***CLa22:*** *"Okay, that will be in terms of our social programme, in terms of people that have received a diagnosis either of psychiatric illness or intellectual disability, and they require assistance in terms of the social side effects which is a psychosocial side of it. So it will be services not only to the index kind of person who is suffering from the mental disability, but would be their families and maybe the extended families as well in terms of accepting and understanding the disability. It is also important to try and link that service user and his support system with resources and also provide counselling services to the families in terms of how to take care of persons living with mental illness."*

The responses of participants reflected their knowledge of mental health care as a social work field of practice. Lamb (2014:2) asserts that social work is crucial in delivering and maintaining excellent mental health services. Good quality social work can transform the lives of people with mental health conditions and is an essential part of multidisciplinary and multiagency collaboration. Furthermore, the author states that alongside professionals in health, social care, housing, employment, and other disciplines, social workers play a key role in identifying and accessing local services which meet people's needs at an early stage, helping to improve overall mental health

outcomes, and reducing the risk of crisis and more costly demands on acute health services.

Based on the ecological systems theory, at micro and meso levels, the primary concern of social workers is the social well-being of the individual clients and their families similarly esteemed with the significance of their physical, mental and spirituality well-being (NASW, 2013). At the macro level, social workers generally exhibit a more noteworthy ability to look past the disease and treatment issues, and consider the more extensive human, social, and political issues of mental health care (NASW, 2013).

- Sub-theme 1.3: Knowledge of the Mental Health Act (17 of 2002)

This sub-theme focused on the participant's knowledge of the Mental Health Act (17 of 2002) stipulations that they follow in terms of their provision of mental health services:

> ***CLa18:*** *"I Yeah, I think all of us are familiar with section 40, because like I said earlier on, where we need to guide the community members in terms of getting the people to the hospital and get some assistance, and most of the time we have problems with SAPS. So that's why now we like, you know, we more familiar with section 40. I am not very sure and I don't know Mental Health Act in details but I think it's the section that talks about referrals and assessments."*
>
> ***CLa24:*** *"Most of the time I deal with section 40 which talks about basically how SAPS need to come in and assist if a person is possibly harmful to someone in the community. I usually use this section when there is a need to escort them and take them to a government facility or a private hospital where they can receive."*
>
> ***CLa26:*** *"Okay, it's more than we follow the entire mental health act. But we focus mostly on section 40 of the Mental Health Care Act in terms of the involuntary mental health care users for the admission into hospital facilities of the nation when they have a relapse."*

The responses of participants showed that they do not have a good understanding of the Mental Health Act (17 of 2002). Few of them only mentioned section 40 of the said Act, because they came across it with a problem of the South African Police Service (SAPS) not wanting to assist them, and they had to check for a section in the Mental Health Act that will work in their favour, or that they can quote when they are requesting assistance from the SAPS.

In this regard, Section 40(1) of the Mental Health Act (17 of 2002) states:
If a member of the South African Police Service has reason to believe, from personal observation or from information obtained from a mental health care practitioner, that a

person due to his or her mental illness or severe or profound intellectual disability is likely to inflict serious harm to himself or herself or others. The member must apprehend the person and cause that person to be- *(a)* taken to an appropriate health establishment administered under the auspices - of the State for assessment of the mental health status of that person; and (*b)* handed over into custody of the head of the health establishment or any other person designated by the head or the health establishment to receive such persons.

Participants reacted as follows regarding their knowledge of the Mental Health Act (17 of 2002):

> ***CLa28:*** *"I am not very sure and I don't know mental health act in details but I think it's the section that talks about referrals and assessments."*
>
> ***CLa20:*** *"I think in general, I do understand the Mental Health Act, but if I had to be specific to it, on a day to day with whatever services that I'm providing, I hardly have to reference anything from the Mental Health Act, the basic understanding of the act itself, as if I'm making any sense."*
>
> ***CLa18:*** *"joh… I don't do any reference to the Act and also I lack understanding of it but yes I know it is there."*
>
> ***CLa10:*** *"eish.. I don't know, what is Mental Health Act about?"*

The responses show that most of the participants did not really know what the Mental Health Act (17 of 2002) entails. Only three participants knew about section 40 of the Mental Health Act, while seven participants had never heard of it. The Mental Health Care Act (17 of 2002), gives clarity about the referral routes, from hospitals to the district and community levels, and emphasises continuity of services as well. This led to the recognition and collaboration with non-government organisations that have been playing a role in the rehabilitation, treatment and care services. It also provides for rehabilitation, treatment and care services of individuals who are mentally unwell; it sets out different procedures to be followed in the admission of such individuals. It also establishes Review Boards in respect of all health institutions in order to establish their powers and tasks to provide for the care and administration of individuals who are mentally unwell.

Greene (2009:200) asserts that the core focus of the ecological systems theory is "… how individuals adapt to environmental demands, it focuses on how an individual's needs, capacities and opportunities for both growth and the individual's ability to adapt

to changing external demands are met, provided for and challenged by environment." Therefore, an understanding of legislation and policies that are relevant into social workers their scope of practice is needed.

- Sub-theme 1.4: Knowledge of the Diagnostic Statistical Manual (DSM)

This sub-theme focused on the participant's knowledge and understanding of the DSM in terms of using it as a basis for their interventions:

> ***CLa26:*** *"yes. Yeah. Okay, we studied about it at university level. In terms of the DSM, I think it was in the psychology module but to be honest, the organisation doesn't have it as a live document or anything, which is a challenge, I think, on our side. But for me, personally, I refer to it on several occasions in order to understand the diagnosis coming from the psychiatrists. We are not allowed to diagnose but the person has to come to us having a diagnosis being given to them. So I personally have referred to it for a couple of times, in terms of my understanding, like somebody comes to me with Oppositional Defiant Disorder, if somebody comes to me with borderline personality disorder, and I'm not too familiar with it in terms of interventions, I would look at the DSM, and then also do like some research on the internet to understand it better. It's a very useful document, and I wish we could have it as a live document. But there is no emphasis on it because the person comes already with the diagnosis."*
>
> ***CLa24:*** *"Okay, the DSM, I think that we generally use it when we're trying to differentiate between conditions and guiding us in terms of what kind of support services or what kind of counselling we need to render, depending on the person's condition and their diagnosis but I have a very limited knowledge of the DSM."*
>
> ***CLa14:*** *"there was no section in terms of DSM when I was doing my social work and there's no training in terms of that in which I have attended. I came out as a general social worker. So, when you come into this field, you either teach yourself through experience, or like, in my case, I decided to do the honours in psychology to help me to understand what I'm dealing with but I have never used it as a basis for my interventions."*
>
> ***CLa10:*** *"let me say I don't have much understanding of the DSM in terms of using it. But yes, I use it in terms of trying to understand different types of illnesses, which makes me kind of knowing what I might expect and also, like I said earlier on, we've got facilities So, based on the types of the illness that the person has been diagnosed with, I will know exactly if that person will fit into our criteria."*

The responses show that six participants were aware of the Diagnostic Statistical Manual (DSM) and they have been using it in order to find information on particular illnesses, but they lacked an understanding of when and how to use it. Some of them mentioned that they had never received any training on it and those who took psychology as their major subject during their undergraduate bachelor of social work degree training, did receive basic training on it. One participant had to enrol for BA (Honours) Psychology in order to get knowledge and understanding of the DSM, but she was not using it as a basis for her intervention. It is stated by Coppock and Dunn, in Ornellas (2014:22) that:

The DSM serves to provide a definition of mental illness, by offering an overview of respective classifications of the disorders diagnosed and treated by psychiatrists and clinical psychologists. Both systems adopt a primary inclination toward that of medical concepts and references and therefore can often be viewed as being representative of the biomedical model.

Out of the ten participants who were interviewed, four participants did not understand and did not know the DSM, as shown in the following quotes:

> ***CLa16:*** *"I have heard of DSM but I don't know what it entails."*
>
> ***CLa12:*** *"mmmh DSM is different there is DSM 4 and 5 but to be honestly I don't know. We have touched it in the University but I don't even know how is being used but I would like to know and get an understanding of it."*

These responses show that some participants did not know the DSM until the researcher asked about it. Olckers (2013:96-98) states that the use of the DSM system will lead to improved treatment of individuals. Social workers in the mental health field are responsible for making diagnostic decisions and formulating their treatment plans according to the diagnosis made by the team.

Consequently in this theme, the participants showed an understanding and knowledge of sub-theme1.1 (knowledge of mental health services in general) and sub-theme 1.2 (knowledge of mental health care as a field of social work practice. They also showed a little knowledge in sub-theme 1.3 (knowledge of the Mental Health Act (17 of 2002). Therefore, it is very vital for the social workers to have knowledge and understanding of their area or field of practice. Based on the ecological systems theory, it is also asserted by Greene (2009:200) that the core focus of ecological systems theory is "… how individuals adapt to environmental demands, it focuses on how an individual's needs, capacities and opportunities for both growth and the individual's ability to adapt to changing external demands are met, provided for and challenged by environment." Therefore, it is a need for social workers to have an understanding of legislation and policies that are relevant in their scope of practice.

3.8.2.2. Theme 2: Social Work Training

This theme was derived from exploring the participant's feelings about the Bachelor of Social Work undergraduate training with regards to preparing them for mental health practice and other training in mental health that they have received outside of the BSW programme.

- Sub-theme 2.1: Feelings about BSW training with regards to mental health

The sub-theme focused on the participant's views and feelings about how the BSW degree programme equipped them to undertake practice in the mental health field:

> ***CLa12:*** *" I think with BSW, I could say it basically gave me the basis in terms of understanding what is required in the social work field across the entire spectrum of social work and what will be applicable to a person dealing with children, medical issues, correctional services, jah that what I think its provided us but in terms of us in the mental health field I feel that it did not equip us well and it was also just to give us basics as to understand what the social worker does in the mental health field. I feel that there is a lot more that is lacking and there is also a lot that we can learn."*
>
> ***CLa26:*** *"No. BSW program was very basic, for my own personal experience, I came from Child Welfare background before I came to mental health. So when I came to mental health, I came here as a social worker. When we came in, there was an orientation in terms of only the organisation, not in terms of mental health services. I had to take books and read up in terms of understanding people with psychiatric disability, how you work with them and how you engage with them as well. So, the undergraduate programme didn't exactly equip me to be able to work in mental health field but I don't know now, because I have completed my degree so many years ago."*
>
> ***CLa14:*** *"Absolutely not, I think that mental health is a very broad field, extremely broad and I think what was covered in terms of the undergraduate degree was extremely limited. There are aspects for a given example, which I've mentioned before, like personality disorders, and we find that we're dealing more and more with a lot of people and children, you know, that are falling into that category of personality disorders, and we were never ever trained on that at all. It wasn't even touched on. Yeah. So, I think that puts us as social workers in a real disadvantage in this field."*
>
> ***CLa20:*** *"definitely not there wasn't even a section on that more especially to people who didn't major in psychology."*
>
> ***CLa18:*** *"I think basically, most of the training I've received in respect to social work was very much orientating. I feel that Bachelor of Social Work program is basically sort of structured for working with children. I don't even remember a single module that was on mental health. So, I feel something has to be done in order to prepare social workers to be able to work in this field."*
>
> ***CLa16:*** *"no, there was no training of mental health at all."*

The responses from the participants show that the training they received during their BSW program did not have sufficient mental health content that could allow the social workers to practice in the field of mental health. In the study conducted by Olckers (2013:181), it was recommended that "social work training should equip the social

workers with skills and knowledge on assessing and recognising mental health disorders, in order to make the correct referrals for the appropriate illnesses". The effective service provision is derailed by misunderstanding among social service providers and the lack of clear guidelines results in confusion (Dlangamandla, 2010:80-81; Mashigo, 2007:57). Social workers felt undertrained when it comes to meeting a requirement of social service legislative. The ability of social workers to work in the field of mental health is questioned and there is also a concern regarding the social workers' poor training with regards to the field of mental health (Patel et al*.,* 2012:220; Cesare & King, 2015:1750).

Furthermore, these authors indicate that there are concerns in the United States and the United Kingdom regarding the ability of social workers' to practise effectively in mental health. It is confirmed that it is very vital for social work course to be created in a way that mental concerns and health issues are going to be addressed (Morley & McFarlane, 2010:46). The development of a social work curriculum in mental health context must be informed by the serious perspective, which emphasises structural inequality, progressive social change ideals and analysis of power relations as further stated by the above authors. In addition, professionals require extensive clinical experience, coupled with formal academic instruction at a graduate level (Kneisl & Trigoboff, 2009:22).

Furthermore, the participants discussed their feelings and views in the following:

> ***CLa28:*** *"No, it's not, as I have said I feel that they could do a little bit more like if you are to go to a mental health care field there should be a course that provides basics so as to get knowledge and understanding of what is expected of you as a social worker. In terms of us in the mental health field I feel that it did not equip us well there is lot more which is lacking."*
>
> ***CLa12:*** *"I don't think BSW is enough to practice in the mental health field, I think maybe there must be a post graduate short course or another postgraduate qualification that will equip social workers specifically in terms of mental health."*
>
> ***CLa24:*** *"No, BSW alone is not enough, I think psychology is very important because that is what really gives you an in depth look in terms of mental health. So I would say that you would need definitely experience or qualification in psychology or a social work post graduate qualification that equip you to be able to work in a mental health field."*
>
> ***CLa22:*** *"No, because mental health field is operating differently from other organisations like social development or welfare. The social work degree is more in-depth with the field of welfare not mental health."*

The responses from all the participants interviewed showed that the BSW degree alone is not enough to equip a social worker to be employed in the field of mental health. There is a social work need to gain understanding and knowledge of mental health specifically to be able to practice in this field. In a study conducted by Olckers (2013) in Cape Town, South Africa, explored the social work programmes of the University of South Africa with regard to mental health as part of the curricula. Representatives from social work departments at the University of Johannesburg (Van Breda, 2008), Cape Town (Addinall, 2011), Kwazulu-Natal (Motloung, 2011), Pretoria (Carbonatto, 2007), and Free State (Reyneke, 2008) stated that they provide limited training in mental health on an undergraduate level and the majority of representatives consulted by Olckers were of the opinion that mental health is a specialised area, which should receive attention on postgraduate level (Olckers, 2013:50).

Ecological systems theory in general, presents environmental influences of varying levels that interact and impact with an individual's behaviour, overall functioning and feelings (Okun, 2005:41). It appears logical that environmental exposure to mental illness like peers, having different levels of contact with family members, individuals in society with mental illness, mental health treatment and extended family could potentially impact an individual's response to stigmatising behaviour toward seeking mental health services (Rogers, 2009:14).

- Sub-theme 2.2: Other trainings in mental health received outside of the BSW undergraduate program.

The sub-theme focused on the training attended by participant's outside of the BSW programme and also to allow them to express their views on where they have acquired the majority of the knowledge and skills with regards to mental health:

> ***CLa10:*** *"Okay, it wasn't like we got a qualification or anything like that but we did invite, like the doctors from the psychiatric hospitals to come through and do a workshop on Mental Health Care Act, and that was long ago. it was more in terms of a workshop that we received which it assisted us to even know the section 40 of the this Act."*

> ***CLa18:*** *"I have attended trauma debriefing and the one which was on personality disorders. These trainings assisted me a lot to gain a bit understanding of the personality disorders because it's one of the illnesses that I deal with on monthly bases."*

> ***CLa14:*** *"I have attended stress management with Lifeline, and I done honours in psychology so as to gain more understanding on the mental health field in which I am working. I can say it also assisted me a lot to study psychology because I can understand my clients illnesses and also been able to come up with relevant interventions."*

The responses of participants showed that three participants attended training and workshops so as to get a better understanding of what they are dealing with on an everyday basis, but it was noticed that it was not a continuous professional development and there is a lot more information that they need in order to gain skills and knowledge to be more competent in the mental health field. Out of ten participants interviewed only five participants' attended training or a course in terms of mental health. The other five participants had attended other courses which are not relevant to mental health or with the services they render on daily basis.

> ***CLa20:*** *I think we attend the normal trainings where you will be invited by Department of Social Development but only to find that the training is about children or anything that does not pertaining mental health."*

> ***CLa28:*** *"no, ever since I got into the organisation there has been no training that I have attended even if we go to attended ones from DSD but they are not specifically focusing on mental health."*

The responses showed that seven participants have not attended any course or training which aims at giving knowledge, skills or understanding about the field of mental health. The social workers ability to work in the field of mental health is questioned and there is a concern about social workers' poor training in mental health (Cesare & King, 2015:1750). Furthermore, these authors indicate that there are concerns in the United States and the United Kingdom regarding the ability of social workers' to practise effectively in mental health. Moreover, the participants expressed their views on where they have acquired the majority of the knowledge and skills with regards to mental health:

> ***CLa24:*** *"I acquired most of the knowledge and skills that I have now in the field and I think as I am still going along I am still learning."*
> *….."okay, it's in terms of the knowledge and skill, I have gain the majority of it on the job by interacting mental healthcare users and also I have learned a lot from my colleagues that have already been within the organisation for a longer period. The university cannot teach you every single thing. So, you also have to take the initiative to educate yourself".*

> ***CLa26:*** *"Well, as I said earlier, I came into this organisation directly from university. The information I received through the course of my degree was very limited. So, when I came into the job, there I was surrounded by colleagues who have a lot of experience in the mental health organisation and that are where I acquired more knowledge and skills. I was exposed to a lot of different types of conditions*

experiences and I started to ask my colleagues and try to search information about each and every case I came across with."

CLa22: *"I would say 80% of the skills and knowledge I have gain on the job. I've never known that this organisation that I am now employed in is mental health. I usually pass these building during my university years not even knowing what this organisation is all about until I was employed here. So, that is when I started to get more information on what is happened within the walls of the organisation and I had to ask my colleagues and try my best to find information that can assist me in order to completely carry out my duties."*

CLa16: *"At university level, obviously, there was no mental health cause whatsoever and It has became a norm that social workers in mental healthcare field has to learn as they work on mental cases. That is how I acquire more understanding, knowledge and skills to deal with the mental illness cases assigned to me. Sometimes I will go around asking my colleagues, seeking for clarity in order to be able to come up with interventions in certain cases, sometimes even using Google to search some information that I think it is going to assist me."*

The responses show that the social workers acquired the majority of their knowledge and skills regarding mental health services at their workplace and not during their undergraduate BSW training.

No participants had Master's qualifications, only Honours degrees in other fields, such as Psychology. Very few universities offer postgraduate mental health training in South Africa. Only the University of Pretoria offers a MSW (Healthcare) degree, which incorporates mental health, while the University of Cape Town offers an MSocSci (SW) Clinical Social Work degree specialising in Mental Health.

Simpson, Williams, and Segall (2007) argue that the variance in the nature and depth of mental health content in Master of Social Work courses across the US is a cause for concern, and reflects the differing views of academics and practitioners around what 'essential content' involves. Thus not all Master's programmes provide enough focus on what is needed to enable social workers to practice in the mental health field. Ecological systems theory in general, presents environmental influences of varying levels that interact and impact with an individual's behaviour, overall functioning and feelings (Okun, 2005:41). It appears logical that environmental exposure to mental illness, having different levels of contact with family members, individuals in society with mental illness, mental health treatment and extended family could potentially impact an individual's response to a stigmatising behaviour toward seeking mental health services (Rogers, 2009:14).

3.8.2.3. Theme 3: Role of a social worker in the provision of mental health services

This theme is a very important one, it has emerged in order to explore the participant's understanding and knowledge of the role of a social worker in the provision of mental health services and also to identify skill and knowledge that the participants felt they need.

- Sub-theme 3.1: Knowledge on the role of a social worker on mental health context

Participants explained the role a social worker in mental health context:

> ***CLa12:*** *"I think I would say the role of a social worker is a very important one because it moves away from the medical side and focuses on the social aspects which pertain to the patient's diagnosis. The patient can be diagnosed and get treatment but there are other aspects that the social worker has to assist the patient to deal with such as stigma that is associated with patient's diagnoses. There are also other issues like family and community."*
>
> ***CLa26:*** *"Okay, it's similar to one of the questions I think I answered earlier. But as it's in terms of the social work role in the mental health field, it start from the time a social worker receives the referral, to render counselling services on understanding and accepting the illness and linking the service users to resources that's going to best help them. I wouldn't also say, empowering them to become as independent as possible and to enjoy optimal standard of living. Empowerment as well if for example, a patient with mental illness is unable to go to work, I will as a social link the patient to a resource that will be able to help him to get back into the workforce, if it's possible, or if i can't, because of the nature of the patient's disability, I can also try and take him to our talent protective workshop and earn a small stipend for the work that they do. There is a huge role that we play as social workers sometimes even overlapping roles like sometimes we link them to opportunities for skills development, which can add an income on the own, maybe we can do, like for example, gardening projects and sewing projects where they can have their own businesses and work from home. The other roles are in terms of the awareness and educational programmes, so that would be the therapeutic group works. The life skills group work, the parenting group, we conducted a lot of parenting groups because lots of families have failed to accept and understand people living with mental illnesses."*
>
> ***CLa24:*** *"Again, it's to properly educate growing awareness, promote mental well being, also to assist people with disabilities in terms of a better quality of life, guiding them or protecting them protecting their rights, advocating on their behalf."*

All participants discussed the social work roles in mental health and they were able to express themselves. Blewet, Lewis and Tunstill (2007:4) confirm that social work has been carried out in many different places and with many different groups. However, Payne (2006:13) as cited in Bila (2017:149) identifies the historic models for the social work role which are as follows:

- Transformational: empowering disadvantaged and oppressed people to take part in a process of mutual cooperation and learning.
- Social order: meeting individual needs during a period of difficulty in order to regain stability.
- Therapeutic: the process of interaction and reflexivity between the social worker and clients, which leads to clients gaining power over their own feelings or way of life.

Similarly, Dominelli (2009:12) suggests the following three models which are different from Payne's models:

- Therapeutic: An offshoot of the maintenance approach, but focuses on what an individual can do to improve his or her situation through targeted professional interventions.
- Emancipatory: This is associated with radical social work, and questions the current balance of power in society and distribution of resources. Actions are aimed at helping individuals and achieving structural change.
- Maintenance: Aims to improve individual functioning or adaptation to situations. Assistance is provided based on clearly defined criteria.

In addition, the Canadian Association of Social Workers (2000:1) as cited in Bila (2017:150), states that the places of interest that the social workers' involvement in all sectors are at the micro, the mezzo, and the macro levels. At micro and mezzo levels, social workers are primarily concerned with the social well-being of individual clients and their families equally valued with the importance of their physical, mental and spiritual well-being (CASW, 2000 cited in Bila, 2017:150).

The CASW (2000) document further states that at the macro level of the ecological systems theory, "social workers generally demonstrate a greater capacity to look beyond the illness and treatment issues, to consider the broader human, social and political issues in mental health." This is critical in the present study, and it is the view of the researcher that the ecological systems approach adopted in South Africa gains

synergy from the CASW argument as to the involvement of social workers and how they assist communities, families and individuals. Furthermore, the Australian Association of Social work [ASSW] (2015) outlines that specific to the social work field are roles of:

> "building partnerships among professionals, caregivers and families; collaborating with the community, usually with the goal of creating supportive environments for clients; advocating for adequate service, treatment models and resources; challenging and changing social policy to address issues of poverty, employment, housing and social justice; and supporting the development of preventive programmes. Prevention occurs on many levels and includes a focus on early intervention, individual and public education, advocacy and improving access to services, resources and information."

The participants have stated in their discussions that the role of a social worker in mental health is not narrowed to the patient or a client only, but it goes to the extent that it reaches the family and the entire community as well.

Based on the ecological systems theory, the participants' responses showed that they render their services starting from a micro level where they deal with a client and the family. This is where clients are valued equally with the magnitude of their spiritual, mental and physical well-being. Furthermore, the participants extend their services even to community where they also take note of the interactions between the systems (Friedman & Allen, 2014:7; Tudge et al., 2009:201; Zhang, 2018:1766).

- Sub-theme 3.2: Skills and Knowledge

The participants mentioned the skills and knowledge that they require in the following quotes:

> ***CLa10:*** *"I think I need communication skills, and also problem solving."*
>
> ***CLa16:*** *"I think communication skills are the very important skill that I need because I need to be very observant. Sometimes when i go to conduct home visits, or even on a one on one session with a client, there are lots of things that i pick up, except for what they are actually saying. Communication skills also are important for me in order to able to work in a multidisciplinary team, because some of the work that we do, we can't do on our own, being able to communicate that means being able to know what channels to follow."*
>
> ***CLa20:*** *"For me, it's, I think, the communication skills, you need to be able to give people clear directions. You need to be objective in terms of cases."*
>
> ***CLa24:*** *"I need a skill which will allow me to be able to work with multidisciplinary teams."*
>
> ***CLa28:*** *"I would say listening skills and communication skills."*

The responses above show that the participants need communication skills, listening skills problem solving skills and skill in being able to work with multidisciplinary teams, as summarised by the researcher. All participants mentioned the importance of communication skills, while three participants also mentioned a need to gain a skill to work within a multidisciplinary team.

It is argued by Beinecke and Huxley (2009:222), that many practitioners do not have the knowledge or skills necessary to work in mental health settings; that the required competences are not being taught and that much work needs to be done to define needed skills and train the teachers and workforce of the future in them, Furthermore, Simpson, Williams, and Segall (2007:3) as cited in Bila (2017:157) recognise the "disparities in the nature and depth of mental health content." Furthermore, the Department of Health (2002:3) as cited in Bila (2017:157) states that in England, mental health training has a more generalised mandate in that social work students must undertake specific learning and assessment in human growth, development, mental health and disability. Bland, Renouf, and Tullgren (2009:9) postulate that social work in the UK continues to be unsure of how to address mental health content in social work course curricula.

It is indicated by Morley and MacFarlane (2010:48) that the combined skills of a multidisciplinary team in a psychiatric setting, such as social workers, psychiatrists, occupational therapists and psychologists are essential so as to meet the mental health care users' needs. It is further stated by these authors that professionals should create an environment in which they are able to work together in finding a good intervention for a problem and having a common aim of rehabilitating the person within a comprehensive approach.

Moreover, one participant more specifically mentioned the knowledge that she needs:

> ***CLa18:*** *"I need more information on mental health Act and on DSM because I don't have much information on them. Also some other Acts that are applicable in the mental health field. I also think that we need a procedure manual on what and how to render services."*

One participant outlined a need to have information on Mental Health Act and other relevant Acts that are applicable in their field of mental health practice and the training on DSM as well. Beinecke and Huxley (2009:222) claim that many practitioners do not have the knowledge or the skills necessary to work in mental health settings and that the required competences are not being taught. Much work needs to be done to define needed skills and train the teachers and workforce of the future in them.

In this theme all participants discussed the social work roles in mental health and they were able to express themselves. Their responses showed that they need communication skills, listening skills, problem solving skills and skill in being able to work within multidisciplinary teams. One participant also outlined a need to have information on the Mental Health Act and other relevant legislation that is applicable in their field of mental health practice and training on the DSM as well. Based on the ecological systems theory, the participant's responses showed that they mainly render their services starting from a micro level where they deal with a client and the family.

3.8.2.4. Theme 4: Social Work supervision

This theme was derived from exploring the participant's views on supervision that they receive, with regards to rendering mental health services and also to identify supportive measures that they receive in order to perform their role.

- Sub-theme 4.1: Views regarding supervision

The participant's views regarding supervision are presented in the following quotes:

> ***CLa12:*** *"mmmh in terms of the supervision I feel its okey. However, it should be improved because i don't think we follow the supervision procedure as supervision is done after a week and I feel that it should be an ongoing practice."*
>
> ***CLa14:*** *"I would say that previously, it was very limited, supervision was really limited, and it wasn't structured. I still feel that the organisation has to look at the supervision. It needs to be a lot more structured, especially in our field and the type of cases we deal with."*
>
> ***CLa20:*** *"the supervision is good and it's consistent. For an example we have our chief social worker, she's constantly here. If I'm not at the office, and I'm somewhere else rendering services, I feel free to call her and seek direction and advice over the phone. So, I think the supervision is okay."*
>
> ***CLa24:*** *"I will say it in a positive way, because supervision helped me specifically to learn lots of things regarding mental health, and it has gone deep into how I need to execute my work. In most of the time we rely on each other as colleagues not to the supervisor per se, in terms of supervision."*
>
> ***CLa16:*** *"to be quite honest I feel it's in adequate because there is no set date for supervision like to say per month, there is a structured supervision once or twice or*

three times. Sometimes you can work the whole month without being supervised. So there's no structure, when you have a difficult case, you will have to go to the supervisor to say I have this case, and this is how far I've gone and I am stuck here and then they will come in to say okay, have you tried this or whatever."

The responses of participants showed that they are satisfied with the supervision they are receiving. However, they also feel that it needs to be improved in a way. Bland, Renouf & Tullgren (2009:15) state that it is also important that social workers develop the tools and opportunities to examine the difficult practice of supervision, so that their practice can become more congruent with social work values and the ability to integrate critical and clinical perspectives in their practice, providing a meaningful and distinct social work perspective in mental health.

In accordance with the need for supervision, Green (2003) as cited in Bila (2017:354) recommends that "rural social workers in Australia must have agency support, adequate supervision and proper training to ensure they can practice competently, professionally and securely in rural and remote locations."

The responses from the participants revealed that there is a need for support amongst the social workers and they felt that something more must be done in terms of supervision.

Lakhan and Ekúndayò (2013:104) affirm that "the mesosystem of ecological systems theory incorporates distinctive microsystems and the different systems that serve these microsystems, formal and informal. They incorporate families and groups (peers, associations, local facilities, and services). People are at a higher risk of creating psychological distress if communication is poor between different microsystems and if there is detachment or an interruption of the smaller-scale and meso frameworks, creating social panic. Compared to the microsystem, individuals are not merely watching or detached, they assume a dynamic part in creating a stable environment, utilising past encounters and learning."

- Sub-theme 4.2: Other supportive measures received to perform social work roles

All the participants stated that there is no other supportive measure that is put in place except for the supervision. They have also mentioned that there are EAP services but the EAP practitioner is not visible to them. They also reported a lack of organisational support with regards to team building, funding and debriefing.

> ***CLa20:*** *"they recently have EAP in the organisation and that is the only thing that I know."*
>
> ***CLa22: "****Except for supervision, there's nothing."*
>
> ***CLa12:*** *"We get so overworked but we do not have debriefing sessions, whereby we get group supervision and we are debriefed."*

The responses showed that there are no other supportive measures that the participants are receiving to perform their social work roles. The ASSW (2008) guidelines cited in Bila (2017:420) state that monitoring and supporting social workers' wellbeing and coping capacity in relation to their work are mandatory, and relate to internal and external factors. The guidelines further states that practice supervision may also be accessed privately by workers, particularly by counsellors and supervisors, as part of professional development or professional membership requirements.

Crosson-Tower (2009:242), confirm that the provision of competent supervision to social workers is essential to meet the demands of providing effective services. Additionally, studies show that social work organisations should provide team building and supportive sessions on an ongoing basis in order to promote a positive organisational culture (Cock, 2008:105; Collins, 2008:1183).

The responses of participants showed that they are satisfied with the supervision they are receiving. However, they also feel that it needs to be improved. Furthermore, the responses showed that there are no other supportive measures that the participants are receiving to perform their social work roles. In terms of the ecological systems theory, Greene (2009:211) states that "continued activity, combined with consistent mutual caretaking, results in a lifelong patterns of effective relationships".

3.8.2.5. Theme 5: Experiences of Social workers

This theme was derived from exploring the challenges experienced by social workers, including their positive and negative experiences.

- Sub-theme 5.1: Challenges experienced by social workers

The responses of the participants pertaining to this are presented in the following quotes:

> ***CLa28:*** *"there is a lack resources like we don't have vehicles and phones. As for me I am placed in this office but I am specifically servicing another area and I don't have basic things like paper for printing sometimes I am being assisted by other organisations. Also there is a lack of support sometimes I have to sort everything out on my own."*
>
> ***CLa10:*** *"Okay, the biggest challenge is, we're finding that there's a lot of people with mental illnesses, that despite all of the counselling, services, and everything, we do not have enough space in our facilities to accommodate people living with mental illnesses which results to long waiting lists because of the shortage of mental health facilities."*
>
> ***CLa16:*** *"shortage of staff, for an example we as social workers are covering a vast area which is impossible to attend to all the clientele needs on time. So, we don't have enough social workers in a particular area, especially our larger areas. Other challenge, is not having enough funding, I feel that mental health is not given the focus that it really needs, especially in terms of funding so that services can be expanded."*
>
> ***CLa20:*** *"I think my biggest challenge is, SAPS by not complying with the Mental Health Act, they don't want to conduct or assist us to escort patients for 72 hour observation. Sometimes we write and send letters to them but still they deny assisting."*
>
> ***CLa12:*** *"I've been, like I've mentioned earlier with the lack of training, lack of supervision, those are the main challenges and then going out into the community and into the service providers. We don't have a psychiatrist we don't have some clinics don't have a psych clinic. So it becomes really difficult to do random things because sometimes you need to refer clients in terms of where you can refer the client and you have a backlog of work because client are not seen by a doctor. So it becomes really, really difficult. So it's a lack of multidisciplinary."*
>
> ***CLa22:*** *"My challenge is the salary, we have huge number of caseloads but we are earning way less than the work we are doing."*

The above quotes represent the challenges as presented by all participants. Those challenges are summarised by the researcher as follows: low salary, lack of training in mental health services, lack of supervision, lack of resources (e.g. not enough vehicles) to carry out their duties, lack of multidisciplinary team members, shortage of staff, lack of mental healthcare facilities, lack of information provided by family members and non-compliance by SAPS.

The Integrated Service Delivery Model (2006:15) states that the collaboration of various stakeholders allows families to have access to specialised services in the community and the multi-disciplinary team. However, the participants expressed

frustration following a lack of support, appalling attitudes and treatment they received from the police.

Family members provide false information during the intake which may overestimate or underestimate the seriousness of the risk; whereas workers are relying on their own assessments (Maccio et al., 2003:6). In terms of social work training, effective service provision is derailed by misunderstanding among social service providers and the lack of clear guidelines results in confusion (Dlangamandla, 2010:80-81; Mashigo, 2007:57). Social workers felt undertrained when it comes to meeting a requirement of social service legislative. The ability of social workers to work in the mental health field is questioned and there is also a concern in terms of the poor training of social workers' with regards to the mental health field (Patel et al*.,* 2012:220; Cesare & King, 2015:1750).

There is a lack of funding in South Africa, in most institutions, not only in mental health institutions. Additionally, organisations do not have enough funds to maintain, run and initiate social work programmes managed by social workers (Strydom, 2010:200). Additionally, it is also stated that when social workers have to implement programmes, they are then informed of not having enough funding to cater for programmes, yet, they were expected to initiate them in the beginning (Dlangamandla, 2010:90). Moreover, there is also a lack of organisational resources. It is revealed that there are obstacles to the provision of mental health services, such as vehicles, as organisations have insufficient resources (Strydom, 2010:198,200).

With the social work salaries, particularly, after this autonomous indulgence which prompted huge numbers of recently distraught groups approaching to request legislative support, low salaries and caseloads became combative issues (Cock, 2008:84). It is shown in the previous studies that social workers have caseloads that are above 100 cases and cases that would, in general, be crisis-oriented, which makes it very hard for a social worker to provide mental health services (Strydom, 2010:196,199; Dlangamandla, 2010:90). This a glaring difference with the perspective of certain researchers that the size of caseloads ought to be smaller and escalated services ought to be given to families for four to about a month and a half (Cash, 2008:472; Tully, 2008:iii). Social workers recommended the elimination of inequalities

in terms of salaries in none government organisations and the state in order to enable the effective implementation of services (Strydom, 2010:201). The researcher concurs with Strydom (2010:201) and also feels that social workers are paid less while they are expected to cover vast areas in terms of rendering services.

- Sub-them 5.2: Negative experiences

The participant's negative experiences are presented in the following quotes:

> ***CLa10:*** *"aaaah! I don't know sometimes I think it's the organisation itself and also I think people have negative mind set about the work we do. Sometimes you go out into the community and basically you are on your own and you don't have resources that you need, then you will find people in the community asking you on what kind of an organisation are you working for, and kind of work that we do it requires that a worker must have a debriefing because we are also human beings but such things are not provided for us."*
>
> ***CLa24:*** *"I think for me, it's the fact that families don't want to open up no matter how much you probe them during counselling sessions, they don't want to accept their family members who are living with mental illnesses, for me that is one of the most negative experience. The negative experience is when our patients have relapsed and they will hold us on hostage in the offices or sometimes throwing chairs at us but we need to understand it's not them that want to do that, it's the disability or illnesses that they are living with."*
>
> ***CLa26:*** *"I think it is the fact that communities expect social workers to walk into a situation where a person with a mental health disability is aggressive, they automatically believe it's our role to enter their home or into their community. And often we are not remembered as people who also can be in danger, or also have our own lives or our own safety to think about. So I think that is really concerning."*
>
> ***CLa18:*** *"my negative experience occurred when I had to do one and the same thing for one client and there is no change. Like you don't know whether it's you that's not doing what is supposed to be done or is it the client."*

Participants' negative experiences as reflected above, are summarised as follows by the researcher: a lack of the organisational resources makes them look incompetent in the community; being held hostage by relapsed patients; working in dangerous situations; being emotionally drained; burnout from their work; none acceptance of mentally ill patients by their families; and working with one and the same patient over and over but not noticing any progress.

Social workers are sometimes facing macro-economic problems. For an example: treating an individual and afterwards they are taken back to the same community in which they were stigmatised, which has a negative impact on social work services. Even if social workers try their level best to educate the parents, families and communities, strengthen them in whatever way they can and run awareness

programmes, there does not seem to be any difference. This will always affects social workers (Cash & Berry, 2003:22 cited in Nhedzi & Makofane, 2015:363).

From an ecological systems perspective, Greene (2009:211) states that the competence or the ability to be effective in one's environment is achieved through a history of successful transactions with the environment. Continued activity, combined with consistent mutual caretaking, results in a lifelong patterns of effective relationships. The ability and confidence to make decisions and to trust one's own judgment to produce the desired effects on the environment constitute the conceptualisation of competence (Greene, 2009:211). In addition, the availability and purposive use of environmental resources and social supports are integral concepts (Greene, 2009:211).

A participant shared the emotional drain and trauma resulting from the types of cases handled.

> ***CLa12:*** *"When you go home, you feel emotionally drained and feel as if you went through a whole lot of trauma and you re-experience those situations yourself."*
> *Similarly, the study that was conducted by Pistorius et al. (2008:186), stated that service providers expressed feelings of being traumatised by their clients' stories and tired when they are supposed to attend to clients. Equally so, Van Heugten (2011:11) recognised that when social workers spend a lot of time with traumatised clients they experience vicarious trauma and compassion fatigue".*

One participant remarked accordingly:

> ***CLa16:*** *"we also get burnout from our work."*

Earle (2008b:32) has reported this phenomenon and found that increased incidents of burnout among social workers is common. Based on the ecological systems theory Greene (2009:211) states that the availability and purposive use of environmental resources and social supports are an integral concept. Therefore, social workers need to be capacitated and also provided with all necessary resources in order to carry out their duties in a more effective manner and avoid burnout.

- Sub-theme 5.3: Positive experiences

The participants responded to their positive experiences in the following quotes:

> ***CLa14:*** *"mmmmmh, the positive experiences it's when you as a social worker can weigh what you have done with the client and you could see that the client have received the assistance required like for instance the client will come to you and they are not in receipt of a disability grant and you as a social worker provide assistance*

in that regard and once you have gone through the whole process and the client get assistance then you feel good."

CLa22: *"before coming to mental health, I was at child welfare. So I was coming to join mental health and there was a little bit of fear, a little bit of stigma attached to coming into an organisation like this. So, some of our patients when you look at them; I am not being judgmental but you feel like, you know what, this person is scary, this person is going to attack me and all of that. But as you get to know, people with mental disabilities, you realise that they have so much to offer. And, yes, they may have a mental disability, but it doesn't mean that they lack intelligence. And they lack foresight, and they lack empathy, and they don't have emotions but I have realised that they are same as us. Actually, they can teach us so much it's absolutely amazing so, for me that is a positive experience. They are so talented and skilled, we've had so many occasions where we've had, like, talent showcasing events and things and with the dancing and the singing, and the crafts that they do and the paintings and things. It's actually they skilled, much more than we are actually. Even if you just go to our protective training workshops and see the attention to detail that they put into the work that they do, it's absolutely amazing."*

CLa28: *"is seeing a positive change in mental healthcare user and the family its keeps me going to say that your interventions have helped the mental healthcare users and their family."*

The responses show that participants feel good when they notice a positive change and the progress in the patients they have been assisting. They also stated that they have noticed that mentally ill patients can teach them so much and it is absolutely amazing. They mentioned that patients are so talented and skilled and they had so many occasions where they have had talent showcasing events where patients were paying attention to every detail of what they were doing.

The responses from the participants are mostly based on their workplace. Taking the ecological systems theory into consideration, the essence of an individual comprises the various characteristics of family, home, school, peer group, workplace, and environment (Rogers, 2009:10). In addition, the microsystem comprises a pattern of activities, roles, and interpersonal face-to-face relations in the immediate setting, such as the family (Greene, 2009:218). It is also stated by Nash et al. (2005:37) that the microsystem is the smallest and most direct system that a person experiences, for example a household, classroom, or office, thus linking with these findings.

3.8.2.6 Theme 6: Recommendations

This theme was derived in exploring the suggestions and strategies towards the provision of mental health services in the future by participants, as well as to explore their suggestions as to what should be included in the BSW curriculum in order to help prepare social workers for mental health services.

- Sub-theme 6.1 Suggestions and strategies towards provision of mental health services in future

The participants outlined their suggestions and strategies towards the provision of mental health services in future:

> ***CLa22:*** *"like I did say that things like counselling for us as worker can work and also for the organisation to actually get other departments involved especially pertaining to educate us on the services and knowledge with regards to mental health, Such as trainings, developmental programmes and also talking our profession seriously as a whole."*
>
> ***CLa10:*** *"Okay, before you can actually get to practice as a social worker in the mental health field; there is a need for the induction, maybe that's something that we can look at in our organisation, maybe the induction period must be for a longer period in other to get an in-depth understanding of the mental health system. There must be a close supervision of the social worker, in terms of guiding the social worker in dealing with mental healthcare users. In terms of the higher, there should be lobbying and advocacy with government, and especially Department of Health, in terms funding and building more mental health facilities that will cater for the holistic needs of people."*
>
> ***CLa18:*** *"I think there must be an ongoing training on mental health to us who are already practicing in this field. Also there must be a close supervision in dealing with mental health care issues."*

The participants recommended the following as summarised by the researcher: Mental health services should be prioritised by the Department of Health; training in mental health care for social workers should be facilitated; social work debriefing sessions need to be organised by the organisation and; mentoring services should be established regarding mental health care.

Most of the participants recommended the need to be capacitated in mental health care and recommended that the training they require should cover a wide range of approaches, including primary mental health care. Cooper, (2003) cited in Bila (2017:390) states that useful outcomes of training generally involved trainee activities which are directly related to their daily practice, such as interviewing patients. It is crucially important to promote realisation of change in health care practice and training (Da Rocha-Kustner, 2009:231), by enabling health workers to consolidate learning, clarify principles, discuss problem cases, explore treatment options, and share their feelings that inevitably arise when working with patients with mental disorders.

- Sub-theme 6.2 Recommendation on what should be included in the BSW degree to prepare social workers for mental health services

The following quotes represent the participants' recommendations on what should be included in the BSW curriculum in order to prepare social workers for mental health services:

> ***CLa28:*** *"Mental health as a whole should also be included in the BSW degree in order to provide basic information, should one get employed in the mental health field will know what is expected of her as a social worker."*
>
> ***CLa18:*** *"I think mental health is one of the variable critical issues in our country and it should be included."*

The participants recommended that mental health should be included in the BSW curriculum to enable the social workers to practice in the mental health field.

The vision of the ecological systems theory is to help social workers customise their intervention to the person's environment or the interaction between the two (Nash et al., 2005:33). The Department of Health (2011) indicates that "mental health services promote principles of hope, self-determination and social inclusion." In other words, a service environment that supports and advocates recovery, communicates, sustains hope and encourages individuals' healing efforts.

In this theme, suggestions and strategies towards mental health services provision in the future were provided by the participants: mental health services should be prioritised in the Department of Health; training in mental health care for social workers should be facilitated; social work debriefing sessions should be organised by the organisation and; a mentoring service should be established regarding mental health care. The participants also recommended that mental health should be included in the BSW curriculum to enable the social workers to practice in the mental health field. In accordance with the ecological systems theory, the vision of the theory is to help social workers customise their intervention to the person's environment or the interaction between the two (Nash et al., 2005:33).

3.9 SUMMARY

Chapter three presented the research methodology that was utilised in the research, as well as the ethical considerations that were adhered to. The empirical findings were

presented in this chapter by exploring the personal narratives from the research participants and substantiating them with findings from the literature study. Participants' biographical information was presented in the form of charts and graphs. The findings were presented under the various themes and sub-themes that emerged from the analysis of data. As indicated in section 3.11.2 above, the main themes that emerged from the data analysis were: general understanding of mental health; social work training; role of a social worker; social work supervision; experiences of social workers; recommendations.

The next chapter presents the conclusions and recommendations for the study.

CHAPTER 4: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Empirical research findings as obtained by means of a qualitative approach were presented in the previous chapter. In this chapter the extent to which each of the research objectives was met and the research question answered will be discussed. The chapter also presents the limitations of the study, the key findings and the conclusions and the recommendations.

4.2 SUMMARY

The aim of this study was to explore the experiences of social workers in the provision of mental health services in Durban, KwaZulu-Natal. The aim of this study was met by meeting the following objectives of this study:

- To contextualise mental health services internationally and locally.
- To contextualise the provision of mental health services by social workers internationally and locally.
- To ascertain the views of social workers on their role and task in the provision of mental health services in Durban, Kwa-Zulu Natal.
- To determine the capacity of social workers in rendering mental health services in Durban, Kwa-Zulu Natal.
- To suggest strategies on the provision of mental health services by social workers.

Each objective will subsequently be discussed in terms of how it was met in this study.

4.2.1 Objective One

To contextualise mental health services internationally and locally.

An in-depth literature study on mental health services was conducted in order to achieve this objective. Mental health services were analysed from a global to a South African perspective (section 2.4). Literature reviewed provided a description of the mental health context, mental illness and mental health versus mental illness (section 2.2). Mental health policy and services were also discussed (section 2.3), which gave

a clear background on the current status of mental health services with regards to the South African Government. In this research, the ecological systems theory underpinned the study, exploring the social worker's experiences in the provision of mental health services. This theoretical framework, provided the context in which mental health services can be understood (section 1.2).

4.2.2 Objective Two

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

An undertaking of an in-depth literature review in order to achieve this objective was done under sub sections 2.5.1: Assessment, 2.5.2: Social work and diagnosis, 2.5.3: treatment and 2.5.4: counselling. A clear description of the provision of mental health services by social workers was discussed in (section 2.5: Social work in mental health care).

This consequently implies that social work can change the existences of individuals with mental health conditions and is a fundamental part of multidisciplinary frameworks of support; accordingly social work is additionally in need of urgent modern mental health services guaranteeing the allotment of restricted public assets, to ensure the common liberties and advancing the self-assurance of mental health care users.

4.2.3 Objective Three

To ascertain the views of social workers on their role and task in the provision of mental health services in Durban, Kwa-Zulu Natal.

An in-depth literature review in different the roles played by the social worker in mental health was conducted in order to achieve this objective under sub-sections 2.7.2: The social workers role in mental health care, 2.7.2.1: Role of the social worker with regards to the mental health care user and 2.7.2.2: Role of the social worker with regards to the family and caregiver. The specialisation of social work in health care in South Africa laid a foundation for the roles of a social worker in healthcare (section 2.7:The specialisation of social work in health care in South Africa). The further achievement of this objective was through the key findings as evidenced in Chapter Three of the study. The empirical findings provided the perspectives of knowledge in mental health care as a field of social work practice and mental health care in general. In line with the ecological systems theory, the participants' narratives revealed an

understanding of their roles in the mental health setting and they further mentioned counselling as one of the mental health services when they were expressing themselves.

4.2.4 Objective Four

To determine the capacity of social workers in rendering mental health services in Durban, Kwa-Zulu Natal.

This objective was achieved through the key findings as evidenced in Chapter Three of this study. The empirical findings provided the perspective on social workers' experiences in the provision of mental health services and also their training. The participants' narratives revealed their challenges, positive experiences and negative experiences. The participants further revealed their feelings about BSW training and other training they have attended. The participants generally indicated little understanding on the Mental Health Act and the Diagnostic Statistical Manual in terms of using it as a basis for their intervention.

4.2.5 Objective Five

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

Objective Five was achieved by means of intervention strategies as recommended in the below sections of this chapter. These intervention strategies are outlined under each theme in the recommendations later in this chapter.

Intervention strategies outlined in the recommendation section, speak to the improvement of health and support services for victims of rape at the individual, the family, community and societal level in line with the ecological approach.

4.2.6 The Research question

The research question in this study was:

What are the experiences of social workers in the provision of mental health services in Durban, KwaZulu-Natal?

The above question was answered through conducting a qualitative research study by interviewing social workers who are in the provision of mental health services, employed by the Durban & Coastal Mental Health organisation in KwaZulu-Natal. Interviews were conducted with ten participants in order to collect data which the researcher analysed later, generating six themes as well as fifteen sub-themes as

discussed in the detailed thematic analysis in Chapter Three and presented below in Table 4.1: Summary of themes and sub-themes. These themes and sub-themes answered the research question. The thematic analysis is presented in Chapter 3, section 3.11.2.

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

Themes	Sub-themes
Theme 1 General understanding of mental health	1.1 Knowledge of mental health services in general 1.2 Knowledge of mental health care as a field of social work practice 1.3 Knowledge of the mental health Act (17 of 2002) 1.4 Knowledge of the Diagnostic statistical Manual (DSM)
Theme 2 Social work training	2.1 Feelings about the Bachelor of Social Work training with regards to mental health 2.2 Other training with regards to mental health received
Theme 3 Role of a social worker	3.1 Knowledge on the role of a social worker in the mental health field 3.2 Skills and knowledge required
Theme 4 Social work supervision	4.1 Views regarding supervision 4.2 Other supportive measures
Theme 5 Experiences of social workers	5.1 Challenges experienced by social workers 5.2 Negative experiences 5.3 Positive experiences
Theme 6 Recommendations	6.1 Suggestions and strategies towards provision of mental health services in future 6.2 Recommendation on what should be included in the BSW degree to prepare social workers for mental health services

4.2.7 Limitations of the study

The limitations in the study were identified as follows:

Study time frame: Due to Covid-19 pandemic, the researcher encountered constraints with the recruitment, selection and interviewing of the research

participants. Furthermore, the departmental approval and the Faculty Ethics Approval process of the study took longer than anticipated and thus the duration of the study was one year and few months instead of one year as planned.

Generalisation of findings: Due to the fact that the study was conducted in one province, namely KwaZulu Natal, and with only ten social workers of one organisation, namely, the Durban & Coastal Mental health organisation, the findings of this study cannot be generalised to national population of the "social workers". It could, however, be applied to similar samples.

4.3 KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Key findings, conclusions and recommendations from the study will be discussed in the subsequent sections.

4.3.1. Key findings and conclusions regarding literature review

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

Key findings

The ecological systems theory that underpinned the study was discussed in Chapter One. It was relevant to this study and could be appropriately linked throughout the study. This theory was most suitable for this study because it looked at the social worker as an individual and the various systems and interactions between these systems. It was used to explore the experiences of social workers in relation to different levels of the ecosystem namely: microsystem, mesosystem, exosystem, macrosystem and chronosystem. Using this theoretical framework resulted in exploring the experiences of social workers holistically, such as applying this framework to humans in the context of social work practice that involves having a perception that there is an interaction between humans and their cultural, social, and physical environments.

The literature study provided an in-depth look at mental health in general, as well as mental health internationally and in South Africa, pointing out certain roles of social workers in mental health, based on studies such as "views of social workers on their role in mental health outpatient and community based services" (Ornellas, 2014), a "training programme in the DSM system for social workers" (Olckers, 2013),

Regulation on the specialisation of social work in healthcare (2020) and South African Mental Health Care Act (17 of 2002) which gives clarity about the referral routes, from hospitals to the district and community levels, and emphasises continuity of services as well. This led to the recognition and collaboration with non-government organisations that have been playing a role in the treatment, rehabilitation services and care for mentally unwell people; in addition it provides admission procedures for mentally unwell people. Review Boards in respect of all health institutions are also established through this Act in order to establish their tasks and powers in the provision of administration and care for individuals who are mentally unwell.

An in-depth look on mental health services provided by social workers identified the capacity between the challenges and the experiences of social workers in rendering mental health services. The empirical findings of the research revealed many challenges, negative experiences and also positive social work experiences in mental health services provision. It can therefore be concluded that the ecological systems theory was appropriate in underpinning the study and was successfully used to understand the experiences of social workers in the provision of mental health services.

Conclusions

The ecological systems theory was suitable as the theoretical approach underpinning this study and the link between the ecosystems levels was evident. From the literature study, it can be concluded that there is a gap in service delivery in the mental health field. Social workers are greatly affected by a lack of resources needed to effectively provide mental health services to families living with mental illnesses. The researcher can also conclude that social work plays an important function in ensuring that the needed support services to families living with mental illness and patients are provided. Concordantly, the researcher can also conclude that the literature study conducted was appropriate and relevant to the investigated.

Recommendations

From the literature study, the researcher recommends the following:

The government should place more focus on improving the lack of mental health services in the country. Current practices should be monitored and evaluated, as well as gaps identified in mental health service delivery, consequently creating strategies to address mental health issues more effectively.

More social workers should be trained and appointed in the field of mental health care. They should be better equipped with expertise and knowledge with regards to mental illnesses, enabling them to transfer knowledge, create awareness and support families.

Families living with mentally ill patients should be assisted through support services by training and employing home-based carers in communities to provide emotional and practical support services to families living with mental health users.

4.3.2 Key findings, conclusions and recommendations regarding the research findings

In this section the key findings, conclusions and recommendations of the research findings from each theme will be presented.

4.3.2.1 Theme 1: General understanding of mental health

This theme focused on the general understanding of mental health. Four sub-themes were identified under this theme: Mental health services knowledge in general; Knowledge of mental health care as a field of social work; Knowledge of the mental health Act (17 of 2002) and Knowledge of the Diagnostic statistical Manual (DSM) in terms of using it as a basis for their intervention.

Key findings

The participants showed an understanding of what mental health services are in general and also revealed knowledge of mental health care as a field of social work practices. Some of the participants mentioned counselling as one of the mental health services when they were expressing themselves, which is supported by literature. However, participants revealed a little knowledge of the Mental Health Act. Few of them only mentioned section 40 of the said Act, because they came across a problem with the South African Polices Services (SAPS) not wanting to assist them, and they had to check for a section on the Mental Health Act that will work in their favour or that they can quote when they are requesting assistance from the SAPS. Furthermore, most of the participants did not even know what the Mental Health Act entails, As such, as some of them knew that the Mental Act is there, but some have never heard of it. In terms of the DSM, most participants revealed that they were aware of the DSM and

they have been using it in order to find information on particular illnesses, but they lack understanding of when and how to use it. Some of them have mentioned that they have never received any training on it and those who took psychology as their major subject during their undergraduate bachelor of social work degree training, did receive training on it. One participant had to enrol for BA (Honours) Psychology in order to be able to get knowledge and understanding of the DSM, but she is not using it as a basis for her intervention. Some of the participants did not even know about the DSM until the researcher asked about it.

Conclusions

Participants' general understanding of mental health services as well as mental health care as a field of social work practices was good. Participants were able to express themselves and give examples of mental health service and mental healthcare as a field of social work practice. However, they lack understanding of Mental Health Care Act and the DSM.

Recommendations

The organisation should provide training on the DSM to enable social workers to understand the illnesses of their patients, to be able to compile relevant reports to psychiatrists for the purposes of assisting in the process of diagnoses and be able to come up with relevant social work intervention based on the diagnosis criteria of the patient.

Social workers should ensure that they familiarise themselves with the South African Mental Health Care Act (17 of 2002), to ensure that they follow the process as outlined in the Act.

Social work supervisors and managers should form partnerships with the SAPS and create an environment in which both parties comply with regulations of the South African Mental Health Care Act (17 of 2002).

4.3.2.2 Theme 2: Social work training

This theme focused on Social work training. Two sub-themes were identified under this theme: Feelings about the Bachelor of Social Work training with regards to mental health and other training with regards to mental health received.

Key findings

It was revealed by the participants that the training they received during their BSW programme was not structured in a way that can allow social work practice in the mental health field and also mentioned that the BSW degree alone is not enough to equip a social worker to work in the mental health field. There is a need for the social worker to gain knowledge and understanding of mental health specifically in order to be able to practice in this field. They also revealed that some of them are attending training and workshops in order to get an understanding of what they are dealing with on an everyday basis. It is noticed, however, that it is not a continuous professional development and there is a lot more information that they need in order to gain skills and knowledge to be more competent in the mental health field. Out of the ten participants interviewed, only five participants attended training or a course on mental health. Other participants attended other courses which are not relevant to mental health or the services they render on the daily basis. Furthermore, the participants revealed that they have acquired the majority of their knowledge and skills regarding mental health services on the job and not during their undergraduate BSW training.

Conclusions

The BSW undergraduate degree curriculum does not contain sufficient mental health content to enable a social worker to practice in a mental health environment. One needs to undergo training on health care or mental health in order to be able to practice in this field. Participants have acquired the majority of their skills and knowledge regarding mental health services on the job, by attending workshops and learning from other colleagues who have more experience in the field.

Recommendations

Social workers should attend workshops and training that specifically focuses on mental health, in order to gain more knowledge on mental health as a field of social work practice.

Social workers should consider enrolling for a Master's programme in Healthcare or Clinical Social Work, to broaden their knowledge and understanding of the field they are in. A specialisation in social work in health care has recently been approved under the Social Service Professions Act, 1978 (Act No.110 OF 1978) Regulations relating to the requirements and conditions for registration of a speciality in social work in health care (2020), gazetted and approved by the Minister of Social Development.

4.3.2.3 Theme 3: Role of a social worker

This theme focused on the role of a social worker. Two sub-themes were identified under this theme: Knowledge of the social worker's role in mental health field and skills and knowledge required.

Key findings

All participants displayed knowledge of the social worker's roles in mental health and they were able to express themselves with regards to rendering counselling services on understanding and accepting the illness and linking the service users to the resources that is best going to help them. They stated in the interviews that the social work role in mental health is not limited to the patient or client only. It goes to an extent where it reaches the whole family and the entire community as well. However, they revealed that they need communication skills, listening skills, problem solving skills and skills to be able to work with multidisciplinary teams. In terms of knowledge, the participants outlined a need to have information on the Mental Health Act (17 of 2002) and other relevant legislation that is applicable in their field of practice and training on the DSM as well.

Conclusions

Social workers play a vital role in the everyday functioning of the patients, especially with regards to their mental health, as social workers mentioned that their role goes beyond their clients until it reaches the communities in which they live. Furthermore, it can be concluded that social workers need to be capacitated in order to be able to effectively perform their roles.

Recommendations

Continuing Professional Development (CPD) programmes focussing on social work skills and training should be implemented at all levels to continuously teach and remind social workers about vital skills when rendering services.

Organisations should organise training on DSM and Mental Health Act so as to equip social workers to understand the illnesses of their clients and to use the DSM as a basis for their interventions.

4.3.2.4 Theme 4: Social work supervision

This theme focused on social work supervision. Two sub-themes were identified under this theme: Views regarding supervision and other supportive measures.

Key findings

The participants revealed that they are reasonably satisfied with the supervision they are receiving. However, they also feel that it needs to be improved in a way. All participants stated that there is no other supportive measure or debriefing provided, in order to perform their roles effectively, except for supervision.

Conclusions

It can be concluded that there is a need to support social workers so that they can effectively perform their roles.

Recommendations

There should be a structural supervision for social workers where a supervision tool will be developed to examine the difficulties that they encounter in their practice. This will enable them to become more congruent with social work values and have the ability to integrate critical and advanced mental health interventions in their practice, providing a meaningful and specialised social work perspective in mental health.

Support services should be developed for social workers in order to assist in creating coping capacity in relation to their work. Support services like team building sessions and ventilation sessions which will enable them to speak out and share their experiences while at the same time benchmarking good practices.

4.3.2.5 Theme 5: Experiences of social workers

This theme focused on experiences of social workers. Three sub-themes were identified under this theme: Challenges experienced by social workers, Negative experiences, and Positive experiences.

Key findings

It was outlined by the participants that they are experiencing the following challenges in the mental healthcare field: low salary, lack of training in mental health services, lack of supervision, non-compliance by the SAPS, lack of resources (not enough vehicles) to carry out their duties, lack of multidisciplinary team members, the lack of mental healthcare facilities, the shortage of staff and lack of information provided by family members. Furthermore, they presented their negative experiences which are summarised by the researcher as follows: lack of organisational resources makes them look incompetent in the community, being held hostage by relapsed patients, working in dangerous situations, non-acceptance of mentally ill patients by their families, and working with one and the same patient over and over, but not noticing any progress. However, the participants feel good when they notice a positive change

and the progress in patients they have been assisting. They also stated that they have noticed that mentally ill patients can teach them so much. It is amazing that patients are so talented and skilled and they had so many occasions where they have had talent showcasing events, where patients were paying attention to every detail in their performance.

Conclusions

The findings might show a depressing image about the experiences of social workers in the provision of mental health services and the dilemma of social workers, but even so, the social workers are determined to ensure that the delivery of services is done despite the difficulties that they encounter on a daily basis. They are expected to provide services to different groups; at the same time they cannot cope with caseloads that are very high and lack of resources, just to name the few. Taking into account all the challenges faced on different levels by social workers when providing services, the researcher has concluded that effective offering of mental health services can never be done without the required communal, human, financial resources and organisational support required for the success of the programme.

Recommendations

Social workers should be capacitated in the legislative frameworks of mental health care.

Social workers should be capacitated in the DSM.

Social workers in mental health should receive in-service training, workshops, and short courses for continued professional development.

Provision of adequate infrastructures for social workers is important.

Social work supervisors and managers should be capacitated to render effective supervision to social workers in mental health care.

The government should place more focus on improving the lack of mental health services in the country.

The social worker's salary scales should be reviewed and adjusted to be in line with other professional degrees.

The organisation should employ more social workers to ensure effective service delivery.

4.3.2.6 Theme 6: Recommendations

This theme focused on the recommendations. Two sub-themes were identified under this theme: Suggestions and strategies towards provision of mental health services in future, and recommendations on what should be included in the BSW degree to prepare social workers for mental health services.

Key findings

The participants recommended the following, as summarised by the researcher, that mental health services should be prioritised in the Department of Health. Training in mental health care for social workers should be facilitated; social work debriefing sessions should be organised by the organisation; and mentoring services should be established regarding mental health care. Most of the participants recommended a need to be capacitated in mental health care and recommended that the training they require should cover a wide range of approaches, including primary mental health care. Furthermore, they recommended that mental health should be included in the undergraduate BSW programme in order for social workers to be able to practice in the mental health field.

Conclusions

It can be concluded that there is a need for the Department of Health to prioritise mental health services and a need in social work for training in mental health care. Furthermore, the BSW undergraduate degree is not enough for a social worker to practice in the mental health environment.

Recommendations

Mental health services should be prioritised by the government. Training in mental health care for social workers should be facilitated at all levels. Furthermore, mental health should be included in the BSW undergraduate programme in order to give social workers a background to practice in the mental health field.

4.4 RECOMMENDATIONS FOR FUTURE RESEARCH

It is recommended that the study be carried out nationally, with social workers on a bigger scale or replicated in other provinces so that the results obtained can be generalised with greater confidence. Furthermore similar research could also be conducted across countries in the SADC region, so as to obtain even wider insights

into the experiences of social workers in the provision of mental health services with a BSW degree.

It is further recommended that future research should focus on determining ways which will be very effective in order to address the challenges identified amongst social workers in the mental health care services provision in this study.

Future research should focus on identifying and developing CPD programmes aimed specifically at providing mental health education to social workers in the provision of mental health services.

4.5 FINAL CONCLUDING REMARKS

It is finally concluded that, this research has managed to achieve its key objectives. Social workers in the Durban & Coastal Mental Health organisation face many challenges in providing mental health services and these needs to be addressed at various levels. The relevant stakeholders like the SAPS, healthcare workers, communities, supervisors and managers are required to have a close collaboration within the organisation itself, together with tertiary education institutions and the SACSSP. This will assist in building systems that are more effective in offering support to social workers and the development of a more effective curriculum, education and policies.

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ANNEXURES

Annexure 1: Request to perform empirical research

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

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

09/07/2020

Ref: Thobani N. Ngubane (19182784)
Tel. 012 420 2410
E-mail: Charlene.Carbonatto@up.ac.za

The Chief Director
Attention: Deputy Director: Fathima Hussain
Social Work / Day Care
Durban & Coastal Mental Health
FathimaH@dcmh.org.za

Dear Sir/Madam

REQUEST FOR PERMISSION TO PERFORM EMPIRICAL RESEARCH: THOBANI N. NGUBANE (19182784)

The above-named student is registered for the **MSW (Healthcare)** programme in the Department of Social Work, University of Pretoria**.**

The student is required to write a **mini-dissertation,** resulting from a research project, under supervision of Dr CL Carbonatto. The research will only proceed once a Departmental Research Panel and the Faculty Research Ethics Committee have approved the proposal and data collection instrument(s). The following information from the research proposal is shared with you, although a copy of the **research proposal** will be provided to you if needed:

The envisaged **title** of the study is: **The experiences of social workers in the provision of mental health services in Durban, KwaZulu-Natal Province.**

The goal of the study is to explore the experiences of social workers in the provision of mental health services in Durban, KwaZulu-Natal, Province.

The objectives of the study are:

- To contextualise mental health services internationally and locally.
- To contextualise the provision of mental health services by social workers internationally and locally.
- To ascertain the views of social workers on their role and task in the provision of mental health services in Kwa-Zulu Natal.

Room 10-10, Humanities Building
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 420 2410
Email: Charlene.carbonatto@up.ac.za
Web: www.up.ac.za

- To determine the capacity of social workers in rendering mental health services in Kwa-Zulu Natal.
- To suggest strategies on the provision of mental health services by social workers.

The target group of the study is social workers involved in the provision of mental health services in Durban, KwaZulu-Natal, Province.

Mr Ngubane will collect data for the empirical part of the study through:
A personal semi-structured interview with social workers employed within Durban and Pietermaritzburg District Health Services and Mental Health organisations, using an interview schedule and audio recorder with their permission.

This request may result in practical assistance needed from your staff in recruiting, contacting and obtaining informed consent from the social workers participate voluntarily in the study. No costs will be incurred by this request. Possible benefits for your organization can be summarised as follows:

- Provision of mental health services by social workers will be contextualised, resulting in well-defined roles and tasks.
- A final report will be shared with your district/ organisation, with future suggestions and strategies on provision of mental health services by social workers.

Mr Ngubane undertakes responsibility to provide you with a copy of the final results.

It would be appreciated if you will consider the above request and grant **permission** to Mr Ngubane to proceed with the research, at your earliest convenience.

Yours sincerely,

.....
DR CL CARBONATTO
SUPERVISOR

.....

Mr T NGUBANE
POSTGRADUATE STUDENT & RESEARCHER

Annexure 2: Ethics Approval University of Pretoria

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Humanities 100. Since 1919

18 September 2020

Dear Mr TN Ngubane

Project Title:	Experiences of social workers in the provision of mental health services in KwaZulu-Natal
Researcher:	Mr TN Ngubane
Supervisor(s):	Dr CL Carbonatto
Department:	Social Work and Criminology
Reference number:	19182784 (HUM020/0720)
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,

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

Annexure 3: Permission Durban & Coastal Mental Health

REF: MS F. HUSSAIN

Durban & Coastal Mental Health

20th August 2020

Attention: Mr Thobani N. Ngubane
University of Pretoria
Research / Ethics Committee

RE: RESPONSE TO THE REQUEST TO CONDUCT RESEARCH ENTITLED:

"THE EXPERIENCES OF SOCIAL WORKER'S IN THE PROVISION OF MENTAL HELATH SEVICES IN KWA-ZULU NATAL"

The above matter refers to the letter dated 9th July 2020.

Durban and Coastal Mental Health hereby grants permission, to conduct the above-mentioned Research Study, on the provision that the Ethics Committee for the University of Pretoria provides clearance for the study. On completion of the study, a copy of the mini dissertation should be submitted to our Organisation, in honour of your commitment.

Durban and Coastal Mental Health takes this opportunity to wish you well during the period of research.

Thanking you

Yours sincerely

.....
Ms F. Hussain
Deputy Director: Social Work / Day Care

Annexure 4: Letter of informed Consent

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

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

14/07/2020

Our Ref: TN Ngubane (191982784)
Tel: 0682225067
E-mail: thobaninoewell@gmail.com

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 Durban, KwaZulu-Natal.**
2. **THE RESEARCHER**
   The researcher is a qualified social worker who is currently working at KwaZulu-Natal Department of Correctional services, Durban Management Area. He is a registered Master of Social Work (Healthcare) student with the Department of Social Work and Criminology, 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 Durban, KwaZulu-Natal 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 interviews with all the participants that volunteered to take part in the study. The researcher will contact you in advance prior to the interviews to arrange the time and venue that will be convenient to you. The interview will take an estimated maximum time of one to two hours and will be voice recorded with your consent before the interview takes place. During the interviews, pseudonyms or false names will be assigned to you to use during interview to protect your identity. The researcher will then listens to the recording of the interview, transcribe the interview in writing and analyse the information obtained. The results of the interviews will be compiled in a research report, 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.

5. **POTENTIAL HARM**
   You as a participant might suffer emotional or psychological harm as a result of participating in the study. The researcher also anticipates that the participants may be tired due to the length of the interview. In combating that, the researcher will conduct debriefing after the interview to reflect on the interview and where there is a need for further counselling, you will be referred either Mrs Khanyisile Dlamini who is a social worker in private practice.
6. **CONFIDENTIALITY AND ANONYMITY**
   The researcher will always adhere to confidentiality and will use the pseudonym or false name assigned to you instead of your real name during the interview, for the transcription and the research report. The researcher will share the data with the supervisor for supervisory purposes only. You as a participant 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 be obliged to participate. You have the right to withdraw from the study at any time you feel the need to do so and will not suffer any consequences as a result. Your data will also be destroyed should you withdraw.
8. **RENUMERATION**
   Participation in the study is voluntary and you will not receive any incentives or remuneration in doing so.
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 as a participant will not benefit directly from the research.

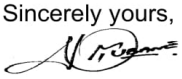
DETAILS OF THE RESEARCHER

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

Name: NGUBANE THOBANI NOEWELL
Cell: 0682225067
E-mail: thobaninoewell@gmail.com

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

Sincerely yours,



……
THOBANI N. NGUBANE
Researcher

SECTION B: INFORMED CONSENT OF PARTICIPANT

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

Signature: …… **Date**: ……

Declaration by researcher

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

Signature: …… **Date**: ……...

Annexure 5: 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?

Annexure 6: Letter from the counsellor

PSYCHO-SOCIAL THERAPIST

DLAMINI K.L.L

SACSSP NO. 10 -15891
Magugu Medi-Health Centre
No. 10 York Street
Office No. 3, Newcastle 2940

PRACTICE NO. 0660043
Contact details: 0824436695
e-mail: khanyid42@gmail.com

Strengthening lives Through solutions

TO: THE UNIVERSITY OF PRETORIA
FACULTY OF HUMANITIES
DEPARTMENT OF SOCIAL WORK AND CRIMINOLOGY

FOR ATTENTION: DR. C.L CARBONATTO & RESEARCH ETHICS COMMITTEE

Date: 2020.04.28

RE: RENDERING OF COUNSELLING SERVICES TO RESEARCH PARTICIPANTS

1. **BACKGROUND**

The researcher (Mr. Thobani Noewell Ngubane) has approached my private practice in order to request assistance with the provision of counselling should there be an emotional or psychosocial need for his research participants. He presented his study as to explore the experiences of social workers in the provision of mental health services in KwaZulu-Natal, specifically in Pietermaritzburg and in Durban.

Furthermore, the researcher stated that the intended study will contribute to the body of knowledge with regards to social work experiences and he intends to bridge the gap in research regarding the experiences of social workers in the provision of mental health services.

2. **RECOMMANDATIONS & CONCLUSION**

Based on the fact that the researcher wants to build a new understanding of the experiences of social workers in the provision of mental health services, it is the responsibility of the researcher to ensure that referrals are made in time so as to avoid any delays.

Counselling will be conducted by my private practice to the said research participants to avoid harm as a result of participating in the proposed study. Moreover, as a contribution to the said study and the profession itself, my private practice is prepared and will be providing pro bono services to participants by means of counselling as will be referred by the researcher.

PSYCHO-SOCIAL THERAPIST

DLAMINI K.L.L

SACSSP NO. 10 -15891
Magugu Medi-Health Centre
No. 10 York Street
Office No. 3, Newcastle 2940

PRACTICE NO. 0660043
Contact details: 0824436695
e-mail: khanyid42@gmail.com

Strengthening lives Through solutions

Should you have any questions, please do not hesitate to contact the Social worker on the above contact details

Thank you

Dlamini K.L.L
(Social Worker in Private Practice)

Annexure 7: Letter from the editor

16 April 2021 **AC2012355**

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 KwaZulu-Natal

written and compiled by

Thobani Noewell Ngubane

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

Annexure 8: Certificate from the language editor

CERTIFICATE OF ENGLISH EDITING

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

MANUSCRIPT TITLE
The experiences of social workers in the provision of mental health services in KwaZulu-Natal

AUTHOR
THOBANI NOEWELL NGUBANE

EDITOR
S PRETORIUS

DATE ISSUED
15 April 2021

CERTIFICATE NUMBER
AC2012355