PERCEPTIONS OF WESTERN-TRAINED MENTAL HEALTH PRACTITIONERS IN SEKHUKHUNE DISTRICT TOWARDS COLLABORATION WITH TRADITIONAL HEALTH PRACTITIONERS IN TREATING MENTAL ILLNESS

By

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Declaration

I declare that **Perceptions of Western-trained mental health practitioners in Sekhukhune District towards collaboration with traditional health practitioners in treating mental illness** hereby submitted to the University of Limpopo for Master of Arts in Psychology has not previously been submitted by me for a degree within this or any other university; that it is my work in design and execution and that all material contained herein has been accordingly acknowledged

________________________________ __________________

Mokalapa, KT (Ms) Date

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Abstract

Though recent South African legislation and policy documents have called for closer collaboration between Western-trained and traditional health practitioners, there is little evidence to show that there is a formal collaboration between the two categories of health care providers. Located within the interpretivist paradigm, and using an exploratory descriptive design, the researcher sought to explore the perceptions of Western-trained health practitioners (WTHPs) in Sekhukhune District (Limpopo Province) towards collaboration between themselves and traditional health practitioners (THPs) in treating mental illness. Seventeen WTHPs (males = 07; females = 10) from three hospitals in Sekhukhune District were selected through purposive sampling and requested to take part in the study. The sample comprised of five clinical psychologists, five medical officers working in psychiatric units, and seven psychiatric nurses. Data were collected using semi-structured interviews and analysed through thematic analysis. Specifically, Renata Tesch's eight steps were used to analyse the data.

The following psychological themes emerged from the study: (a) shared goals on collaboration; (b) a good effect on collaboration is anticipated; (c) managing interdependence between traditional and Western-trained practitioners; (d) proposed ideal structures of governance to govern the collaboration; (e) recommended legislations and policies on collaboration; (f) suggested factors that may foster collaboration; (g) proposed factors that hinder collaboration; and, (h) referral systems that exist in the health care. The findings suggest that some WTHPs are willing to collaborate with THPs, especially if proper guidelines for collaboration could be provided by the government. Some recommendations on an ideal structure of governance and legislation on collaboration were made by the WTHPs. The WTHPs highlighted factors that may hinder or facilitate closer collaboration between themselves and THPs in providing mental health services to communities.

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List of Abbreviations and Acronyms

DoH: Department of Health

GHAFTRAM: Ghana Federation of Traditional Medicine Practitioners Associations

NDoH: National Department of Health

PHC: Primary Health Care

SASH: South African Stress and Health Study

THP: Traditional Health Practitioners

WHO: World Health Organisation

WTP: Western-trained Practitioners

WTHP: Western-trained Health Practitioner

WTMHP: Western-trained Mental Health Practitioners

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CHAPTER 1
INTRODUCTION

1.1 Background to the study

Studies by the World Health Organisation (2007) and Acharya *et al.* (2017) suggest that globally mental illness is a large contributor to disabilities in low and middle-income countries. This is also supported by Vigo, Thornicroft and Atun (2016) who have suggested that mental illness does not only lead to disability but is also the leading cause of morbidity. In South Africa, neuropsychiatric illnesses, including mental illness, rank third on the list of leading diseases and contributors to disability-adjusted life years (Lund, Pertersen, Kleintjies & Bhana, 2012; Jacob & Coetzee, 2018; Whiteford *et al*., 2013). Statistical estimates have revealed that one in three people in South Africa is likely to suffer from mental illness in their lifetime (Collin, Patel, Joestl, March, Insel & Daar, 2011). Despite the high number of people suffering from mental illness, there is a huge shortage of mental health practitioners (Burns, 2011). According to Butryn, Bryant, Marchionni and Sholevar (2017), the shortage of mental health practitioners is expected to grow whilst the number of individuals suffering from mental illness is expected to rise. For example, a recent study by De Kock and Pillay (2017) has established that the ratio of psychiatrists to patients remains very low, with 0.5 psychiatrists responsible for 100 000 people.

Traditional healing forms one of the primary sources of health care for many rural communities in the developing world (Busia & Kasilo, 2001; Maluleka & Ngoepe, 2018). Consequently, the World Health Organisation (2002) has pointed out that many people in rural areas across the world still resort to Traditional Health Practitioners (THPs) as their first treatment choice. In Sudan, for instance, a significant number of people visit THPs rather than Western-trained health practitioners (Sorketti, Zuraida & Habil, 2010). Though traditional healing is not formally institutionalised, many THPs act as counsellors during critical life events. In South Africa, THPs have also been found to play an important role in health care delivery, more especially in the rural areas (Zuma, Wight, Rochat & Moshabela, 2016, Schoonover et al., 2014; Mokoa, 2000; Semenya & Potgieter, 2014). It is against the background of such calls that the present study seeks to investigate the perceptions of modern health practitioners

towards collaboration with traditional health practitioners in treating mental illness in the Sekhukhune District.

1.2 Problem statement

Traditional healing has long been recognised in South Africa, with calls for collaboration between traditional health practitioners (THPs) and Western-trained health practitioners (WTHPs) resulting in the development of legislation and policy guidelines that have sought to encourage closer collaboration between traditional and Western healing systems (Van-Rooyen, Pretorius, Tembani & Ten Ham, 2015). Such legislation, amongst others, include:

a) the National Mental Health Policy Framework and Strategic Plan 2013-2020 which enforces closer collaboration between traditional and Western mental health care systems (Department of Health (DoH), 2013).
b) the Traditional Health Practitioners Act that provides for the registration, training and practices of THPs (Traditional Health Practitioners Act 2007, 2008). The Traditional Health Practitioners Acts is also intended to protect the interests of members of the public who use the services of traditional health practitioners.

Furthermore, Van-Niekerk, Dladla, Gumbi, Monareng and Thwala (2014) pointed out that with 80% of the South African population still visiting THPs, it is imperative to implement collaboration between the two systems for the benefit of patients as WTPs indicated that patients relapse after consulting with THPs, due to lack of scientific basis in their practices. According to Van Rooyen et al. (2015), the use of traditional healers informally interferes with the efficacy of hospital treatment as it supplies patients with traditional medication that could potentially cause changes in drug interaction. Consequently, Van Rooyen suggests that collaboration can thus result in this potentially dangerous situation being averted.

Whilst there are efforts made by the South African government to recognise traditional healing, little is still known about how Western-trained mental health practitioners perceive possible collaboration between themselves and THPs. There is therefore a need to investigate this aspect of the health policy in South Africa. The present study thus seeks to investigate the perception of Western-trained mental health practitioners in the Sekhukhune District, with regards to collaboration between themselves and THPs, based on existing South African legislation that seeks to recognise the latter.

1.3 Operational definition of concepts

- **Western-trained mental health practitioner.** According to the Mental Health Care Act 17 of 2002, this refers to "a psychiatrist or registered medical practitioner or a nurse, occupational therapist, psychologist or social worker who has been trained to provide prescribed mental health care, treatment and rehabilitation services" (Mental Health Care Act 2002, 2002: p10). In this study, a Western-trained mental health practitioner (WTMHP) carries the same meaning as that in the Mental Health Care Act 17 of 2002.

- **Traditional health practitioner:** According to the Traditional Health Practitioners Act 22 of 2007, this refers to a person registered under Act no 22 of 2007 in one or more of the categories of traditional health practitioners (Traditional Health Practitioners Act 2007, 2008). In this study, a traditional health practitioner is understood to mean an individual who uses traditional and ancestral practices for treatment as defined in the Traditional Health Practitioners Act Number 22 of 2007.

- **Collaboration:** This means the mutual engagement of participants in a coordinated effort to solve a problem together (Lai, 2011). In this study collaboration carries the same meaning as the one provided above.

- **Mental illness** means a positive diagnosis of a mental health-related illness in terms of accepted diagnostic criteria made by a mental health care practitioner authorised to make such diagnosis (Mental Health Care Act 2002, 2002: p10). In this study, mental illness carries the same meaning as that in the Mental Health Care Act Number 17 of 2002.

1.4 Aim of the study

The study aimed to investigate perceptions of western-trained health practitioners in Sekhukhune District towards collaboration between themselves and traditional health practitioners in treating mental illness.

1.5 Objectives of the study

In line with the theoretical framework that has been adopted for this study, namely the Structuration Model of Collaboration, the study sought to address the following objectives:

- To identify and articulate what Western-trained health practitioners (WTHP) perceive to be shared goals between themselves and traditional health practitioners.
- To determine WTHP views regarding what should be done to manage interdependency between Western and traditional health care systems.
- To canvas and document the views of WTHP regarding the existing legislation and policies that recognise the traditional health care system.
- To determine the views of WTHP regarding the ideal governance structures that may foster collaboration between the two health care systems.
- To determine the factors that WTHP perceive as enablers for collaboration between themselves and traditional health practitioners.
- To identify and articulate factors that are perceived by WTHP as hindrances in respect of collaboration between themselves and traditional health practitioners.

1.6 Outline of the dissertation

Chapter one provides background to the study and the problem statement. It further outlines the aim and objectives of the study. Chapter two looks at the relevant literature about the subject under investigation. The theoretical framework that was followed is also discussed. In chapter three the methodology followed in the study is outlined, focusing on the research design, sampling, data collection, and data analysis. It further addresses the quality criteria and ethical issues that were observed in conducting the study. The results of the study are presented in chapter four. The findings are reflected in chapter five whilst chapter six concludes the study

CHAPTER 2

PRELIMINARY LITERATURE REVIEW

2.1 Introduction

In this section previous literature on the topic is discussed. A literature review is essential in giving insight into what already exists relating to the topic (Winchester & Salji, 2016). The literature reviewed in this study was established to be of importance in providing understanding and insight on collaboration between Western-trained and traditional health practitioners. The following sub-headings will be discussed namely the prevalence of mental illness, the legislation of collaboration, barriers and facilitators of collaboration, strategies to achieve successful collaboration, ideal structures of governance, managing interdependence between the two systems and shared goals between the systems.

2.2. Prevalence of mental illness

2.2.1 Prevalence of mental illness globally

Mental disorders are found prevalent in all countries and within various cultures. According to Lund, Kleintjies, Kakuma and Flisher (2009), neuropsychiatric conditions such as mental illness ranks third compared to other diseases such as HIV/AIDS. Globally it has been found that mental disorders are the leading cause of morbidity and disabilities (Vigo et al., 2016). Mental health disorders affect over 25% of the human population at some point of their life and universally about 450 million people battle with at least one mental disorder (Nare, Pienaar, & Mphuthi, 2016). Saxena and Skeen (2012) indicated that an estimated 13% of the highly burdening diseases include neuropsychiatric disorders.

According to Vigo et al. (2016), the magnitude of mental illness universally was highlighted in the studies conducted on the global burden of diseases whereby five distinct mental illnesses appeared in the top 20 and major depression ranked second. In India an estimated 50 million of its population are found to be affected by mental illnesses (Patel, 2015). Belgium, Israel and Netherlands have been found to have high

rates of severe DSM-iv disorders, these are disorders which are considered severe in South Africa and constitute 26 percent of the DSM-iv (Herman et al., 2009).

2.2.2 Prevalence of mental illness in South Africa

In South Africa, the majority of patients being treated for physical illnesses in the Primary Health Care (PHC) setting are found to have one or more mental disorders (Nare et al., 2016). According to Herman et al. (2009), the South African Stress and Health Study (SASH) had revealed that South Africa has a significantly high rate of common mental disorders. The substantial difference in lifetime prevalence of mental disorders occurred across the nine provinces (Herman et al., 2009).

Furthermore, Herman et al. (2009) state that an estimated 30.8% lifetime prevalence for DSM-iv disorders was evident in the Limpopo province. Studies conducted in Limpopo have shown that the Province has a high prevalence of serious mental illnesses such as schizophrenia and bipolar mood disorders (Mokwena, Madiba & Mokoena-Molepo, 2014). Statistical estimates have shown that by the year 2030, unipolar depression would rank second in the world among diseases that lead to disability (Saxena & Skeen, 2012). In the present situation, South Africa has shown a massive gap in the mental health treatment that can be attributed to a variety of factors such as lack of resources and modern practitioners (Saxena & Skeen, 2012).

2.3. Legislation related to collaboration between THPs and WTHPs

Traditional health practices are highly used worldwide. Due to the high preference of indigenous practices, many countries have developed legislation that ensures collaboration and integration of THPs within their primary health care services. Below are some of the legislations observed in various countries.

2.3.1 Legislation related to collaboration between THPs and WTHPs globally

Latif (2010) stated that in Botswana there is no full-scale integration of THPs however referrals amongst the two systems are encouraged. Following this finding, it is evident that collaboration between the two systems in Botswana has not been formally integrated. Benin has issued a licencing process and registry of traditional medicine practitioners which allows for the local officials to authorize the practice of traditional medicine, and practitioners are found to be involved in the country's primary health care programs (WHO, 2001)

According to Krah, Kruijf and Ragno (2018), in Ghana there has been the development of the GHAFTRAM which has been used for the formalisation and standardization of Traditional practitioners. The association provides them with ID and referral cards, however, the THPs have not yet been integrated with Western-trained practitioners. Brunner et al. (2018) indicated that in the Republic of Congo, traditional health practitioners have been recognised and classified as a private sector and is thus included in the health care system. Thus regulatory measures for THPs follow those outlined and recognised for private sectors in the health care system. Legislation regarding Health Services is attached to the secretary-general, and used to formalize collaboration of civil societies, NGOs and private sectors wherein the THPs fall (Brunner et al., 2018).

2.3.2 Legislation related to collaboration between THPs and Western-trained health practitioners in South Africa

Western-trained health practitioners and traditional health practitioners have long worked together. In South African biomedical health services are incorporated within the public health systems. Due to the promulgation of the Traditional Health Practitioners Bill in 2003, traditional practices are being recognised formally in South Africa (Campell-Hall et al., 2010). Post-Apartheid South Africa provisioned for various legislations to recognise and regulate traditional medicines. The provisioned Acts and policies also regulate the integration of traditional health practices at primary health care level. However, it has been found that there is a lack of clear detailed policy guidelines for collaboration and translation of policy into practice, resulting in Government efforts being challenged (Summerton, 2006). According to Mbatha, Street, Ngcobo and Gqaleni (2012), the World Health Organisation (WHO) categorised South Africa as a tolerant system. In this system, national health care is based entirely on modern medicine, yet certain traditional medicine practices are tolerated by the law. Following the latter, it is evident that in South Africa traditional health practices have only been tolerated, not included, within the health care system so that both practitioners can collaborate. The Government’s efforts to integrate traditional health practitioners and Western-trained practitioners, were further integrated with the following legislation, which includes Act No 22 of 2007 and the National Mental Health Policy Framework and Strategic Plan 2013-2020.

2.3.2.1 Traditional Health Practitioners Act No 22 of 2007

The Traditional Health Practitioners Bill was introduced to parliament in 2003 and the Traditional Health Practitioner Act of 2004 was signed into law on 07 February 2005. Due to legal issues recognised by the Constitutional court, the Act was returned to parliament in 2005. After following various meetings in all nine provinces in 2007 the THP Bill (Bill 20 of 2007) was approved, and the Traditional Health Practitioner Act (no 22 of 2007) was signed into law in 2008 (Mbatha et al., 2012).

The THP Act regulates THPs in terms of efficacy, safety and quality of traditional health care services; it provides for the management and control over the registration, training and conduct of practitioners, students and specified categories in the traditional health practitioner's profession (Traditional Health Practitioners Act 2007, 2008). Chapter 2 of the Act outlines the establishment of the Interim Traditional Health Practitioners council which ensures that THP practices comply with universally accepted health care norms and value, and some of its functions include the registration of traditional practitioners, investigating and disciplining THPs that have charges laid against them and other functions that may relate to the field of practices (Tshehla, 2015). Although promotion of the collaboration between the two systems is highlighted in the Act, no formal evidence-based recommendations/guidelines could be found to facilitate collaboration between the THPs and WTHPs (Van Rooyen, Pretorius, Tembani & Ham-Baloyi, 2017).

2.3.2.2 National Mental Health Policy Framework and Strategic Plan 2013-2020

In South Africa integration of traditional health care has been provisioned through developed legislations, such legislations, amongst others, includes the National Mental Health Policy Framework and Strategic Plan 2013-2020 which enforces integration of the Traditional mental health with the Western mental health as one of its key roles and strive for the development of inter-sectoral collaboration as one of its key objectives (DoH, 2013). The National Mental Health Policy Framework and Strategic Plan 2013-2020 was adopted by the National Health Council of South Africa in the year 2013 (Sodi, Shiba & Phakhathi, 2017).

The framework also promises to develop and issue guidelines to promote a multi-disciplinary team approach to the planning and delivering of services (DoH, 2013).

Following the proposed assurances, no guidelines have been provided by the framework to both THPs and the WTPs as to how they should collaborate. With no clear guidelines, the efforts for collaboration by the Government will not bear fruits and thus been undermined (Summerton, 2006).

2.4. Barriers and facilitators for successful collaboration between THPs and WTHPs

A few studies have reported on the barriers and facilitators for successful collaboration between THPs and Western-trained health practitioners. Various factors that are evident in such studies will be discussed.

2.4.1 Barriers to a successful collaboration between THPs and WTHPs

In a study that sought to explore views regarding collaboration between the two types of health care providers in Swaziland, Mbulelo (2014) found that medical practitioners felt that traditional practices are not safe enough and that THPs are not willing to form an effective collaboration with them. On the other hand, THPs felt that medical practitioners did not value them and are not willing to work with them. There was a lot of tension observed between the two systems, which then affected their working relationship.

In comparison with Swaziland's Campell-Hall et al. (2010), in their study found that there was a gap in the referral system in South Africa between the THPs and WTHPs as the latter did not support the idea of referring their patients to THPs. One of the reasons cited by Campell-Hall et al. (2010) for the existing gaps in collaboration is that the Department of Health (DoH) only provides training for THPs about modern health, but fail to provide the same services for WTHPs about traditional practices. Furthermore, the THPs indicated that they fear that their methods will be exploited and that WTHPs do not appreciate their services.

Van-Niekerk et al. (2014) and Nkosi and Sibiya (2018), also argued that the NDOH has shown subsequent reluctance in sanctioning a formal referral system between the THPs and the Western-trained practitioners thus preventing the two systems to effectively collaborate. It is for this reason that referral systems are perceived as being

one-sided with THPs seeing some benefits of western health care, whereas the WTHPs fail to acknowledge any benefits from THPs.

Other factors perceived as hindrances include the unachieved registration of all traditional practitioners and bringing in of THPs in the health facilities as being practically challenging with the state already failing to adhere to their promises for Western-trained practitioners (Mokgobi, 2013). A lack of existing policy that provides detailed information on the nature of THPs' scope of practice and science hinders the opportunity to fully accept and collaborate with traditional health practitioners (Nemutandani, Hendricks & Mulaudzi, 2016).

Moshabela, Zuma and Gaede (2016), indicated that integration of traditional healing is prohibited and affected largely by factors such as the atmosphere of hostility between THPs and the Western-trained practitioners, traditional healing is regarded as a practice based on an unregulated, unscientific and dangerous practice that will cause high health care costs. In Ghana, AE-Ngibise et al. (2010), found that Human Rights was an obstacle to collaboration. This was based on the views that THPs abused the human rights of patients through the use of exploitation, maltreatment and neglect. According to Krah et al. (2018), challenges which impede collaboration include discrimination, lack of understanding of THPs and equipment scarcity.

2.4.2 Facilitators for successful collaboration between THPs and WTPs

Bojuwoye and Sodi (2010) proposed that to achieve the goal of successful collaboration, training opportunities need to be developed. Such training opportunities should be focused on communication, negotiation, teamwork and networking skills. This will assist in developing a sense of trust between the two systems and foster being able to share information and as a result, the two systems will collaborate successfully. Training opportunities should also educate and provide awareness to Western-trained practitioners about culturally relevant skills that could be adopted in western psychotherapeutic practices. Successful integration will depend essentially on collaboration research work between the two systems and training that will shape how the systems view each other (Sodi & Bojuwoye, 2011).

According to Mior, Barnsley, Boon, Ashbury and Haig (2010), a positive collaboration is based on developed trust between the patient, the western-trained practitioners and

the traditional health practitioners. It was further suggested that patient-centred focus, can reinforce collaboration by enabling patients' participation in clinical decisions and management. It is deemed as important to distinguish the term collaboration and integration so that it is made clear to the two systems for a successful collaboration. It was further argued that Western-trained practitioners do not recognise the THPs because they perceive them as independent structures that are being integrated into the health care facilities but choose not to work with them thus the need to clarify the two terms (Mior et al., 2010).

Other methods that have been proposed by Western-trained practitioners to help in achieving a successful collaboration include the development of scientific research on traditional medicines, training of THPs and the sustainable use of medicinal plants (Habtom, 2018)

2.5. Strategies towards positive collaboration between THPs and Western-trained health practitioners

According to Campell Hall et al. (2010), there is a need for the development of models of collaboration which are respectful of both systems. For an effective model to be developed the gaps within the two systems in terms of referrals, formalisation and liaison need to be closed. The South African Department of Health has recently indicated in its 2013-2020 National Mental Health Policy Framework and Strategic Plan that the Traditional Health Practitioners are to be integrated into the PHC systems. However, the question as to how such a partnership is to be established is not addressed (DOH, 2013).

Nkosi and Sibiya (2018) proposed that to achieve successful collaboration, patients should be involved in decision making in terms of their treatment choice and provide guidelines for patients who want to explore both systems. It was also argued in the study by Suwankhong, Liamputtong and Runbold (2010) that for collaboration to be effective there must be the development of legally binding policies. Other strategies may include knowledge-based centres that will help educate both systems about practices of the other. Therefore, the Department of Health needs to identify and develop strategies that will lead to effective collaboration between the two health systems.

2.6. Ideal structures of governance

The proposed collaboration of THPs and WTPs has raised some alarming issues to various countries in terms of how they should formally collaborate. As a result of the latter, a growing need for structures that have to take over the role was identified. Below are various structures of governance that have been appointed to govern the collaboration.

2.6.1 Ideal structures of governance globally

The World Health Organisation has made a recommendation for countries to review their legislation and in so doing to include the Traditional Health Practitioners in the governing of health structures (WHO, 2005). With the aforementioned, various countries have taken the initiative to include the THPs in the PHC. WHO (2001), has indicated that in Benin there are national and provincial inter-sectorial councils and groups that have been placed to review problems regarding traditional practices.

In a study that was conducted in Ghana, Krah et al. (2018) revealed that collaboration amongst THPs and biomedics was governed by Non-Governmental Organisations such as the Ghanaian NGO Associations of Church-based Development Projects. Amongst other functions, the organisation recruits healers to register and further introduces them to public health managers of local hospitals.

In Zimbabwe, it has been found that the drafting of policies applicable to collaborating between the two systems is being overlooked and is handled informally by THPs, Non-Governmental Organisations and the government (Mafuva & Marima-Matarira, 2014). Moreover, Mafuva and Marima-Matarira (2014) indicated that in some democratic countries such as the United Kingdom and the USA, drafting policies of health follows a more democratic approach leading to significant consultation during the process of policy formulation.

2.6.2 Ideal structures of governance in South Africa

According to Mior et al. (2010), THPs have not been fully integrated within the health care facilities by any structure thus preventing Western-trained practitioners to recognise the THPs as being part of the health care family, but viewing them as independent practitioners. This claim is supported by the gap that has been

recognised in the referral system where the majority of western-trained practitioners refuse to refer their clients to THPs as their governing body the National Department of Health (NDoH) has failed to sanction formal referrals between the two systems. The NDoH, as one of the ideal structures for governance, needs to engage with all the councils that govern the WTHPs and review their policies to fully integrate THPs in the health care facilities and thus foster positive collaboration.

One other structure that may foster collaboration is the Traditional Health Practitioners Council of South Africa that is regulated by the Traditional Health Practitioners Act 22 of 2007 and commenced in May 2014. One of the major focuses of the council is to control and regulate Traditional health practitioners (Street, 2016).

Mokgobi (2013) has argued that the goal of intergrading THPs fully in the health care system and collaborating with their western-trained counterparts lies in the hands of the Traditional Health Practitioners Council, Health Practitioners Council of South Africa and the government. Gaps around policies and accreditation of THPs within the health system is largely due to the unavailability of systematic evidence about THP's healing roles, practices and methods (Zuma et al., 2016). Nemutandani et al. (2016) further indicated that modern practitioners are not fully aware of the existence of the THP Act and as a result require detailed information on how to apply the Act. In this regard, there should be departmental circulars or policies at all levels of care.

In a study by Habtom (2018), it was found that documentation of traditional medicine is essential as it enhances its status within the national health services. It is clear that the South African government and all other stakeholders that vouch for the integration of THPs, should document traditional medicine and also integrate it within its health care facilities. That means that traditional medicines need to be made available in all health care facilities.

2.7. Managing interdependence between THPs and WTPs

Various studies on collaboration have been conducted globally. Within such studies, several factors were found that could help in the management of interdependence. For example, in a study conducted by Mokgobi (2013), it was found that doctors and nurses advocate for the use of traditional healing and have thus indicated the need to formally integrate the two systems to manage interdependence. Subsequently, a need

for training and teaching each system about the other was also found essential in developing a mutual understanding of the two systems (Nkosi & Sibiya, 2018).

A study conducted in Eritrea by Habtom (2018) revealed that WTPs felt that there should be formal scientific research and documentation on traditional medicine and practices for them to develop a mutual working relationship with THPs. Most THPs were found to be untrusting and secretive about their remedial treatment thus formal documentation will help in the development of trust amongst the two systems (Habtom, 2018).

2.8. Shared goals between THPs and WTPs

According to Van-Niekerk et al. (2014), in their study to investigate the perception of THPs role in the management of mental health care users, it was found that some shared goals exist between the two systems. The two systems were found to both recognise the importance and the role of each of their opposing system. Though a small number of western-trained practitioners recognise the role of working together with the THPs, both systems tend to acknowledge that patients have the decisive hand and only them, without any influence of a system, can decide on which health care facility they want to visit (Van-Niekerk et al., 2014)

The two systems were also found to recognise the importance of referral systems, particularly when the right of patients to go for the treatment of their choice is being considered (Nkosi & Sibiya, 2018). The two systems acknowledge that they can learn something from one another, for instance, the traditional health practitioners can learn about standardization of medicines, hygiene and care for patients while the Western-trained practitioners can also learn cultural aspects and the use of herbs in traditional healing from the traditional health practitioners (Habtom, 2018).

Irrespective of the findings from various studies Moshabela et al. (2016) argued that the systems cannot have shared goals as they both operate under different lenses. Additionally, to support the allegations made by Moshabela et al. (2016), a study by Van-Rooyen et al. (2015) found that Western-trained practitioners have a negative attitude towards traditional practitioners. Habtom (2018), indicated that in their study modern medical practitioners perceived traditional practices as being unsafe and not

accepting of THPs thus not sharing the same sentiments with traditional health practitioners.

2.9 Theoretical framework

The study adopted the Structuration Model of Collaboration as a theoretical framework. The framework was developed by D'Amour while following a study on inter-professional collaboration in a primary healthcare setting (D'Amour, Goulet, Labadie, Rodriguez & Pineault, 2008). The Structuration Model was initially applied to inter-professional and inter-organisational collaboration in health care organisations. The theory introduces four factors that could be used to analyse collective action concerning collaboration in health care provision (D'Amour et al., 2008). The four factors are structured as follows:

- **Finalisation**: This refers to existing shared goals, assimilation by team members, recognition of deviating motives and diversity of definitions and expectations regarding collaboration (D'amour, Videla, Rodriguez & Beaulieu, 2005).
- **Interiorization** – The level at which professionals recognise interdependence with each other and managing it to develop a sense of belonging, mutual knowledge of values and trust (D'Amour et al., 2005).
- **Formalisation** – These are rules that regulate actions by strengthening structures. It refers to documented procedures that communicate desired outputs and that behaviours exist and are being used (Chung, Ma, Hong & Griffiths, 2012).
- **Governance** – Focuses on leadership, expertise and connectivity. It requires innovations in a service organisation with clear directions and support for professionals (Chung et al., 2012).

Whilst the Structuration Model has been commended for its incisiveness in analysing the collective action concerning collaboration in health care provision (Chung, Ma, Hong & Griffiths, 2012), Pham (2019), has criticised the theory for its inability to capture all the factors that are influential to collaboration and finer complex details of collaboration. Despite the criticism by Pham (2019), the theory has consistently been

used in many studies that have sought to analyse the collective action concerning collaboration in health care provision (Lankhof, 2018; Tan, Steward, Elliot & George, 2013). For this study the Model was used as a lens to assess perceptions of Western-trained mental health practitioners towards collaboration between themselves and THPs as proposed in the National Mental Health Policy Framework and Strategic Plan 2013-2020. The four dimensions of the model were used In line with the perceptions of Western-trained practitioners to determine the feasibility of a healthy collaborative work between them and the THPs.

The first factor was used to investigate what Western-trained mental health practitioners perceived as shared goals between themselves and traditional health practitioners. The researcher followed the second factor and explored what Western-trained mental health practitioners regarded as important areas to develop and manage interdependence to create a sense of trust between them and traditional practitioners. Concerning the third factor, the researcher investigated perceptions of Western-trained health practitioners towards existing legislations on collaboration between the two health systems. The researcher explored how Western-trained health practitioners perceive existing leadership structures, boards and governance for collaboration between the two systems and further provided suggestions on what they perceived as being ideal structures that can help govern the collaboration as guided by the last factor of the model.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The following chapter discusses the methodology that was adopted for the study. Research methodology is viewed as a systematic technique used in various research studies (Igwenagu, 2016). The chapter outline is focused on the research design, sampling, data collection, data analysis, criteria of rigour and ethical clearance.

3.2 Research design

The study followed the qualitative research method. This type of method explores and understands the various meanings that individuals and groups assign to various human or social aspects (Bricki & Green, 2018). The method was employed in this study to explore and understand the various meanings that Western-trained practitioners in the Sekhukhune District assigned to collaboration with THPs. The study was rooted in the interpretivist paradigm, which allows for the researcher to have an understanding of the world of human experiences (Thanh & Thanh, 2015). The nature of the study was exploratory descriptive design. This type of design is essential as it allows the researcher to have a better understanding of the participants based on their experiences (AlYahmady & Saleh, 2013). This research design was thus found appropriate for the nature of the study because it allowed the researcher to gather data from experienced individuals that have been found to produce highly reliable results. Furthermore, there are no known studies that seek to explore the matter in the Sekhukhune district and little is known about the Limpopo Province at large.

3.3 Sampling

The researcher used purposive sampling through expert opinion sampling for the identification and selection of participants. According to Patton and Cochran (2002), purposive sampling entails selecting participants because they are likely to generate useful data related to the phenomenon and or problem studied. Expert opinion sampling is a type of purposive sampling that gives preference to experts within a field that is under study (Etikan, Musa & Alkassim, 2016). Similarly, the researcher in the present study made use of expert opinion sampling to select a sample of Western-

trained practitioners working in the Sekhukhune hospitals that offered mental health care to a range of users within the district. The identified sample comprised of 5 clinical psychologists, 5 medical officers working in psychiatric units and 7 psychiatric nurses drawn from public health facilities in Sekhukhune District. Though a sample size of 15 participants was envisaged, the researcher continued to enlist more participants until a point of saturation as recommended by Fusch and Ness (2015) was reached with 17 participants. Due to lack of Western-trained practitioners in the district, the overall sample consisted of 17 Western-trained practitioners who were 7 nurses (05 females and 02 males); 05 medical officers (02 males and 03 females) and 05 psychologist (02 females and 03 males).

3.4. Preparation for data collection

Guided by the sampling strategy of the study the researcher started by contacting the district offices to obtain a list of hospitals that had psychiatric sections and later contacted the hospital management from each of the hospitals to arrange appointments with the required professionals from those hospitals. On the day of the interviews, the researcher was formally introduced by each hospital's management to the required participants and each of them was allocated their time of availability to participate in the study.

3.5. Data-collection

Data was collected using semi-structured interviews (see Appendix 1 for interview schedule guide). Adhabi and Anozi (2017) stipulate that semi-structured interviews are flexible and allows the researcher to pose follow up questions. The researcher asked follow-up questions to acquire an in-depth understanding of the participants' responses. An interview space was provided at each hospital for the researcher and one on one interviews were conducted with various Western-trained practitioners falling within the required sample. The interviews were conducted at Matlala hospital, situated in Tsimanyana village, St Ritas, in Phokoane village and at Phildelphia which is based in Dannelton village. The interviews were conducted in English since it is the medium of instruction in most western training. Permission was sought from each participant and the interviews were audio-recorded to advance data capturing. The recordings varied in length depending on each participant's responses. The recordings

were further transcribed and converted into a word document to allow easy usage and analysis for the researcher.

3.6. Data-analysis

Data was analysed using thematic analyses. The use of thematic analyses allows the researcher to identify common issues that persist and main themes that summarise views within all the sets of data collected. The researcher followed the 8 steps of qualitative data analysis as outlined by Tesch (Theron, 2015). The eight steps are as follows:

Step 1: The researcher ought to read the entire transcript carefully to obtain a sense of the whole and jot down the main ideas. In this study, the researcher read through the transcribed interviews while drafting ideas on the views of the Western-trained practitioners and identified similarities in their responses.

Step 2: The researcher selects one case, asks herself "what is this about?" and thinks about the underlying meaning in the information. The researcher's thoughts can be written in the margin. The researcher after reading through the responses noted down similarities in the responses.

Step 3: A list was compiled of all the themes or topics. Similar themes or topics were clustered together. The researcher then grouped similar responses and identified their common factor which became their theme.

Step 4: The researcher applied the list of themes or topics to the data. The themes or topics are abbreviated as codes, which are written next to the appropriate segments of the transcripts. The researcher tries out this preliminary organising scheme to see whether new categories and codes emerge. The researcher then read through the themes and summarised them into codes to see if new categories emerged while noting down each code next to the appropriate segment of response.

Step 5: The researcher finds the most descriptive wording for the themes or topics and categorises them. Lines are drawn between categories to show the relationships. The researcher later identified the most descriptive words that the codes have and used them as categories.

Step 6: The researcher further finalised on the abbreviations for the categories and alphabetised the codes. The researcher checked for duplications and recoded them where it was necessary.

Step 7: The data material belonging to each category was assembled and a preliminary analysis was performed. The researcher then gathered data materials belonging to each category and performed the initial analysis.

Step 8: Existing data material was then recorded by the researcher.

3.7. Criteria of rigour

3.7.1 Credibility

This refers to the extent to which the study findings represent the authenticity of the participants' views (Anney, 2014). In the context of the study, credibility was achieved by using well-established methods for data analysis and data collection. In essence, data was collected through the use of semi-structured interviews and later analysed through thematic analysis. The researcher further assimilated the transcripts of the research as well as the audios to check for congruency between them. The sample used in the study consisted of professionals from various fields of health care specialising in mental health care and from various hospitals within the district under study. Before participation in the study, participants were made aware of their voluntary participation, right to anonymity and their right to withdraw from the study at any time, which ensured that the participant was free to engage with the researcher thus establishing rapport between them. The researcher developed a mutual environment with the participants by formally introducing herself and the study to the participants. The researcher further spent time with the participants to develop a trusting relationship. Credibility was further achieved through triangulation with literature, participants and data collection methods.

3.7.2 Transferability

According to Tracy (2010), transferability is the extent to which the research findings can be used for future studies and practices and whether it can be transferred to other contexts. Tobin and Begley (2004) argue that in qualitative research, the researcher should recognise that external validity is significantly different in the analysis. To

achieve transferability, the researcher in the present study gathered direct testimonies from Western-trained practitioners which provided rich description based on their own experiences. The participants were drawn from institutions that offer mental health care within the district under study. Geographical details of the institutions are outlined in the study. A detailed sample envisaged by the researcher was stipulated and further, the number of participants that took part to reach saturation was specified. Due to a point of saturation being reached, the study finding could potentially be transferred to other WTHPs in other districts. A detailed account of the theoretical framework, the aim of the study, research area, data collection process and the data analysis process is provided. Based on these considerations, the findings of the study could hypothetically be transferable to similar professionals in a similar setting.

3.7.3 Dependability

Dependability is similar to reliability and can be achieved through a process of examining the researcher's findings and discussions of the data (Tobin & Begley, 2004). It refers to the consistency of the research findings that enable other people to follow up with the procedures used in the study and be able to evaluate and critique the process (Moon, Brewer, Januchowski-Hartley, Adams & Blackman, 2016). Similarly, the researcher achieved dependability by conducting individual interviews that were guided by a set of pre-determined questions to be followed during the interview sessions. The researcher continued to probe the participants during the interview to obtain in-depth answers. A prototype of the questions (see Appendix 01) has been attached to the research findings for other researchers to refer to. Furthermore, the researcher followed formally accepted methods of data collection and analysis, and the study design was guided by officially accepted study designs. The researcher firstly introduced herself to the participants and gave a summary of the study, familiarised themselves with the participants and ensured that the participants knew and understood their ethical rights before the commencement of the interviews. After the introduction and briefing, the researcher continued with the initial interview process.

3.7.4 Confirmability

This refers to the level of objectivity within the findings and the interpretation of the findings. It is based on establishing whether the data and interpretation were not affected by subjectivity of the researcher and that these findings are not mere fantasies of the researcher's thoughts (Anney, 2014; Tobin & Begley, 2004). In the present study, the researcher ensured confirmability by obtaining recordings during interviews and used a formally accepted data analysis method to analyse the data collected. The researcher further provided an audit trail of the data throughout the study to allow an observer to trace the development of the study step-by-step. A detailed methodology of the study was also provided to allow the observer to determine the congruency of the data and constructs emerging from it. Confirmability of the results was ensured by using only what has been said by the participants during data collection.

3.8 ETHICAL CONSIDERATIONS

3.8.1 Permission to conduct the study

Before conducting the study, ethical clearance was sought and obtained from the University of Limpopo's Research Ethics Committee (see Appendix 4) The researcher further obtained permission to access the participants from the Limpopo Provincial Department of Health (see Appendix 5) and the Sekhukhune district health offices (see Appendix 6). The researcher further gained permission from the management of each of the targeted hospitals.

3.8.2 Informed consent

Before taking part, the participants were fully briefed about the interview and the purpose of the study which entails the study's aim and objectives. Furthermore, participants were informed of their rights to participation and asked to give the researcher informed consent before participating in the study. The participants consented and completed the necessary informed consent forms before participating in the study (See Appendix 2 and 3 for informed consent letter and form).

3.8.3 Confidentiality

The participants were informed of their right to confidentiality. They were assured that their identities would be kept confidential, and that pseudo-names would be used to conceal their identities. They were further assured that the audio recordings would only be accessible to the researcher and her supervisors. An encrypted file was created on iCloud to protect the audio tapes from other parties.

3.8.4 Privacy

The interviews were conducted in a private space allocated by each of the hospitals. Each interview was conducted on a one-on-one contact with only the participant and the researcher. The participant's right to privacy was respected further by ensuring that the audio-records contained no identification of the participants or any link that may reveal or violate the right to privacy of the participant.

3.8.5 Prevention of risk and harm

Participants risk and harm was prevented by briefing the participants of what the study entailed and further allowing them to consent without any threat or cohesion. The participants were made fully aware of their right to withdraw from the study should they feel the need to do so. Moreover, the researcher removed any possible links that could threaten the participants' ethical rights by ensuring that the participants understood them before consenting to take part in the study. The interviews were conducted in a private space to ensure that the participants would be comfortable and free to take part in the study.

3.9 Self-reflexivity

I was born and bred in one of the villages within the Sekhukhune District. Having grown within the district I am fully aware of the cultural and traditional practices and norms of the area. Growing up in such a context, one is taught to appreciate the importance and values of culture and tradition. This includes the use traditional health practices. This cultural background and my academic training in psychology influenced my interest in the study. As a product of the culture whose practices I have investigated, I do admit that my positionality has influenced the way I have engaged with the subject

matter and the participants in this study. I do however believe that I have tried to stay as closely as possible to the prescripts of qualitative research.

3.10 Significance of the study

The study will assist policymakers and implementers of the National Department of Health's Mental Health Policy Framework and Strategic Plan 2013-2020 to have a better understanding of the possible facilitators and inhibitors concerning collaboration between traditional health practitioners and Western-trained health care providers. The study will offer a model that will assist the two health systems to work together effectively as well as benefit the service users by providing them with a mental health system that offers treatment from various perspectives. Since the number of Western-trained mental health practitioners is low, it will further help reduce burnout for the workers by bringing in traditional health practitioners to assist them to work efficiently. Having the two systems working together will initiate methods that may reduce the prevalence of mental illnesses and develop innovative treatments for mental illnesses through joint involvement.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter discusses the findings of this study, including the demographic and geographic profile of the institutions visited, which are presented at first and followed by themes that emerged from data analysis on the perceptions of Western-trained practitioners:

4.2. Demographical and geographic profile

Institution	Location	Gender of participants	Number of participants
St Ritas hospital	Phokoane village	5 females and 2 males	07 participants
Philadelphia hospital	Dannilton village	3 females and 3 males	06 participants
Matlala hospital	Tsimanyana village	2 females and 2 males	04 participants

Table 4.1: Demographic and geographic profile

Table 4.1 presents the demographic and geographic profile of the participants. It represents the three institutions where data was collected, in the selected district and also the villages which were used in this study. The total number of participants included in the study were seventeen (17) of which ten (10) were females and seven were males. The seven participants were from St Rita's hospital, six from Philadelphia hospital and four from Matlala hospital.

Theme number	Theme	Sub-theme
1	Shared goals on collaboration **(4.3)**	An existing perception by WTPs that THPs practices and knowledge is questionable is outlined **(4.3.1)**

		Impractical ideation due to differences in the scope of practice **(4.3.2)** The possibility of collaboration to achieve better treatment and management of illnesses is suggested **(4.3.3)** A possible initiative to provide a range of services is welcomed **(4.3.4)** The existing lack of support for the suggested collaboration **(4.3.5)**
2	A good effect on collaboration is anticipated **(4.4)**	An outline that collaboration might improve traditional medicine regulation and working relationships **(4.4.1)** The establishment of treatment from various scopes of practice is anticipated **(4.4.2)** A solution for late entry into hospitals to facilitate early diagnosis and treatment **(4.4.3)** The provision of different services for patients to choose from **(4.4.4)** Clear Guidelines to facilitate the collaboration **(4.4.5)**
3	Managing interdependence between traditional and Western-trained practitioners **(4.5)**	The collaboration is perceived as an impractical idea **(4.5.1)** Implementing health education and meetings to facilitate reaching an understanding between practitioners **(4.5.2)** Ensure that traditional medications are Lab-tested and regulated as well as educating families **(4.5.3)** Implementing health talks, mental awareness, networking and workshops for practitioners **(4.5.4)**

		Providing traditional health practitioners with in-service and formal training on mental health **(4.5.5)** Provide Western-trained practitioners with drafted guidelines, policies and a plan of action**(4.5.6)**
4	Proposed ideal structures to govern the collaboration **(4.6)**	Various bodies (family, society, WTPs and THPs) coming together **(4.6.1)** Combining current existing structures **(4.6.2)** Current structures actively communicating **(4.6.3)** Using practitioners with experience from both perspectives to form a new structure **(4.6.4)** Continuing to work with current structures **(4.6.5)** The Department of Health as the leading structure to govern collaboration **(4.6.6)** There should not be any development of regulatory structures **(4.6.7)**
5	Recommended legislation and policies on collaboration **(4.7)**	Failure to introduce legislation and policies to employees **(4.7.1)** Existing legislation and policies perceived as impractical documents **(4.7.2)** Conducting ground research before documentation of policies **(4.7.3)** Withdrawal of the currently existing legislation **(4.7.4)** Finding ways to make current legislation work **(4.7.5)** Amendment to current policies **(4.7.6)** Enforcing equality among practitioners and ensuring equal presentation of patients **(4.7.7)**

6	Suggested factors that may foster collaboration **(4.8)**	Put the idea on trial or into practice before formal implementation **(4.8.1)** Using collaboration among participants as a measure to prevent patients from stopping the use of the alternate medication **(4.8.2)** Enforce enhanced communications with and management of patients **(4.8.3)** Use the collaboration as a measure to develop better treatment/medications **(4.8.4)** Providing a range of treatments and building traditional institutions to service patients **(4.8.5)** Ensuring that patients consult registered THPs and thus reducing the workload on other WTPs **(4.8.6)** Enhancing knowledge about each other's scope and referrals **(4.8.7)** No positive outcomes in collaboration **(4.8.8)**
7	Proposed factors that hinder collaboration **(4.9)**	Existing formal referral-systems often serve as a barrier **(4.9.1)** Lack of shared success rates/reports on the success of THPs **(4.9.2)** The differences in medications used **(4.9.3)** Clashes in the belief system and cultural norms and morals of practitioners **(4.9.4)** Taking credit for the work done by Western-trained practitioners **(4.9.5)** Untested medications used by THPs that lead to physical illnesses **(4.9.6)** Clashes in the pathology of mental illnesses that exist amongst the two systems **(4.9.7)** Resistance to change by some Western-trained practitioners **(4.9.8)**

8	Referral system that exists in the health care system **(4.10)**	Unacceptance of possible referrals to THPs by Western-trained practitioners **(4.10.1)** The need to refer due to patients' belief in THPs **(4.10.2)** Development of formal referral systems that allows referral to THPs **(4.10.3)**

Table 4.2. Themes and sub-themes

4.3 Shared goals on collaboration

What is perceived to be shared goals amongst practitioners from the two systems was based mostly on the practices of THPs as to how it would be beneficial and the negativity that practitioners hold towards the collaboration. Various indicators are discussed as follows.

4.3.1 An existing perception by WTPs that THPs practices and knowledge is questionable

Western-trained practitioners indicated that they have never been exposed to or been in contact with THPs before. They are not knowledgeable about what they do, how they work and even their treatment methods. As a result, they do not see any possibility of collaboration as they do not have an understanding of the practices followed by the other service provider. These ideas are supported by the following direct quotes:

> *"I have never spoken to a traditional healer, I never had an encounter with one so I don't know how they work, I don't think I'm in a position to can say whether it will work or not cause I don't even know what they do or if they use herbs or what. If I knew how they work I will be in a position to say if what they do could be similar to what we do, or if we could work with them." (*Participant 14, female*)*

> *"I don't know, one of the reasons when a patient presents and they give their history to a traditional practitioner I don't know how their spirituals work and the herbs that they choose while ours is evidence-based."* (Participant 17, female)

Based on the above extracts, it does appear that Western-trained practitioners are less knowledgeable about the practices of THPs. Western-trained practitioners appear to be less exposed to the work of THPs. Consequently, there is a need for each health care system to be educated about the practices of the other.

4.3.2 Impractical ideation due to difference in scope of practice

Modern practitioners who have insight into the work performed by THPs regarded the collaboration to be impractical since the two systems differ in scope. They indicated that their practices are far apart for them to be able to work together in a mutually beneficial way. This idea is confirmed by the following excerpts:

> *"Based on my experience so far I would say it can't work because we work differently, most of the traditional they believe that most of the mental illnesses its witchcraft-related and some of the patients that we get in the hospital from those traditional healers, you find they have been kept there for months been tied up and beaten on a daily basis to have the things that possess them to leave so it will be very difficult for them to understand when we talk about neurotransmitters so most of traditional don't believe in physiopathology but spirituals. So I rea0lly don't think it will work because we are using two different methods that could never come together. It won't work because they are focused on beliefs and we are based on medical procedures so the difference in treatment and causes will not make it possible."* (Participant 1, male)

> *"My view is that I don't think it will work because most of the medications that traditional practitioners use they contradict with the Western medicine, we are not even sure of the doses that the traditional give their patients or use, how much and also the content inside. We have seen so many patients coming here in critical states saying its traditional who gave them medications that have affected their kidneys very badly so I don't think it will work based on that."* *(*Participant 2, female*)*

> *"I think when the policy was implemented I was doing my M1 and I did it in class, and it sounded like it would be practical, and examples were even given. I really think the collaboration is not practical and what makes it impractical is that there is no outline of how it should go about it because so far we are two different disciplines and our understanding of psychopathology is totally*

*different. Now you are asking this people from different perspectives and different understanding to come and help each other in assisting patients with mental health care so I don't think it will work unless there is a clear stipulated way of saying how you guys can collaborate." (*Participant 11, male*)*

Based on the above extracts, it is evident that Western-trained practitioners fail to accommodate THPs due to their differences in scope and the manner they were trained. Such practitioners have insight and knowledge of the practices utilised by traditional health practitioners and have an idea of how they work as a result they cannot see a way in which they will be able to work with them. The scope includes treatment, pathology and diagnoses whereby the differences have further led to Western practitioners putting blame on THPs for causing other illnesses for patients and/or worsening the evident mental health issue that a patient presents with.

4.3.3 The possibility of collaboration to achieve better treatment and management of illnesses is suggested

Some do not see any success in the collaboration, but some Western-trained practitioners have indicated that the idea can be a success and could contribute to achieving better treatment and better management of mental illnesses. They showed interest and are open to collaborating with THPs. The findings are supported by the following responses:

*"In my opinion, I cannot shy away from the fact that we are cultural people as an ethnic group of blacks, as a matter of fact before they come to us at the hospital they start from traditional practitioners so if we are to work together with them maybe we can come up with ways of treating and sedating patients and restraining methods. And if we collaborate we know that if they get a psychotic patient they also have Western medications and we also know who we are working with and who we can contact." (*Participant 8, female*)*

'I think collaboration in any form where we are giving health services in any form is very essential so I believe working together yes, it's needed because we come from different scopes of practices in terms of the views that we hold and how we approach the management. So in a way, the way I manage a

*patient and the way they manage a patient coincides so we do need to work hand in hand with them." (*Participant 9, male*)*

*"I think the collaboration can be able to take place and be carried as long as there are workshops about it prior implementation." (*Participant 12, female*)*

Regarding the above extract, collaborating with THPs is viewed as essential in the field of psychology since people still prefer to go to THPs even before attending hospitals. The collaboration will be essential in bridging the gap and communication barrier between the two systems. The collaboration will help in the development of treatment measures that are different from those of the West and will help equip the THPs with safe and hygienic ways to deal with/treat patients.

4.3.4 A possible initiative to provide a range of services welcomed

Western-trained practitioners have indicated that having the collaboration is a great initiative that would help in providing mental health users with a range of services that vary in scope but will accommodate all the users' beliefs. This is confirmed by the following quotes:

*"I think it's a good initiative especially if we look at that we are Africans and we cannot look at mental health from a Western viewpoint only so we should use both medical viewpoint and traditional viewpoint." (*Participant 15, male*)*

*"From my view is that in our African ways there are certain illnesses or diseases that the Western way of life cannot be able to treat them but only Sangomas or traditional healers can be able to treat them so it is way better when you collaborate the two so that the patient can be treated because the main focus should be on the patient and not whether this strategic will work or not." (*Participant 10, male*)*

*"I think it can be a good idea to collaborate the two because our patients, there are some who believe in Western and some believe in traditional so I believe it could work." (*Participant 7, female*)*

The presented direct quotes from the participants in these subthemes, highlights the need for collaboration within the field of psychology. Bringing in the THPs will help

develop a range of treatment measures that could be used to treat mental illnesses and further provide a range of services to patients with mental illnesses.

4.3.5 The existing lack of support for the suggested collaboration

A few of the Western-trained practitioners have shown no interest or support for the proposed collaboration. They have indicated that the idea was impractical and could not work. This has been found in the following direct quotes:

> *"I don't think so, it will just complicate things." (*Participant 3, female*)*
>
> *"I don't see any possible partnership because they do not agree with what we do at the hospital." (*Participant 13, female*)*
>
> *"As black people we must not undermine the fact that witchcraft is there, but I still don't believe there could be a partnership, because the patients that we have had when they come in, instead of treating their mental issues we now have to start with treating their physical, because of the damage that was caused by traditional medication." (*Participant 4, female*)*

As evidenced in the above abstract the collaboration between THPs and Western-trained practitioners during the care of mental health care users is a no go area. Western-trained practitioners show no interest or willingness to get close to THPs and learn their ways. The idea of collaboration is found to be absurd and too impractical to be initiated irrespective of cultural aspects that may affect individuals' mental health.

4.4 A good effect in collaboration is anticipated

The collaboration was deemed to be essential in providing change for Western-trained practitioners and the service users. Even with the recognised importance, some Western-trained practitioners have seen no difference that could be possible with the collaboration.

4.4.1 An outline that collaboration might improve traditional medicine regulations and working relationships

Some modern practitioners have indicated that having collaboration and implementing it could bring change in the services rendered to patients. The collaboration can provide change regarding treatments being offered to patients and also it could assist with regulating the medications that THPs use on their patients. The findings are evident in the following:

> *"In my opinion I think yes because as they are primary givers if they have both kinds of medication they will be able to give the patient suitable treatment there and then it will work in the best interest of the patient. They will get treatment at first hand. It will also enhance the referral system and communication between us." (*Participant 8, female*)*

> *"Yeah, change I think it might assist as much as I don't believe in the collaboration, but when we working together and we get exposed to what they do and they also get exposed to what we do, it might assist the patients but on my side is based on what the patient gets exposed for example they are given medication that causes renal failure, so if we work together it can assist in that manner and we examine their medications." (*Participant 1, male*)*

> *"To some extend in the rural areas because a lot of people still believe in traditional practices it will bring a change in a sense that people won't go outside to seek help from practitioners who we are not sure of or what they have used so maybe if we merge we can test their medications and they do evidence-based practices on medications they use on communities and that could reduce the mortality rates that we have of patients who go out to seek help from traditional practitioners." (*Participant 2, female*)*

The collaboration of both systems will be essential for mental health care users. Initiating the collaboration will provide a change in the psychology field by making available new treatments, and assisting that THPs can be regulated within the mental health care structure. Furthermore, it will help in regulating their medications thus contributing to a reduction in the severity of mental illnesses.

4.4.2 The establishment of treatment from various scopes of practice is anticipated

Some Western-trained practitioners have indicated that having the collaboration implemented practically could lead to the development of various treatments that would come from a range of scopes. This allows patients to have varied treatments for their mental illnesses. The following responses are in support of the idea:

> *"If it's practically collaborated I think for me it will bring change because in our African way like I said we have certain disorders that in a Western way they can't be cured but if there is collaboration between the two we can be able to treat illnesses that are caused by certain ways of African way or caused by things that cannot be treated in a Western way because there are times where we can find a patient who has hallucinations or delusions and we think they have psychotic symptoms while traditionally they are having a calling from the ancestors and they have to go and do rituals for them to be well." (*Participant 10, male*)*

> *"I think it can bring change as long as we adhere to treatment, and adhere to your traditional medication as well." (*Participant 7, female*)*

The collaboration will be essential for mental health care as it will help enhance the type of treatments that are being offered and further provide its users with a range of varied treatments from various scopes and practices. The implementation should thus be carried out in a practical manner that allows for the systems to work together in the most effective and mutually beneficial manner.

4.4.3 A solution for late entry into hospitals to facilitate early diagnosis and treatment

It was revealed that implementing the collaboration could assist in closing the gap of late entry into hospitals by mental health users. This was based on the issue that Western-trained practitioners have indicated that many users take time to come to hospitals since they start at the THPs first, in which case collaboration of the two systems would lead to better communication and give them access to the patients at an earlier stage of their illness. The following statements support this:

> *"Yes, the patients' lots of them spend lots of time with traditional healers and sometimes it takes a whole year with no change because there is no health education, all of them believe its witchcraft so the change can be in the form of*

*treatment. If there is collaboration, there won't be a delay of patient coming to us." (*Participant 12, female*)*

*"The traditional healers keep them there for too long and when they come to us they are already worse, and we have to help them. If they could refer to us before they treat them." (*Participant 5, male*)*

*"Some patients when they come to us they believe its ancestors or witchcraft so when we tell them Western causes they don't believe us and end up going to the sangoma. If we work together we can see patients at the same time." (*Participant 14, female*)*

It has been indicated that Western-trained practitioner are faced with issues that include having patients come to them at a later stage of their illnesses since they start off by going to THPs before consulting the WTPs. The collaboration will be effective and useful for the field in reducing the level of late entry by bringing the THPs into the primary health care institutions and working closely with the Western-trained practitioners. It will bring the two systems closer to each other. When THPs receive a mentally ill patient they can work with the Western-trained practitioners and treat the patient before their illness can escalate.

4.4.4 The provision of different services for patients to choose from

The Western-trained practitioners agreed that collaboration was essential as it will provide a range of services for the patient, giving them a wider choice of treatments to choose from. The following statements support the agreement:

*"I believe that especially now if you look at some patients, they still believe in tradition so if you believe in that you can still choose to use that and if you believe in Western medication you can also follow that." (*Participant 15, male*).*

*"I don't know how they could work but they should try to bring them to the hospitals or create a section for them in the hospital that way we know we work with registered healers and patients consult with them safely." (*Participant 2, female*)*

The collaboration is important for the health care profession as a whole as it will help enhance the health care they can provide. It will provide mental health care users with

a bigger range of services, giving them the option to choose from a variety of services that look at various causes and offer varied treatments. It further allows for the patients to have access to a system that they believe in, in a safe environment.

4.4.5 Clear guidelines to facilitate the collaboration are needed

It appears that Western-trained health practitioners would prefer that some form of guidelines be put in place before any form of collaboration with THPs can be contemplated. The following extracts illustrate this:

> *"If there are clear guidelines which would obviously be researched then there can be able to bring change." (*Participant 11, male*)*

> *"If there are proper guidelines and implementations I would because I would know if we working with legit healers and also if my patients are safe" (*Participant 1, male*)*

There is a need for the idea of collaboration to be researched further for mental health practitioners to fully comprehend the implementation of traditional health practices. The idea needs to be guided by formal guidelines that will govern the practitioners and oversee the collaboration.

4.5 Managing interdependence between traditional and Western-trained practitioners

Western-trained practitioners have indicated in various ways things they consider to be essential in ensuring that there is a level of interdependence that exists between practitioners from the two systems. The measures are discussed as follows.

4.5.1 Collaboration perceived as an unpractical idea

Only a few of the Western-trained practitioners have indicated that they do not think there is anything that can be done to bring the two systems together. They see the idea of collaboration as being impractical, and are not willing or open to doing anything that can help to manage interdependence between the two systems. The following responses are some of their comments:

> *"I have no idea; I don't know how the two could possibly work together." (*Participant 14, female*)*

*""I don't think so, it will just complicate things. We cannot work together without one interfering with the other." (*Participant 3, female*)*

*"No it cannot be possible for us to work together." (*Participant 5, male*)*

Looking at the above, it appears that Western-trained practitioners are reluctant to collaborate. The unacceptance of this idea leads to practitioners not focussing on finding ways that could make the idea a reality. It is clear that they see collaboration as being impractical within their field and as a result, they believe that nothing could be done to enforce mutual relations or interdependence between the two systems.

4.5.2 Implementing health education and meetings to facilitate reaching an understanding between practitioners

Several of the modern practitioners felt that if there could be health education provided to THPs, and constant meetings conducted between the THPs and the MPs then they should be able to reach a consensus. They believe that there is a need to develop some level of understanding between the two systems, which could be achieved by educating the THPs and constantly meeting with them. This can lead to them having a better understanding of the THPs and vice-versa. This is based on the following direct responses:

*"Traditional practitioners can be given health education about mental illnesses, there should also be constant meetings cause as much as we say we are collaborating we need to understand them and they also need to understand us. We need to give each other education like if they say they give patients certain concoctions if they are researched well they could be found to be a better treatment than what we use. We should do more research on it and also do awareness campaigns on mental health." (*Participant 8, female*)*

*"Number one its understanding, we need to have an understanding from both sides as doctors we should not be too fixed that we are all right and even them they should be too fixed that what they do is all right, so I think it will take understanding." (*Participant 1, male)

*"If they can teach traditional practitioners about mental illness it could be better." (*Participant 17, female*)*

Analysing the above, there is a need for health education to be rendered for the traditional and Western practitioners within the field of psychology. This is in essence educating each system about the other. Knowing the opposing system will help the practitioners in developing a level of trust between each other and understanding how the other system operates, thus creating some level of acceptance between the systems.

There is a need for the two systems to have constant meetings and be in contact with each other. This will allow them to engage better and be familiar with each other, therefore developing an understanding of the other system. The engagement will provide trust between the systems and develop a successful collaboration.

4.5.3 Ensure that traditional medications are Lab-tested and regulated as well as educating families

It was further established that Western-trained practitioners believe that to better manage interdependence of the two systems in their collaboration, the medications that are being used by the THPs need to be formally regulated and lab-tested. This allows for the eradication or reduction of elements that may lead to the development of other illnesses above the mental illnesses that the patient would have presented with. There is also a need to educate families about mental illnesses and the treatments that are used in order to enhance their knowledge of mental illnesses. The following statement is in support of the idea:

> *"Let the drugs that they give them be regulated and measured, let pharmacists come in and work with traditional healers who are registered and deal with herbals and everything so let their medications be assessed so they do not harm patients. We can also educate family members about this kind of things." (*Participant 4, female*)*

> *"They must first test the herbs that they use and make sure they are safe because they are not tested and they end up making patients sick." (*Participant 16, male*)*

Based on the above extract, it is evident that mental health practitioners are sceptical of the medications that traditional practitioners use. There are arguments that their

medications are not regulated, and thus not safe for their patients. It is essential to have traditional medications used on mentally ill people lab tested and regulated to ensure safety for the users. Not only should the medications used need to be regulated, but families of mentally ill people should also be educated about mental health. The regulation of traditional medication will provide Western-trained practitioners with assurance, and as a result, they can be able to work with traditional practitioners to treat mental illnesses and expose them to possible new treatments.

4.5.4 Implementing health talks, mental awareness, networking and workshops for practitioners

Other Western-trained practitioners made mention of conducting health talks, mental awareness campaigns and workshops, and further creating networks with various THPs. Providing initiatives can improve knowledge of both systems and enhance collaboration thus developing a mutual relationship. This is manifested in the following responses:

> *"More awareness and workshops, we need to have meetings and debates need to be held and also use the research that we have to document the competence of medications." (*Participant 9, male*)*

> *"Maybe if we can do workshops with them, they can be able to understand us. Health talks, mental awareness with traditional healers and also families of patients with mental illnesses" (*Participant 13, female*)*

> *"If we can have networking with traditional practitioners' maybe that could help, we have networking where we discuss issues of referrals and treatment." (*Participant 7, female*)*

It is evident that the field of psychology needs to engage more with traditional health practitioners. They need to have workshops where issues of pathology, treatment and diagnosis are discussed and clarified. This workshops can assist in networking and bringing the systems closer to each other. They need to have health talks with its practitioners, traditional practitioners and health care users. Having such engagements will help to bring the systems closer to each other and developing trust between the key stakeholders.

4.5.5 Providing traditional health practitioners with in-service and formal training on mental health

Training was also identified as one of the elements that Western-trained practitioners proposed to be initiated to develop a level of interdependence. They have indicated that there should be in-service training as well as formal training for THPs to improve their understanding of mental illnesses and the Western practice of mental health. This is supported in the following direct responses:

> *"I think we should in-service traditional healers about mental illness because others think its ancestral issues so I do think they need in-service training." (*Participant 16, male*)*
>
> *"I don't think there is anything that can be done unless there is a formalized training for traditional healers maybe they also go on theorem and be taught of what is mental illness and what so ever but besides that no." (*Participant 11, male*)*

Various forms of training are essential for the psychology field as it will expose each system to the ways of the other. Traditional health practitioners need to be trained formally for them to gain full integration into the health care system. The THPs need to be trained to help them understand mental illnesses in theory and its causes. The collaboration can help in developing forms of training that both systems can undergo to develop a mutually beneficial relationship to the benefit of their users.

4.5.6 Provide Western-trained practitioners with drafted guidelines, policies and a plan of action

Some WTPs indicated that there is a need to have representatives from both systems working together on projects and research to develop a plan of action on how the collaboration is to be effected as well as further developing policies that could assist in facilitating and setting guidelines for future collaboration. This is based on the following responses:

> *"We obviously should have representatives from both sides coming together maybe in a project or something, then they draft a plan that we can use and*

*select few Western-trained and few traditional to go to workshops that teach us about each other's scope." (*Participant 1, male*)*

*"Traditional practitioners could disclose more on their medications and if we could have a certain body that would give guidelines that could govern the two of us." (*Participant 2, female*)*

*"I think the only strategy is to be based on the policies, if they can draft a policy on how to deal with the consultation with a patient, I think it will be well because in somewhere somehow in a traditional way there can be a divulging of confidentiality of the patient and another ways in Western way there are always certain rules that control us as professionals to make sure the patient confidentiality is respected, so if there is to be a collaboration there should always be rules, the rules will help both sides so that we can work with each other well." (*Participant 10, male*)*

It appears that the health care sector still lacks research on the topic. There should be more research done on the topic, which could help those governing the collaboration within the field to better develop formal guidelines and policies that can oversee the collaboration of the two systems. Having developed formal guidelines and principles for the practitioners they should be able to work together more effectively.

4.6 Proposed ideal structures to govern the collaboration

The Western-trained practitioners have proposed various structures that they perceived as ideal to govern the collaboration. The following are structures that they indicated that thought could oversee the collaboration.

4.6.1 Various bodies (family, society, WTPs and THPs) coming together

Western-trained practitioners indicated that to develop structures of governance that could govern the collaboration successfully, the government should involve all stakeholders i.e. families, societies, Western-trained practitioners and traditional health practitioners. This is reflected in the following direct quotes:

"It is possible to develop one but it's going to take time, it will have to start with us as individuals to remove stereotypes and attitudes we have towards each

*other, then later it's then that we can develop a working structure of governance. It will need various bodies like families, social workers, psychologists and traditional practitioners. The Western councils and traditional councils can come together as one and draw new rules and regulations" (*Participant 8, female*)*

*"They must make sure everyone is involved, the structure must have a representative of families, sangomas and us." (*Participant 6, female*)*

It is evident that for collaboration within the mental health care to work all the stakeholders that are involved need to come together to form one solid structure that can govern the collaboration. The structure should be structured in such a way that there is a representative from society, and someone representing families, representatives from the Western practitioners as well as from the traditional practitioners. The representatives could vary from practitioners to members of the regulatory councils and families.

4.6.2 Combining current existing structures

Some MPs have indicated that the ideal structure needs to be a combination of all the current structures that already exist, but operating independently. These different structures should come together as one and govern the collaboration. The following responses are in support of the latter:

*"For me, I think the only collaboration that can be done is for the two to be collaborated and be one organization, there can be more than one body where one deals with the traditional way and one deal with the Western way but also be some policy that governs each and every institution that is there and in that way it's going to help a lot of THP who feel like they are not included in the process of helping people because what is been used in South Africa is always the Western way of practices and is biased because not all patients in South Africa when they have any mental issues use Western ways only they also use traditional." (*Participant 10, male*)*

*"We need to identify where we will fit in traditional healers in the referral system and in our council, but it is quite a tough one so I don't know." (*Participant 7, female*)*

In accordance to the above extract, it appears that regulatory structures that oversee the Western-trained practitioners and those that govern the traditional practitioners need to combine and form a structure that can govern the collaboration successfully. Both of the systems have independent boards that function independently and have their own regulations. They must combine to develop regulatory measures for the collaboration to be a success. The Western-trained practitioners need to find ways that they can accommodate the THPs in their system and become one solid structure.

4.6.3 Current structures actively communicating

While some MPs advocated for the development of new ideal structures, others indicated that there was no need to develop new structures, rather have the current structures actively communicating with each other to better govern the collaboration. This was evident in the following responses:

> *"Number one like I have said these things are just there in paper but practically they not happening, so number one is that this existing structures should form a structure where they will interact with each other more often because the problem with structures is that they tend to interact with each other only when there is a need like when something has happened." (*Participant 1, male*)*
>
> *"If we could have a system where a patient is referred from a traditional healer and I would be able to document from my side what I would then be suspecting is happening. We should have a system where we are able to report back and say this are the positive achievements we found from working with a traditional practitioner, we should also offer facilities in terms of Western technologies that we have to try and research some of the traditional medications, allow them to test their medications. The structures should remain independent as they are now but have constant communications and meetings to give feedback and progress on their treatments." (*Participant 9, male*)*
>
> *"If they can meet with the hospital team maybe once or twice a month then we can be able to talk about how to handle patients and develop proper guidelines." (*Participant 13, female*)*

It appears that there is no relevance in trying to develop a structure that will oversee and govern the collaboration of the two systems in combating mental illness, rather

the current existing structures should engage in active communication. Active communication between current structures will close the communication gap, and help the systems to actively engage and deal with issues that may affect their collaboration, managing to develop ways that will ensure a mutual relationship between the systems. It will give them a platform to report back and reflect on the collaboration.

4.6.4 Using experienced practitioners from both perspectives to form a new structure

It was further discovered that Western-trained practitioners preferred having practitioners who have insight and experience in both systems to be the ones who can advocate for the collaboration and run with it. This is evident in the following responses:

> *"I know of medical practitioners who are also traditional practitioners so if there was a body that needs to be developed we could have those practitioners forming a body which will talk to both the traditional and the Western as they would know two sides of the story and can be able to come up with solutions that could be feasible for both." (*Participant 2, female*)*
>
> *"I don't know, maybe we could ask those who are trained in traditional and Western to head the collaboration or come up with suggestions." (*Participant 14, female*)*

Some Western practitioners are found to have also trained traditionally, thus having knowledge and understanding of mental health from both perspectives. It is suggested that these practitioners should be the ones to establish a structure that can govern the collaboration and ensures its effectiveness. Using practitioners that have an understanding of both practices will allow and ensure that neither system overpowers the other thereby creating checks and balances between the two systems.

4.6.5 Continuing to work with current structures

Some of the MPs have argued that there is no need to develop new structures suggesting that the collaboration be governed by the currently existing structures. This is revealed by the following responses:

*“To make things easier and better we should just leave the existing structures as they are and continue working with them.” (*Participant 5, male*)*

*“I think the system that is there now its fine and its working.” (*Participant 11, male*)*

According to the above extract, there is no need for new structures to be developed to govern the collaboration. It appears that the current working structures are effective and working for Western-trained practitioners. The collaboration should continue to be governed by the currently existing structures.

4.6.6 The Department of Health as the leading structure to govern collaboration

The findings reflect that Western-trained practitioners prefer to have the Department of Health providing leadership on how the cooperation between themselves and the THPs can be managed. The following narratives illustrate this:

*“The department of health can be the one that can help.” (*Participant 17, female)

*“It will be difficult but as professional nurses and doctors we should work together with our department to develop one before we bring THPs in.” (*Participant 12, female*)*

According to the above-mentioned extracts, the Department of Health is the ideal structure that can head and govern the collaboration of the two systems in treating mental illness. The Department of Health should take a stand and foster the integration of Traditional Health Practitioners in health care institutions by providing the necessary guidelines and regulations.

4.6.7 There should not be any development of regulatory structures

Whilst some practitioners have come up with suggestions of developing the ideal structure, some of the Western-trained practitioners saw no need for developing regulatory structures as they saw no need to collaborate with THPs. This is evident in the following responses:

*“I am not keen on collaboration so I don’t think there should be any structures developed.” (*Participant 3, female*)*

*"The problem is that as Western practitioners we do not believe that this people's medications are working, so in terms of the collaboration I don't see how we can do that. So as for the structure I don't see it." (*Participant 4, female*)*

*"I don't think there should be any particular structure rather people just understanding each other and accepting each other as they are, I don't think it's something that needs to be written down or facilitated as long as there is an understanding of each other." (*Participant 15, male*)*

It is clear that Western-trained mental health practitioners are not keen and accepting of the collaboration. They would rather work independently in fighting the battle of mental health and therefore feel that there is no need to develop any structure that could govern the collaboration into being a success.

4.7 Recommended legislation and policies on collaboration

Various suggestions have been made with regarding the legislation that incorporates collaboration. The Western-trained practitioners have indicated ways that the policies and legislations could carry the collaboration as well as the impracticality of the policies.

4.7.1 Failure to introduce legislation and policies to employees

Western-trained practitioners have reported that they have not been able to collaborate with THPs due to the government's failure to introduce policies on collaboration to them or to the institutions they work in. The WTPs are not aware of the collaboration that is documented in legislation and the policies that bind them. This was established in the following responses:

*"Honestly I am not aware of such, from the hospital that I worked before they tried to bring traditional healers to come and work with us but I do not know what happened and what were the legislations behind that but here I have never seen such effort been made. I have never heard or seen that policy before and even in my 8 years that I have been working I have never been in contact with a traditional healer before." (*Participant 1, male*)*

"I don't know about the collaboration that is in the pipeline so I don't even know that there are such kind of legislations or policies but if there is something in the pipeline I am open to it as long as they guide us on how we can do it, be clear

*and specific about how it should happen and to what extent it should happen because for certain things traditional and medical we cannot come together but where possible we should" (*Participant 8, female*)*

*"From my point of view I think we should only treat patients the Western way, the problem is that I am not familiar with such policies and legislation." (*Participant 16, male*)*

*"For me up to so far in terms of the legislations and what so ever I have never heard of them, I am not aware of any of them what I know is the mental health Act that's what I use." (*Participant 4, female*)*

Based on the above extracts, it is evident that the Western regulatory boards have failed their workers and the users of the mental health care system by failing to introduce policies that were developed to incorporate collaboration of the two systems. Western-trained practitioners are not aware of policies that bind them into working effectively, closely and formally. With the traditional health practitioners. Failed introduction of policies and laws that regulate practitioners has thus led to the reluctance and denial of full integration and recognition of traditional health practitioners in the Western health care facilities.

4.7.2 Existing legislation and policies perceived as impractical

Some WTPs believe that the policies on collaboration are nothing but impractical documentation. They argue that the collaboration is something that cannot be initiated or applied in practice, however, policymakers continue to draft such impractical policies and laws. This is evident in the following responses:

*"On paper yes they are good because we live in a society where people have their freedom of choice and freedom of speech, a right to health services they need. So on paper, they are good but in terms of implementation they are not like I said we come from different scopes of practice though we achieving one goal of curing patients." (*Participant 9, male*)*

"I think it's just paperwork, it's easy to comment on something that is being practised but now we are literally just interrogating a paper. It appears to be impractical because there hasn't been an inyanga that was employed by any

*hospital and when you need something you go and consult there for whatever reason so I wouldn't have an opinion on that." (*Participant 11, male*)*

Therefore policies on collaboration are seen as impractical documentation that policymakers have compiled. Policymakers make decisions and draft new policies without going to the forces on the ground to understand the day to day operations. The policies are only good in writing but rather impractical for the practitioners. Policies are drafted but are not put on a trail to test their effectiveness and practicality.

4.7.3 Conducting ground research before documentation of policies

Other WTPs have indicated that there is a need to have the idea of collaboration thoroughly researched before drafting and coming up with new policies. They believe that policymakers do not take the time to consult people on the ground to gain an understanding of their day to day operations and handling of the patients. The following responses are in support of this:

> *"I think more research needs to be done on those policies of collaboration because if they need to come to the ground where everything happens and not just make policies from their offices above, they should go to the people and do research first to see how are they doing things in the Western and how are they doing things in the traditional practices and then from there try to find a merge." (*Participant 2, female*)*

> *"They must consult us first and do more research. They must not seat at the office and decide for us before they research." (*Participant 6, female*)*

The psychology field still has a lot of research that needs to be done for the idea to be fully accepted and initiated. It appears that policymakers fail to research ideas before the implementation of a new policy and though some research may have been done, they are only focused on what is on paper rather than interacting with those on the ground and being inclusive with them.

4.7.4 Withdrawal of the currently existing legislations

A few of the WTPs have indicated that they do not agree with the existing legislation that encourages some form of cooperation. In their view, this kind of legislation should be withdrawn. This is evident in the following responses:

> *"They should not implement them and just come up with another one that does not say we must collaborate." (*Participant 3, female*)*
>
> *"They need to be changed completely so, and we must avoid having to implement them since they will lead to many of our patients relapsing in the hands of traditional healers." (*Participant 5, male*)*

According to the above extract, the existing legislation needs to be withdrawn. There is no need for the implementation of these policies in the mental health care system. Western-trained practitioners are not accepting of the collaboration thus policies that are inclusive of the collaboration needs to be withdrawn. The unacceptance of Western-trained practitioners is a challenge towards implementing policies of collaboration and results in difficulties to fully integrate traditional health practitioners within facilities of mental health care.

4.7.5 Finding ways to make current legislation work

Other WTPs have indicated that there has to be a way to make the existing legislation work and have tried to implement it practically in institutions that provide mental health care. This is illustrated by the following response:

> *"Because the policies are already there we can't change them but after doing all workshops and health education to the public and society maybe we can work with them." (*Participant 13, female*)*
>
> *"There must be ways that the policy can work, we must just find an understanding and network," (*Participant 17, female*)*

In support of the above, implementation of the current legislation needs to continue. The policies already exist and cannot just be withdrawn, a way must be found to make them work. Through various ways of engagement, the legislation can be implemented and lead to a successful collaboration between the two systems. The current

regulatory boards that have initiated the legislation on collaboration needs to actively engage with practitioners to find ways that they can implement the collaboration between the two systems.

4.7.6 Amendment to current policies

It was found that some Western-trained practitioners would rather have the existing policies amended to be practical for both them and the THPs to have them working together effectively, and provide better mental health services to their patients. This is evident in the following responses:

> *"I think they can benefit both us and the patients but they need to be improved so that they can be implemented." (*Participant 7, female*)*

> *"The policies should be changed, review them and make them accommodative of everyone. They must not be one sided." (*Participant 6, female*)*

Policies on collaboration already exist for mental health practitioners, therefore regulatory boards need to amend them and draft them in a way that will highlight how collaboration should be practised. It is evident that clear guidelines need to be included within those policies. Such guidelines should guide practitioners in understanding how the collaboration should be implemented, and how it will work making their working relationship easier.

4.7.7 Enforcing equality among practitioners and ensuring equal presentation of patients

Some WTPs brought the aspect of equality into perspective, they indicated that the legislation needs to be amended to enforce equality. The legislation needs to be drafted in a way that ensures equality amongst the practitioners and the presentation of patients between the two systems. This is demonstrated by the following responses:

> *"With the legislations and policies, I don't know much about it or how they operate but if they are there even though I don't know much about them there should be equality in them and not that the Western one should dominate the traditional or traditional dominate the Western there should be equal and equal*

*presentation of patients, focusing mainly on the patient's well-being and not us only and protecting the patient and also the practitioner. (*Participant 10, male*)"*

*"I think if there is equal management of patients then we can be able to work together. Like if they could make sure that no system dominates the other and is in more control. We must be seen equal." (*Participant 12, female*)*

The distribution of patients amongst the two systems is not equal. The issue of equality needs to be addressed within the legislation. They must indicate how patients will be equitably distributed amongst the two health care systems. The issue of equality can best be addressed in outlining referrals and stipulating how they should be implemented. Legislation should also ensure that there is no dominating system.

4.8 Suggested factors that may foster collaboration

Western-trained practitioners have further indicated factors that they perceived as being ideal to ensure that collaboration is a success. The factors are discussed as follows.

4.8.1 Put the idea on trial or into practice before formal implementation

Some modern practitioners have indicated that the collaboration needs to be placed on a trial basis before it could be implemented. That way it could become evident if the collaboration will be successful or not. This is manifested in the following response:

*"We will need to trial it first in order to can know if it's working or not, because now we are just assuming. It could be possible that those who have used both actually get better than those who have used one of the systems. We will be able to have rules that regulate both of us (*Participant 8, female*)"*

*"I don't know but what I can say is that they must bring them to the hospital first and we test if this could work." (*Participant 5, male*)*

Based on the above, the idea of collaboration within mental health care needs to be tested before it should be implemented formally. Traditional health practitioners should be placed in mental health institutions to see whether the practitioners can work successfully with Western-trained practitioners to observe the challenges they may

experience. After this, it can be decided if the idea will be successful and which areas need to be addressed to improve the chances of the collaboration succeeding.

4.8.2 Using collaboration among participants as a measure to prevent patients from stopping the use of the alternate medication

The WTPs perspective on collaboration is that it will help prevent patients from stopping the use of medication from the one system when they consult with the other system's practitioners. They stipulated that the collaboration will assist in developing ways that allow the patients to benefit from both treatments. The following responses are in support of the idea:

> *"It will also prevent the issue of having patients being stopped from using western medication by traditional practitioners." (*Participant 8, female*)*
>
> *"Yes because it will also help reduce having patients relapse because the traditional healer will perform their own rituals and give medication but not interfere with our western medications." (*Participant 4, female*)*
>
> *"Yes if we know that the person is going to treat the patient correctly and it will reduce having patients been stopped from using western medication by traditional practitioners." (*Participant 12, female*)*

Patients with mental illnesses that have visited traditional health practitioners as well as western practitioners have been found to discontinue the use of medication from one system when they visit the other. It is in these cases that the collaboration is deemed essential as it will allow practitioners from these varying perspectives to develop better ways to work together, that can benefit their users. Ways that would help their users combine both treatments in a workable way.

4.8.3 Enforce enhanced communications with and management of patients

Western-trained practitioners have indicated that the collaboration will be beneficial as it will help in better managing the patients and reducing the backlog of patients in hospitals. It will further enhance communication between them and the THPs. This was established in the following responses:

*“For the mere fact that we both see the same patients so as much as we are far apart each other and not communicating this would help us a lot with bridging the communication gap, it will help a lot in that if we have access to each other and I get a patient who has been to the traditional I can easily call them and ask for the patient’s medical history and also we would be able to test the medicines they have used which would make things easy for our side too so I think it would assist with the management and survival of the patient.” (*Participant 1, male*)*

*“Yes because having one will come with formal information of the patient that the other can be able to use, now when they come here you ask the family what was given and they also do not know so that will help give us the details we want.” (*Participant 11, male*)*

*“If we have formal referrals we can be able to have them not stopping patients from using Western medication and it will also reduce backlog in the hospitals since we have patients who are from Pretoria and other places but are here because they were at a traditional healer and started becoming worse then they bring them to us, if they are around we can be able to reduce physical illnesses that they get after using traditional medication because we will be able to talk to each other and say what would one recommend.” (*Participant 4, female*)*

Better communications are required between the mental health sector and the traditional sector. The systems need to engage and communicate better than they are at present. This will assist in the two systems managing patients in a clear and improved way for all. The collaboration will be a great tool to help in the reduction of the backlog in hospitals, as the role players will be communicating and be able to manage illnesses before they can escalate to another stage. Improved communication will allow the two systems to share patient information effectively.

4.8.4 Use the collaboration as a measure to develop better treatment/ medications

Western-trained practitioners have further indicated that collaborating will help in developing more effective and better ways of treating mental illnesses and producing

new medication for patients suffering from mental illnesses. The following responses are in support of the idea:

> *"But then these medications have been used long before the Western medication and have been working well so maybe with research we can develop more working treatments." (*Participant 9, male*)*

> *"We deal with different patients whereby some believe its witchcraft, others are drug addicts so if traditional practitioners are involved there can be some change in terms treatment." (*Participants 3, female*)*

> *"Maybe after all that we can have positive things, like at the end we can reach one goal of treatment and how to handle patients." (*Participant 13, female*)*

There is a need for collaboration to be implemented within the mental health sector as it will help in developing new treatments for its users. Full integration of traditional health practitioners will expose new remedies and new herbs to the Western pharmaceuticals, which will provide them with the opportunity to learn and develop new treatments for their patients.

4.8.5 Providing a range of treatments and building traditional institutions to service patients

The Western-trained practitioners further indicated that collaboration will be effective in providing the service users with a range of treatments from different scopes of practices that they believe in and thus have a range of institutions to choose from. The following responses are in support:

> *"Positive outcome will be, people who believe in traditional practice will feel free and comfortable being treated in what they believe in and those who want to use Western medical or psychiatric treatment will still receive that with a clear conscience." (*Participant 15, male*)*

> *"it's a tricky one that I never thought of but now that you have mentioned it I think if there was a hospital it would work because think of it right now, most people go there and visit THPs in hiding but if we have those hospitals more people will be comfortable in going there and high chances are that they will be*

*full than Western hospitals. And people will be free in going there." (*Participant 2, female*)*

*"The positive outcome that could come will be on the patient and also on the practitioners because once there is a unity there will always be a good result. Both the practitioners will be united in a way that they want to treat the patient it will be in a good way rather than when they are separated as there will be issues that the Western is better than the traditional or the traditional is better, but when they are united they will be able to see that the only focus should be on the patient and on the patient side the benefit could be that the patient has a spoiled of choice whether use or take the Western practices or traditional practices." (*Participant 10, male*)*

The collaboration idea with traditional health practitioners will be beneficial to the service users. Having THPs available in mental health facilities will allow users to go to accredited practitioners, and they will be allowed to choose from a range of services that are guided by different schools of thought. It will provide them with an opportunity to have a range of institutions that they can freely attend, which are guided by both their cultural and Western beliefs. Allowing them to navigate within various treatments and at the end finding one that they are comfortable with.

4.8.6 Ensuring that patients consult registered THPs and thus reducing the workload on other WTPs

Western-trained practitioners remarked that collaborating will not only be beneficial to them in reducing their workload, but also to the mental health users as they will be able to consult with registered THPs. This is evident in the following responses:

*"One of them would be that our people will stop going to unregistered practitioners to seek help, another thing our western practitioners will also stop having to go to another western practitioner to seek help as they would have the opportunity to seek for another sort of advice." (*Participant 17, female*)*

*"I think that one could work if we have a list of registered traditional practitioners and regulations, because either way our people will still go to them even after we treated them in a western way. That way we are able to have practitioners account for anything that happens to a patient." (*Participant 2, female*)*

It is evident that collaboration within the mental health sector will help service users that have fallen victim of bogus traditional health practitioners. Integration of the practitioners will ensure registration and thus validation. This will prevent bogus practitioners from harming patients. Having the traditional health practitioners on board will further be beneficial for the Western practitioners, as it will help to reduce the workload they are faced with. The district has a huge shortage of Western practitioners and with the traditional health practitioners being given a chance and space within the mental health sector, they can work together to ensure better service for the patients.

4.8.7 Enhancing knowledge about each other's scope and referrals

Some WTPs indicated that collaborating with THPs can help them learn from each other and be knowledgeable about each other's scope, thus working together more effectively. They further mentioned that it will enhance the referrals between the two systems. This is evident in the following responses:

> *"Traditional healers will know about mental illness from a Western side, and be able to know when they can refer the patient to the hospital for further assessment." (*Participant 16, male*)*

> *"When THPs understand mental illness it will help us because most of them just know its witchcraft and do not know that there is a Western element." (*Participant 12, female*).*

Looking at the above, the mental health sector needs to pro-actively educate practitioners about the different systems. This will help the practitioners in developing an understanding of the other system, in terms of how they work and their scope of practice. Providing an understanding and knowledge about one system to the other will lead to better engagements of the systems, and will reduce the beliefs and misinformation that practitioners hold about each other. It will assist in closing the referral gap that currently exists within the two systems. Collaborating will ensure that referrals are done formally to the benefit of the patients.

4.8.8 No positive outcomes in collaborating

Some WTPs have indicated that they do not see anything positive coming out of the collaboration. This is as a result of the two systems having different views on mental health. This was revealed by the following responses from the participants:

> *"I do not see any positivity in it because we are going to end up fighting, us as the department of health and the traditional since our point of views are not the same." (*Participant 5, male*)*

> *"I don't think this could work, what could possibly come out of it that could benefit us." (*Participant 14, female*)*

Some of the Western-trained practitioners are still not open to the idea of collaboration. They do not see anything positive coming from the collaboration, and they have no interest in finding ways that can help make the collaboration a success. The differences in scope are perceived as a challenge as well as a barrier that will lead to nothing but a conflict between the two systems.

4.9 Proposed factors that may hinder collaboration

Western-trained practitioners have indicated various factors that they perceived as being barriers to collaboration. The factors were discussed as follows:

4.9.1 Existing formal referral-systems as a barrier

The current referral system being used in mental health institutions serve as a barrier for WTPs to work effectively with THPs, as this system only allows referrals to be between one Western-trained practitioner and another, and does not make allowances for THPs.

> *"In my level if I tried and failing I send to high level or specialist and not a traditional practitioner (*Participant 14, female*)."*

> *"Well I have no idea, I honestly have no idea because what I'm thinking is that ultimately the Western practice has always taught us that there is always a superior role, you have a counsellor to refer to psychologist to psychiatrist so I wonder where does the traditional practitioner come in, because when we talking interdependence we talking about seeing this person as part of us and*

*this is a different sphere from us, when we say a patient suffer from this they are more likely to say no this person is suffering from something else so that's why I'm saying I don't know what can be done." (*Participant 11, male*)*

It appears that the referral systems in the mental health sector are one way. Allowing only for one Western-trained practitioner to refer to the other. The existing referral system is not inclusive of the THPs and thus WTPs cannot make referrals to them as it will be a violation of the law. There is a need to address the issue of referral rules as it will interfere with Western-trained practitioners collaborating with the traditional health practitioners in a mutual and equal way.

4.9.2 Lack of shared success rates/reports on the success of THPs

Another WTP has highlighted that the lack of shared experiences and success rates prevents them from working with THPs, as they do not have trust in their way of treatment. This lack of trust is related to them not knowing how effective and safe are the treatment that THPs administer to their patients. This is evident from the following responses:

*"If a patient goes to see a THP they don't come back to us to say we got a positive outcome from there. Same here if a patient comes here they don't go back there so we are not informed of their success while ours we have stats that show us how efficient things have been. We use evidence-based so I would actually know of any positive outcomes or negative since we do not know each other's success rate (*Participant 14, female*)."*

*"I don't know anything about those people and their work, there are no reports about them. Even if I were to study them I will not find anything about their work and how they have helped people." (*Participant 4, female*)*

It has been established that the mental health sector is not aware of the success rate of the traditional sector, as there have not been any reports on the success rate of the treatment by traditional medicine for patients with mental health problems. This has thus led to Western-trained practitioners not having faith in traditional medicines, and therefore failing to work with them as they feel they cannot trust their treatment methods. There are no shared records that exist or are published about the success

rates of traditional healing. The lack of shared experiences and success rates stands as a barrier to the effectiveness of the collaboration.

4.9.3 The differences in medications used

Western-trained practitioners reported having issues collaborating with THPs because the two systems use different medications for the treatment of mental illnesses. This is supported by the following responses:

> *"One of them it's the medication that they use because medicines have interactions towards each other so you might find that what I am giving you as a Western practitioner is interacting with what the traditional is giving you and end up having the medications not working. Our things will clash with each other. Also with sterility, there will be clashes." (*Participant 8, female*)*
>
> *"There will be conflict with regards to the kind of treatment that THPs uses, because they treat them badly and also their environments are not hygienic." (*Participant 16, male*)*
>
> *"Negative things will be how they treat patients like they use chains to restrain them." (*Participant 12, female*)*

It appears that the Western mental health treatments vary from those that are being offered in the traditional sector and the difference hinders with the collaboration. Traditional health practitioners rely on traditional medications whereas Western practitioners use Western medications and therapy. This difference poses questions about how the collaboration will be able to be turned into a success. There is a need to indicate how such differences will be addressed. Cleanliness, hygiene and safety of traditional medications are questioned by Western-trained practitioners resulting in mistrust in THPs and their practices.

4.9.4 Clashes in the belief system and cultural norms and morals of practitioners

Other WTPs highlighted that the difference in belief systems from both practitioners serve as a barrier as they both practise based on their belief systems. Their cultural norms and morality in both their practices differ, thus making it difficult for them to successfully collaborate. This is evident in the following responses:

*"As I have said the traditional, its beliefs it comes with a whole lot of other rules and principles that are involved there so you might find that it would be difficult for us to follow some of those things, when we talk culture we talk different things so it will be difficult for us as we come from different cultures that work differently. I am from this culture and now I have to go through other cultural things to interact with a traditional so they may believe that I should respect certain things while on my side it's not my kind of belief. My culture will affect how I have to work with a traditional practitioner, in the Western training they don't emphasize on culture and culture has nothing to do with what I am doing so now I have to be integrated in a system where culture affects what I do, I have to move from a science point of view to a belief because I need to accommodate this person I am working with and me having to do that would put me in a position of discomfort as it contradicts with our own beliefs so we may feel like we are being attacked. The traditional might also undermine us as they would usually say doctors are too young and when we give our honest opinions they may feel we are disrespecting them as elders." (*Participant 1, male*)*

*"The challenge could be that our belief systems are not the same, it might come to a point where people who hold strong belief on Western practices would not want to work with the traditional or be seen in hospitals that may have traditional practitioners working there thus may hinder with services being rendered, also there are those who believe strongly on traditional and do not believe that Western could help so that may kill a lot of people as they would not want to come where things are combined." (*Participant 2, female*)*

*"Firstly it will be a clash of beliefs, I would want to work with somebody who would believe that Schizophrenia was caused by somebody flying with a broom at night. Also, I don't think all THPs are regulated so we run a risk of unethical issues happening and harm to our patients." (*Participant 11, male*)*

Based on the above, training and the schools that practitioners are trained in differ. Things regarded as being moral in Western practice differs from that in the traditional, and the beliefs that the two systems hold are different. The difference in beliefs will lead to practitioners being unable to work together as they will argue about what is

right and what is not. Some Western practitioners are based in areas where the cultures being practised differ from their own and that may further create turmoil. These differences are yet another hindrance to successful collaboration.

4.9.5 Taking credit for the work done by Western-trained practitioners

The WTPs have indicated that they are unable to work with THPs because the THPs take credit for the success of the WTPs work resulting in the WTPs failing to trust them. This is reflected in the following extracts:

> *"Traditional practitioners tend to hold patients for too long when we could have helped, and when they realise they cannot help them they send them to the hospital and from the hospital, they do not send them home but back to the healer's home and claim to the family that they have healed them." (*Participant 17, female*)*

> *"No I never did because from my experience traditional practitioners do not treat them well, they keep them on them and yet collect treatment for them hospitals and claiming that they are the ones that can control mental illness while using western medication." (*Participant 16, male*)*

Western-trained practitioners believe that THPs sometimes take credit for the work that they have done. Their success stories are only claims that take the credit of the work performed in Western facilities. They bring patients to Western facilities and after they have received the treatment they take them back and claim they helped the patient. Such claims have led to Western-trained practitioners not being able to trust traditional practitioners and thus being unable to work closely with them.

4.9.6 Untested medications used by THPs that lead to physical illnesses

Collaboration would also be hindered by the untested medications that THPs use. WTPs believe that those medications lead to the development of other diseases and that makes their job as Western-trained practitioners more difficult and increases their workload. The following responses support these allegations:

> *"The challenges that we would face is that their medication is not lab tested which then results to renal failures in patients." (*Participant 9, male*)*

> *"We will have patients defaulting their medications for something that has not been proven to be working." (*Participant 6, female*)*

A successful collaboration will be affected by the types of medications that traditional health practitioners use. There are arguments within the mental health sector that traditional medications have not helped the people but rather have led to an increase of illnesses since these medications are not validated and tested. The untested medications create a barrier as they appear to be the cause of illnesses rather than a treatment measure. Collaboration in this regard will increase the exposure of patients to western medicines that treat mental illnesses and reduce the possibility of putting the patients' lives in danger.

4.9.7 Clashes in the pathology of mental illnesses that exist amongst the two systems

Some WTPs indicated that they have a different conceptualisation of mental illness when compared to THPs as reflected in the following statements:

> *"We are going to fight with them because of the causes like when a patient has visual hallucination they say its ancestors. Also about their unhygienic places." (*Participant 13, female*)*

> *"Challenges will be related to our patients, our patients are going to relapse and they will no longer do follow ups or collect their treatment from the hospitals. There will also be issues of giving of information for example we say someone has Schizophrenia they will call it something else and we will have contradictions." (*Participant 5, male*)*

> *"There will be issues of traditional telling patients that they are like that because of witchcraft and when you come as a Western-trained practitioner they will no longer believe what you have to say." (*Participant 7, female*)*

It appears that there are issues regarding the pathology and diagnosis of mental illnesses. The Western way of diagnosis differs from that of the traditional and their description of what could have triggered the mental illness also differ. Such differences will create turmoil between the practitioners and will further lead to confusion for the service users as they will receive different opinions of what could have triggered their

illnesses. The difference in pathology therefore affects the collaboration and prevents it from being a success.

4.9.8 Resistance to change by some Western-trained practitioners

It was also discovered that some of the Western-trained practitioners are resistant to change, making it hard for them to accept the transformation that has been proposed by the DoH and thus failing to collaborate with THPs.

> *"The negative outcome from the collaboration could be if others are resistant to change, if there is a resistance like the traditional they don't want to mix with the Western ways or the Western they don't want to mix with the traditional that's where there will be a challenge and also if others believe that their method is better more than other ones. That's where there will be a lot of challenges in collaboration and there will be a lot of confusion just because if I use Western medication I will always tell patients that the traditional is not the best. And the patients end up not being treated very well if there is always jealousy between them." (*Participant 10, male*)*

> *"There are people who do not want to mix with traditional practitioners specially Christians who belief tradition is filthy, and follow ancestors so I think it will take a lot of energy." (*Participant 15, male*)*

> *"From a distance I'm just afraid of traditional healers so imagine if I have to work with one, I would be too uncomfortable unless if they are given a ward of their own and the traditional medicine smell bad and some of us do not believe in that and it will also affect us as health professionals." (*Participant 3, female*)*

Practitioners within the Western mental health sector have issues with transformation. They will fail to adapt to the change that the department may propose, and due to the inadequate adaptive skills that practitioners hold, having to collaborate with traditional health practitioners will be a difficult change for them. Resistance towards change affects the collaboration as practitioners will not be able to work freely with each other and develop trust between them.

4.10 The referral system that exists in the health care system

The referral system that is being utilised in the health care system has been found to have a major effect on collaboration. As a result, it will be discussed further independently. The system affects collaboration both negatively and positively. The following sub-themes emerged in the discussion of the impact the system has on collaboration.

4.10.1 Unacceptance of possible referrals to THPs by Western-trained practitioners

Some Western-trained practitioners were against the idea of referring to THPs. They indicated that they would not be able to refer to THPs due to the type of medications they use and the differences in beliefs and teaching. This is evident in the following responses:

> *"Currently no, I won't because I have had so many patients who went to them and died in my hands, because of the medications that they gave them. Some of this patient they leave here fine and go to them, then they relapse and come back worse because healers stop them from using our medications." (*Participant 1, male*)*
>
> *"No, never. And even if I could, I wouldn't because I believe in the use of trial and error method where you try something if it does not work I try something else." (*Participant 4, female*)*
>
> *"I don't think I will be comfortable with it, remember the issue of tradition it goes with the issue of beliefs and also the naming "traditional" will raise issues with the patients as to what they believe on." (*Participant 11, male*)*

Based on the above extract, it appears that Western-trained practitioners do not want to refer to THPs. This is guided by the treatment that the traditional health practitioners use and also the fact that they do not share the same beliefs and teaching with the THPs. In Western training, the cultural practices are not incorporated in the syllabus and vice-versa. There is a need for the two systems to enhance their training methods by including teachings and practices of the other system in their learning.

4.10.2 The need to refer due to patients' belief in THPs

Western-trained practitioners highlighted that they would not have problems having to refer their patients to THPs because although they may not do it, due to societal beliefs that patients hold, they will continue to go them. This emanated from the following responses:

> *"Yes I would, because we are working in rural areas and even if we don't refer them they will still go and end up going to dodgy ones at the corner who just want to make money." (*Participant 2, female*)*

> *"Definitely, I do that all the time. If I see a patient and my patient believe that they are being bewitched or need some tradition performed I always tell them to go there and seek help then come back if it does not work for them." (*Participant 15, male*)*

> *"No I wouldn't, but I also wouldn't tell them not to go either because it is their choice, even if you tell them not to go they will still go either way." (*Participant 6, female*)*

It appears that patients suffering from mental illnesses sometimes still prefer to go to THPs. Even if the Western practitioners may be reluctant and not welcoming of the referral to THPs, the people will still go to them. This is due to their belief and cultural practices. The collaboration is thus essential in enhancing the referral system in a way that allows them to follow the law and further provide its users with a treatment option that they believe in and/or prefer.

4.10.3 Development of formal referral systems that allows referral to THPs

Western-trained practitioners were found to support the idea of referral systems and indicated that if they were formally implemented they would refer patients to THPs as some of the patients prefer to go to them because of cultural beliefs. The following direct responses are in support:

> *"If there is a formal one yes I would even without a formal one I do because it is not about me but the well-being of the patient. If the patient says they need help from them who am I to stop them, it's within their own right to go there." (*Participant 10, male*)*

*"Yes if it made formal I would but it must be in the willingness of that patient that they want to see one. So I will work with what the patient wants." (*Participant 7, female*)*

*"Yes if it is there then I would refer, putting my feelings aside as I would be binded by the legislation. I would just explain the pros and cons." (*Participant 9, male*)*

It appears that some Western-trained practitioners are willing to refer their patients to traditional health practitioners. Collaborating will lead to the Western system developing formal referrals that the Western practitioners and also the traditional can use to refer their patients from one system to the other without contravening the law. It is thus evident that there is a need for mental health care to develop formal referrals and implement them in their institutions of health care because it is in the interest of health care users.

4.11 Summary of the findings

The sample was composed of 17 participants, who are practitioners working in various mental health care institutions that offer mental health care within the Sekhukhune district and are Western-trained through Western methods. The participants were selected because of their expert experiences in mental health. The study's findings revealed various perspectives of Western-trained practitioners towards collaborating with traditional health practitioners. Every participant expressed their views and thoughts on the collaboration in their own words.

Some of the Western health practitioners seemed to be welcoming, accepting and willing to collaborate with THPs while some felt that the collaboration was too impractical and could not accept it or work with THPs. In their engagement, they raised various issues that may prevent collaboration from being a success. Such issues included the differences in the scope of practice, differences in pathology and treatment and different belief systems. They also indicated factors that they thought may lead to successful collaboration such as formal referral systems, having a range of treatments, shared institutions of mental health care, better communications from both systems and more.

The WHPs further indicated that there are many ways to develop a mutually collaborative environment for health care practitioners such as training and educating each other. This will not only be beneficial to the practitioners, but also the users of both services. They indicated that they were not aware of policies and legislations that govern the collaboration, and that research was needed to develop better working and practical policies. They believe that new structures to govern collaboration needs to be developed to shed light on the configuring of those structures. They stated that collaborating will be essential in addressing issues of treatment and reducing the back log and workload in hospitals.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter presents and discusses the findings of the study. The findings are outlined relating to the study objectives and the literature reviewed for the study. It further addresses the aim as outlined in chapter one. The discussion will be led by the themes that have emerged from the previous chapter.

5.2 Emerging themes

5.2.1 Shared goals between THPs and WTPs on collaboration

Western-trained practitioners have proven that they share some goals with traditional health practitioners. Western-trained practitioners understood that collaboration could increase the range of services offered to patients. This finding is consistent with the results of a previous study by Van-Niekerk et al. (2014), who found that Western-trained practitioners recognised and understood the benefits of collaborating with THPs. Working together will lead to the development of better treatment methods and management of illnesses.

The collaboration will complement the existing methods of treatment and add another element of tradition to treatment. As a result, traditional medication could be used and help in the development of new medications. Habtom (2018), also found that the collaboration could help in standardization of traditional medicines and that Western-trained practitioners in turn, can learn cultural aspects and the use of herbs in traditional healing.

Some Western-trained practitioners recognised some shared goals while others indicated that there could not be any shared goals between them. They found the collaboration impractical due to the difference in the scope of practice. There is a lack of exposure and knowledge about THPs impeding any possibility of shared goals.

Moshabela et al. (2016), also indicated that the systems could not have shared goals as they both operate under different lenses.

5.2.2 Proposed effects of collaboration on the mental health care sector

Collaboration is an important implement in the mental health care sector. Western-trained practitioners have indicated that collaborating will be helpful to both them and the dependents of the health care system. Some practitioners have agreed that collaboration can bring change to mental health facilities. Collaboration could be effective in providing patients with traditional medications that are regulated and treatment from different scopes of practice. Moshabela et al. (2016), in their study, found that traditional healing is regarded by Western-trained practitioners as unregulated and unscientific, perceiving it to be a dangerous practice.

Collaborating could help in changing Western-trained practitioners' perceptions Western-trained practitioners perceive late entry into health care facilities as a barrier to the progress of patients to receive immediate help. Collaboration could be effective in closing this gap among a range of services to patients. According to Van-Niekerk et al. (2014) patients decide on the treatment that they want, collaborating can offer them that choice. Implementing it will lead to the development of proper guidelines to govern collaboration and guide the practitioners in understanding how the collaboration should be carried forward. Only a few practitioners were found to see no possible benefit from the collaboration. They believed that things couldn't be any different by collaborating with THPs.

5.2.3 Managing interdependence between THPs and WTPs

Western practitioners have recognised and indicated some measures that can be used in developing a level of interdependence between Western-trained and traditional health practitioners. They have indicated that there needs to be training provided to the practitioners, a suggestion was that the traditional health practitioners needs to be given in-service training, Furthermore, all practitioners, from both systems, needs to undergo formal training to enhance the knowledge they have of each other. As supported in the study by Nkosi and Sibiya (2018), who revealed that there was indeed a need for training and teaching of one system to the other to develop an essential understanding of the two systems.

The formalisation of the collaboration should also include defined guidelines and policies on how the collaboration should proceed and a documented plan of action should be in place. There should be health-talks to educate each system on how mental illnesses are viewed from the other's perspective. Similar to a study in Eritrea, Habtom (2018), revealed that there should be formal scientific research and documentation on traditional medications to develop a sense of trust between practitioners.

They should hold mental awareness campaigns and workshops to enhance knowledge about each other's procedures and ensure networking between them. Other ways to develop and maintain interdependence include having traditional medications lab-tested and regulated. Education should not only be limited to practitioners only but to the families to help them better understand the causes and treatments of mental illnesses from different viewpoints. The study further found that there was a need to have health education and regular meetings to reach an understanding amongst the health care systems resulting in a sense of trust. Some Western practitioners view the collaboration as being impractical and believe that nothing can be done to develop and manage interdependence between the systems.

5.2.4 Legislations and policies on collaboration

Legislations and policies that advocate for collaboration are found to be unknown to the Western-trained practitioners. A vast number of WTHPs have reported that they were not familiar with any existing policies that required them to collaborate with traditional health practitioners. Whether the policies were informal or formal their existence is unknown to the WTHPs. It appears that the governing structures have failed in attempts to introduce practitioners to new and developing policies that involve them. They have not made any effort to introduce or make practitioners aware of the existing policies on collaboration. Western-trained practitioners were found not to be aware that they were required to collaborate with traditional health practitioners. Mbatha et al. (2012), indicated that the World Health Organisation (WHO) categorised South Africa (S.A) as a tolerant system, a system where health care is based entirely on modern medicine, yet certain traditional medicine practices are tolerated by the law. This is an indication that traditional practices in South Africa are only documented in law but not practically implemented.

The study further found that policies are drafted but are not formally implemented or brought to the ground forces for implementation. The Western practitioners proposed that if such policies exist there is a need for them to be researched further before they could put them into practice. The issue of collaboration needs to be researched before any formal implementation or documentation of policies. They further argued that existing policies should after research, be amended since they already exist. The amendments should include an element of equality in them. This could be achieved by having instructions on equality among the practitioners from both systems as well as equal distribution of patients within the systems. Leading us to the formalisation of referral systems between the two systems.

The amendment of the policies should also be able to answer the “HOW’ question that many practitioners asked about the collaboration, therefore they should indicate how the collaboration will be applied. The policymakers are determined to find ways to make the existing legislation and policies work by providing them with clear guidelines. A study by Summerton (2006), revealed that there is a lack of clear detailed policy guidelines for collaboration and translating policy into practice. The current study found that there were still no guidelines that have been drafted to ensure the effectiveness of the collaboration. Some practitioners who do not welcome the idea of collaborating indicated that they would rather have the policies withdrawn altogether, eliminating the need to collaborate. They argued that the policies are impractical documentation that the department drafted. South African legislation on collaboration needs to be carefully studied to understand the level of practicality in them.

5.2.5 Ideal structures of governance

The Western-trained practitioners in the Sekhukhune district have made suggestions regarding what may constitute the ideal body that could be structured to govern the collaboration. Some suggested that various bodies should come together to form one structure that can govern the collaboration. These included families, societies, traditional health practitioners and Western-trained health practitioners. Other practitioners have suggested that the existing structures should combine into one to better govern the collaboration. Similarly to a study by Habtom (2018), it was suggested that the South African government and all other stakeholders should work together to document the integration of THPs into the health care system.

The ideal structure should be one where there is constant communication between the governing bodies. While some wish for a combination of current structures others advocated an ideal structure as one which consists of various practitioners who have insight into both systems coming together. The structure should be composed of traditional health practitioners who have also been trained as western health practitioners. Other practitioners argued that it was the duty of the department of health to oversee the collaboration. A study by Mior et al. (2010), revealed that Western-trained practitioners failed to recognise traditional health practitioners because the department of health failed to sanction formal documentation on the integration of THPs. Thus it is evident that it is the work of the department to govern the collaboration.

Some practitioners indicated that there was no need to develop new structures, work should rather continue with the current existing structures. As in the study by Mokgobi (2013), it was argued that to fully integrate THPs the integration lies in the hands of the Traditional Health Practitioners Council, Health Practitioners Council of South Africa and the Government. Some Western-trained practitioners have indicated that there was no need to develop any structures. They believed that things should be left as they are.

5.2.6 Factors that foster collaboration

The study found various factors that can be used to ensure that the collaboration of the two systems become a success. There is a need for policies to be placed on trial before they are implemented formally. This will help in understanding the effectiveness of an idea before it could be implemented formally. Further ensuring familiarity of each system with the other, thus developing a sense of understanding and trust. There should further be enhanced communications and managerial skills between the systems. Similarly to Bojuwoye and Sodi (2010), who indicated that to facilitate collaboration there should be training opportunities that will be focused on issues of communication, teamwork, networking and other aspects.

The current study further revealed that there is a need to educate each system about the other providing them with knowledge of the other system. The knowledge provided could incorporate the scope of practice, treatments and ethics. This will ensure trust

amongst the systems. Developing trust ensures better working conditions for the systems. It will reduce the backlog in hospitals as well as decrease the workload for Western-trained practitioners by having patients being able to use medication from the opposite system and offering a range of treatments and institutions that offer a wide variety of services for treating mental illnesses. It will further ensure that patients have access to and consult with registered traditional health practitioners. To the contrary, the study also revealed that some Western-trained practitioners saw nothing positive to the collaboration, thus they could not think of anything that could be done to ensure that the collaboration becomes a success.

5.2.7 Factors that hinder collaboration

The study revealed both factors that may foster and hinder with collaboration. It appears that the existing formal referral system forms part of the hindering factors. The system only allows for referrals from one western practitioner to the other and it is not inclusive of any referral to traditional health practitioners. This is why Western-trained practitioners fail to recognise traditional health practitioners as part of the system, but view them as independent beings. In a study by Nkosi and Sibiya (2018), it was found that the National Department of Health (NDoH) was being reluctant in sanction a formal referral system between the THPs and WTPs. There are also no shared success rates or reports on traditional medications. The lack of reports has led to Western-trained practitioners failing to trust traditional health practices and being uncertain about working with traditional health practitioners.

It was revealed that the difference between western and traditional medications creates a breach preventing the two systems coming together to collaborate. Based on the findings by Moshabela et al. (2016), traditional healing was regarded by western practitioners as a practice that was unscientific and dangerous. The study also revealed that there is a difference in the belief of the two health systems as well as, a difference in cultural norms and morals. These differences affect the conduct of practitioners within each system. Each system has its conduct that varies from the other. Such differences make it hard for Western-trained practitioners to work with traditional health practitioners. There is a difference in pathology which Western-trained practitioners argued will highly affect patients and thus negate the work they have done. It was revealed that traditional health practitioners tend to take credit for

the work performed by Western-trained practitioners which affected the trust that could be built between the systems. The untested medications that traditional health practitioners use on patients has affected the western sector so negatively that they cannot work with them. The WTHPs indicated that the medications have led to too many physical illnesses which latter creates more work for them in the hospitals. The study also revealed that some practitioners were just reluctant and resistant to change. In support of this Moshabela et al. (2016), also indicated that there was a level of hostility that also negatively affected collaboration.

5.2.8 Referral systems used in the health care sector

Based on Van Niekerk et al. (2014), the NDoH failed to develop a referral system that acknowledges referral to traditional health practitioners. In this study, referral systems were also found to hinder the success of collaboration. This was mainly because Western-trained practitioners indicated that they were not allowed to formally refer to a THP. The department does not allow for WTHPs to refer to the THPs thus many of them fail to refer to the THPs. It was found that the department needed to develop and formalise referring from one system to the other and have the referral system documented to bind the WTHPs to refer irrespective of their beliefs. On the other hand, other Western-trained practitioners have indicated that they do refer to traditional health practitioners, even though it is not legally accepted by the department. Some have indicated that they refer because it is in the interest of the patient therefore they cannot deny them their right to choose a health care service of their choice. While developing guidelines on collaboration there should also be formal legislation developed that focuses on referrals and are inclusive of a collaborative referral system that the two systems can use.

5.3 Implication to theory

5.3.1 Structuration model of collaboration

The structuration model of collaboration is based on four facets which are finalisation, interiorization, formalisation and governance. It stipulates that to build a successful collaboration there must be some existing shared goals between team members, professionals should recognise interdependence with each other, there should be rules that regulate actions by strengthening structures and lastly requires innovations

in the service organisation with clear directions and support for professionals (D’Amour et al., 2008).

The study findings have revealed some of the shared goals that Western-trained practitioners have identified between them and THPs. It was discovered that the two systems do have some shared goals and recognise deviating motives that may affect the collaboration. The finding is according to the first factor of finalisation. Secondly, the findings revealed various factors that Western-trained practitioners indicated that they could help manage interdependence between the two systems. Based on the findings the element of interiorization has not been fulfilled and there is a need to work on it. No interdependence exists between the systems currently, however various suggestions were made by the Western-trained practitioners which could be essential to building interdependence between the systems.

The findings were also found to be slightly according to the third factor. They revealed that in South Africa collaboration has been documented, however, it does not completely comply with the third factor as the documentation of the collaboration does not have any documented procedures that communicate the desired output of the collaboration. The Western-trained practitioners have indicated that the existing policy on collaboration does not come with a set of guidelines that directs them into the collaboration. On the fourth factor of governance, the study revealed that the existing structures of governance are failing to ensure that the collaboration is successful. The governing structures have not provided any clear directions and support to the professionals and have even failed to communicate the collaboration to them. There are a huge gap and deviation of what currently exists in terms of collaboration in South Africa to what theories of collaboration have found to be essentials to a successful collaboration.

CHAPTER 6

SUMMARY AND CONCLUSION

6.1 Summary

The implementation of a collaborative working environment within institutions of health care has a positive outcome in the Sekhukhune district. A high number of Western-trained practitioners have shared positive views regarding the collaboration. Practitioners have been found to have a positive view of things even though they were not aware of legislation that promoted the collaboration. The study revealed that practitioners do share some goals with traditional health practitioners. The two systems lack knowledge of each other and yet they both strive to find better treatment and management of mental illnesses. It was also revealed that many of the practitioners were not aware of policies that required them to work collaboratively with the traditional health practitioners, and the few that knew about it were new graduates who have had the collaboration highlighted in class but not instilled by the government. They indicated that the government has failed to introduce the new policies to them and ensure their practicality and adherence to them.

The policies that are documented remain unused and impractical to those they are being designed for. It fails to implement and provide proper and clear guidelines that practitioners can use to ensure that collaboration is practised and implemented in a positive way benefiting the users of the services. The collaboration requires a structure that will oversee and govern it by ensuring that policies are put into practice and respected. The issue remains about how the structure should be formed, and the bodies that should comprise the structure. The practitioners have suggested who can best govern the collaboration and the suggestions varied from stakeholders and society coming together, leaving the current boards to function as they have been to developing a structure built by practitioners who have an overview of both systems. Factors that may hinder with the collaboration were also highlighted such as the difference in beliefs, the scope of practice, pathology and treatments. They also shared some factors that may foster the collaboration including enhanced communications, training and education to name a few.

The study further revealed that the drafting of policies must be done in a way that involves all the professionals particularly those intended to use the policies. Policies additionally needed to be tried and tested before they are formally documented and introduced to the public. The collaboration, however, will work to the advantage of both the practitioners by reducing their workload and the backlog in hospitals. As well as the health care users by granting them access to a range of services that they believe in as well as a range of treatment to choose from. It was further revealed that there is a greater need for a formal referral system that allows Western-trained professionals to refer patients to traditional health practitioners.

6.2 Limitations of the study

The study is limited to the context of perceptions of Western-trained practitioners in Sekhukhune district.

The type of sampling used namely purposive sampling was also a limitation to the study.

The area of study has a small number of the required sample and their views cannot be used to reflect the views of all the Western-trained mental health practitioners.

The district further has a limited number of institutions that treat mental illnesses, thus there was also a small number of practitioners that specialises in mental illnesses and as a result, this limited the study.

6.3 Contributions and recommendations

Although the study has had the above limitations and was limited to one district in the whole of Limpopo province, it contributed to the Department of Health's structuring and implementation of collaboration within the district. It further adds to the little existing literature about collaboration that already exists. It will further contribute to the development of policies on collaboration by helping policymakers understand and have an insight into western perspectives about collaboration. The study will highlight the need and importance of reviewing the current policies to incorporate detailed guidelines of collaboration and developing a formal referral system that would govern the collaboration.

The following recommendations are made:

- The topic needs to be further researched in the Limpopo province and other provinces at large.
- Formal training for both traditional and western practitioners needs to be made available practitioners by the Department of Health and Traditional Health Practitioners Council.
- The Government should give consideration to placing traditional health practitioners in western institutions of mental health.
- Policy makers need to ensure that formal referral systems and formal guidelines on collaboration are developed and documented.
- The Department of Health and the Traditional Health Practitioners Council should develop active and functioning structures that would govern the collaboration to make it a success.
- A model of collaboration should be developed to help guide the practitioners
- The government needs to provide practitioners with proper guidelines to implement the collaboration

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Appendices

Appendix 1: Interview Guide

OBJECTIVES.	QUESTIONS.
• To investigate the factors that Western-trained health practitioners perceive as enablers for collaboration between them and traditional health practitioners.	1. What would be the positive outcomes of collaboration with traditional health practitioners towards treating mental health?
• To identify and articulate factors that are perceived by Western-trained health practitioners as hindrances in respect of collaboration between themselves and traditional health practitioners.	2. What possible challenges would you have if required to work closely with a Traditional Health Practitioner?
• To determine Western-trained health practitioners' views regarding what should be done to manage interdependency between western and traditional health care systems.	3. What are your views on collaboration with the THPs? Do you believe that a partnership will bring change?
• To identify and articulate what Western-trained health practitioners perceive to be shared goals between themselves and traditional health practitioners.	4. What do you think could be done to manage interdependence between MPs and THPs?
• To canvas and document the views of Western-trained health practitioners regarding the existing legislation and	5. What is your view on existing legislations and policies on collaboration

policies that recognise the traditional health care system.	between Western-trained practitioners and THPs?
• To determine the views of Western-trained health practitioners regarding the ideal governance structures that may foster collaboration between the two health care systems.	6. From your viewpoint, what constitutes an ideal structure of governance that will facilitate collaboration?

Appendix 2: Consent Form2

I ____ hereby agree to take part in the study that is focused on *Perceptions of modern psychiatric practitioners towards collaboration with traditional health practitioners in treating mental illness in Sekhukhune district.*

The purpose of the study has been fully explained to me. I understand that my participation in the study is out of free will and I was not coerced into taking part in the study. I further understand that I can withdraw from the study at any time and my decision will not affect me negatively in any way.

I understand that the study is a research project and taking part in it will not benefit me personally. I understand that my personal details will be treated as confidential and will not be linked to the interview scheduled.

Signature ___________________ Date ______________

Appendix 3: Informed Consent Letter

Department of Psychology

University of Limpopo (Turfloop Campus)

Private Bag X1106

Sovenga

0727

Date:

Dear Participant

Thank you for showing interest to participate in the study that focuses on *Perceptions of modern psychiatric practitioners towards collaboration with traditional health practitioners in treating mental illness in Sekhukhune district*.

Please note that your right to confidentiality will be adhered to. This means that your responses and identity during the interview will remain and be treated as confidential. Furthermore, do take into consideration that your participation in the study is voluntary thus you have the right to terminate participation at any given time should you feel the need to do so.

Please answer all the questions with your utmost ability and honesty. Your participation in the study is highly valued.

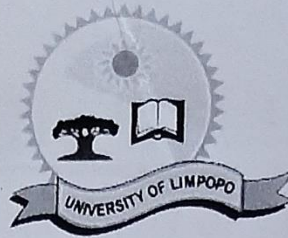
Thank you for taking your time to invest in the study.

Kind regards

Mokalapa K.T _________________

MA (Psychology) student

Appendix 4: University of Limpopo Ethical clearance letter



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

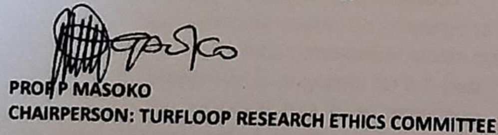
ETHICS CLEARANCE CERTIFICATE

MEETING: **6 August 2019**

PROJECT NUMBER: **TREC/186/2019: PG**

PROJECT:

Title:	Perceptions of western trained mental health practitioners in Sekhukhune District towards collaboration with traditional health practitioners in treating mental illness
Researcher:	KT Mokalapa
Supervisor:	Prof T Sodi
Co-Supervisor/s:	Prof T Mothiba
School:	Social Science
Degree:	MA in Psychology



PROF P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

i) **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.**

ii) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.**

iii) **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

Finding solutions for Africa

Appendix 5: Department of Health Ethical clearance letter

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Ref	:	LP_201908_009
Enquires	:	Ms PF Mahlokwane
Tel	:	015-293 6028
Email	:	Phoebe.Mahlokwane@dhsd.limpopo.gov.za

Tresure Mokalapa

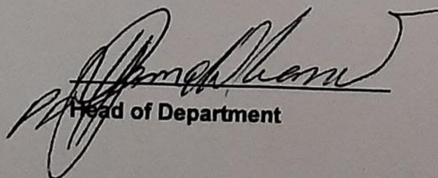
PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

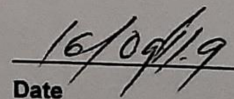
Perceptions of western trained mental health practitioners in Sekhukhune District towards collaboration with traditional health practitioners in treating mental illness.

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
   a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
   b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
   c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   e. The approval is only valid for a 1-year period.
   f. If the proposal has been amended, a new approval should be sought from the Department of Health
   g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated



Head of Department



Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

Appendix 6: Sekhukhune District Ethical clearance letter

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
SEKHUKHUNE DISTRICT

Ref: 5/3/1
Enq: Mashiane PN
Tel: 015 633 2401 / 078 126 5414
E-mail: Philistus.Mashiane@dhsd.limpopo.gov.za

Date: 11 October 2019

To: **Mokalapa KT**
University of Limpopo: School of Health Sciences
Turf loop, Limpopo

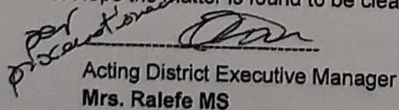
From: Human Resource Utilization and Capacity Development.

Subject: Approval of permission for the collection of data: Yourself

1. The above matter bears reference.
2. Based on the approval granted by the Head of Department of Health, Limpopo Province regarding your request to conduct research in our institution, the Acting District Executive Manager for Sekhukhune is permitting you to visit the institution as indicated in your application letter.
3. Also take note that as per your individual request, you are only granted permission to visit the institutions specified and should you find a need to visit other facilities within our district, you are advised to make a new request for those facilities.

4. During assumption of data collection, you will present yourself, your scope of work and schedule to the Chief Executive Officer of the hospital you will be visiting.

5. Hope the matter is found to be clear and understandable.



Acting District Executive Manager
Mrs. Ralefe MS

17/10/2019
Date

Private Bag X04, Chuenespoort 0745 Tel: (015) 633 2300 Fax: (015) 6336487, Website: www.limpopo.gov.za

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