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Though participants mostly associated mental health symptoms with aggression, participants reported it was in rare cases where the patients have been physically aggressive. They reported being mostly verbally abused: *“I just came to this room and then I drank a lot of water but deep down really considering my age to be degraded like that. To be called with such a vulgar language”* (P4, F, CNP).

#### *Sub-theme 1.3: Lack of knowledge about medication management or hospital admission protocols*

The participants indicated that they had no clear guideline for screening, treatment, or referral of persons with mental disorders. None of the participants had personally used the procedures of the Mental Health Care Act no 17 of 2002 (Mental Health Care Act No. 17, 2002) to refer a person for admission to a mental health care facility. Participants mentioned that in such cases, they referred the patient to the doctor, to complete the referral letter to the district hospital, *“Also because I’m not a psychiatry nurse. After discussing with the doctor, maybe they say sister now, okay sister you can try this medication”* (P4, F, CNP).

One participant expressed his lack of knowledge on procedures in managing patients with suspected mental health disorder: *“My challenge is that currently in this clinic that I am working in don’t know what process I would follow. Maybe they still going to tell me”* (P2, M, PN).

#### **4.4.2 Theme 2: Staffing challenges**

Participants experienced some challenges which made it difficult for them to effectively manage patients with suspected or diagnosed mental disorders. These included an overall

staff shortage, lack of skills, safety concerns, and inadequate training in managing patients with suspected mental health conditions.

#### *Subtheme 2.1 Shortage of human resources*

Participants were concerned about the shortage of staff at a community level with increasing numbers of patients. Concerns included the lack of specialised mental health practitioners available in the health centres and that no psychiatrist could review chronic medication prescriptions. Despite this, the community facilities had to cope with patients referred to them from the psychiatric hospitals and they felt that they were ill-equipped to cope with such patients: “...*We do not have a mental health nurse with the speciality and*

*yet we receive referrals of patients with mental illness from tertiary institutions*” (P3, M, CNP).

It was difficult to manage patients who needed more support without adequate infrastructure and personnel: “*The clinic is always full and even worse when there is a shortage of staff...*” (P2, M, PN).

Participants felt overwhelmed by the time required when screening for suspected mental health care patients, as it involves counselling, assessment interviews with patients, and patient support. For some participants, it was easier to focus on the patient’s physical complaints and illness rather than deal with the suspected mental or emotional problem. The participants also noted the need for specialised mental health care nurses to ensure that quality mental health care is rendered. For this participant there was also the conflict of needing to provide care for other patients:

“...*the clinic we don’t have enough resources, for example, if you are a professional nurse who is IMCI [Integrated management of childhood illness] trained and now you want to nurse a psych patient, who is going to nurse these other clients?*” This participant was very aware of the importance of having enough time to work with suspected mental disorders:



*“Psychiatric patients require time because you have to talk to them, provide psychotherapy”*  
(P2, M, PN).

*Sub-theme 2.2: Lack of information and skills necessary in the screening of patients with suspected mental health disorders*

It was important for participants to have enough knowledge and skill to manage a person with a suspected mental disorder, as noted by these participants: *“Otherwise, I am not that skilled to easily identify that this person has a mental health problem”* (P1, F, PN).

Participants expressed reasons for the perceived gap in knowledge about managing patients with suspected mental health conditions. Most participants had only completed modules in mental health nursing at the undergraduate level, and had limited clinical experience, and that only under the supervision of a professional nurse: *“Concerning PHC, I think we doing well but when it comes to patients with mental illness we not doing well. Most of us last did mental health when we were undergraduates, even then we did not understand much because we were working under supervision limited with what we were allowed to do”* (P5, F, PN).

*Subtheme 2.3: Safety of the Staff*

Participants noted concerns with regards to safety, when dealing with patients with mental disorders or suspected mental disorders, as their behaviour was often unpredictable. Aggressive behaviour was particularly difficult to deal with. They were concerned that the structure and layout of the facility were not conducive to manage patients showing aggressive behaviour which put staff and other patients at risk of harm. At times participants were forced to prioritise mental health care users in the facility as a safety measure to avoid volatile and potentially dangerous situations in which the person became impatient and

agitated. In the community in which the clinic is located there is a risk of gang violence:

*“...sometimes we are forced to fast track certain people because they are gunman or leaders of the gang; people are in fear. That is if you get me, which is mental instability itself” (P3, M, CNP).*

#### **4.4.3 Theme 3: Relationships among professional health care workers**

In this theme, participants reflected on work relationships and the importance of harmonious relationships within the working environment, not only within the nursing profession but also with other members of the multidisciplinary team.

##### *Subtheme 3.1: Multi-disciplinary team (MDT)*

The participants were appreciative of the support received from other members of the multidisciplinary team (MDT). They recognised the importance of inter-profession collaboration in assessment and accurate diagnosis. The support of a medical professional was valued: *“... we do have the doctor on-site as well who usually assist with assessment and diagnosis” (P3, M, CNP).*

One participant expressed how helpful it was to have a psychologist to assist patients with psychological problems. *“We used to have a psychologist in the clinic that used to come here in the clinic every fourth night but he's no longer coming. That used to help us a lot because we would refer to her when patients have psychological problems” (P1, F, PN).*

##### *Subtheme 3.2: Teamwork among nursing staff*

Participants expressed how important it is to work together as a team within the nursing profession, supporting one another to overcome their day to day challenges. *“... sometimes you do not feel like working up, but you think of your colleagues they stress and pressure that they will go through if you not at work” (P4, F CNP).*

#### **4.4.4 Theme 4: Attitude towards patients with a suspected mental health disorder**

Participants' reflections on feelings that they went through when facing challenges in dealing with patients with suspected mental disorders and what support needs they feel could empower them to improve their caring needs to the vulnerable group.

##### *Sub-theme 4.1: Feelings of guilt and lack of confidence*

Participants were aware of their responsibility as professional nurses in caring for patients with suspected mental illness; participants expressed feelings of sadness when they cannot help the patient. Some participants reflected on the experiences where they had previously referred the patients but the patient does not receive relevant support to change his or her circumstances: *"That makes me feel bad because I feel like I am lacking somewhere in my management, I feel like I am supposed to assist the patient but I don't know how because I don't know how to assist the client"* (P1, F, PN).

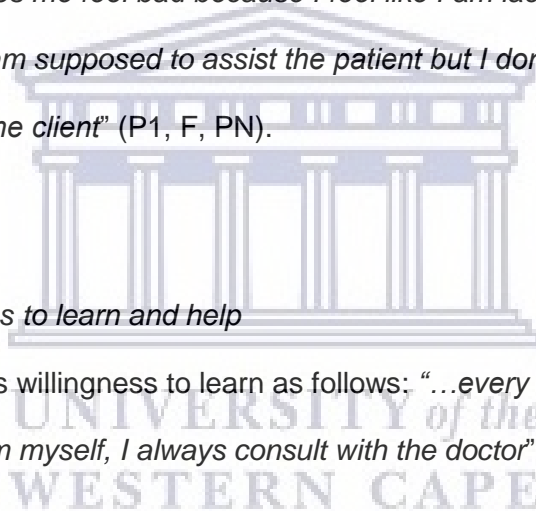
##### *Sub-theme 4.2: Willingness to learn and help*

A participant expressed his willingness to learn as follows: *"...every time I have a problem or cannot resolve the problem myself, I always consult with the doctor"* (P1, F, PN).

Nurses are not all prepared with skills to work with people with suspected mental disorders, however, they were willing to help persons with suspected mental disorders while learning in the process: *"We always try our best to manage the situation most of the time, at least we have doctors that assist us..."* (P5, F, PN)

#### **4.4.5 Theme 5: Barriers to effective service delivery**

In this theme, the participants indicated the barriers to effective service delivery which include lack of cooperation from patients and lack of understanding from families.



#### *Sub-theme 5.1: Lack of co-operation from patients*

The participants verbalised feelings of frustration caused by patients not receiving the same treatment every day. That when patients are frustrated they also frustrate the staff as well.

*“when they don’t get the same treatment every day you find that they are frustrated themselves and now pushing for that to happen every day which can be frustrating to you as a nurse” (P3, M, CNP).*

#### *Sub-theme 5.2: Lack of support from families*

Participants reflected on the challenges that patients with mental health disorders are facing, one participant felt that there were situations she could observe a patient’s compliance to treatment for the betterment of his or her condition, but the family support system is not enough. *“...Yes there are those situations where you see that the patient is unwell but sometimes you see or get situations where you see that the patient is trying, he has insight about his condition, he tries to cope the best way he knows how but family is not supportive enough” (P5, F, PN).*

### **4.4.6 Theme 6: Strategies to improve experiences when dealing with patients with mental disorders**

Participants were asked to offer suggestions about what they felt would facilitate the provision of primary level services to mental health care users and those with suspected mental disorders.

#### *Sub-theme 6.1: Support needs from professionals with expertise in mental health*

The participants felt that they would benefit from having a Specialist nurse in mental health within the facility to assist with mental health patients. It was important for them that relationships with the primary level facility, secondary and tertiary hospitals were promoted and effective. They felt this would facilitate the integration of mental health care. Practical Approach to Care Kit (PACK) guide was not seen as effective for this participant:

*“We would appreciate the assistance, maybe if we can have a mental healthcare nurse in the facility or psychiatrist. Besides, have some sort steps with exactly what to do besides the manual, because the manual is the manual (Symptom-Based Integrated Approach to the Adult Primary Care). It does not give much in terms of management, how to monitor and maintain” (P3, M, CNP).*

*Sub-theme 6.2: The need to be empowered with knowledge and skills*

Participants felt that they needed support to feel safe and competent in their roles. Support from facility management, particularly emotional support if injuries occurred while on duty was important for participants. They felt that proper orientation of newly appointed staff regular, in-service mental health training would enable them to manage their patients more effectively: *“...Say proper orientation to newly appointed staff, because like in other facilities that I have worked in I know there’s a guideline that the staff use to manage the patients...” (P2, M, PN).*

*Sub-theme 6.3: Improving infrastructure to enhance staff safety*

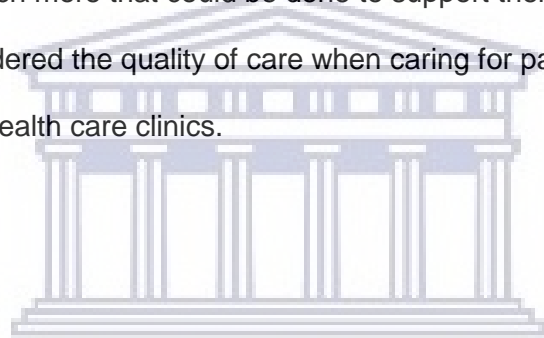
It is difficult in any primary care facility to guarantee safety, particularly in high-risk areas, and the participants were aware of this challenge. They felt, however, that more could be done to minimise risk. Options that could be considered including placing panic buttons in all the consultation rooms; clear emergency protocols which included contacting the police services if necessary. This they felt, would go a long way to reducing anxiety and making them feel safer. *“like something that you can press in your consultation room without having to call someone and tell them to call the security you having a problem” (P5, F, PN).*

*Sub-theme 6.4: Providing the opportunity to share information and support with others*

Participants acknowledged the support system that was meant to empower the staff, however, it has not been practical. A participant expressed her challenges with regards to Peer Mentoring as follows. “... sometimes not all of us we make it to the session because most of us you would find that we still busy with work. We do not make it to the meeting” (P1, F, PN).

**Conclusion**

In this chapter, the findings emanating from the data analysis has been presented. It is clear the nurse were prepared to work with patients presenting with a suspected mental disorder yet, felt that there was much more that could be done to support them. Participants also identified barriers that hindered the quality of care when caring for patients with suspected mental illness in primary health care clinics.



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## CHAPTER 5

### Discussion

#### 5.1 Introduction

The chapter discusses the findings of the study in relation to relevant literature and theories.

#### 5.2 Discussion

In this study, the researcher explored the experiences of nurses in caring for patients with suspected mental health conditions in two community health clinics. Six themes emerged: Management of patients with suspected mental disorders; staffing challenges; Relationships among professional health care workers; Attitude towards patients with suspected mental health disorder; Barriers to effective service delivery and Strategies to improve experiences when dealing with patients with mental disorders.

##### 5.2.1 Management of patients with suspected mental health disorders

While participants in this study had the basic knowledge of mental health symptoms, they recognised that this was not sufficient to make informed care decisions. A study by Mariam, Bedaso, Ayano and Ebrahim (2016) in Ethiopia aimed to assess knowledge, attitude, and associated factors of nurses towards mental illness. This study found that the nurses had adequate knowledge and positive attitudes towards the treatment of mental health conditions (Mariam et al., 2016). Dube and Uys (2016) reported similar findings in a study in Kwazulu-Natal province South Africa; nurses working in clinics had knowledge that was necessary to identify and manage patients with mental health conditions.

In the present study, though the participants demonstrated knowledge of mental health symptoms, most participants associated mental health disorders with aggression, which was considered as an obvious or even diagnostic symptom of mental disorder. As health workplace violence occurs mainly occurs in psychiatric, emergency departments, and waiting rooms (Mento et al., 2020). It is not unexpected that health care practitioners should

associate aggression with mental health. Ruiz-Hernandez, Lopez-Garcia, Llor-Esteban, Galián-Muñoz, and Benavente-Reche (2016), in a study conducted in Spain, reported that at least one out of four violence reported in the workplace takes place in a health care setting. Similar, study in violence towards health care workers reported between 8 to 38% of health care workers being physically assaulted at least once during their careers (Alsaleem et al., 2018) with nurses being at higher risk of violence (physical and verbal) when compared to physicians (Cheung, Lee, Yip, 2018).

The participants also reported that it was in rare cases that they would experience physical violence from patients, but what was most common was non-physical violence, which at times left them feeling degraded. In the study by Ruiz-Hernández et al. (2016), it was found that in primary health care, nonphysical violence towards health care professionals was more frequent than physical violence. Similarly, an international study, conducted in China reported health care workers being at high-risk exposure for verbal abuse when it was compared to other forms of violence in the workplace (Sun et al., 2017).

Findings of the study reported that the participants lack knowledge about medication management or hospital admission protocols. Contrary to the study, Upadhaya et al. (2020) evaluated the integration of chronic care elements in primary health care for people with mental illness. The study reported that the implementation of Mental health care practitioners at the primary care level had a positive impact on the quality of care systems for chronic mental illness (Upadhaya, et al., 2020). Furthermore, there were clear guidelines for primary healthcare staff to help identify signs and symptoms of mental disorders on suspected patients, the staff could even quote the documents and guidelines they were referring to when managing patients with mental disorders (Upadhaya, et al., 2020).

### **5.2.2. Staffing challenges**

Participants reported a concern with regards to the shortage of human resources in the primary health care facilities, especially health practitioners with advanced training in mental



health. In South Africa, the majority of the population utilise public health facilities (Mahlathi & Dlamini, 2017), and there is an increasing need for mental health services at the primary care level (Maconick et al., 2018).

Despite the formulation of policy and guidelines in efforts to close the mental health Gap by integrating mental health into primary health, the lack of human resources remains evident (Schneider et al., 2016). The lack of human resources was also reported as one of the challenges affecting the implementation of the Policy on Integration of Mental Health Care into primary healthcare in KwaZulu-Natal province, South Africa (Hlongwa & Sibiya, 2019).

Human resource shortage in primary mental healthcare is a worldwide problem (Altschul et al., 2018; De Kock & Pillay, 2016; Delaney, 2017). Related to what we can learn in similar studies to address the shortage of mental professionals, developed countries have looked at improving the training and scope of practice laws of Psychiatric Mental Health Advanced Practice Nurses (PMH APN), allowing PMH APN to assess, diagnose and prescribe for mental health patients without being supervised by a psychiatrist or a doctor (Delaney, 2017).

The findings revealed that the participants were overwhelmed by the pressure of assessing physical problems and dealing with patients with suspected mental health disorders in a busy working environment with inadequate nursing staff. Literature support that workload was reported to be the common cause of stress in the workplace due to lack of staff over demand of nursing services, lack of support in nurses, and uncertainty with treatment (Alenezi, Aboshaiqah & Baker, 2018). In addition, a previous study among government hospitals and primary health care centres in Saudi Arabia, the study reported increased workload caused by the shortage of staff to be a leading cause of work-related stress among nursing staff (Alenezi et al., 2018). Similarly, Gerber (2018) reported increased workload pressure in primary healthcare as a result of increased workload caused by growing numbers of mental healthcare patients.

Findings of the study indicated that there was a gap in the integration of mental health services into primary health care, participants expressed challenges in the continued training of nurses about Mental health. As a result of lack of training, one participant mentioned that if a patient with suspected mental illness would present with different symptoms, other than aggression, one participant mentioned that she would not be able to identify that the patient had a mental illness. The findings are consonance with studies relating to the investigation of barriers and constraints in integrating mental health into primary healthcare where, the primary healthcare staff indicated that the reason they lack knowledge was because they have not received any refresher training in mental health since they started their practice (Wakida et al., 2019), as a result, these challenges hinder their ability to provide appropriate mental health care (Dikobe, Manyedi, & Sehularo, 2016). Similar to Gerber (2018) found that doctors and nurses working in primary health care were not clear on what was expected of them to do with regards to the mental health care users.

The participants were concerned about the lack of proper orientation on newly appointed staff. For example, within primary health care, nurses were aware that there were supposed to have guideline document which guides nurses on management of certain conditions within the first level of care but they have never been introduced to it, which leaves them managing clients based on general knowledge and or depending on the medical staff for advice or other nurses who have been in the service longer. This has differed from the study conducted by Ashley, Brown, Halcomb, and Peters (2018) that reported most participants to have received an orientation to their new role workplace when they were appointed in primary health care.

### **2.2.3 Attitudes towards patients with suspected mental health disorders**

Nurses are generally known for their warm caring attribute which is what sets them apart from other health care professionals, nurses in most cases put the needs of their patients before their own. The psychoanalytic theory of nursing (Pehlivan & Güner, 2016) encourages nurses to have compassion and empathy through emotional engagement and

listening to patients (McKinnon, 2018). The attitude of nurses in the practice towards people with mental illness is generally positive, always willing to help and sympathy towards mental health patients (Ihalainen-Tamlander et al., 2016). This statement corresponds with the findings of this study, the participants were interested and willing to learn more about mental illnesses and they were eager to assist patients with suspected mental health disorders.

Literature indicated that sometimes it is difficult yet important, for nurses working in mental health to balance emotional involvement and professional distance in their relationships with mental health patients (Hagen, Knizek & Hjelmeland, 2017). The above statement may have been true in the case of this study when it was conducted, the participants expressed that they were times they would feel bad because they felt that they were not doing enough for the patients with suspected mental health disorders. Especially if they refer the patients and the patients present later with the same problem.

#### **5.2.4 Relationships among professional health care workers**

Participants agreed that having a good relationship with a multidisciplinary team played an important role in managing patients with suspected mental health conditions. Participants were comfortable to seek assistance from other members of the multidisciplinary team in situations where the patient needed further care and treatment. Literature supports that no profession works in isolation and that interprofessional collaboration in mental health offers healthcare professionals the opportunity to prioritize patient-centred care (Bháird et al., 2016). Tomizawa, Shigeta, and Reeves (2017) described the interprofessional collaboration as a comprehensive approach to prevent relapse and manage chronic conditions of patients with mental illness.

Nurses are the largest component of the service delivery system within primary health care. Therefore teamwork makes a huge difference in the quality of work nurses produce when combined, nursing collaboration has a significant impact on both patients and nurses (Kalisch & Xie, 2014). Findings of the study noted that the support nurses get from their

colleagues accrues a lot of emotional benefit to them while carrying out their duties. Besides, dealing with mental health patients can be exhausting at times but emotional support from colleagues in providing quality nursing care to mental health patients was what gets them through the day.

### **5.2.5 Barriers to effective service delivery**

Participants expressed how the lack of support and understanding from family members has impacted the patient with mental illness. Participants reflected that there were times the nurses observed that the patient is compliant with the treatment, however due to social challenges and lack of support system from family members, violence at home, the patient relapse. These results concur with the findings of the study on barriers to self-management of mental illness, where patients with mental illness reported feeling isolated and alone (Blixen et al., 2016). The patients felt that they lack support from family and friends in helping them deal with mental illness, while others had reported having lost family support completely (Blixen et al., 2016). However, studies also state that families with a person suffering from a mental disorder often have challenges in adjusting and functioning due to lack of knowledge (Mathew et al., 2017). Therefore, enhancing family support through self-help groups, improving strategies to alleviate stigma and discrimination could improve the quality of life in persons living with mental illness (Leslie et al., 2016; Mathew et al., 2017).

## CHAPTER 6

### Limitation, recommendations and conclusion

#### 6.1 Introduction

In this chapter limitations of the study are acknowledged and recommendations are made. The key findings from this study are: challenges related to management of patients with suspected mental disorders, to human resources and barriers to effective service delivery. Support system among staff members, positive relationships among MDT and strategies to improve experiences of nurses working in a primary care setting are needed.

#### 6.2 Strengths and limitations of the study

Initially, the researcher had selected three primary health care facilities in the area of the study, however, permission was not granted to conduct the study in Fish Hoek health facility. The researcher appreciates that a group of participants had a different length of experience, which means all categories of professional nurses were represented. While the researcher appreciates that the staff had good relationships in working together, recruitment of participants remained a challenge due to a shortage of staff to increasing demand in the community. While other professional nurses were not willing to participate as they felt it was time-consuming and complaint of exhaustion and negative experiences in previous researchers, such as not receiving the results of the study, following after they have participated in the study. However, despite the challenges encountered by the researcher the aim and objectives of the study were achieved.

## **6.3 Recommendations for policy, nursing education, practice, and further research**

### **6.3.1 Policy**

Implementation of policies has the potential to increase marginalized patients' access to primary and preventive care in ways that can improve their health outcomes and substantially reduce their health care costs (Kalagi et al., 2018). Mental health care Act no 17 of 2002 is the prescribed policy to guide mental health care, treatment, and rehabilitation services in South Africa, it sets out procedures for admission of mentally ill persons (Mental Health Care Act No. 17, 2002). Therefore, the researcher suggests the implementation of the Policy on Integration of mental health care into the PHC level.

### **6.3.2 Nursing Education**

Maconick et al (2018) indicate that providing mental health in-service training is the key knowledge gap towards an integrated mental health system, as it encourages task shifting of first-line treatment care to primary care nurses. Findings of the study indicated that participants had no clear guidelines in the management of suspected mental health condition, therefore it is recommended as the first line of treatment, they are trained in early detection, diagnosis, treatment, and appropriate referrals to higher levels of care. The Pack manual or Symptom-Based Integrated Approach to the Adult Primary Care 2019/2020, from 122-132 (Care, Symptom-Based Integrated Approach to the Adult Primary 2019/2020, 2020) gives clear guidelines for the management of mental health at the primary care level, including related Mental Health care Act forms. Therefore, induction on the use of a Symptom-Based Integrated Approach to the Adult Primary Care to newly appointed staff would be recommended, including assessment of in-service training needs should as per job description of the staff.

While training and education are important, it is also important that the Skill Development Officer evaluates the relevance of whether the training improves patients' outcomes rather

than burnout or stress. Evidence-based research reported that communication errors have a negative impact on students' nurses (Serçekuş & Başkale, 2016). Therefore, the in-service training committee should ensure that nurses are consulted in the development of in-service training needs assessment form and assessment methods should be used to ensure that nurses have more than one method of expressing their in-service training needs. The provision of comprehensive clinical mental health education promotes confidence, competence in nurses, and minimizes negative attitudes towards patients with mental illness (Shahif, Idris, Lupat & Rahman, 2019).

The inclusion of these facilities for training of nurses and other health care professionals would be beneficial not only for the students, but would support the work done by staff at the facility.

### **6.3.3 Nursing Practice**

Primary health care nurses are at the forefront in the first level of care, and there are a number of challenges in caring for patients with mental disorders at this level (Bjorkman, Andersson, Bergström & Salzmänn-Erikson, 2018). The nurse should be able to access theoretical and skill training opportunities related to the management of patients with suspected mental disorders in primary health care facilities (Gruber et al., 2020). The findings of the study indicated that nurses could benefit from informal support from colleagues provided in a structured approach, in an instance where this is not happening, nurses should take the initiative to develop more supportive ways of working; incorporating peer support, formal clinical supervision, and the support of other professions in developing appropriate coping strategies.

Health facility and nursing management should endeavour to manage staffing needs to meet the health needs of the community. Supervision and support by competent professionals should be included in the facility routine so that all personnel benefits from such programmes.

Standing operating procedures, telephonic orders and policies for the management of person with mental disorders should be available and regularly updated. This includes management of new patients and referrals from other facilities. A concise document to assist nurses in history taking and mental state assessment would be beneficial.

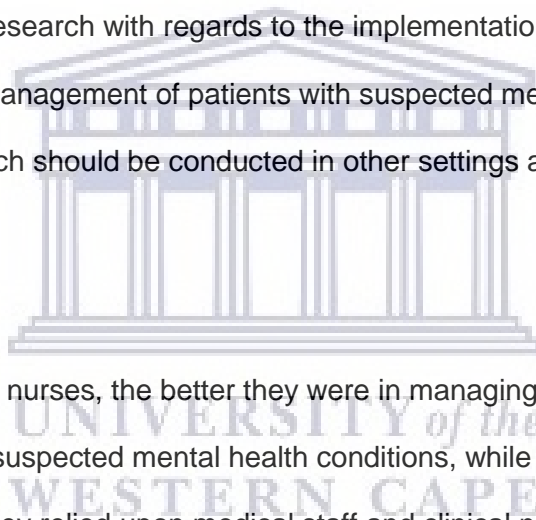
The referral structures for primary healthcare should be strengthened so that the nurses feel supported in their management of person with suspected mental disorders. Primary level staff should be provided opportunities to interact with the staff at the psychiatric hospital to promote learning and appropriate referrals.

### **6.3.4 Further research**

There is room for further research with regards to the implementation of policies and guidelines related to the management of patients with suspected mental disorder in primary health care. Future research should be conducted in other settings and provinces.

### **6.4 Conclusion**

The more experienced the nurses, the better they were in managing challenges when dealing with patients with suspected mental health conditions, while newly appointed staff had more challenges as they relied upon medical staff and clinical nurse practitioners to provide care. Therefore, efforts towards improving the support and training of nurses about mental health were desired to decrease the adverse effects of nurses when dealing with patients with suspected mental health conditions.





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## APPENDIX A: Ethics approval for research



### OFFICE OF THE DIRECTOR: RESEARCH RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535  
South Africa  
T: +27 21 959 4111/2948  
F: +27 21 959 3170  
E: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)  
[www.uwc.ac.za](http://www.uwc.ac.za)

18 September 2019

Ms B Mtshawuli  
School of Nursing  
Faculty of Community and Health Sciences

Ethics Reference Number: BM19/7/13

**Project Title:** The experiences of professional nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

**Approval Period:** 17 September 2019 – 17 September 2020

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Josias'.

*Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape*

**BMREC REGISTRATION NUMBER -130416-050**



## APPENDIX B : Example of consent form



UNIVERSITY OF THE WESTERN CAPE  
Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 5043, Fax: 27 21-959 5000

E-mail: 3140860@myuwc.ac.za

### PARTICIPANT CONSENT FORM

Title of Research Project: The experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

The study has been described to me in a language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that I have a right to accept or refuse audio recording during my interview and that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Signed: \_\_\_\_\_

Participant

Date and place

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date and place

## APPENDIX C: Information sheet



Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 5043, Fax: 27 21-959 5000

E-mail: 3140860@myuwc.ac.za

### INFORMATION SHEET

Project Title: The experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what would be required from you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or would like more information. Take time to decide whether to take part.

#### 1. Who I am and what this study is about?

My name is Babalwa Mtshawuli, I am currently studying Part-time Master's Degree in Nursing (MA Cur) at the University of the Western Cape; as part of my studies I am expected to conduct a research study as a requirement for the degree. The aim of this study is to explore experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

#### 2. Why have you been invited to take part?

You have been invited to take part in the study because you are the nurse at primary care level, the researcher believes that you have enough experience and knowledge about the topic of interest. If you agree to participate in this study, you will be interviewed regarding your experiences in caring for patients with suspected mental health disorders who attend the clinic. I will be asking open ended questions, which will be followed by probes. The interview should take about 45 to 60 minutes of your time.

3. Would my taking part in the study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, your name will be kept confidential and will not appear on any documentation. To ensure confidentiality the researcher will ensure that the interview is done in a quiet place where there will be no distractions.

4. How will the information you have provided be recoded, stored and protected?

Signed consent forms and audio recordings will be kept safely on a password protected computer that only myself has access to it until after my degree has been conferred. The transcript with no identifying information will be retained for further five years following the final submission. All data will be destroyed within the prescribed period. However, under the freedom of legalisation you have access to information you have provided.

5. What are the possible risks and benefits of taking part?

This study carries minimal risk, however, if any of the questions cause you distress, and you wish to speak to someone about this, I will arrange with your supervisor and ICAS for you to be referred to an appropriate counsellor. Whilst there are no immediate benefits for those people participating in the project, it is hoped that this findings of the study will inform practice and policy. Findings will be shared with participants in order to enhance their professional work.

6. May I withdraw from the study if I change my mind?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you choose to participate, you may stop participating anytime you change your mind without penalty or lose any benefits to which you otherwise qualify.

7. Who do I contact if I have any questions?

This research is being conducted by the researcher who is a registered student at the School of Nursing, University of the Western Cape. If you have any questions about the research study please contact the researcher, Miss Babalwa Mtshawuli at:

[3140860@myuwc.ac.za](mailto:3140860@myuwc.ac.za) or call 0739690317.

Prof. J. Chipps

Head of Department: School of Nursing

University of the Western Cape

Private Bag X17 Bellville

7535

[ichipps@uwc.ac.za](mailto:ichipps@uwc.ac.za)

Prof Anthea Rhoda

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17 Bellville

7535

[chs-deansoffice@uwc.ac.za](mailto:chs-deansoffice@uwc.ac.za)

BMREC

Research Office

New Arts Building

C-Block, Top Floor, Room 28

University of the Western Cape

Private Bag x17 Bellville,

7535



UNIVERSITY of the  
WESTERN CAPE

This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee.

## **APPENDIX D: Application letter to conduct the study**

### CONSENT LETTER TO CONDUCT RESEARCH FROM THE DEPARTMENT OF HEALTH WESTERN PROVINCE

14 Everest Close

Heather Park

7100

18 September 2019

Health research coordinator

Cape Town Municipality

Cape Town

8000

Dear sir/madam

Re: Application to conduct a research study: The experiences of Professional Nurses in dealing with patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

My name is Babalwa Mtshawuli, I am currently studying Part-time Master's Degree in Nursing (MA Cur) with the University of the Western Cape; as part of my studies I am expected to conduct a research study as a requirement for the degree. I hereby request your permission to conduct this study in the sub-district of Metro region (South Peninsula Health District) in the following primary healthcare facilities namely: Fish Hoek, Masiphumelele and Ocean View.

The researcher will be using an exploratory descriptive qualitative approach to explore the experiences of Professional Nurses in dealing with patients with suspected Mental Disorders. An unstructured interview will be conducted to collect data from the nurses. Interviews will be conducted at a time and place to suit the nurse and the facility. All care will be taken to ensure that service delivery and patient care is not affected.

A copy of the proposed study is attached. I would be happy to provide any further information. You may also contact my supervisor, Professor Pat Mayers at [pmayers@uwc.ac.za](mailto:pmayers@uwc.ac.za).

Your approval of this study will be appreciated.

Yours truly,

B. Mtshawuli 3140860

Mental healthcare nurse



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**APPENDIX E: Response from Western Department of Health**

**REF: WC\_201909\_019**

Dear Researcher

Please note that the following facilities are managed by the City of Cape Town.

- **FISH HOEK CLINIC**
- **MASIPHUMELELE CLINIC**
- **OCEAN VIEW CLINIC**

Kindly note that research proposals wishing to access facilities that are managed by the City of Cape Town need to be submitted via the City of Cape Town Website. The contact person for City of Cape Town is Natacha Berkowitz: [Natacha.Berkowitz@capetown.gov.za](mailto:Natacha.Berkowitz@capetown.gov.za) Tel: (021) 400-3981.

Kindly direct all queries for Research Proposals to Dr Sabela Petros on 021 483 0866 or alternatively [Sabela.Petros@westerncape.gov.za](mailto:Sabela.Petros@westerncape.gov.za)  
Thank you.

Ashleigh Levendall

Intern

Directorate : Health Impact Assessment

Western Cape Government : Health

Address : 5<sup>th</sup> Floor, 8 Riebeek Street, Cape Town

Tel: (021) 483 0881

Fax: (021) 483 6058

Email : [Ashleigh.Levendall@westerncape.gov.za](mailto:Ashleigh.Levendall@westerncape.gov.za)

Website : [www.westerncape.gov.za](http://www.westerncape.gov.za)



## **APPENDIX F: Application To City Health Research committee**

### **CONSENT LETTER TO CONDUCT RESEARCH FROM CAPE TOWN CITY HEALTH RESEARCH COMMITTEE**

14 Everest Close  
Heather Park, 7100

17 September 2019

Health Research Coordinator

Cape Town Municipality

Cape Town

8000

Dear sir/madam

**Re: Application to conduct a research study: The experiences of Professional Nurses in caring with patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.**

My name is Babalwa Mtshawuli, I am currently studying Part-time Master's Degree in Nursing (MA Cur) with the University of the Western Cape; as part of my studies I am expected to conduct a research study as a requirement for the degree. I hereby request your permission to conduct this study in the sub-district of Metro region (South Peninsula Health District) in the following primary healthcare facilities namely: Fish Hoek, Masiphumelele and Ocean View.

The researcher will be using an exploratory descriptive qualitative approach to explore the experiences of Professional Nurses in caring with patients with suspected Mental Disorders. An unstructured interview will be conducted to collect data from the nurses. Interviews will be conducted at a time and place to suit the nurse and the facility. All care will be taken to ensure that service delivery and patient care is not affected.



A copy of the proposed study is attached. I would be happy to provide any further information. You may also contact my supervisor, Professor Pat Mayers at [pmayers@uwc.ac.za](mailto:pmayers@uwc.ac.za).

Your approval of this study will be appreciated.

Yours faithfully

B. Mtshawuli

UWC student number

3140860



## APPENDIX G: City Health Research request approval



CITY OF CAPE TOWN  
ISIXEKO SASEKAPA  
STAD KAAPSTAD

CITY HEALTH

Dr Natacha Berkowitz  
Epidemiologist: City Health

T: 021 400 6864 F: 021 421 4894  
E: [Natacha.Berkowitz@capetown.gov.za](mailto:Natacha.Berkowitz@capetown.gov.za)

Ref: 24663

2019-10-21

**RE: The experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.**

Dear Babalwa Mtshawuli

Your research request has been approved as per your protocol. Please refer to the subsequent pages for the approval of any facilities or focus areas requested. Approval comments on any proposed impact on City Health resources are also provided.

**Northern & Western:**

Contact Person: Dr Andile Zimba (Area North Manager)

Tel/Cell: 021 980 1230/084 627 2425

Email: [Andile.Zimba@capetown.gov.za](mailto:Andile.Zimba@capetown.gov.za)

**Mitchells Plain & Southern:**

Contact Person: Mrs Soraya Elloker (Area South Manager)

Tel/Cell: 021 400 3983/084 222 1478

Email: [Soraya.Elloker@capetown.gov.za](mailto:Soraya.Elloker@capetown.gov.za)

**Please note the following:**

1. All individual patient and staff information obtained must be kept confidential.
2. Access to the clinic and its patients must be arranged with the relevant Manager such that normal activities are not disrupted.
3. A copy of the final report must be uploaded to <http://web1.capetown.gov.za/web1/mars/ProjectClosure/UploadReport/0/8221>, within 6 months of its completion and feedback must also be given to the clinics involved.
4. Your project has been given an ID Number (8221). Please use this in any future correspondence with us.
5. No monetary incentives to be paid to clients on the City Health premises
6. If this research gives rise to a publication, please submit a draft before publication for City Health comment and include a disclaimer in the publication that "the research findings and recommendations do not represent an official view of the City of Cape Town"

Thank you for your co-operation and please contact me if you require any further information or assistance.

Kind Regards

Dr Natacha Berkowitz Epidemiologist: City Health

CIVIC CENTRE IZIKI LOLUNTU BURGERSENTRUM  
HERTZOG BOULEVARD CAPE TOWN 8001 PO BOX 2815 CAPETOWN 8000  
[www.capetown.gov.za](http://www.capetown.gov.za)

Page 1 of 3

Making progress possible. Together.



## APPENDIX H: Research Summary for Managers

Please make this form easy to read and concise (max 1.5 pages).

Facility where you will conduct the research: Fish Hoek, Masiphumelele and Ocean View primary health care facilities.

Research Title: The experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

NHRD Number: BM19/7/13

Researcher name and contact number: Babalwa Mtshawuli, contact: 0710181262/0739690317

Have you obtained full ethics approval – Yes

### Summary of Research (please make this section easy to read - maximum 250 words)

My name is Babalwa Mtshawuli, I am currently studying Part-time Master's Degree in Nursing (MA Cur) at the University of the Western Cape; as part of my studies, I am expected to conduct a research study as a requirement for the degree. The aim of this study is to explore experiences of Professional Nurses in caring for patients with suspected mental health conditions at the community health clinics, in the South Peninsula Health District of the Metro Region, Cape Town.

Purposive sampling will be used to recruit participants. Data collection will be conducted using in-depth interviews and during the interviews written notes and audio records will be taken by the researcher. At the appointed time and place, with each participant, the researcher will explain the purpose of the research, obtain written Informed consent, including for audio recording, to ensure that each participant have understood the voluntary nature of his/her participation and the right to withdraw. Following the interview, each interview script will be coded to protect participants' identity. Data collected from the study will be kept confidential. All the data collected during the study will be kept in a password protected file, physically protected computer. Results of this study will not be released in any way that might afford identification of individuals participating in the study.

---

#### 1. *Benefits of the study:*

- There are no immediate benefits for those people participating in the project, it is hoped that this findings of the study will inform practice and policy. Findings will be shared with participants in order to enhance their professional work.

#### 2. *Staff involvement:* (Will this add to staff workload? Please be detailed, and include categories of staff)

- The study will not necessary add any workload to the staff, the staff is not expected to perform any physical work other than participating on in-depth- interview. The category of the staff will include All Professional nurses working in the primary healthcare facilities, including those consulting for general health services and facility operational managers. Professional nurses with at least one or more year(s) of experience in a primary care clinic (after completion of community service if required). It is assumed that this will be sufficient time to have gained relevant experience.

3. *Effect on Service Provision-* (will this slow down services?)
  - The study will however have minimal impact on service delivery, the interested staff will be asked to indicate their names with the researcher or the operational manager. The researcher will then arrange individual appointments, based on the staff availability.
4. *Impact on patients.*
  - The study will have no impact on the patients, as the researcher is interested in exploring the experiences of professional nurses in caring for patients with suspected mental health conditions at the above mentioned community health clinics.
5. *Requirements: space, equipment, consumables, Lab test, x-rays, etc.*
  - A quiet office space, with no distraction will be required to conduct the interviews.
6. What date will you be at the facility(Est start & end date)?
  - On the 01 November 2019
7. What date can we expect a feedback report on your research?
  - 15 December 2019



## APPENDIX I: Co-coder's letter



**Basic Research Advocacy  
& Initiative Networks**

E: [brainsghana@gmail.com](mailto:brainsghana@gmail.com)

A: P.O.Box WY 423, Kwabenya, Accra

T: +233 (0) 24 147 3915 | +233 (0) 24 211 8395

L: Hse No. 170 Madina estate. Adjacent to  
the magistrate court

March 30, 2021.

**To whom it may concern**

Dear Sir/Madam,

### Co-coder declaration

I hereby declare that I, Feikoab Parimah, co-coded the mini-dissertation by Babalwa Mtshawuli entitled '*Experiences of professional nurses in caring for patients with suspected mental health disorders*'. Thank you.

Yours Sincerely,

Feikoab Parimah  
Psychologist/Author

UNIVERSITY of the  
WESTERN CAPE

[www.brainsghana.org](http://www.brainsghana.org)

## APPENDIX J: Editors letter

Nathan T Lowe  
9 Lamborghini Avenue  
Wierda Park  
Centurion  
0157  
Email: nathanthomaslowe@gmail.com  
30 March 2021

To whom it may concern

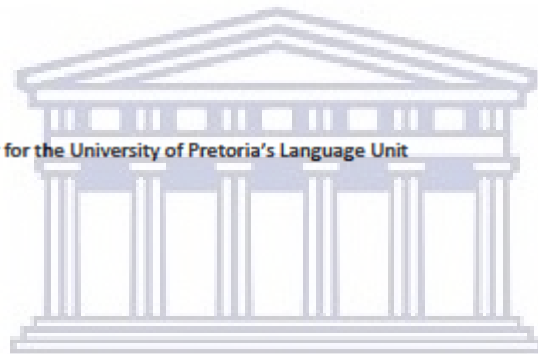
I hereby declare that I, Nathan Thomas Lowe, edited the mini-dissertation by Babalwa Mtshawuli entitled 'Experiences of professional nurses in caring for patients with suspected mental health disorders'.

Regards



Nathan T. Lowe

Language practitioner for the University of Pretoria's Language Unit



UNIVERSITY *of the*  
WESTERN CAPE

## APPENDIX K: Interview

**Researcher:** [shake hands] Good morning Mr

**Zukie:** Good morning

**Researcher:** how are you doing today?

**Zukie:** doing fine, thanks for asking

**Researcher:** you can have a sit

**Zukie:** thank you [sitting down]

**Researcher:** before we begin, I need you to sign for me the consent form that you agreed to participate to the study voluntarily. Consent that during the interview you also giving me permission to recorder audio of the interview and that you understand you rights as the participant that you can withdraw anytime without forfeiting any benefits should you change your mind.

**Zukie:** [signing the consent]

**Researcher:** mm... For the purpose of the record, even though I have introduced myself earlier. My name is Babalwa, I am a student, doing Masters at University of the Western Cape. As part of my studies, I am required to do research. The topic of my research is to explore experiences of professional Nurses in caring for patients with suspected mental health conditions at the community health clinics. The inclusion criteria of this study is that you must be at least one year of experience after completing the community service professional nurse (CSPN).

During the interview, you will be asked about your experiences in caring for patients with suspected mental health conditions. I will be asking open-ended questions, which

will be followed by probes. The interview should take about 45 to 60 minutes of your time. The researcher will ensure that your identity is protected at all times, the results of the study will be generalised or reported in a way that no body can identify who said what. If it happens that while we talking, some of your experiences might trigger traumatic events that you went through, which might leave you distressed you can contact me directly or via your supervisor that we can arrange counselling for you with ICAS.

I just want you to know that there is no right or wrong answer and u can answer the questions in a language that you comfortable with but preferable English if you do not mind please. At the end of the interview, as part of appreciation of your time you will receive a hundred rand Pick n Pay voucher....

Before we begin with the interview, do you have any questions that you have?

**Zukie** : [shaking the head] No

**Researcher**: in that note, before we begin the interview, could you please give me a bit of background about yourself, so that I can get to know you?

**Zukie**: what do you want to know about me?

**Researcher**: I want to know who is Mr ..., how long have you been working here?

**Zukie**: I am a professional nurse here at City of Cape Town, I studied in College, Outside the Western Cape Province. Did my community service in a General Hospital, In that Province and then I worked for 5 years. I moved to Cape Town in 2018 March, employed by City of Cape Town and started my employment on 1 June 2018. So ya. been doing trauma cases mostly in my previous employment, TB just started now. So ya.



**Researcher:** I understand since you are in trauma you caring for patients with different health conditions, today I just want us to talk about your experiences in caring for patients with suspected mental health conditions.

**Zukie:** okay

**Researcher:** Can you please tell me about your experiences when caring for patients who present with suspected mental health symptoms?

**Zukie:** Uhm..mm. I would say since I do not deal with them directly. I would say since I deal with patients in all calibres. In mental health I would say that we assess them like physically, how they look, like are they taken care of eh... Their mental health status like your..., where are you? Orientation wise and issue them with treatment if the patient is still able to take care of himself or herself. However, if not we usually refer them to secondary hospital for further assistant and management.

Here most of our patients that we see, normally they usually not aggressive, they just abide by the rules, it a rare case when they become aggressive. Most of the time, they come for their medication, we just check for validity of the script and issue the medication. Check if they know which medication to take and when? Basically we guide them minimally, they know which medication they take and their due dates. For those that are not compliant we send them back to secondary hospital. In the facility we don't have a psychiatric nurse or psychiatrist, they don't get full consultation. We manage them like that.

**Researcher:** How do you feel about caring for patients with suspected mental illness?

**Zukie:** eh. On a personal level, I would say fine, I'm cool to work with them especially those that are manageable or that are on treatment. Other than that they are very

frustrating cause... Number 1. You do not know what could happen when a person come in, you have to expect anything when the person comes in, because you don't know if he / she is a mental health patient. 2. You might fear that you might be in danger, but you just have to portray whatever you learnt in school, like your body language. Moreover, the most important thing is to watch the tone of your voice, but do not be too comfortable. On a personal level I would say I am fine in managing them but do not be too comfortable, that is all that I could say.

**Researcher:** Have you ever had any challenges with a patient with suspected mental health condition? If yes, tell about the events or behaviour that take place when dealing with a patient with suspected mental health conditions.

**Zukie:** In this community I would say a lot due to the anger they portray, for some with no reason. But you find that there is an underlying cause for that, maybe it is violence at home or drug use. So those are the main two concerns that you facing around the community. I would say there is a lot but you actually need to screen in order to actually say that this is mental health care issue.

But I think I have dealt with one recently on Antenatal care visit. She did mention that she sometimes uses drugs; I counselled her and with the help of the Dr completed referral to the centre here in the community. So ya.. it is a challenge at the end especially when you helping someone who keeps going back to the same problems.

**Researcher:** Just to take you back a little, you mentioned that it can be frustrating caring for mental healthcare users with mental illness, tell me more about that

**Zukie:** ohh, ok. We treat them as 'fast tracks', fast track is basically meaning you come in, get your folder, get your things you leave. But the facility is not ideally like that

always, patients with mental illness can't be fast tracked all the time because of the business of that hour on that particular day, as we get emergency cases as well within the facility. So when they don't get the same treatment every day, you find that they are frustrated themselves and now pushing for that to happen every day which can be frustrating to you as a nurse.

Someone just come in and put in their folder and come inside to ask when am I next, but you not yet next because there are other fast tracked like older people their bloods needs to be taken, things like that. So their frustration comes back from them to you, as they put too much pressure than what you already going through. That's what I meant or what I was trying to mention. Other than that, they fine to work with, just that they don't want to wait.

**Researcher:** when managing clients with mental illness, especially for suspected cases. Do you have a guide in terms of how to go about management of MHCU?

**Zukie:** Fortunately, for us we do use the pack, but mostly in trauma, we do have the doctor on site as well who usually assist with assessment and diagnosing. However, sometimes they do not diagnose they just stabilise the patient and refer to general hospitals. After completing a few documents as mentioned in the guideline.

**Researcher:** tell me more about your challenges in caring for clients with suspected mental health conditions?

**Zukie:** there is no system whereby a specialised nurse or medical officer comes for their reviews, so our doctors usually reviews the patients and then they do not have the expertise mos. So I would say that is a challenge for us.

**Researcher:** [nodding the head] hmhm

**Zukie:** so we would appreciate assistance, maybe having if we can have mental healthcare nurse in the facility or psychiatrist. And have some sort steps with exactly what to do besides the manual, because manual is the manual. It does really give much in terms of management, how to monitor and maintain. Those are the challenges I can identify and besides the fast tracks wanting to be fast tracks all the time.

**Researcher:** have you ever had a situation where you wanted to help a patient but you could not?

**Zukie:** No, I could not really say so, because every situation is assessed differently and managed based on the findings of the assessment. Like the patient I told you about in the antenatal, I provided counselling that she can understand the dangers of using drugs while pregnant and completed referral to the social worker at the community centre where she can receive further assistance and join support groups of pregnant women with similar problems. Where as if she maybe had drug induced psychosis things could have been different.

**Researcher:** before I make a quick summary of what you just told me. Do you have any question you would like to ask?

**Zukie:** what are you like trying to understand about our experiences when caring for mental healthcare users?

**Researcher:** I want to understand your experiences; it could be a positive or negative experience as the primary care givers in clinics when caring for patients with suspected mental disorders... Basically in your own view what it means to care for patients with suspected mental health problem based on your experience.

**Zukie:** I get what you are saying, but we as professional nurses we have that basic knowledge, if it's not right then it's mental health. That you always know how to differentiate. So I don't think you will get something new from us other than what you already know.

Like most challenges are mostly affect us are not directly related to us but are affected by the community you working in. for example here the community is mostly frustrated due to social economic status, increased drug prevalence, the abuse ne? so from their kids, most of them are staying with their kids mos. Their kids abuse them, then they come here to voice out their frustrations.

For me would not really say it's a mental health problem but it is portrayed as a mental health problem because if you are angry all the time and you cannot control it you are not well. If you are abused most of the time that also will consequence affect mental health. The environment is not conducive for small children to play in the sense that now when it come to the clinic we sometime forced to fast track certain people because they are gun man or leaders of the gang, people are in fear. That is if you get me, that is mental instability itself.

Then you get those that are working with the gang, so people cannot really be happy and voice out their feeling or concerns. Like say I am an advocate for Mr who and who because you might never know who is listening. Drugs are prevalent, so are guns you see them on daily basis, even children they see these people as role models because they get arrested this month a month later they out. For me that is the reasons are would say are a challenge for the community and us when it comes to mental health.

If we can get more people to work with the community or increase community projects to keep more young people, busy. Because there a drop out even in schools which is

normal, they do not see the importance of education in school. They see the “drug” that it’s a fast life style for them because that is what they are exposed to most of the time. So that is not normal.

**Researcher:** How do all these challenges make you feel as the health care provider?

**Zukie:** it affects in a way that you feel the need to treat everyone as a threat, you cannot fully counsel or understand where the problem is because you have your own thinking at the back of your mind, you might not get the response you want from the person. Because you worried that this person might ask why am I asking all questions that are related to drugs, even though you suspect that the person still taking drugs even though they are on anti-psychotropic. That on its own it is frustrating for community health worker on its own as in referring to me mostly and its worrying.

Like we grew up being told that education is the key to success, but now it’s seems they changed the locks [laughs]. However, for us the key has worked because we hear, have jobs, which we can be able to provide for our families.

Another challenge, the race thing. One would come in angry not because of the line or services but just because of your colour which is a huge problem within this community. It’s a treat in a sense that you have to have to be in a defensive mechanism, as much as we offer the services you have to maintain the professional friendliness nothing beyond that because you don’t know what they thinking. Moreover, it is not easy to change people who they are, and their prejudices.

**Researcher:** Based on the information you provided about your experiences in caring for patients with suspected mental health condition I could say you are passionate about your work, and you indicated that you work well with your team as you

mentioned that doctors also assist with assessments of mental healthcare users at times. You also mentioned the feelings of frustrations, which are as results of pressure placed on staff by patients, as at times they do not understand that sometimes they have to wait on ques, they cannot always be prioritised at all times. You also made a few recommendations with regards to the staffing needs... before we conclude with the interview, would you like to add anything?

**Zukie:** No, that is all for now.

**Researcher:** I would like to thank you for taking your time to participate in this interview, I really appreciate your time.

**Zukie:** it's only a pleasure

The end...



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