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#### ***4.5.9 Work***

Table 4.16 shows that there was a moderate positive correlation between work and the following variables: school, other, and the correlation coefficient and p-value are,  $r = 0.514$ ,  $n = 190$ ,  $p < 0.01$  and  $r = 0.636$ ,  $n = 182$ ,  $p < 0.01$ . The correlation between work and these two variables was statistically significant, and the correlation coefficient was at 0.01 level.

#### ***4.5.10 School***

Table 4.16 indicates that there was a moderate positive correlation between school and other, and the correlation coefficient and p-value are,  $r = 0.568$ ,  $n = 185$ ,  $p < 0.01$ . This correlation was statistically significant, and the correlation significance was at 0.01 level.



**Table 4.19: Spearman correlation**

	Spearman's rho										
	Finance1	Language	Religion	Knowledge	Stigma	Confident	Services	Support	Work	School	Other
Finance1	1.000	-.062	.043	.048	.090	-.007	.075	.113	.293**	.280**	.165*
	190	189	188	183	181	182	188	181	180	190	175
Language	-.062	1.000	.560**	.311**	.173*	.177*	-.092	.068	.017	.060	.051
	189	200	197	191	192	193	198	190	189	200	185
Religion	.043	.560**	1.000	.433**	.342**	.368**	-.240**	.183*	.195**	.123	.272**
	188	197	198	190	190	191	196	188	189	198	183
Knowledge	.048	.311**	.433**	1.000	.796**	.553**	-.309**	.189*	.302**	.220**	.541**
	183	191	190	191	184	185	189	182	183	191	179
Stigma	.090	.173*	.342**	.796**	1.000	.628**	-.326**	.204**	.248**	.095	.465**
Confident	-.007	.177*	.368**	.553**	.628**	1.000	-.395**	.343**	.367**	.104	.434**
	182	193	191	185	186	193	191	183	183	193	180
Services	.075	-.092	-.240**	-.309**	-.326**	-.395**	1.000	-.088	-.169*	-.011	-.204**
	188	198	196	189	191	191	199	190	189	199	184
Support	.113	.068	.183*	.189*	.204**	.343**	-.088	1.000	.580**	.245**	.390**
	181	190	188	182	185	183	190	191	186	191	183
Work	.293**	.017	.195**	.302**	.248**	.367**	-.169*	.580**	1.000	.514**	.636**
	180	189	189	183	183	183	189	186	190	190	182
School	.280**	.060	.123	.220**	.095	.104	-.011	.245**	.514**	1.000	.568**
	190	200	198	191	192	193	199	191	190	201	185
Other Miscellaneous variables	.165*	.051	.272**	.541**	.465**	.434**	-.204**	.390**	.636**	.568**	1.000
	175	185	183	179	181	180	184	183	182	185	185

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

## **4.6 Chi-Square though cross-tabulations**

According to Burns & Groove (2001), the use of Chi square statistic, for cross tabulated data, helps identify relationships or differences between cell values. It is also mainly used by statisticians from a probability framework to detect possible relationships.

With a Chi square analysis the degrees of freedom must be calculated which is used in the determination of the significance of the value. In this case, the Chi-square ( $X^2$ ) value was 9.2840. The degrees of freedom,  $df = 1$  and  $p$  was 0.0023 (if  $p < 0.05$  results show significance). These findings report only on the variables that were statistically correlated and significant.

### **4.6.1 Language**

Table 4.20 indicates that the Exp-percent =65.5%,  $p$ -value = 0.01, and  $df=15$ , the association is statistically weak. There was a weak statistically significant association between language and non-attendance.

### **4.6.2 Culture/religion**

Table 4.20 shows that the exp percent was 72.2%,  $df=17$  and  $p < 0.01$ . There was a weak statistically significant association between culture/religion and non-attendance.

### **4.6.3 Service**

Table 4.20 reveals that the exp % was 65.6%,  $df=15$  and  $p < 0.04$ . There was a weak statistically significant association between service and non-attendance.

### **4.6.4 Work**

Table 4.20 shows that the exp % was 79.5%,  $df=21$  and  $p$ -value =0.004. There was a weak statistically significant association between work and attendance.

### **4.6.5 School**

Table 4.20 illustrates that the exp % was 44.4%,  $df$  was 8 and  $p$ -value was 0.008. There was a weak statistically significant association between school and non-attendance.

#### 4.7 Logistic regression

Logistic regression allows for the testing of the models to predict categorical outcomes with two or more categories (Pallant, 2011, p168). Given that the dependent variable has two outcomes which are non-attendance (1) and attendance (0), logistic regression was appropriated to predict that categorical outcomes with the following predictors: insight, occupation, culture/religion, school, service, confidentiality, finance/costs, and language (Pallant, 2011). Thus in this study, logistic regression was performed to assess the impact of a number of factors on the likelihood that respondents would report the barriers to attendance for child and adolescent out-patient mental health services. The model contained eight independent variables (insight, occupation, culture/religion, school, service, confidentiality, finance/costs, and language). The findings in this chapter only reports on the variables that were statistically significant.

Table 4.21 shows that in the first model, step 1, the variables that were included were occupation, culture, school, service, confidentiality, finance/costs and language. The school had an odds ratio of 5.23, and was the strongest predictor of reporting reasons for non-attendance. This indicates that respondents who attend school were over five times more likely to report non-attendance than those who did not attend school. Controlling for all other factors in the model, culture/religion had an odds ratio of 0.147, and was less than 1, indicating that reasons related to culture/religion, were 0.147 times less likely to report non-attendance, controlling for other factors in the model.

In the second model, step 2, the variables that were involved were occupation, culture/religion, school, service, finance/costs and language. The school had an odds ratio of 5.23, and was again the strongest predictor of reporting reasons for non-attendance, indicating that respondents who attend school were over 5 times more likely to report non-attendance than those who did not attend school, controlling for all other factors in the model. Culture/religion again had an odds ratio of 0.14, less than 1, indicating that reasons related to culture/religion were 0.14 times less likely to report non-attendance, controlling for other factors in the model.

In the third model, step 3, the variables that were involved were occupation, culture/religion, school, service and language. The school again had an odds ratio of 5.46 , and was the strongest

predictor of reporting reasons for non-attendance. This indicates that respondents who attend school were over 5 times more likely to report non-attendance than those who did not attend school, controlling for all other factors in the model. Culture/religion again had an odds ratio of 0.14, less than 1, indicating that reasons related to culture/religion were 0.14 times less likely to report non-attendance, controlling for other factors in the model.

In the fourth model, step 4, the variables that were involved were culture/religion, school, service and language. School had an odds ratio of 4.10, and was again the strongest predictor of reporting reasons for non-attendance. This shows that respondents who attend school were over four times more likely to report non-attendance than those who did not attend school, controlling for all other factors in the model. Culture/religion had an odds ratio of 0.134, less than 1, again indicating that reasons related to culture/religion were 0.134 times less likely to report non-attendance, controlling for other factors in the model.

In the fifth model, step 5, the variables that were involved were culture/religion, school and language. The school had an odds ratio of 3.99 (4), and again was the strongest predictor of reporting reasons for non-attendance was school, and this indicates that respondents who attend school were over five times more likely to report non-attendance than those who did not attend school, controlling for all other factors in the model. Culture/religion had the odds ratio of 0.164 for, less than 1, indicating that reasons related to culture/religion were 0.164 times less likely to report non-attendance, controlling for other factors in the model.

In the sixth model, step 6, the variables that were involved were culture and school. The school had an odds ratio of 4.01, and was again the strongest predictor of reporting reasons for non-attendance, and this reflects that respondents who attend school were over 4 times more likely to report non-attendance than those who did not attend school, controlling for all other factors in the model. Culture/religion had an odds ratio of 0.21, less than 1, indicating that reasons related to culture/religion were 0.21 times less likely to report non-attendance, controlling for other factors in the model.

The full model containing all predictors was statistically significant,  $\chi^2(8, N=172) = 43.80, p < 0.001$ , indicating that the model was able to distinguish between respondents who reported and did not report reasons for non-attendance. The model as a whole explained between 22.1% (Cox and Snell R-square) and 40.6% (Nagelkerke R-squared) of the variance in attendance status and correctly classified 86% of cases. As shown in table 4.20 above, only two of the independent variables made a unique statistically significant contribution to the model (school and cultural/religion).



**Table 4.21: Logistic regression predicting barriers to attendance for child and adolescent out-patient mental health services**

**Variables in the Equation**

	Variables	B	S.E.	Wald	Df	Sig.	Exp(B)
Step 1 <sup>a</sup>	Occupation	-.333	.597	.310	1	.578	.717
	Cult_rel	-1.916	.494	15.033	1	.000	.147
	School_1	1.655	.506	10.705	1	.001	5.232
	Service	-.467	.326	2.055	1	.152	.627
	Confid	-.143	.315	.205	1	.651	.867
	Finan_cost	.188	.291	.416	1	.519	1.207
	languag	.542	.477	1.293	1	.256	1.719
	Constant	1.925	1.573	1.498	1	.221	6.856
Step 2 <sup>a</sup>	Occupation	-.436	.557	.613	1	.434	.647
	Cult_rel	-1.943	.493	15.548	1	.000	.143
	School_1	1.655	.508	10.624	1	.001	5.234
	Service	-.460	.328	1.964	1	.161	.631
	Finan_cost	.183	.291	.395	1	.530	1.201
	languag	.558	.476	1.376	1	.241	1.748
	Constant	1.856	1.563	1.410	1	.235	6.396
Step 3 <sup>a</sup>	Occupation	-.450	.557	.651	1	.420	.638
	Cult_rel	-1.952	.490	15.843	1	.000	.142
	School_1	1.697	.508	11.140	1	.001	5.455
	Service	-.410	.317	1.679	1	.195	.663
	languag	.623	.465	1.791	1	.181	1.864
	Constant	2.000	1.557	1.650	1	.199	7.393
Step 4 <sup>a</sup>	Cult_rel	-2.007	.494	16.515	1	.000	.134
	School_1	1.412	.332	18.061	1	.000	4.103
	Service	-.373	.310	1.447	1	.229	.688
	languag	.599	.469	1.634	1	.201	1.820
	Constant	1.719	1.496	1.320	1	.251	5.580
Step 5 <sup>a</sup>	Cult_rel	-1.811	.450	16.229	1	.000	.164
	School_1	1.383	.328	17.751	1	.000	3.987
	languag	.429	.440	.954	1	.329	1.536
	Constant	.315	.900	.122	1	.727	1.370
Step 6 <sup>a</sup>	Cult_rel	-1.576	.369	18.270	1	.000	.207
	School_1	1.388	.326	18.099	1	.000	4.007
	Constant	.900	.682	1.745	1	.187	2.460

a. Variable(s) entered on step 1: Occupation, Cult\_rel, School\_1, Service, Confid, Finan\_cost, language.

#### **4.8. Conclusion**

The findings from this study suggest that all the variables explored have no statistically significant association with non-attendance in this unit, except school and culture/religion. The findings from this analysis will be discussed further in chapter five where the discussion and recommendations are presented.



## **CHAPTER FIVE**

### **DISCUSSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

In this concluding chapter the main findings of this study, which are in chapter four are discussed, and the recommendations for further studies are also made. This study aimed at investigating the barriers to attendance for child and adolescent out-patient mental health services at the Division of Child and Adolescent Psychiatry Unit at a hospital in Cape Town, with a view to developing strategies to improve the utilisation of the services, and to improve the mental health of the patients. This chapter is divided into five sections: overview of the study, discussion of the findings, recommendations, limitations and conclusion.

#### **5.2 The major procedure followed in conduct the research**

A quantitative approach and non-experimental, and a survey design were used. This study was conducted with children (4-9years old) and adults/caregivers who attended at DCAP (Division of child and adolescent psychiatry) from the 1<sup>st</sup> of January 2011 until 31<sup>st</sup> of December 2011. Random stratified sampling was used, to ensure representativeness (Mounton, 2006). The inclusion criteria were cases that were still active (still being seen/attending during the time of the study). All the cases that were discharged) were excluded from participation. Convenience sampling was done for pilot study, with 32 patients who were readily available and were not going to take part in the main study. The study sample was 166 participants. Data was collected from children form 0 9-18years old and parents/caregiver, using self-administered structured questionnaires. Cronbach's alpha coefficient was used to test for reliability and validity of the pilot and final study, and for both the Cronbach's alpha coefficient value was met and was above 7.

The study investigated the barriers to utilisation of child and adolescent out-patient mental health services by examining the relationship between the identified dependent variables which are, attendance (0), and non-attendance (1), and the independent variables which are, demographic factors such as age, sex, education level, race, and marital status, and continuous variables such as finance/costs, language, knowledge, stigma, support system, culture/religion, confidentiality, work, school, service, and other miscellaneous variables such as forgetting, inconvenience, refusing, frequency of appointments, and length of the session, emergency.



The analysis used descriptive, bivariate and multivariate analysis. In descriptive analysis, the results were presented as frequency tables, proportions and graphs. To test the correlation or association between variables, Pearson's or Spearman's correlations were used depending on the normality test and chi-square for categorical variables. Finally, to test if the test was statistically significant, multivariate analysis was applied. The results are presented in four sections such as biographic information, descriptive, bivariate analysis and multivariate analysis.

### **5.3 Section A: Categorical variables (Biographic information)**

#### ***5.3.1 Age of parent/ caregiver, employment status and finance/costs***

The findings revealed that even though the majority of the children's parents/caregivers are in economically active age, and employed, work and finance were not statistically significant as a barrier for attendance in this unit. This probably means that patients do not miss appointments because of financial problems. This may be the fact, as earlier stated in chapter one, that this unit already has a financial provision for patients who are unable to attend due to financial constraints. However, as the majority of participants are employed, one would expect work-related reasons to affect attendance; but it was not the case, and this could possibly mean that parents are able to make means to attend with their children for appointments.

#### ***5.3.2 Age of the child, education, insight and school***

The results revealed that the majority had high school education. The majority was between age 13-18years. Notably, the unit investigated in this study sees children and adolescents who are in school going age. Both the results of Chi-Square and Logistic regression also showed school as a dominant barrier for attendance and statistically significant than all other variables. This situation can also be accounted for the reasons stated by participants for non-attendance, such as that the appointments interfere with their school hours, that they miss schoolwork and some are not able to catch up with schoolwork that they have missed when they come for their appointments. This is an expected situation with scholars. We can also posit based on the literature that the pre-adolescent to late adolescent age group (9-18years) can possibly refuse to attend, possibly have issues around confidentiality and stigmatization, which may also influence attendance. The 0-8years old are still dependent on parents/caregivers, and can possibly make limited choices with regard to attendance. (Elster

*et al.*, 1994, WHO, 2002, WHO, 2001, Kang *et al.*, 2005, Dean *et al.*, 2002 & Sanci *et al.*, 2005 cited in Tylee *et al.*, 2007).

### **5.3.3 Marital status and support system**

Findings from this study showed that the majority of the patients in this unit come from families with both parents (married). The majority parent/caregiver participants who are biological parents are responsible for bringing the children for appointments. The majority of the parent/caregiver participants did not have mental illness. Only a few had depression, and anxiety. This suggests that patients seen in this unit possibly have a good system. Participants also indicated that their relatives support them to fulfill attendance. However, challenges are experienced with the minority that is in the children's home as they indicated that the caregivers sometimes forget about their appointments. We could posit then that family status possibly is not a major barrier in this unit. Literature also states that stable family conditions and good support system are positively correlated to attendance. However, concerns about the children who are in the children's home need to be taken into consideration. Literature also confirms that parent/caregiver psychopathology may also contribute to increased levels of caregiver strain which impact negatively on utilisation of mental health services (McCabe *et al.*, 2003, Angold *et al.*, 2004, Brannan, 2006 cited in Hyucksun Shin & Brown, 2009, Kaplan, Sadock & Grebb, 2004, Minty & Anderson, 2004), and this could account for the minority that has parents with mental illness.

### **5.3.4. Gender of child**

Findings showed that the majority of participants were females, followed by males. Rajasuriya, de Silva and Hanwella (2010) in their study found out that being male, was a risk factor for non-attendance. It is however difficult to say whether gender is a risk factor in this unit, and to compare the findings with other studies because the statistics about the frequency of missed appointment between the two genders was not analysed.

### **5.3.5 Child's Illness/Diagnosis, Form of treatment received by child**

The results in Table 4.2 in chapter four showed that majority of participants had ADHD and the minority had disruptive behaviour, mood disorder, had anxiety disorder, and elimination disorder. The majority was on medication, others were receiving individual psychotherapy and 2(1.0%) were receiving group therapy. This larger group with ADHD is the one that is seen in both at DCAP out-patient unit and at neuropsychiatry clinic; hence both out-patient

clinics were included in the study. Being diagnosed with ADHD requires medication and regular consistent attendance for appointments, as the results proved that the majority is on medication. Other disorders may require other forms of treatment as mentioned above. These results contradict with literature in that these illnesses may have implications on the frequency and duration of treatment, which might impact on persistence for utilisation of services and also not being prescribed medicines, can be a risk factor for non-attendance (Rajasuriya, de Silva and Hanwella, 2010).

### ***5.3.6 Ethnic group, language, culture/religion***

The findings indicated that there are racial imbalances with the population at DCAP. The majority of the participants were coloreds, followed by Africans and the least were whites. The majority of participants spoke English. This situation is a true reflection as the majority; about 99.9% of participants preferred the English version of the questionnaire, indicating that possible language is not an issue in this unit. Also the results of Chi-square test showed a weak statistically significant association between language and non-attendance, whereas logistic regression test showed no statistic significance in association between language and non-attendance. This possibly means that even though English is not a first language for the majority of the participants, but it is a commonly spoken language, and that participants are able to communicate in English with their therapists. It could also possibly mean that language is not a problem because therapists are possibly able to communicate in the patients' mother tongues, as the unit has therapists who represent all the three different languages. Also, the Chi-square showed culture/religion to have a weak statistically significant association with non-attendance, as logistic regression test showed that the same. This is true because the participants indicted that they feel that their religion and culture is respected, and that the treatment that they receive is not against their culture/religion.

### ***5.3.7 Area of residence, mode of transport***

The results in the frequency table 4.3a in chapter 4 showed that the majority of DCAP population participants live in the suburbs, followed by townships and the minority lives in the city. The majority of participants use public transport, for example, taxis and buses, and the minority uses their own private transport. Literature confirms the area of residence has implications on accessibility and costs for traveling, lack of reliable transport to and from the mental health service, and that the possession of a car (poverty), is significantly related to attendance rates, either negatively or positively (Aisbett *et al.*, 2007). However, as

finance/costs was not statistically significant as barrier for attendance, perhaps also because the patients are charged very minimal and affordable rates for service, and the unit gives money for transport to those who do not afford, dynamics and challenges with public transport and distance might play a role in attendance. Some suburbs are not proximal to the unit.

### **5.3.8 Frequency of missed appointments**

The majority of participants are not sure how many times they missed appointments. According to the definition of terms, the first category (not sure) is the category of the ones who have missed several appointments such that they cannot even keep track of how many times they missed it. The second (never) category and third (once) is also difficult to determine the accuracy as we know that participants can give the responses that they think the researcher needs. However, these results confirm that the majority of patients miss their appointments several times in this unit, and that non-attendance is possibly a real problem.

## **5.4. Section B (Continuous Variables)**

This study started off with 11 continuous variables for this section (finance/costs, language, knowledge, culture/religion, stigma, work, service, support system, school, confidentiality and other miscellaneous variables such as (emergency, bus schedule, forgetting, refusing, frequency of appointments, and length of the sessions). The sample size and the strength of the relationship among variables were considered in order to determine whether particular data are suitable for factor analysis (Pallant, 2011). The sample size for this study was suitable for factor analysis, 201 cases. Furthermore, factor analysis (Bartlett's test of sphericity and Kaiser Meyer-Olkins (KMO) was used to reduce the large number of related variables. Bartlett's test of sphericity was significant ( $p < .05$ ) for the factor analysis and the KMO index was 0.824 and beyond the limit of acceptance which is 0.6 (Pallant, 2011) and was a good value for factor analysis. The Bartlett's test of Sphericity was 65519.757 with degree of freedom (df) =1431 and p-value =0.0005 <0.05, and less than 5%, confirming that the model was adequate and it fit the data. Furthermore, according to Kaiser's criterion, Eigenvalue was tested and factors with Eigenvalue from 1 and more, were retained for further investigation. Factors that were retained were as follows: insight, occupation, culture/religion, school, service, confidentiality, finance/costs and language.

Chi-square was performed to determine the association between the continuous variables (occupation, insight, language, finance/costs, culture/religion, service, school and

confidentiality) and the dependent variables (non-attendance). Also, Logistic regression was used to assess the impact of a number of factors on the likelihood that respondents would report the barriers to attendance for child and adolescent out-patient mental health services. This study then only reports on the variables that were statistically significant from the results.

### **5.5. Results for Chi-square and Logistic regression**

The results of logistic regression and chi-square showed that school as the dominant variable that is likely to affect attendance and statistically significant compared to other variables. This is true and has been confirmed before, given that this is a child and adolescent unit, and that the cases seen in this unit are attending school. Notably, the majority of participants confirmed that appointment interferes with school, and that the child loses out on schoolwork. School was statistically significant, and from the findings it came out as the major barrier for attendance at DCAP.

Culture/religion was also statistically significant and showed to be less likely to affect attendance. As stated before in this chapter, participants confirmed that their treatment does not interfere with their culture or religion, suggesting that culture /religion is probably not a barrier for attendance.

### **5.6 Differences between attendees and non-attendees**

The results showed that there were no differences between the two groups in terms of their profile. These results are also congruent with other studies conducted on barriers to utilisation of child and adolescent mental health services in that the findings showed that non-attendance affects everyone regardless of race, ethnicity or economic class (Aida *et al.*, 2010; Aisbet *et al.*, 2007; Eapen *et al.*, 2009; Frisch & Frisch, 2006; Gerald *et al.*, 2005; Goldstein *et al.*, 2006; Gorman, 2007; He, 2007; Hunt *et al.*, 2009 Kaplan & Sadocks, 1994; Lazaratus *et al.*, Lerner *et al.*, 2004; Leslie *et al.*, 2000; Lopez *et al.*, 2008; Minty *et al.*, 2004;bauman, 2007; Scahil, 1997; Shi *et al.*, 2009; Snowden *et al.*, 2008; Starr *et al.*, 2002; Uys & Middleton, 2004; Ailson & Knesil, 1996; Wu *et al.*, 2010 & Yan Fen *et al.*, 2009). The results of this study show that there are no differences in terms of the profile between the attendees and non-attendees.

## 5.8 Surprises in findings

In this study, it was surprising to note that school came out as the variable that is associated with non-attendance and was statistically significant. As stated in chapter one, the common reasons thought of by the unit is always finance, forgetting and accessibility. I expected this study would confirm that too. However, these findings mean that the variables that were examined are possibly not barriers to attendance in this unit perhaps because this unit is already making provision for them, such as (providing finance, contacting patients to remind them about their appointments, and offering a professional service. The results about the school now have implication to service delivery.

## 5.9 Recommendations

However, the statistically significant variables associated with non-attendance may possibly have implication on the service delivery in this unit. Given that the population the patients seen in this unit are attending school, and school came out as the major barrier for attendance, it may be useful for this unit to review their service delivery.

- ❖ Appointments can be scheduled after school, instead of during school hours.
- ❖ The staff can make provision to see patients and have sessions at school instead of taking children out of school for their appointments.
- ❖ The out-patient unit can open during weekends as well, as children do not attend school during weekends.

❖

The above recommendation has implications on staff working hours and schedule. These may require the staff to review their shifts, and work flexible hours, that will accommodate the needs identified above and suggested recommendations. The staff may have to work during weekends, public holidays, school holidays, and be available after school hours as well in order to accommodate these learners. Literature also shows that lack of an after hours' service, is a barrier to utilisation of services (Aisbett *et al.*, 2007).

## 5.10 Limitations

This study was conducted with a small population sample in one out-patient unit, and therefore cannot be generalised to other communities. Similar studies can be expanded/rolled out to other out-patient clinics or out-patient units to identify the barriers to utilisation of services.

## **5.8. Conclusion**

These findings suggest that this unit can now strengthen the strategies already in place, and review them, and design new ones to accommodate the scholars that they serve. This unit needs to provide the service that is flexible and will meet the needs of the learners in order to improve attendance.

This was my first experience to conduct a study of my own. I am grateful for the opportunity of being the one to investigate the topic that was a need for the unit that will benefit our unit and our patients, and have huge implications on service delivery at DCAP. The experience was difficult yet a challenging one. I have found research very interesting, and I would like to continue to do it in future, and to investigate more topics that will benefit our community.





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## APPENDIX I



**UNIVERSITY OF THE WESTERN CAPE**  
**Faculty of Community and Health Sciences**  
Private Bag X 17, Bellville 7535, South Africa  
*Tel: +27 79 390 7475, Fax: 27 21-685 4107*  
E-mail: [smokitim@pgwc.ac.za](mailto:smokitim@pgwc.ac.za) or [3002286@uwc.ac.za](mailto:3002286@uwc.ac.za)

**Project Title:** Barriers to utilisation of out-patient mental health services at a children's Hospital in Cape Town

### PARENT/CAREGIVER QUESTIONNAIRE

Your answers are **CONFIDENTIAL** - nobody other than the research team will know what your answers are.

Your views are important to us!!!

**Enjoy!!!**

Code-----

#### ***IMPORTANT!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!***

- There is no right or wrong answer, we need you honest answer.
- You will not be judge for your answer or even be penalized for what you say
- Please write as much as you can in the section that require you views and other information that is not mentioned in this questionnaire.
- Please circle the answer of your choice from the multiple choice questions

**PILOT STUDY QUESTIONNAIRES SECTION 1-PERSONAL INFORMATION**

A1	What is your age group?	1. 15-24 2. 25-34 3. 35-44 4. 45-54 5. 55-64 6. 65 and above	1
A 2	Is your child male or female?	1.Male 2.Female	2
A3	What is the age group of your child?	1. 0-8 years 2. 9-12years 3. 13-18years	3
A4	What is your current marital status?	1. Never married 2. Married 3. Widower 4.Divorced/Separate d 5. Living together	4
A5	What is your highest level of education?	1. None 2. Primary school 3. High school 4. Diploma 5. Degree	5
A6	What is your ethnic group?	1. African/Black 2. Colored 3. Indian/Asian 4. White 5. Other (specify)-----	6
A7	What type of a relationship do you have with the child?	1. Biological parent (mother/father) 2. Legal guardian (foster or adoptive parent) 3. Legal guardian from the children's home (carer/social worker/driver/etc.) 4. Grandparent 5. Sibling (brother or sister) 6. Relative (Uncle/aunt/cousin) 7. Other: specify-----	7
A8	Who brings your child to the clinic for appointments?	1. Biological parent (mother/father) 2. Legal guardian (foster or adoptive parent) 3. Legal guardian from the children's home (carer/social worker/driver/etc.) 4. Grandparent 5. Sibling (brother or sister) 6. Relative (Uncle/aunt/cousin) 7. Other: specify-----	8
A9	What is your job status?	1. Employed 2. Unemployed 3. Self-employed 4. Domestic worker 6. Not having a job 7. Strictly leaner	9
A10	What is the area of your residence?	1. Township 2. City 3. Town 4. Suburb	10
A11	Please give the name of the area where you live		11

A12	What mode of transport do you use when you come for your appointments?	1. Own/family car 2. Taxi 3. Bus 4. Train 5. Car from the children's home 6. Other: specify-----	12
A13	What language(s) do you speak?	1 = IsiXhosa 2 = English 3 = Afrikaans 4 = Other:(specify)-----	13
A14	What religious group or church do you belong to?	1. African traditional 2. Christian 3. Hindu 4. Jewish 5. Moslem 6. None 7. Other: specify-----	14
A15	What are other forms of treatment that you use except for the help that you receive from your therapist?	1. Sangoma 2. Church 3. Private Psychiatrist/Psychologist 4. Non-governmental organization (NGO) 5. School counselor 6. Social worker 7. None 8. Other: specify-----	15
A16	How often have you missed an appointment?	1 = Never 2 = Once 3 = Twice 4 = Three times 5 = More than three times 6. Not sure	16
A17	What is your illness?	1. Mood disorder 2. Anxiety 3. Depression 4. Psychosis 5. Substance abuse 6. Not sure 7. None 8. Other: (specify)-----	17
A18	What is your child's mental health problem/illness/diagnosis?	1. ADHD 2. Mood disorder 3. Anxiety 4. Disruptive behavior 5. Psychosis 6. Substance abuse 7. Deliberate self-harm 8. Feeding problems 9. Eating problem 10. Sleeping disorder 11. not sure 12. None.	18
A19	What form of treatment does your child receive from this unit for his/her illness?	1. Medication 2. Individual Psychotherapy 3. Family Psychotherapy 4. Group Psychotherapy 5. Not sure	19

**SECTION B**

Please read carefully the following statements and **circle only one number in column 3** and the mean for each number is given below. **1= strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly**

B1	My medical aid does not covers for my child's mental illness.	1	2	3	4	5	20
B2	The amount that my medical aid pays for my child's mental illness is limited, and therefore not enough for all the sessions.	1	2	3	4	5	21
B3	The money I spend on transport is more than I expect.	1	2	3	4	5	22
B4	The money that I get from the hospital for transport doesn't cover the full costs for my transport.	1	2	3	4	5	23
B5	I do not get money from the hospital to help me for transport fees even though I need it.	1	2	3	4	5	24
B6	I pay more than I expect for my child's consultation with the therapist.	1	2	3	4	5	25
C1	I can understand the language that the therapist speaks but my child does not understand it.	1	2	3	4	5	26
C2	I need an interpreter to help me to communicate with my child's therapist.	1	2	3	4	5	27
C3	My child needs an interpreter in order to communicate with her therapist.	1	2	3	4	5	28
C4	My child needs a therapist who speaks her language so that she can express herself well.	1	2	3	4	5	29
C5	My child understands the language that therapist speaks, but I do not.	1	2	3	4	5	30
C6	My child, the therapist and I are able to communicate in the language that we all understand.	1	2	3	4	5	31
D1	My child's therapist's recommendations/advice are/is against my religion and culture.	1	2	3	4	5	32
D2	My child's appointments clash with the time for my prayers at the mosque.	1	2	3	4	5	33
D3	My therapist does not respect my religion.	1	2	3	4	5	34
D4	My child's therapist does not understand my culture.	1	2	3	4	5	35
D5	My child's therapist does not respect my culture/religion.	1	2	3	4	5	36
D6	The treatment that my child receives is against my culture.	1	2	3	4	5	37
E1	I do not fully believe that my child has mental illness.	1	2	3	4	5	38
E2	I do not fully understand about my child's illness.	1	2	3	4	5	39
E3	My child's therapist has never explained to me about my child's illness, so I do not fully understand why we should come all the time.	1	2	3	4	5	40
E4	My child is not on medication, so I do not see why we should come all the time.	1	2	3	4	5	41
E5	My child is not seriously ill, he can function well, and he does not need to come all the time.	1	2	3	4	5	42
E6	My child can cope with his illness and does not need to attend for all his appointments.	1	2	3	4	5	43
F1	I feel ashamed of being seen with my child at this clinic by those who know me.	1	2	3	4	5	44
F2	My child is teased for attending in a mental health institution and for taking medication.	1	2	3	4	5	45
F3	My child's symptoms/problem does not mean that my child has a mental health problem/mental illness.	1	2	3	4	5	46

F4	My child does not really have to see psychiatrist for her problems.	1	2	3	4	5	47
F5	My child does not need to take medication for her problems.	1	2	3	4	5	48
F6	My family does not support my child attending here, they think that there's nothing wrong with him.	1	2	3	4	5	49
G1	I am worried that my child's therapists may share personal information about my child's mental health, to other people that have no business knowing it?	1	2	3	4	5	50
G2	I worry that sensitive information about me and my child could be used against me.	1	2	3	4	5	51
G3	I feel that there are some things I will not share with my child's therapist because I cannot trust him/her with the information.	1	2	3	4	5	52
G4	All in all, I have complete trust in my child's therapist.	1	2	3	4	5	53
G5	My child's therapist and I do not agree on the treatment for my child.	1	2	3	4	5	54
G6	My child does not have a good relationship with her therapist	1	2	3	4	5	55
H1	I am confident that my child is getting the best help that he/she needs from his/her therapist.	1	2	3	4	5	56
H2	My child's therapist is not good enough to deal with my child's problem.	1	2	3	4	5	57
H3	The help that my child is receiving from his therapist is not effective/doesn't help my child.	1	2	3	4	5	58
H4	This unit /hospital offer excellent therapists for the children.	1	2	3	4	5	59
H5	The staff in this unit/hospital is very good at what they do.	1	2	3	4	5	60
H6	I get the best service in this hospital.	1	2	3	4	5	61
H7	It takes too long to attend for my child, I always have to wait for too long to be see the therapist or to get medication.	1	2	3	4	5	62
I1	I am not able to attend for my child's appointments because of my own physical illness and I also have to attend for my own doctor's appointments.	1	2	3	4	5	63
I2	I have other children who need my attention, it's difficult to pay attention on this child all the time	1	2	3	4	5	64
I3	I have too many other problems at home that make it difficult for me to attend for my child's appointments.	1	2	3	4	5	65
I4	I am a single parent and I do not have anyone to help me to bring my child for appointments.	1	2	3	4	5	66
I5	I do not get any support from my family to bring the child for her appointments they think that there's nothing wrong with my child.	1	2	3	4	5	67
I6	Sometimes there is no staff to bring the child for appointments due to shortage of staff in our children's home.	1	2	3	4	5	68
J1	I do not get time off work to attend for my child's appointments, and I lose a day's salary whenever I bring my child for appointments.	1	2	3	4	5	69
J2	I work seven days a week, and do not have time to bring my child for appointments, I have to ask someone to bring my child.	1	2	3	4	5	70
J3	I work shifts, and sometimes the appointments clash with my shifts and I get paid per shift per day.	1	2	3	4	5	71
J4	I have exhausted my leave days; I have no more days to take off work to bring my child for appointments.	1	2	3	4	5	72
L5	I am self-employed; it is difficult to find suitable time to attend for the appointment.	1	2	3	4	5	73
J6	I work long hours, and only available in the evenings and weekends, but the unit is closed during those times.	1	2	3	4	5	74

K1	My child's school does not allow my child time off to attend for his appointments.	1	2	3	4	5	75
K2	My child's appointments interfere with school attendance.	1	2	3	4	5	76
K3	My child loses out on school work every time we attend for her appointments.	1	2	3	4	5	77
L1	I am too busy with my own schedule; I do not always have time to attend for my child's appointments.	1	2	3	4	5	78
L2	The times for my child's appointments are inconvenient for me sometimes.	1	2	3	4	5	79
L3	My child refuses to attend for her appointments sometimes.	1	2	3	4	5	80
L4	I simply forget about my child's appointments sometimes.	1	2	3	4	5	81
L5	The staff simply in the children's home simply forgets about the child's appointment.	1	2	3	4	5	82
L6	I cannot bring my child for an appointment when I have an emergency.	1	2	3	4	5	83
L7	My child's appointments are too frequent for me to attend all the time.	1	2	3	4	5	84
L8	My child's sessions are too long, they take too much of my time.	1	2	3	4	5	85

86. What are other reasons that make it impossible for you to attend for your child's appointments except for those asked in this questionnaire? Please explain-----

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-----87. Please tell us what you would like our hospital to do to make it more possible for you to attend for your child's appointments-----

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WELL DONE!!!

THANKS FOR TAKING PART!!!

NOW, PLEASE GO BACK AND CHECK THAT YOU HAVE NOT MISSED ANY QUESTION



## APPENDIX II



UNIVERSITY OF THE WESTERN CAPE

Faculty of Community and Health Sciences

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 79 390 7475, Fax: 27 21-685 4107

E-mail: [smokitim@pgwc.ac.za](mailto:smokitim@pgwc.ac.za) or 3002286@uwc.ac.za

**Project Title:** Barriers to utilisation of out-patient mental health services at a children's Hospital in Cape Town

### QUESTIONNAIRE FOR A CHILD (9-18YEARS OLD)

Your answers are **CONFIDENTIAL** - nobody other than the research team will know what your answers are.

Your views are important to us!!!

**Enjoy!!!**



Code-----

UNIVERSITY of the  
WESTERN CAPE

**IMPORTANT!!!**

- There is no right or wrong answer, we need you honest answer.
- You will not be judge for your answer or even be penalized for what you say
- Please write as much as you can in the section that require you views and other information that is not mentioned in this questionnaire.
- Please circle the answer of your choice from the multiple choice questions

**PILOT STUDY CHILD QUESTIONNAIRE SECTION 1-PERSONAL INFORMATION**

A1	What is the age group of your parents?	1.15-24 2.25-34 3.35-44 4.45 54 5.55-64 6.65 and above	1
A2	Are you male or female?	1. Male 2.Female	2
A3	What is your age group?	1. 0-8 years 2. 9-12years 3. 13-18years	3
A4	What is your parent's current marital status?	1.Never married 2.married 3.widower 4.divorced /separated 5 living together	4
A5	What is your parent's highest level of education?	1. None 2. Primary school 3. High school4. Diploma 5. Degree	5
A6	What is your ethnic group?	1. African/Black 2. Colored 3. Indian/Asian 4. White 5. Other (specify)-----	6
A7	Who do you stay with?	1. Biological parent (mother/father) 2. Legal guardian (foster or adoptive parent) 3. Legal guardian from the children's home (carer/social worker/driver/etc.) 4. Grandparent 5. Sibling (brother or sister) 6. Relative (Uncle/aunt/cousin) 7. Other: specify-----	7
A8	Who brings you to the clinic for appointments?	1. Biological parent (mother/father) 2. Legal guardian (foster or adoptive parent) 3. Legal guardian from the children's home (carer/social worker/driver/etc.) 4. Grandparent 5. Sibling (brother or sister) 6. Relative (Uncle/aunt/cousin) 7. Other: specify-----	8
A9	What is your parent's job status?	1. employed 2. Unemployed 3. Self-employed 4. Domestic worker 6.not having a job 7. Strictly leaner	9
A10	What is the area of your residence?	1. Township 2. City 3. Town 4. Suburb	10
A11	Please give the name of the area where you live		11

A12	What mode of transport do you use when you come for your appointments?	1. Own/family car 2. Taxi 3. Bus 4. Train 5. Car from the children's home 6. Other: specify-----	12
A13	What language(s) do you speak?	1. IsiXhosa 2. English 3. Afrikaans 4. Other: (specify)-----	13
A14	What religious group or church do you belong to?	1. African traditional 2. Christian 3. Hindu 4. Jewish 5. Moslem 6. None 7. Other: specify-----	14
A15	What are other forms of treatment that you use except for the help that you receive from your therapist?	1. Sangoma 2. Church 3. Private Psychiatrist/Psychologist 4. Non-governmental organization (NGO) 5. School counselor 6. Social worker 7. None 8. Other: specify-----	15
A16	How many times have you missed an appointment?	1. Never 2. Once 3. Twice 4. Three times 5. More than three times 6. Not sure	16
A17.	What is your illness?	1. Mood disorder 2. Anxiety 3. Depression 4. Psychosis 5. Substance abuse 6. Not sure 7. None 8. Other: (specify)-----	17
A18	What is your mental health problem/illness/diagnosis?	1. ADHD 2. Mood disorder 3. Anxiety 4. Disruptive behavior 5. Psychosis 6. Substance abuse 7. Deliberate self-harm 8. Feeding problems 9. Eating problem 10. Sleeping disorder 11. not sure 12. None.	18
A19	What form of treatment do you receive from this unit for your illness?	1. Medication 2. Individual Psychotherapy 3. Family Psychotherapy 4. Group Psychotherapy 5. Not sure	19

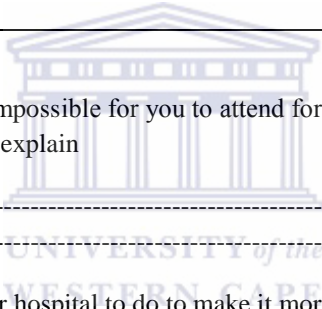
## **SECTION B**

Please read carefully the following statements and **circle only one number in column 3** and the mean for each number is given below. **1= strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree.**

B1	My parent's medical aid does not cover for my mental illness.	1	2	3	4	5	20
B2	The amount that my parent's medical aid pays for my mental illness is limited, and therefore not enough for all the sessions.	1	2	3	4	5	21
B3	The money that my parents spend on transport is more than I expect.	1	2	3	4	5	22
B4	The money that I get from the hospital for transport doesn't cover the full costs for my transport.	1	2	3	4	5	23
B5	I do not get money from the hospital to help me for transport fees even though I need it.	1	2	3	4	5	24
B6	My parents pay more than they expect for my consultation fee/my therapist.	1	2	3	4	5	25
C1	My parent/caregiver understands the language my therapist speaks, but I do not.	1	2	3	4	5	26
C2	My parents need an interpreter to help them communicate with my therapist.	1	2	3	4	5	27
C3	I need an interpreter to help me to communicate with my therapist.	1	2	3	4	5	28
C4	I need a therapist who speaks my language so that I can express myself well.	1	2	3	4	5	29
C5	I can understand the language that the therapist speaks but my parent/caregiver does not understand it.	1	2	3	4	5	30
C6	My parents, the therapist and I are able to communicate in the language that we all understand.	1	2	3	4	5	31
D1	My therapist's advice is against my culture/religion.	1	2	3	4	5	32
D2	My appointments clash with the time for my prayers in the Mosque.	1	2	3	4	5	33
D3	My therapist does not respect my religion.	1	2	3	4	5	34
D4	My therapist does not understand my culture/religion.	1	2	3	4	5	35
D5	My therapist does not respect my culture.	1	2	3	4	5	36
D6	The treatment that I receive is against my culture/religion.	1	2	3	4	5	37
E1	I do not fully believe that I have mental illness.	1	2	3	4	5	38
E2	I do not fully understand about my illness.	1	2	3	4	5	39
E3	My therapist has never explained to me about my illness, so I do not fully understand why I should come all the time.	1	2	3	4	5	40
E4	I am not on medication, so I do not see why I should come all the time.	1	2	3	4	5	41
E5	I am not seriously ill, I can function well, I do not need to attend all the time.	1	2	3	4	5	42
E6	I can cope with my illness and I do not need to attend for all my appointments.	1	2	3	4	5	43
F1	I feel ashamed of being seen at this clinic by those who know me.	1	2	3	4	5	44
F2	I am teased for attending in a mental health institution and for taking medication.	1	2	3	4	5	45

F3	My problems do not mean that I have a mental health problem/mental illness.	1	2	3	4	5	46
F4	I do not really have to see a psychiatrist for my problems.	1	2	3	4	5	47
F5	I do not need to take medication for my problems, yet my therapist wants me to take it.	1	2	3	4	5	48
F6	My family does not support me in attending here, they think that there's nothing wrong with me.	1	2	3	4	5	49
G1	I am worried that my therapists may share personal information about my condition to other people that have no business knowing it.	1	2	3	4	5	50
G2	I worry that sensitive information about me could be used against me.	1	2	3	4	5	51
G3	I feel that there are some things I will not share with my therapist because I cannot trust my therapist with the information.	1	2	3	4	5	52
G4	All in all I have complete trust in my therapist.	1	2	3	4	5	53
G5	My parents and my therapist do not agree about my treatment.	1	2	3	4	5	54
G6	I do not have a good relationship my therapist.	1	2	3	4	5	55
H1	I am confident that I am getting the best help that I need from my therapist.	1	2	3	4	5	56
H2	My therapist is not good enough to deal with my problems.	1	2	3	4	5	57
H3	The help that I am receiving from my therapist is not effective/does not help me.	1	2	3	4	5	58
H4	This unit /hospital offer excellent therapists for the children.	1	2	3	4	5	59
H5	The staff in this unit/hospital is very good at what they do.	1	2	3	4	5	60
H6	I get the best service in this hospital.	1	2	3	4	5	61
H7	It takes too long to attend for my appointments, I always have to wait for too long to see the therapist or to get medication.	1	2	3	4	5	62
I1	I am not able to attend for my appointments because of my parent's physical illness and my parent also has to attend for his/her other doctor's appointments.	1	2	3	4	5	63
I2	My parents have other children who need their attention; it's difficult to pay attention only to me all the time.	1	2	3	4	5	64
I3	My parents have too many other problems at home that make it difficult for them to attend for appointments.	1	2	3	4	5	65
I4	My parent is a single parent and she does not have anyone to help her to bring me for my appointments.	1	2	3	4	5	66
I5	My parents do not get any support from my family to bring me for my appointments they think that there's nothing wrong with me.	1	2	3	4	5	67
I6	Sometimes there is no staff to bring me for appointments due to shortage of staff in our children's home.	1	2	3	4	5	68
J1	My parents do not get time off work to attend for my appointments, and they lose a day's salary whenever they bring me for my appointments.	1	2	3	4	5	69
J2	My parents work seven days a week, and do not have time to bring me for my appointments, they have to ask someone to bring my child.	1	2	3	4	5	70
J3	My parents work shifts, and sometimes the appointments clash with their shifts and they get paid per shift per day.	1	2	3	4	5	71
J4	My parent has exhausted her leaves days, she has no more days to take off work to bring me for my appointments.	1	2	3	4	5	72
J5	My parent is self-employed; it is difficult to find suitable time to attend the appointment.	1	2	3	4	5	73

J6	My parent works long hours, and only available in the evenings and weekends, but the unit is closed during those times.	1	2	3	4	5	74
K1	My school does not allow me time off to attend for my appointments.	1	2	3	4	5	75
K2	My appointments interfere with school attendance.	1	2	3	4	5	76
K3	I lose out on school work every time I attend for my appointments.	1	2	3	4	5	77
L1	My parents are too busy to bring me to the hospital.	1	2	3	4	5	78
L2	The times for my appointments are inconvenient for me sometimes.	1	2	3	4	5	79
L3	I refuse to attend for my appointments sometimes.	1	2	3	4	5	80
L4	My parents simply forget about my appointments sometimes.	1	2	3	4	5	81
L5	The staff at the children's home simply forgets about my appointment.	1	2	3	4	5	82
L6	My parents/caregivers cannot bring me for my appointment when there is an emergency.	1	2	3	4	5	83
L7	My appointments are too frequent for me to attend all the time.	1	2	3	4	5	84
L8	My sessions are too long, they take too much of my time.	1	2	3	4	5	85



86. What are other reasons that make it impossible for you to attend for your child's appointments except for those asked in this questionnaire? Please explain

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87. Please tell us what you would like our hospital to do to make it more possible for you to attend for your child's appointments-----

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WELL DONE!!!

THANKS FOR TAKING PART!!!

NOW, PLEASE GO BACK AND CHECK THAT YOU HAVE NOT MISSED ANY QUESTION

A1	What is your age group?	1. 15-24 2. 25-34 3. 35-44. 45-54. 5. 55-64 6. 65 and above	1
A 2	Is the child male or female?	1.Male 2.Female	2
A3	What is the age group of your child?	1. 0-8 years 2. 9-12years 3. 13-18years	3
A4	What is your current marital status?	1. Never married 2. Married 3. Widower 4.Divorced/Separate d 5. Living together	4
A5	What is your highest level of education?	1. None 2. Primary school 3. High school 4. Diploma 5. Degree	5
A6	What is your ethnic group?	1. African/Black 2. Colored 3. Indian/Asian 4. White 5. Other (specify)-----	6
A7	What type of a relationship do you have with the child?	1. Biological parent (mother/father) 2. Legal guardian (foster or adoptive parent) 3. Legal guardian from the children's home (carer/social worker/driver/etc.) 4. Grandparent 5. Sibling (brother or sister) 6. Relative (Uncle/aunt/cousin) 7. Other: specify-----	7
A8	Who brings your child to the clinic for appointments?	1. Biological parent (mother/father) 2. Legal guardian (foster or adoptive parent) 3. Legal guardian from the children's home (carer/social worker/driver/etc.) 4. Grandparent 5. Sibling (brother or sister) 6. Relative (Uncle/aunt/cousin) 7. Other: specify-----	8
A9	What is your job status?	1.Employed 2. Unemployed 3. Self-employed 4. Domestic worker 6. Not having a job 7. Strictly leaner	9
A10	What is the area of your residence?	1. Township 2. City 3. Town 4. Suburb	10
A11	Please give the name of the area where you live		11

A12	What mode of transport do you use when you come for your appointments?	1. Own/family car 2. Taxi 3. Bus 4. Train 5. Car from the children's home 6. Other: specify-----	12
A13	What language do you speak?	1. IsiXhosa 2. English 3. Afrikaans 4 Other:(specify)-----	13
A14	What religious group or church do you belong to?	1. African traditional 2. Christian 3. Hindu 4. Jewish 5. Moslem 6. None 7. Other: specify-----	14
A15	What are other forms of treatment that you use except for the help that you receive from your therapist?	1. Sangoma 2. Church 3. Private Psychiatrist/Psychologist 4. Non-governmental organization (NGO) 5. School counselor 6. Social worker 7. None 8. Other: specify-----	15
A16	How often have you missed an appointment?	1 Never 2 Once 3 Twice 4 Three times 5 More than three times 6. Not sure	16
A17	What is your illness?	1. Mood disorder 2. Anxiety 3. Depression 4. Psychosis 5. Substance abuse 6. Not sure 7. None 8. Other: (specify)-----	17
A18	What is your child's mental health problem/illness/diagnosis?	1. ADHD 2. Mood disorder 3. Anxiety 4. Disruptive behaviour 5. Psychosis 6. Substance abuse 7. Deliberate self-harm 8. Elimination problems 9. Eating problem 10. Sleeping disorder 11. not sure 12. None.	18
A19	What form of treatment does your child receive from this unit for his/her illness?	1. Medication 2. Individual Psychotherapy 3. Family Psychotherapy 4. Group Psychotherapy 5. Not sure	19



**SECTION B**

Please read carefully the following statements and **circle only one number in column 3** and the mean for each number is given below. **1= strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree**

B1	I do not have medical aid cover.	1	2	3	4	5	20
B2	The medical aid cover for my child's illness is limited.	1	2	3	4	5	21
B3	The money I spend on transport is more than I expect.	1	2	3	4	5	22
B4	The money that I get from the hospital for transport doesn't cover the full costs for my transport.	1	2	3	4	5	23
B5	I do not get money from the hospital to help me for transport fees even though I need it.	1	2	3	4	5	24
B6	I pay more than I expect for my child's consultation with the therapist.	1	2	3	4	5	25
C1	I can understand the language that the therapist speaks but my child does not understand it.	1	2	3	4	5	26
C2	I need an interpreter to help me to communicate with my child's therapist.	1	2	3	4	5	27
C3	My child needs an interpreter in order to communicate with her therapist.	1	2	3	4	5	28
C4	My child needs a therapist who speaks her language so that she can express herself well.	1	2	3	4	5	29
D1	My child's therapist's recommendations/advice are/is against my religion and culture.	1	2	3	4	5	30
D2	My child's appointments clash with the time for my prayers in the Mosque.	1	2	3	4	5	31
D3	My therapist does not respect my religion.	1	2	3	4	5	32
D4	My child's therapist doesn't understand my culture.	1	2	3	4	5	33
D5	My child's therapist doesn't respect my culture/religion.	1	2	3	4	5	34
D6	The treatment that my child receives is against my culture.	1	2	3	4	5	35
E1	I do not fully believe that my child has mental illness.	1	2	3	4	5	36
E2	I do not fully understand about my child's illness.	1	2	3	4	5	37
E3	My child's therapist has never explained to me about my child's illness, so I do not fully understand why we should come all the time.	1	2	3	4	5	38
E4	My child is not on medication, so I do not see why we should come all the time.	1	2	3	4	5	39
E5	My child is not seriously ill, he can function well, he does not need to come all the time.	1	2	3	4	5	40
E6	My child can cope with his illness and does not need to attend for all his appointments.	1	2	3	4	5	41
F1	I feel ashamed of being seen with my child at this clinic by those who know me.	1	2	3	4	5	42
F2	My child's symptoms/problem does not mean that my child has a mental health problem/mental illness.	1	2	3	4	5	43
F3	My child does not really have to see psychiatrist for her problems.	1	2	3	4	5	44
F4	My child does not need to take medication for her problems.	1	2	3	4	5	45
F5	My family does not support my child attending here, they think that there is nothing wrong with him.	1	2	3	4	5	46

G1	I am worried that my child's therapists may share personal information about my child's mental health, to other people that have no business knowing it.	1	2	3	4	5	47
G2	I worry that sensitive information about me and my child could be used against me.	1	2	3	4	5	48
G3	I feel that there are some things I will not share with my child's therapist because I cannot trust him/her with the information.	1	2	3	4	5	49
G4	My child's therapist and I do not agree on the treatment for my child.	1	2	3	4	5	50
G5	My child doesn't have a good relationship with her therapist.	1	2	3	4	5	51
H1	I am confident that my child is getting the best help that he/she needs from his/her therapist.	1	2	3	4	5	52
H2	This unit /hospital offer excellent therapists for the children.	1	2	3	4	5	53
H3	The staff in this unit/hospital is very good at what they do.	1	2	3	4	5	54
H4	I get the best service in this hospital.	1	2	3	4	5	55
I1	I do not get any support from my family to bring the child for her appointments they think that there is nothing wrong with my child.	1	2	3	4	5	56
I2	Sometimes there is no staff to bring the child for appointments due to shortage of staff in our children's home.	1	2	3	4	5	57
J1	I do not get time off work to attend for my child's appointments, and I lose a day's salary whenever I bring my child for appointments.	1	2	3	4	5	58
J2	I work seven days a week, and do not have time to bring my child for appointments, I have to ask someone to bring my child.	1	2	3	4	5	59
J3	I work shifts, and sometimes the appointments clash with my shifts and I get paid per shift per day.	1	2	3	4	5	60
J4	I have exhausted my leave days; I have no more days to take off work to bring my child for appointments.	1	2	3	4	5	61
J5	I am self-employed; it is difficult to find suitable time to attend for the appointment.	1	2	3	4	5	62
J6	I work long hours, and only available in the evenings and weekends, but the unit is closed during those times.	1	2	3	4	5	63
K1	My child's appointments interfere with school attendance.	1	2	3	4	5	64
K2	My child loses out on school work every time we attend for her appointments.	1	2	3	4	5	65
L1	I am too busy with my own schedule; I do not always have time to attend for my child's appointments.	1	2	3	4	5	66
L2	The times for my child's appointments are inconvenient for me sometimes.	1	2	3	4	5	67
L3	My child refuses to attend for her appointments sometimes.	1	2	3	4	5	68
L4	I simply forget about my child's appointments sometimes.	1	2	3	4	5	69
L5	The staff simply in the children's home simply forgets about the child's appointment.	1	2	3	4	5	70
L6	I cannot bring my child for an appointment when I have an emergency.	1	2	3	4	5	71
L7	My child's appointments are too frequent for me to attend all the time.	1	2	3	4	5	72
L8	My child's sessions are too long, they take too much of my time.	1	2	3	4	5	73

74. What are other reasons that make it impossible for you to attend for your child's appointments except for those asked in this questionnaire? Please explain-----

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75. Please tell us what you would like our hospital to do to make it more possible for you to attend for your child's appointments-----

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WELL DONE!!!

THANKS FOR TAKING PART!!!

NOW, PLEASE GO BACK AND CHECK THAT YOU HAVE NOT MISSED ANY QUESTION



**APPENDIX IV. FINAL QUESTIONNAIRE FOR THE CHILD. -PERSONAL INFORMATION**

A1	What is the age group of your parents?	1.15-24 2.25-34 3.35-44 4.45 54 5.55-64 6.65 and above	1
A2	Are you male or female?	1. Male 2.Female	2
A3	What is your age group?	1. 0-8 years 2. 9-12years 3. 13-18years	3
A4	What is your parent's current marital status?	1.Never married 2.married 3.widower 4.divorced /separated 5 living together	4
A5	What is your parent's highest level of education	1. None 2. Primary school 3. High school 4. Diploma 5. Degree	5
A6	What is your ethnic group?	1. African/Black 2. Colored 3. Indian/Asian 4. White 5. Other (specify)-----	6
A7	Who do you stay with?	1. Biological parent (mother/father) 2. Legal guardian (foster or adoptive parent) 3. Legal guardian from the children's home (carer/social worker/driver/etc.) 4. Grandparent 5. Sibling (brother or sister) 6. Relative (Uncle/aunt/cousin) 7. Other: specify-----	7
A8	Who brings you to the clinic for appointments?	1. Biological parent (mother/father) 2. Legal guardian (foster or adoptive parent) 3. Legal guardian from the children's home (carer/social worker/driver/etc.) 4. Grandparent 5. Sibling (brother or sister) 6. Relative (Uncle/aunt/cousin) 7. Other: specify-----	8
A9	What is your parent's job status?	1. Employed 2. Unemployed 3. Self-employed 4. Domestic worker 6. Not having a job 7. Strictly leaner	9
A10	What is the area of your residence?	1. Township 2. City 3. Town 4. Suburb	10
A11	Please give the name of the area where you live		11

A12	What mode of transport do you use when you come for your appointments?	1. Own/family car 2. Taxi 3. Bus 4. Train 5. Car from the children's home 6. Other: specify-----	12
A13	What language(s) do you speak?	1. IsiXhosa 2. English 3. Afrikaans 4. Other:(specify)-----	13
A14	What religious group or church do you belong to?	1. African traditional 2. Christian 3. Hindu 4. Jewish 5. Moslem 6. None 7. Other: specify-----	14
A15	What are other forms of treatment that you use except for the help that you receive from your therapist?	1. Sangoma 2. Church 3. Private Psychiatrist/Psychologist 4. Non-governmental organization (NGO) 5. School counselor 6. Social worker 7. None 8. Other: specify-----	15
A16	How many times have you missed an appointment?	1. Never 2. Once 3. Twice 4. Three times 5. More than three times 6. Not sure	16
A17.	What is your parent's illness?	1. Mood disorder 2. Anxiety 3. Depression 4. Psychosis 5. Substance abuse 6. Not sure 7. None 8. Other: (specify)----- --	17
A18	What is your mental health problem/illness/diagnosis?	1. ADHD 2. Mood disorder 3. Anxiety 4. Disruptive behavior 5. Psychosis 6. Substance abuse 7. Deliberate self-harm 8. Elimination problems 9. Eating problem 10. Sleeping disorder 11. not sure 12. None.	18
A19	What form of treatment do you receive from this unit for your illness?	1. Medication 2. Individual Psychotherapy 3. Family Psychotherapy 4. Group Psychotherapy 5. Not sure	19

## **SECTION B**

Please read carefully the following statements and **circle only one number in column 3** and the mean for each number is given below. **1= strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree.**

B1	I do not have medical aid cover.	1	2	3	4	5	20
B2	The medical aid cover for me illness is limited.	1	2	3	4	5	21
B3	The money that my parents spend on transport is more than I expect.	1	2	3	4	5	22
B4	The money that I get from the hospital for transport doesn't cover the full costs for my transport.	1	2	3	4	5	23
B5	I do not get money from the hospital to help me for transport fees even though I need it.	1	2	3	4	5	24
B6	My parents pay more than they expect for my consultation fee/my therapist.	1	2	3	4	5	25
C1	My parent/caregiver understands the language my therapist speaks, but I do not.	1	2	3	4	5	26
C2	My parents need an interpreter to help them communicate with my therapist.	1	2	3	4	5	27
C3	I need an interpreter to help me to communicate with my therapist.	1	2	3	4	5	28
C4	I need a therapist who speaks my language so that I can express myself well.	1	2	3	4	5	29
D1	My therapist's advice is against my culture/religion.	1	2	3	4	5	30
D2	My appointments clash with the time for my prayers in the Mosque.	1	2	3	4	5	31
D3	My therapist does not respect my religion.	1	2	3	4	5	32
D4	My therapist does not understand my culture/religion.	1	2	3	4	5	33
D5	My therapist does not respect my culture.	1	2	3	4	5	34
D6	The treatment that I receive is against my culture/religion.	1	2	3	4	5	35
E1	I do not fully believe that I have mental illness.	1	2	3	4	5	36
E2	I do not fully understand about my illness.	1	2	3	4	5	37
E3	My therapist has never explained to me about my illness, so I do not fully understand why I should come all the time.	1	2	3	4	5	38
E4	I am not on medication, so I do not see why I should come all the time.	1	2	3	4	5	39
E5	I am not seriously ill, I can function well, and I do not need to attend all the time.	1	2	3	4	5	40
E6	I can cope with my illness and I do not need to attend for all my appointments.	1	2	3	4	5	41
F1	I feel ashamed of being seen at this clinic by those who know me.	1	2	3	4	5	42
F2	My problems do not mean that I have a mental health problem/mental illness.	1	2	3	4	5	43
F3	I do not really have to see a psychiatrist for my problems.	1	2	3	4	5	44

F4	I do not need to take medication for my problems, yet my therapist wants me to take it.	1	2	3	4	5	45
F5	My family does not support me in attending here, they think that there's nothing wrong with me.	1	2	3	4	5	46
G1	I am worried that my therapists may share personal information about my condition to other people that have no business knowing it.	1	2	3	4	5	47
G2	I worry that sensitive information about me could be used against me.	1	2	3	4	5	48
G3	I feel that there are some things I will not share with my therapist because I cannot trust my therapist with the information.	1	2	3	4	5	49
G4	My parents and my therapist do not agree about my treatment.	1	2	3	4	5	50
G5	I do not have a good relationship my therapist.	1	2	3	4	5	51
H1	I am confident that I am getting the best help that I need from my therapist.	1	2	3	4	5	52
H2	This unit /hospital offer excellent therapists for the children.	1	2	3	4	5	53
H3	The staff in this unit/hospital is very good at what they do.	1	2	3	4	5	54
H4	I get the best service in this hospital.	1	2	3	4	5	55
I1	My parents do not get any support from my family to bring me for my appointments they think that there's nothing wrong with me.	1	2	3	4	5	56
I2	Sometimes there is no staff to bring me for appointments due to shortage of staff in our children's home.	1	2	3	4	5	57
J1	My parents do not get time off work to attend for my appointments, and they lose a day's salary whenever they bring me for my appointments.	1	2	3	4	5	58
J2	My parents work seven days a week, and do not have time to bring me for my appointments, they have to ask someone to bring my child.	1	2	3	4	5	59
J3	My parents work shifts, and sometimes the appointments clash with their shifts and they get paid per shift per day.	1	2	3	4	5	60
J4	My parent has exhausted her leaves days, she has no more days to take off work to bring me for my appointments.	1	2	3	4	5	61
J5	My parent is self-employed; it is difficult to find suitable time to attend the appointment.	1	2	3	4	5	62
J6	My parent works long hours, and only available in the evenings and weekends, but the unit is closed during those times.	1	2	3	4	5	63
K1	My appointments interfere with school attendance.	1	2	3	4	5	64
K2	I lose out on school work every time I attend for my appointments.	1	2	3	4	5	65
L1	My parents are too busy to bring me to the hospital.	1	2	3	4	5	66
L2	The times for my appointments are inconvenient for me sometimes.	1	2	3	4	5	67
L3	I refuse to attend for my appointments sometimes.	1	2	3	4	5	68
L4	My parents simply forget about my appointments sometimes.	1	2	3	4	5	69
L5	The staff in the children's home simply forgets about my appointment.	1	2	3	4	5	70

L6	My parents/caregivers cannot bring me for my appointment when there is an emergency.	1	2	3	4	5	71
L7	My appointments are too frequent for me to attend all the time.	1	2	3	4	5	72
L8	My sessions are too long, they take too much of my time.	1	2	3	4	5	73

74. What are other reasons that make it impossible for you to attend for your child’s appointments except for those asked in this questionnaire? Please explain

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75. Please tell us what you would like our hospital to do to make it more possible for you to attend for your child’s appointments-----

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WELL DONE!!!

THANKS FOR TAKING PART!!!

NOW, PLEASE GO BACK AND CHECK THAT YOU HAVE NOT MISSED ANY QUESTION





## APPENDIX V



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

*Tel: +27 79 390 7475, Fax: 27 21-685 4107*

**E-mail:** [smokitim@pgwc.gov.za](mailto:smokitim@pgwc.gov.za) or 3002286@uwc.ac.za

### INFORMATION SHEET (for parent/caregiver)

**Project Title:** Barriers to utilisation of out-patient mental health services at a Children's Hospital in Cape Town

#### **What is this study about?**

This is a research project being conducted by Stella Mokitimi at the University of the Western Cape. We are inviting you to participate in this research project because you are a mental health care user in this unit. The purpose of this research project is to identify the reasons that make it impossible for you to attend for your appointments or your child's appointments, so that we can be able to design strategies that can help you to attend and therefore improve the mental health of our patients.

#### **What will I be asked to do if I agree to participate?**

You will be asked to complete a questionnaire that contains questions about your attendance and reasons for not attending. Some questions will be about yourself, your child, your child's school, your job, your family and your opinions. This will take place at Red Cross War Memorial Children's hospital at the Division of Child and Adolescent Psychiatry unit. An appointment will be scheduled on the same day of your appointment with your therapist, and hour earlier than your scheduled time with your therapist. You will be put in a private room to complete the questionnaire. You will be re-reimbursed for your bus/taxi fare/petrol.

#### **Would my participation in this study be kept confidential?**

We will do our best to keep your personal information confidential. To help protect your confidentiality, your questionnaire with your responses will be safely locked away to ensure

that no one has access to it except for the research team. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

**What are the risks of this research?**

There are no known risks associated with participating in this research project

**What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the investigator learn more about the difficulties that make it impossible for our patients to attend. We hope that, in the future, other people might benefit from this study through improved understanding of these challenges. Understanding these challenges will also help us to design strategies that will make it possible for our patients to attend, and therefore will improve the mental health of our communities. This knowledge will also help the higher authorities to understand these challenges and may be try to assist the communities.

**Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time you want. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. However, your withdrawal from the study will not help us understand your challenges.

**Is any assistance available if I am negatively affected by participating in this study?**

If it occurs that you feel emotionally affected by the questions, you will be allowed to see your therapist.

### **What if I have questions?**

This research is being conducted by Stella Mokitimi, of the school of Nursing, at the University of the Western Cape. If you have any questions about the research study itself, please contact:

Stella Mokitimi at

University of the Western Cape

Private bag X 17

Bellville

7535

(021) 6854103

[smokitim@pgwc.gov.za](mailto:smokitim@pgwc.gov.za) OR [3002286@uwc.ac.za](mailto:3002286@uwc.ac.za)



Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

### **Dean of the Faculty of Community and Health Sciences**

Professor Jose Frantz (Acting)

University of the Western Cape

Private bag X 17, Bellville 7535

(021) 959 2631, [jfrantz@uwc.ac.za](mailto:jfrantz@uwc.ac.za)

**Acting Director**

Professor K Jooste

University of the Western Cape

Private bag X 17, Bellville 7535

(021) 959 2271, [kjooste@uwc.ac.za](mailto:kjooste@uwc.ac.za)

**Supervisor:**

Professor O. Adejumo

University of the Western Cape

Private Bag X17

Bellville 7535

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



The University of the Western Cape's Senate Research Committee and Ethics Committee has approved this research.

## **APPENDIX VI**



### **UNIVERSITY OF THE WESTERN CAPE**

Private Bag X 17, Bellville 7535, South Africa

*Tel: +27 79 390 7475, Fax: 27 21-685 4107*

**E-mail:** [smokitim@pgwc.gov.za](mailto:smokitim@pgwc.gov.za) or 3002286@uwc.ac.za

### **INFORMATION SHEET (CHILD) (9-18years old)**

**Project Title:** Barriers to utilisation of out-patient mental health services at a Children's hospital in Cape Town.

#### **What is this study about?**

This is a research project being conducted by Stella Mokitimi at the University of the Western Cape. We are inviting you to participate in this research project because you are attending in this unit. The purpose of this research project is to identify the reasons that make it difficult for you to attend for your appointments, so that we can be able to set up programs that can help you to attend and therefore improve the mental health of our patients.

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#### **What will I be asked to do if I agree to participate?**

You will be asked to complete a questionnaire that contains questions about your attendance and reasons for not attending. Some questions will be about yourself, your school, your family and your views. This will take place at Red Cross War Memorial Children's hospital at the Division of Child and Adolescent Psychiatry unit. An appointment will be set up on the same day of your appointment with your therapist, and hour earlier than your scheduled time with your therapist. You will be put in a private room to complete the questionnaire. You will be given money for your traveling.

### **Would my participation in this study be kept confidential?**

We will do our best to keep your personal information confidential. To do this, your questionnaire with your responses will be safely locked away to ensure that no one has access to it except for the research team. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

### **What are the risks of this research?**

There are no known risks associated with participating in this research project

### **What are the benefits of this research?**

This research is not meant to help you personally, but the results may help the investigator learn more about the difficulties that make it impossible for our patients to attend. We hope that, in the future, other people might benefit from this study through improved understanding of these challenges. Understanding these challenges will also help us to set up programs that will make it possible for our patients to attend, and therefor will improve the mental health of our communities. This knowledge will also help the higher authorities to understand these challenges and may be try to assist the communities.

### **Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time you want. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. However, your withdrawal from the study will not help us understand your challenges.

**Is any assistance available if I am negatively affected by participating in this study?**

If it occurs that you feel emotionally affected by the questions, you will be allowed to see your therapist.

**What if I have questions?**

This research is being conducted by Stella Mokitimi, of the school of Nursing, at the University of the Western Cape. If you have any questions about the research study itself, please contact:

Stella Mokitimi at

University of the Western Cape

Private bag X 17

Bellville

7535

(021) 6854103



[smokitim@pgwc.gov.za](mailto:smokitim@pgwc.gov.za) OR [3002286@uwc.ac.za](mailto:3002286@uwc.ac.za)

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

**Dean of the Faculty of Community and Health Sciences**

Professor Jose Frantz (Acting)

University of the Western Cape

Private bag X 17, Bellville 7535

(021) 959 2631, [jfrantz@uwc.ac.za](mailto:jfrantz@uwc.ac.za)

**Acting Director**

Professor K Jooste

University of the Western Cape

Private bag X 17, Bellville 7535

(021) 959 2271, [kjooste@uwc.ac.za](mailto:kjooste@uwc.ac.za)

**Supervisor:**

Professor O. Adejumo

University of the Western Cape

Private Bag X17, Bellville 7535

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



The University of the Western Cape's Senate Research Committee and Ethics Committee has approved this research.



**APPENDIX VII**



**UNIVERSITY OF THE WESTERN CAPE**

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 79 390 7475 Fax: 27 21-685 4107

E-mail: [smokitim@pgwc.gov.za](mailto:smokitim@pgwc.gov.za) or 3002286@uwc.ac.za

**INFORMED CONSENT FORM** (Parent/ caregiver)

**Project Title:** Barriers to utilisation of out-patient mental health services at a children's Hospital in Cape Town

Thank you for considering participating in this study

**In order to participate in the study we described, please complete the form below and return it to the researcher who gave you the form.**

I.....(*Print own name*), **AGREE to take part in the study about "Barriers to utilisation of child and adolescent out-patient mental health services" which is being conducted at The Division of Child and Adolescent Psychiatry unit at Red Cross Hospital.**

I know why they are asking me to participate in this project and all of my questions have been answered.

Signature.....Date.....

*Thank you for participating*

APPENDIX-VIII



**UNIVERSITY OF THE WESTERN CAPE**

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 79 390 7475, Fax: 27 21-685 4107

E-mail: [smokitim@pgwc.gov.za](mailto:smokitim@pgwc.gov.za) or [3002286@pgwc.ac.za](mailto:3002286@pgwc.ac.za)

**INFORMED CONSENT FORM** (completed by parent for the child)

**Project Title:** Barriers to utilisation of out-patient mental health services at a Children’s Hospital in Cape Town.

Thank you for considering your child’s participating in this study

**In order for your child to participate in the study we described, please complete the form below and return it to the researcher who gave you the form.**

I..... (Print own name), AGREE for my child to **take part in the study about “ Barriers to utilisation of child and adolescent out-patient mental health services” which is being conducted at The Division of Child and Adolescent Psychiatry unit at Red Cross Hospital.**

I know why they are asking my child to participate in this project and all of my questions have been answered.

Signature.....Date.....

*Thank you for your permission.*

**APPENDIX-IX**



**UNIVERSITY OF THE WESTERN CAPE**

Private Bag X 17, Bellville 7535, South Africa  
Tel: +27 79 390 7475, Fax: 27 21-685 4107  
E-mail:smokitim@pgwc.goc.za or 3002286@uwc.ac.za

**INFORMED ASSENT FORM** (child 9-18 years old)

**Project Title:** Barriers to utilisation of out-patient mental health services at a children's Hospital in Cape Town.

Thank you for considering participating in this study

**In order to participate in the study we described, please complete the form below and return it to the researcher who gave you the form.**

I.....(*Print own name*), **AGREE to take part in the study about "Barriers to utilisation of child and adolescent out-patient mental health services" which is being conducted at The Division of Child and Adolescent Psychiatry unit at Red Cross hospital.**

I know why they are asking me to participate in this project and all of my questions have been answered.

Signature.....Date.....

*Thank you for participating*