# PERCEPTIONS AND KNOWLEDGE OF COMMUNITY MEMBERS REGARDING MENTAL HEALTH DISORDERS IN MATSAFENI VILLAGE, EHLANZENI DISTRICT MUNICIPALITY IN MPUMALANGA PROVINCE

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# PERCEPTIONS AND KNOWLEDGE OF COMMUNITY MEMBERS REGARDING MENTAL HEALTH DISORDERS IN MATSAFENI VILLAGE, EHLANZENI DISTRICT MUNICIPALITY IN MPUMALANGA PROVINCE

by

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## ABBREVIATIONS

APA: American Psychiatric Association
DoH: Department of Health
HIV: Human Immunodeficiency Virus
MDD: Major Depressive Disorder
NIMH: National Institute of Mental Health
PAHO: Pan American Health Organization
US: United States
SACAP: South African College of Applied Psychology
SASH: South African Stress and Health
SSA: Sub-Saharan African
TREC: Turfloop Research Ethics Committee
WGMH: World Global Mental Health
WHO: World Health Organization

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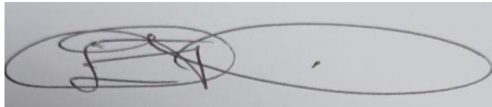
## DEDICATION

This project is dedicated to my late parents, Mr. Ronnie Mzilela Mboweni and Mrs. Joyce Ngwamashosho Mboweni. They are dearly missed, and may their souls continue to rest in perfect peace. It is through their love, teachings, guidance and commitment that I choose honest paths in life. Most importantly, their passion for education strengthened me in enrolling for this degree.

## DECLARATION

I Mboweni EN declare that **PERCEPTIONS AND KNOWLEDGE OF COMMUNITY MEMBERS REGARDING MENTAL HEALTH DISORDERS IN MATSAFENI VILLAGE, EHLANZENI DISTRICT MUNICIPALITY IN MPUMALANGA PROVINCE** submitted as a requirement for Master of Public Health degree is my own work. That have indicated and recognised each source I have cited and utilised using comprehensive references and demonstrating that this work has never been submitted for a different degree at a different institution.



____________________________ 15 February 2024

**Mboweni EN (MS)** **Date**

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- The Sphezi Royal Traditional Council is appreciated for allowing me to carry out this research study in their area and on their subjects.

## ABSTRACT

**Background** Mental health disorders and illnesses are common across the world, but individuals struggling with their psychological health find it difficult to disclose or discuss their conditions with other people. This results from a fear of being stigmatised, isolated and discriminated against by their communities. The researcher's observations of people seeming dejected and bereft sparked an interest in exploring the perceptions and knowledge of the Matsafeni community on mental health disorders.

**Methodology**

The study employed a qualitative research method combined with a descriptive exploratory research design as these methods allowed the researcher to accurately and systematically describe, examine and explore information about the targeted community, including related factors that might be influencing their perceptions of the subject matter. Data collection was done using unstructured open-ended interviews, where participants were sampled through the convenience method.

**Results**

The study highlighted the understanding and perceptions of mental health disorders, perceived causes of mental health disorders, social support and involvement of mentally ill individuals in community activities. The study's findings exhibited that participants were able to describe of mental illnesses, including their understanding of different types of disorders. Elements of stigmatisation, misconceptions and discrimination against individuals diagnosed with mental illnesses were evident. This resulted from lack of mental health education programmes, awareness campaigns and social support services. Family and community support were identified as imperative for individuals diagnosed with mental illness. Social inclusion was also highlighted as significant for mentally ill individuals.

**Conclusion**

This research offers valuable insights about the understanding and perceptions of mental health disorders, social support, and involvement in community activities among participants. Furthermore, the findings highlight the difficulties and distinctions

connected with mental health diagnoses. It is envisaged that the conclusions of the study might serve as a starting point from which interventions aimed at assisting and supporting individuals affected by mental health disorders can be developed. Policymakers may use the information acquired from this study to develop strategies on best practices to promote mental health awareness.

**Key words:** Perception, knowledge, community, mental disorder and mental health.

## DEFINITION OF CONCEPTS

### Perception

According to Cherry (2023), perception refers to the interpretation of senses or cues experienced in the world. It entails identifying environmental cues and acting in response to those cues. This definition was used as a mode of apprehending the reality and lived experiences of participants in this study.

### Knowledge

Knowledge is said to be the result of a combination of experience and accurate expert interpretation of data that offers an arrangement for calculating and incorporating fresh experiences and information (Haradhan, 2016). In this study, this definition was used to describe the level of the participants' knowledge on mental health disorders.

### Community

A community is a group of individuals who share a culture, values, and social conventions, and who reside in the same geographical region. These individuals are grouped in a social structure based on the connections that their proximity has facilitated through time (World Health Organization, 2004). This definition was used to identify a group of individuals living in Matsafeni Village as subjects in the study, based on their physical location and proximity to each other.

### Mental disorder

MedlinePlus (2020) defines mental disorders or mental illnesses as problems that have an impact on a person's thinking, emotion, mood, and behaviour. These illnesses may be sporadic or persistent (chronic). They may impair a person's capacity for interpersonal relationships and daily functioning. This definition was used as to describe mental health issues affecting individuals within the community living in the Matsafeni Village, both directly and some indirectly, in this research project.

### Mental Health

Mental health is explained by the World Health Organization (WHO) (2001) as a condition of health in which a person can comprehend their own potential, cope with

life's typical stressors, perform well at work, and give back to the community. This term was used in the study parallel to the definition of mental illness.

# CHAPTER ONE: ORIENTATION OF THE STUDY

## 1.1. Introduction

The background of the study is presented in this chapter, which outlines the motives behind the selected study topic. The chapter further presents the research problem, the aim of the study and the objectives thereof. The research question and the significance of the study are also included in this chapter. This chapter further outlines a brief of other chapters in the study.

The World Health Organization (WHO) (2022c) indicates that mental illness is defined by a cognitive, emotional, or behavioural disorder that is clinically severe in the individual and which frequently emanates with discomfort or functional impairment in key areas. As there are no physical signs, mental health disorders are often misunderstood and not considered to be real illnesses by many communities (WHO, 2001). There have therefore been many interpretations, perceptions and knowledge gaps about mental illness, which inspired the researcher's interest in analysing and describing the perceptions and level of knowledge within the community of Matsafeni.

## 1.2. Background

The global burden of mental illness is on the rise and has a serious influence on social issues, human rights, and the economy (WHO, 2019). According to the WHO (2022) in 2019, the two most common forms of mental illness, namely anxiety and depressive disorders, affected 1 in 8 people, or 970 million people globally. In 2020, the WHO reported that as a result of the COVID-19 pandemic, the number of people who suffered from anxiety and depression increased significantly. The estimates showed a globally increase from 2,6% to 26% and 5% to 28% for severe depressive illness and anxiety disorders in just one year respectively (WHO, 2022a). In terms of these estimates, depression affects 3.8% of the population, a figure which includes 5.7% of people over the age of 60 and 4% of males and 6% of women who are adults.

Of the 970 million individuals living with mental health disorders, the WHO European Regions account for more than 150 million people with mental health conditions, yet

barely 1 in 3 individuals who suffer from depression receive the necessary care (WHO, 2022a). Asia covers four areas of the six regions delineated by the WHO, namely the Eastern Mediterranean, Europe, Western Pacific, and South East Asian, making it one of the world's largest continents, and it has over 450 million people who are said to have neurological or mental illnesses (Meshvara, 2002). In America, however, there seems to be lower predominance of mental health disorders as equated to Europe and Asia, with 19.86% of adults reported to be experiencing mental illness. This is the equivalent of 57 million people in America (Mental Health America, 2022).

African countries are not exempted from experiencing mental health conditions, with the WHO reporting that throughout the African Region, a further 116 million people were living with these conditions during the COVID-19 pre-pandemic (WHO, 2022b). According to Amawulire (2023), Uganda is ranked amongst the top six countries in Africa with 14 million people affected by mental health conditions. Moro, Carta, Gyimah, Orrell, Amissah, Baingana, Kofie, Taylor, Chimbar, Coffie, Cole, Ansong, Ohene, Tawiah, Atzeni, D'Oca, Gureje, Funk, Drew, & Osei (2022) recorded an estimate that 2.3 million Ghanaians, out of the country's 28 million residents, suffer from a mental illness and require mental health treatment. There is a dearth of trustworthy information on the incidence of neurological and mental illnesses in the nation. In Nigeria, the WHO warned that approximately 24 million Nigerians may suffer from various mental health disorders (Nwokolo, 2019). In South Africa, more than 12 million individuals suffer from mental health disorders including the top five mental health diagnoses, of which 75% will go untreated, according to the Mental Health Federation of South Africa (2021).

The WHO (2021) defines the determinants of mental health as the capacity to cope with one's emotions, behaviours, thoughts and interpersonal relationships. In the 2021 report, WHO further highlight how cultural, social, political, economic, and environmental factors, along with social protection, standards of living, national policies, and community support, can influence a person's mental wellbeing. Benti, Ebrahim, Awoke, Yohannis, and Bedaso (2016) indicated that any individual in the world can be susceptible to mental illness. The WHO (2021) suggests that additional

risk factors for mental illnesses include stress, heredity, nutrition, prenatal diseases, and exposure to environmental dangers.

Mental illnesses are understood and perceived differently by different communities. According to Benti *et al.* (2016), different communities' understanding of mental health disorders are due to their level of knowledge, beliefs and views. The study further indicates that communities' understanding of mental health disorders is informed by their perceptions and attitude towards mental illness, which are often negative and lead to the labelling and stigmatisation of those who have mental illnesses (Benti *et al.* 2016). Unfortunately, due to these communities' negative attitudes, people's beliefs and perceptions are impacted negatively and those living with mental illnesses are discouraged from obtaining medical care.

According to Ferentz (2016), there is a widespread cultural preconception that those who have mental disorders are unintelligent, aggressive, or incapable of making logical decisions. Additionally, they are persistently denied the rights and services to which they are entitled and continue to experience pervasive, systemic discrimination. Research studies conducted by Barke, Nyarko and Klecha (2010), as well as Conner, Copeland, Grotem, Koeske, Rosen, Reynolds III, and Brown (2010), discovered that there is significant stigma around mental illness within African communities. In the 1990s, a survey of the general population revealed that 63% of African Americans thought sadness was a sign of weakness and just 31% thought it was a medical issue (Morin, 2022). Moreover, Ferentz (2016) found that by encouraging the use of restraints, privacy invasions and isolation, many nations continue to violate the human rights of those with mental illnesses. In some countries, these cruel, insensitive behaviours are justified as appropriate forms of treatment.

According to Schweitzer (2019), stigma in African societies may take many different forms, frequently including significant prejudice and discrimination. Morin (2020) discovered that the African communities tend to believe that mental illness is connected to shame and humiliation more than other groups such as the Europeans, Asians and Americans. African people and their families are also more inclined to conceal their disease. Schweitzer (2019) specifies that these may be related to the

individual being seen as susceptible to the plans of those who had supernatural abilities, and in certain cases, to witchcraft, in more traditional African societies.

Although there have been advances in mental health care, many individuals in South Africa who suffer from mental illnesses are either not aware that therapy is available or they do not have access to the appropriate care they need (Egbe, Brooke-Sumner, Kathree, Selohilwe, Thornicroft & Petersen, 2014). These advances include the development of the National Mental Health policy Framework, improving accessibility in public and private hospitals and launching efforts to raise awareness regarding mental health issues.

In South Africa, according to Docrat and Lund (2019), huge knowledge gaps have hindered the nation's capacity to start a sustained response to mental health care access. This is a reflection of a health care system that is reactive and prioritises treating the most severe illnesses above prevention or early treatment. The information gap, lack of knowledge, ignorance and stigma prevent many people living with mental health disorders from seeking appropriate assistance. Furthermore, communities' attitudes and beliefs play a role in preventing many people with mental illnesses from seeking appropriate health care and successful treatment (Egbe *et al.,* 2014).

The South African College of Applied Psychology (SACAP, 2019) indicates that despite the availability of programmes to fight mental health disorders, the stigma associated with mental health presents a significant barrier. They further indicate that in indigenous South African languages such as isiZulu, there is no name for "depression" since it is not viewed it as a legitimate sickness (SACAP, 2019). Another study conducted by Zabouw (2006) revealed that the indigenous causes of mental illnesses include bewitchment, failure to perform rituals, stepping over dangerous tracks, evil spirits, and witch familiars *(tokoloshes)*. Due to this, those who experience mental illness fear being stigmatised, abandoned by family members, or even dismissed from their jobs if they acknowledge having a problem. People with mental illnesses are still viewed as insane, violent, or physically fragile. It is viewed as "not real" but rather an illusory product of the mind, because there are frequently no bodily symptoms (SACAP, 2019).

As stated by Schweitzer (2019), people in society who display what could be referred to as signs of mental illness are frequently thought to be under the influence of a demon. Thus, the current available information of people suffering from mental health disorders might be significantly lower as many sufferers do not seek professional treatment. This study aims to explore the perceptions and knowledge within the Matsafeni community regarding mental health disorders.

### 1.3. Research Problem

Limited knowledge or misinformation about mental health disorders results in fewer people seeking treatment (WHO, 2021). Furthermore, fear of stigmatisation, rejection and discrimination by communities, friends, and relatives remains a barrier for seeking treatment and disclosing mental disorders conditions (American Psychiatric Association (APA, 2021). As a result, people tend to avoid seeking proper medical mental care, leading to the worsening of their mental health conditions.

A study conducted by Ngobe (2015) in Kanyamazane Township outside Mbombela revealed that mental illness was believed to be a byproduct of several factors including supernatural powers, witchcraft, possession by spirits, and object incursion. The study further discussed ancestral callings to become a traditional healer, evil mechanisation, incorrect use of traditional herbs, disdain for ancestors as well as cultural traditions. However, in Matsafeni, this study is the first of its own kind and focuses on the perceptions and knowledge of community members regarding mental health disorders.

Several people have been observed in Matsafeni Village walking around the streets carrying untidy plastic bags, looking disoriented and lost. These individuals seemed to be isolated and disregarded by their families and the community at large. The researcher assumes that these persons could not seek proper medical care in the early stages of their illnesses due to limited knowledge or their beliefs regarding mental illness and its treatment. Prolonged inability to address mental illnesses may result in long-term physical and social-economic challenges and possible loss of life for the affected individuals, and to a certain extent negatively impact their loved-ones

and neighbours. This study seeks to assess perceptions and knowledge of the community with regard to mental illness.

The researcher noted a shortage of information regarding similar studies conducted in South Africa, in the province of Mpumalanga in particular. Observing this gap, the researcher explored the perceptions and knowledge of community members in Matsafeni Village regarding people living with mental health disorders to close the identified knowledge gap.

### 1.4. The Aim of the Study

The study aimed to determine the perceptions and knowledge of community members regarding mental health disorders in Matsafeni Village outside Mbombela, Ehlanzeni District Municipality, Mpumalanga Province.

### 1.5. The Objectives of the Study

The study's objectives are as listed below:

1.5.1. To explore the perceptions of community members regarding people living with mental health disorders in Matsafeni Village outside Mbombela, Ehlanzeni District Municipality, Mpumalanga Province.

1.5.2. To describe current knowledge on causes of mental health disorders among community members in Matsafeni Village outside Mbombela, Ehlanzeni District Municipality, Mpumalanga Province.

### 1.6. Research Question

1.6.1. What are the beliefs, perceptions and knowledge of community members regarding people living with and of mental health disorders in Matsafeni Village outside Mbombela District Municipality, Mpumalanga Province?

## 1.7. Significance of the Study

The research was conducted with the intention of assisting the Matsafeni community in outlining knowledge and perceptions of its citizenry regarding individuals affected by mental health disorders. The outcome of this research project may be used as a baseline from which interventions aimed at assisting and supporting individuals affected by these disorders can be developed. The Department of Health (DoH) may also use the information to develop strategies on best practices to promote mental health awareness campaigns. Furthermore, the findings of this study may assist caregivers, family members and communities with improved knowledge and understanding of mental health conditions and to further provide much-needed support to affected individuals.

## 1.8. Overview of Chapters (Delineation)

### Chapter 1

This chapter outlines the study's orientation. It encompasses the introduction and historical context (background) of the study, research problem, aim and study objectives, research question and the relevance of the study in the current body of knowledge.

### Chapter 2

This chapter outlines the reviewed literature sourced from books, articles, dissertations, and theses. This is done with the intention of appraising the research problem identified by the researcher. This chapter then provides comprehensive details on the predominance of mental illnesses, the possible causes and treatments as well as the perception, beliefs and attitudes towards mental health disorders.

### Chapter 3

Chapter three explains the adopted methodology applied in carrying out the study. A qualitative method through the explanatory descriptive design has been selected for

gathering data. This method was selected as it provides an opportunity for the researcher to decide what data to collect, how participants are selected, and the instruments/ measurements to use in collecting the data. Unstructured interviews with open-ended questions were applied and participants were selected through convenience sampling methods.

**Chapter 4**

This chapter outlines the study's outcome, comprehending its interpretation and discussions of the data collected. The results are exhibited according to the study objectives. The thematic method was adopted for data analysis, which is elaborated on in this chapter.

**Chapter 5**

Chapter 5 is the final chapter of this study and provides the synopsis of the research study, the limitations, its recommendations, and the conclusion.

## 1.9. Conclusion

Chapter 1 outlines the orientation of the study. It introduces the study background and then discusses the aim, objectives and the research question. Furthermore, details on the significance of the study and a chapter delineation are outlined in this chapter.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1. Introduction

The literature review within a research study intends to contribute towards a more precise comprehension of the nature and significance of a highlighted issue. A literature review can broadly be described as a more or less systematic way of collecting and synthesizing previous research (Snyder, 2019). By integrating findings and perspectives from different empirical findings, a literature review can be used to address research questions. Moreover, helps to establish more areas that require more research.

The researcher used books, articles, reports and statistics on mental health disorders as previously conducted by other scholars or researchers. The digital databases consulted include Google Scholar, Science Direct, PubMed and African Journal Online. The information sourced was categorised under the following sub-topics: the incidence of mental health disorders, possible causes, treatment, perceptions, beliefs and attitudes towards, and knowledge of mental health disorders.

### 2.2. The prevalence of mental health disorders

Mental health conditions are increasing worldwide, with approximately one billion individuals suffering from a mental illness globally, according to the United Nations (UN) (2022). Within the past decade, there has been an increase of 13% in mental illnesses and drug use disorders, mostly due to demographic shifts (WHO, 2019). Mental illnesses lead to disability in every fifth person in affected communities (WHO, 2022a). In environments recovering from political conflict, one in every five persons is diagnosed with a mental illness.

A report produced by the WHO (2019) indicates that depression affects an estimated 264 million individuals worldwide and is one of the leading causes of disability in the world. Around 45 million individuals worldwide suffer from bipolar disorder, while schizophrenia and other psychoses affect 20 million people. Dementia recorded 50

million people affected worldwide, while eating disorders affect 70 million people worldwide.

The National Institute of Mental Health (NIMH) (2021) reported that mental illnesses are widespread in the United States (US). According to their findings, more than one in five U.S. citizens struggle with mental illness, which amounts to 57,8 million people within the year 2021. This figure corresponded to 22.8% of all American adults. The study further asserted that mental illnesses are more prevalent among women (27.2%) than men (18.1%) (NIMH, 2021).

A study published by the Health at a Glance: Europe (2016) indicted that more than one in six people across Europe are affected by mental health problems, accounting for nearly 84 million people. However, five years after these findings, the World Health Organization in 2021 reported that only one in three persons who have depression receive the necessary care, out of the more than 150 million people who have mental health conditions in Europe (WHO, 2021). According to this report, the significant increase is attributed to the effects of the COVID-19 pandemic, which has seen increases in depressive and anxiety disorders amongst young people (WHO, 2021). In European regions, one of the main causes of misery and impairment is mental health issues, which are quite common (Health at a Glance: Europe, 2016).

The WHO estimates that about 41 million Chinese individuals have anxiety disorders, while 54 million have depression (WHO, 2017). According to the WHO (2017) report, anxiety and depression are the two most common mental conditions in China; with bipolar disorder, schizophrenia, dementia, intellectual impairments, and developmental disorders like autism being among the various other mental health conditions reported.

According to Bodeker (2020), issues related to poor mental health in Asia account for the second-highest share of years lost to incapacity within that region. Findings from a study conducted by Hossain, Purohit, Sultana, Ma, McKyer, and Ahmed (2020) suggest that the Asian region has a high prevalence of postpartum depression, psychiatric co-morbidities in long-term medical conditions, and a range of mental problems in children, old people, refugees, and other vulnerable

populations. In any given year, an increasing proportion of adults in Asia, from 4% in Singapore to 20% in Thailand, New Zealand, Vietnam, and Australia, experience a diagnosable mental disorder. Prevalence rates have risen in China, India, Japan, South Korea, Thailand, and Malaysia (Bodeker, 2020).

Africa is a big continent with 1.37 billion people and the total prevalence rates of mental health symptoms were 62%, 34%, and 14%, respectively, above the cutoff values for mild, moderate, and severe problems around 2021 during the COVID-19 pandemic (Chen, Farah, Dong, Chen, Xu, Yin, Chen, Delios, Miller, Wan, Ye & Zhang, 2021). According to Arias, Saxena & Verguet (2022) approximately 5% of the global burden, or approximately 125 million disability-adjusted life years, were linked to mental diseases, the percentage of disability-adjusted life years worldwide attributable to mental disorders increased by 12% (or roughly 321 million). According to the WHO (2022b), in 2019, 116.29 million people in Africa were afflicted by depression (4.59%), anxiety disorders (3.59%), bipolar disorder (0.59%), drug use disorders (0.4%), alcohol use disorders (1.11%) and schizophrenia (0.22%).

African countries continue to be affected by depression, anxiety, and other neuropsychiatric illnesses (such as schizophrenia, bipolar disorder, and substance-use disorders) and are at a high risk for physical disease and loss of productivity (disability-adjusted life years). These diseases affect people on a daily basis, especially vulnerable populations such as women, children, and the impoverished (Sankoh, Sevalie & Weston, 2018).

A study conducted in Gimbi Town, Ethiopia, indicates that the global lifetime prevalence of mental health disorders varies between 12.2% and 48, 6% and that the twelve-month prevalence is between 8.25% and 29.1% (Benti *et al.,* 2016). Nwokolo (2019) citied the WHO report of 2017 recording that Nigeria is the most depressed nation in Africa, with 7,079,815 Nigerians experiencing depression, making up almost 4% of the country's overall population.

In 2018, a study conducted by Ssewamala, Bahar and McKay (2018) revealed that an estimated 450 million people in Sub-Saharan countries, most of whom are poor and from low- and middle-income nations, struggle with major mental health issues.

Most studies indicate that the majority of people suffered from anxiety disorders, accounting for approximately 4% of the population. According to Duthé, Rossier, Bonnet, Soura and Corker (2016) the epidemiological transformation has increased the incidence of non-communicable illnesses such as mental and behavioral disorders on the adult population in Sub-Saharan African (SSA) cities. The prevalence of major depressive illness and associated social risk factors in urban SSA populations vary greatly and are poorly understood (Duthé*, et. al*. 2016).

The WHO and World Global Mental Health (WGMH) (2020) produced a situational assessment of Zimbabwe and their findings suggested that major depressive disorder (MDD), bipolar disorder, epilepsy, alcohol use disorders, and substance use disorders all have prevalence rates of less than 1%, with suicide accounting for 1.8% of all deaths (WHO & WGMH, 2020). There seems to be some commonality of disorders between Zimbabwe and in Zambia. In Zambia, 20% of the population suffers from mental problems. Acute episodes of psychosis affective disorders, schizophrenia, alcohol abuse disorders, and organic brain syndromes are a few examples of common mental illnesses (Munakampe, 2020). With the exception of MDD, which is projected to be somewhat more widespread (2.4%) across the area, Zimbabwe's prevalence of each illness is comparable to that of southern SSA (WHO & WGMH, 2020).

Stein, Williams, and Kessler (2014) indicated that Statistics highlight how serious the mental health crisis in South Africa is, with an estimated one-third of the country's population suffering from a mental illness, according to a study conducted in 2003-2004 by South African Stress and Health (SASH). The grim fact is that over 17 million individuals in South Africa struggle with mood disorders (a severe depressive episode, for example, anxiety disorders, such as panic disorder, agoraphobia, post-traumatic stress disorder (PTSD), and drug and alcohol abuse (Lewis, 2017).

Moodley (2023) showed that South Africa is one of the nations with the lowest levels of mental wellbeing worldwide, according to the most recent Mental State of the World Report. Consequently, the nation has the highest global average of persons who have mental health issues. The University of Witwatersrand (2022) indicated that 74% of impoverished South Africans reside in rural areas, accounting for one-third of

the country's population. Recent studies show that young adults in metropolitan regions have a higher degree of depression compared to counterparts in rural areas, despite the widespread belief that those in more destitute rural settings are more prone to mental illness (University of Witwatersrand, 2022).

According to Meyer, Matlala and Chigome (2019), South Africans who have mental health disorders frequently experience stigma, prejudice, and systemic health neglect. The study further indicates that this has had negative health effects such as social isolation and a high suicide rate.

In South Africa, all nine provinces have differing rates of mental illness, with the Eastern Cape, Western Cape, Northern Cape, Mpumalanga and Gauteng having the highest percentages (University of Witwatersrand 2022). The study further revealed that the Northern Cape has the greatest rates of depression and anxiety, with a predominantly rural economy, and that 25.7% of South Africans are likely depressed.

### 2.3. Possible causes of mental disorders

Western psychology has long seen mental illness as maladaptive behaviour that is primarily brought on by an individual's internal psychic disorders. For instance, according to psychodynamic theories, mental disease is caused by unconscious psychological conflicts that date back to infancy (Mufamadi & Sodi, 2010).

Rates of disability and death are disproportionately higher among those with mental illnesses. People with serious depression and schizophrenia, for instance, have a 40% to 60% higher risk of premature death than the general population due to health issues that are commonly ignored (including malignancies, diabetes, cardiovascular illnesses, and HIV infection) as well as suicide amongst young people (WHO, 2021).

Stressful family connections, diseases including meningitis, syphilis, malaria, and HIV, and the use and abuse of alcohol and other psychoactive drugs, are all potential causes of mental health issues. Moreover, poverty makes people more susceptible to mental health conditions (Munakampe, 2020).

Monteiro (2015) indicates that the population in many African nations are more susceptible to mental disease due to a range of socioeconomic risk factors including poverty, social inequality, war and conflict, catastrophe, urbanisation, and migration, in addition to differences in mental health care. These social factors impact mental health by perpetuating a cycle in which people with mental illnesses have little access to care and, as a result, face exclusion.

Socio-cultural beliefs have a significant influence on how different populations understand the causes of mental health conditions. Despite western explanation of the factors that results in mental health disorders, the case is different for African countries. A study conducted by Abi (2019) revealed that in Africa, talking about mental health is taboo because when someone is sick, the entire family is said to be cursed. Traditional African societies consider mental disorders to be the consequence of an external attack on the individual.

Common causes of mental health conditions in the African perspective were found to include drug misuse, STDs, mental issues, and other untreated ailments (Mufamadi & Sodi, 2010). Gutema & Mengstie (2022) also discovered that traditional healers believe that the primary causes of mental disease are believed to be witchcraft, supernatural power, heredity, substance abuse, and food poisoning. Moreover, traditional healers use behavioural symptoms such as talking about nonsensical topics, laughing in private, undressing in public, gathering and transporting filthy objects, consuming filthy food, and harming or intending to harm others to diagnose mental illness. However, a study conducted by Abi (2019) revealed that people sometimes refer to evil spirits when discussing the situation of a mentally ill person because they believe persons who are afflicted with mental illness to be under a spell or bewitched. The 2019 study conducted Abi further revealed that African communities seldom recognise mental health issues as medical conditions. Instead, they believe the individual is a victim of demonic possession, witchcraft, or other supernatural phenomena.

In 2022, the WHO released findings that revealed that COVID-19 caused an estimated 25.6% global rise in anxiety disorders and a 27.6% global increase in serious depressive cases (WHO, 2022b). Adding to these findings, Moodley (2023)

reported that beyond the COVID-19 pandemic, in countries like South Africa, electricity loadshedding, high levels of crime, violence, and poverty are only a few factors contributing to the nation's soaring rates of mental illness.

Although people with mental health issues are not more likely to contract COVID-19, they are more likely to pass away from it (WHO, 2022b). The high prevalence of political and social unrest in South Africa is a factor in the nation’s poor mental health. The high incidence of trauma in the context of abuse and violence, especially gender-based violence (GBV) also causes the emergence of mental health disorders (Moodley, 2023).

### 2.4. Treatments of mental disorders

According to First (2022), strides have been made in treating mental illnesses and as a result, many mental health conditions can now be treated with almost as much success as physical conditions. The study classifies treatment approaches in two, as follows:

- Somatic therapies, such as medications, electroconvulsive therapy, and other methods that affect the brain (such as transcranial magnetic stimulation and vagus nerve stimulation).
- Psychotherapeutic therapies, such as hypnotherapy, behaviour therapy methods (such relaxation training or exposure therapy), and psychotherapy (individual, group, family, and marriage).

The WHO (2021) indicates that there are too few doctors who deal with mental health issues in low- and middle-income nations. The report further revealed that over half of the world's population resides in nations with an average of one psychiatrist for every 200 000 people. Mental health professionals who have received training in the use of psychosocial therapies are scarce (WHO, 2021).

There is a significant gap between the demand and availability of therapy, and when it is provided, it is often of low quality (WHO, 2022c). For example, only 29% of those suffering from psychosis and 33% of those with depression obtain mental health treatment from a medical professional.

African countries lack the resources to meet all conflicting demands for development and health. Consequently, there is a severe lack of funding for mental healthcare (WHO, 2022a). Poor access to health services, a lack of skilled mental health experts, the inability to afford treatment options, a lack of understanding of the signs of mental illness, and stigma in the community are just a few of the reasons that people do not receive care (Monteiro, 2015).

There are many kinds of pharmaceuticals that can be used to treat mental illnesses. Antidepressants, anti-anxiety, anti-psychotic, mood stabilizing, and stimulant drugs are some of the most commonly used (Mental Health Centre, 2005). South Africa has adopted a public health strategy for better mental health treatment during the past 20 years, starting with the 2002 revision of the Mental Health Care Act (17 of 2002), which placed a strong focus on patients' human rights (Meyer *et al.*, 2019). Secondly, Meyer *et al.* (2019) indicates that South Africa created the National Mental Health Policy Framework and Strategic Plan 2013-2020 with the help of WHO recommendations, to lessen the burden of untreated mental health issues. This plan aims to incorporate mental health treatment into a thorough primary health care (PHC) strategy.

In South Africa, mentally ill patients receive medical treatment from psychiatric hospitals. A study by Docrat and Lund (2019) revealed that users of mental health services are kept in the hospital longer than other patients. The study further indicated that patients with mental illnesses stayed in psychiatric facilities for an average of 157 days per admission. Within three months of being discharged from any hospital, nearly one in four mental health patients were readmitted (Docrat & Lund, 2019).

The evidence of successful implementation of the National Mental Health Policy Framework 2013-2020 still has a restricted scope. A notable and tragic example is the deaths of 150 individuals with mental illnesses after they were unlawfully transferred from Life Esidimeni Hospital to unlicensed institutions in 2017 (Meyer, *et al*, 2019).

According to the WHO (2022a), Sub-Saharan Africans get inefficient, insufficient, and unequal mental healthcare. Most young people in SSA have little option but to live with untreated mental illnesses due to exorbitant treatment expenses, or they can seek help from traditional or religious authorities.

Mental health conditions can also be treated traditionally, Sorsdahl, Stein, Grimsrud, Seedat, Flisher, Williams, & Myer, (2009) indicates that according to findings from short studies looking at people with mental illnesses in South Africa, almost half (41-61%) of patients had sought the advice of a traditional healer. However, the South African healthcare system has not yet incorporated traditional medicine within its practices.

Despite the acceptance by African countries that traditional healers can play a vital role in assisting people with mental illness, a study conducted by Anjorin and Wada (2022) indicates that there have been allegations of human rights abuses at treatment facilities. The violations include amongst others; physical restraints, such as the application of chains and manacles, dietary restrictions, seclusion, recitation of sacred texts, incantations, rituals, sacrificial offerings, and exorcism, which are still frequently employed by traditional and religious leaders, particularly in Nigeria, to treat mental illnesses.

Munakampe (2020) indicated that many people refuse to go to a hospital for mental health treatment because they think mental illness is a spiritual problem. As a result, they would prefer to transport mentally ill patients to places of spiritual healing such as churches, or other places of worship in order to receive spiritual treatment. However, Abi (2019) revealed that if psychological disorders are present and violent outbursts occur, the victim is frequently severely beaten, imprisoned for weeks or months, frequently without food, or sent into the wilderness to survive.

Between 76% and 85% of persons with mental problems in low- and middle-income nations, including South Africa, do not receive any treatment for their illnesses (WHO, 2019). Those that are receiving treatment are affected by many factors such as neglect and insufficient resources. An example is the report by Moodley (2023) about

the 144 people that died from causes including starvation and neglect in a psychiatric facility in Gauteng in 2015.

### 2.5. Perceptions regarding mental health disorders

The research done by Benti *et al.* (2016) reflects that there are numerous misconceptions and beliefs about mental illness and that there are cultural differences in how communities views mental illness. In many parts of Africa, when a person exhibits behavioural symptoms and indicators that are seen to differ from accepted societal standards, it is assumed that mental illness is present. In Malawi according to Kotoka, Stewart, Bandawe, Chorwe-Sungani, Liwimbi, Mwale, Kulisewa, Udedi, Gondwe, Sefasi, Banda, Mkandawire & Lawrie (2023) may identify a mentally ill person if they constantly isolate themselves, roaming around, talking uncontrollably, and wandering naked. A person is deemed to have mental disorder if they act irrationally without understanding what they are doing (Khombo, Stoddart, Sifelani, Khombo & Sibanda, 2023). Other signs include agitation, aggression, accident propensity, and lack of personal care or hygiene. Most communities' perception of mental disorders and the people living with these disorders are not based on scientific baselines and thus affect the treatment-seeking and adherence of affected individuals (Benti, *et al*., 2016).

A review on stigma studies, conducted by American Psychiatric Association- APA (2020), demonstrates that many individuals still have an unfavourable opinion of those who have mental illnesses, despite the fact that the public may recognise the medical or hereditary origins of mental problems and the necessity of treatment. This is in agreement with survey information from 16 nations in North and South America, Europe, the Middle East, Africa, Asia, and the South Pacific, which revealed that 22% of participants from poor countries and 11.7% from affluent countries experienced stigma and prejudice as a result of mental illness (Unite for Sight, 2020). This is a result of differences in beliefs and perceptions across cultures and communities.

Insufficient knowledge and understanding of mental health, shame and stigma are some of the obstacles to mentally ill people seeking treatment. People with mental illnesses frequently encounter name-calling, mockery, and punishment in the

community (WHO, 2022a). Stigma devalues people with mental health disorders and frequently denied them access to treatment. WHO (2022a) further indicates that sometimes a person's own views on mental illness might keep them from admitting that they need help or attending therapy. Individuals may worry that loved ones will shun them or perceive them differently, or that disclosing their mental illness would result in unfavourable treatment.

Schweitzer (2019) cites a study conducted in Ngomahuru Psychiatric Hospital in Zimbabwe, which described several phrases used in Zimbabwe to describe people diagnosed with mentally disorders. These include terms such as “mupengo” (crazy person), “benzi” (mad person), “anodhunya” (mad person), and “dununu” (dumb person). The implications are significant. The study expresses that it is thought that one has "ngozi," or that they or their parents have done something wrong. Mental illness is seen as retribution by the "gods," and as a result, family members are afraid to associate with such a person for fear of getting "caught in the crossfire."

Mental disorders often elicit feelings of fright, confusion and distress, particularly during the first incidents. Individuals may feel that it is a sign of weakness or insanity (Lewis, 2017). Research further indicates that these feelings are possibly reinforced by the media’s negative and unrealistic portrayal of mental health disorders. Ssewamala, *et al.* (2018) indicates that stigmatisation has been linked to internalised negative self-perceptions in the form of self-stigma and prejudice from others, both of which cause patients to refuse treatment and conceal their symptoms.

Stigma in relation to people with mental health disorders, according to Alexander (2009) is frequently a confluence of actions (discrimination), attitudes, and a lack of pertinent understanding (ignorance). Simply explained, stigma describes a mindset. The behaviour that results from that mentality is discrimination. This stands in agreement with what Lewis (2017) said, that as a result of the misconception that people can "pull themselves together" to recover from a mental problem, there is far too much stigma around mental illnesses.

In South Africa, access to treatment can be challenging, and fears of stigmatisation keep many people from seeking the support they need to live healthy and productive

lives (Pols, 2019). Fears of isolation and stigmatisation are commonly experienced by individuals affected by mental disorders. This leads to individuals' difficulties in confiding in family members, friends and close community members including seeking professional help for treatment (Lewis, 2017). This is in agreement with what was established by Munakampe (2020), that a significant portion of the African population still adheres to the prevailing view that mental illness is caused by demonic possession. As a result, many people hide their mental illnesses out of fear of social rejection rather than receiving the urgent medical care they require. Thus, it is possible that a sizable portion of the population still experiences mental disease but is not currently taken into account by mental statistics.

Lewis (2017) revealed that a particular belief about mental illnesses could lead to the whole family experiencing stigma, resulting in them concealing their family member's sickness. Additionally, many researchers have challenged some of the destructive and stigmatising conventional treatment methods, such as chaining, flogging, and burning patients. The misunderstanding and attitudes in relation to mental disorders increases the intricacy of the condition by a person's social network and environment. Mental health sufferers struggle because of their fear of prejudice and stigma in their communities due to the shame that mental illness has long held (Pols, 2019). The outcomes of this study further revealed that patients with mental illnesses have historically been stigmatised and subjected to derision, exclusion, humiliation, and confinement. Despite the fact that awareness of mental healthcare is growing in today's culture, there are still numerous obstacles.

Schweitzer (2019) indicates that in severe cases, prejudice in Africa towards those who suffer from mental illness can have a negative impact on a person's life in many ways, even on the fundamental basis of their selfhood. According to the WHO (2021), the rights to vote, to participate fully and effectively in public life, and to exercise their legal capacity on other matters affecting them, such as their treatment and care, are among the civil and political rights that sufferers are frequently denied.

The WHO (2021) further reported that sufferers may also be subjected to unsanitary and inhumane living circumstances, violence, including sexual assault, neglect, and hazardous demeaning treatment procedures in medical facilities. Consequently,

people with mental illnesses often live in vulnerable circumstances and may be excluded from and ostracised by society, creating a serious obstacle in achieving the goals of national and global development.

## 2.6. Knowledge about mental health

The attitudes, hindrances to treatment-seeking, and avoidance of stigma and discrimination towards people with mental health problems, are all significantly impacted by community knowledge of mental health disorders (Tesfaye, Agenagnew, Anand, Tucho, Birhanu, Ahmed, Getnet, & Yitbarek, 2021). The general population lacks an understanding of mental diseases, which jeopardizes the efficacy of patient care and rehabilitation (Nal, 2001).

Insufficient community knowledge about mental health was reported in several investigations carried out across the globe (Benti *et al*., 2016). Given the variances in literacy levels, socioeconomic, cultural, and racial inequities, media access and usage, and the availability of mental health care among nations, it is possible that there are discrepancies in the explanation of the causes of and treatments for mental illness (Tesfaye *et al*. 2021).

The WHO (2022a) reported that a lack of understanding of the root causes of mental, neurological and substance use disorders (MNS), the myths and misconceptions surrounding these conditions, and the poor help-seeking behaviour that results are problems that affects the African Region. The population frequently seeks treatment from traditional, spiritual, and other alternative practitioners as a consequence of the beliefs that accompany MNS illnesses. Additionally, clinical treatment is the main emphasis of the health system's reaction, with little to no attention paid to preventative measures.

Lack of community mental health treatments provided by the health sector leaves limited space in the community for mental health knowledge and comprehension (Munakampe, 2020). Lack of awareness about this mental epidemiology, limits the provision of social support, such as assistance in establishing and preserving social, familial, and personal ties. The WHO (2022a) reported that individuals diagnosed

with mental illnesses require assistance with housing, job, educational opportunities, and involvement in other worthwhile endeavours both during and after the recovery process.

In addressing the challenges of limited information on the long-neglected problem of mental health disorders, the WHO in 2013 developed a strategy to address the rising impact of mental illnesses. This comprehensive plan also aimed at addressing the difficulties health services face globally in meeting the requirements of those with mental health issues (WHO, 2023). This strategy, according to the WHO, seeks to ensure the implementation of different approaches to mental illness promotion and prevention, strengthening evidence, research, and information systems.

The absence of public awareness of mental health and a lack of knowledge about the causes of mental illness were found in a study carried out by Lund, Kleintjes, Campbell-Hall, Mjadu, Petersen, Bhana, Kakuma, Mlanjeni, Bird, Drew, Faydi, Funk, Green, Omar & Flisherthe (2008) in South Africa from the 1st of August 2006 to the 31st of March 2007. As a result, there is little recognition of mental health in both the national and provincial agendas across a variety of sectors. Although a variety of stakeholders were engaged during the preparation of the Mental Health Policy (2008), nothing has been done to raise awareness, especially within the deep rural areas and to implement the community-based management of mentally ill people.

Strategies to improve the policy environment and strategic communication for stakeholder involvement, network development, improved mental health literacy, and behaviour modification are key factors in mental health promotion (WHO, 2023). Hederson (2021) indicates that understanding that mental illness is not a character defect, but rather a disease like any other, helps individuals to realise the need for mental health awareness.

Mental health interventions can be implemented in environments where people live, work, study, and prosper (WHO, 2023). These include early childhood interventions, social support and community involvement, women's empowerment, and anti-discrimination initiatives. According to Hederson (2021), research shows that when

people know more about the types of mental conditions, they are less likely to exhibit prejudices against persons who are afflicted with mental disorders.

It is critical for parents, family members, loved ones, carers, and employers to comprehend how mental health affects a person's everyday life (Cooks-Campbell, 2022). Knowing more about prevalent mental diseases would help eliminate discrimination, stimulate acceptance in communities, and make it easier for those living with mental illnesses to tell their stories (Hederson, 2021).

Mental Health Awareness Month is recognised annually, and it continues to be a time when persons who battle mental illness may be reminded of the resources at their disposal and feel a bit less alone in their difficulties (Hederson, 2021). The World Mental Health Day was established by the World Federation for Mental Health as a global campaign to encourage its supporters and members to get together in more than 150 countries to discuss mental health issues and bring awareness to these issues (Avenaim, 2022). Furthermore, every year on October 10, World Mental Health Day is observed to promote global mental health awareness and to organise support for individuals dealing with mental health challenges (WHO, 2022b). The World Health Organization (WHO) has run a global campaign for World Mental Health Day every year since 2013.

South Africa declared the month of October as Mental Health Awareness Month with the goal of reducing stigma and prejudice that persons with mental illness are sometimes exposed to as well as well as educating the public about mental health (South African Government, 2023). Mental health literacy is imperative. However, with all programmes, strategies and initiatives developed to raise awareness and increase knowledge for people in communities, there seems to be a gap considering the high level of stigmatisation and discrimination of people suffering from mental health disorders.

### 2.7. Conclusion

This chapter reviewed different perspectives and research studies on mental health disorders. It is evident from the reviewed information that mental health disorders impact negatively on people's lives across the world. Culture and geographical environments seem to contribute negatively on decisions regarding treatment-seeking. The importance of awareness raising and knowledge sharing with communities is imperative, in eliminating stigma, discrimination and name-calling of sufferers, which in turn will improve treatment-seeking.

The researchers established that there is limited information on the subject matter conducted in the country and Mpumalanga in particular. However, the two relevant studies conducted by Ngobe (2015) and the SACAP (2019) in South Africa and Mpumalanga on the perceptions and knowledge of communities on mental health were reviewed. The researchers envisaged that the information reviewed from other research documents and reports/ articles will directly assist in collecting relevant information to address the identified problem that led to the initiation of this research project. Chapter three, as the subsequent chapter, outlies the research methodology applied in this study.

# CHAPTER THREE: RESEARCH METHODOLOGY

## 3.1. Introduction

Chapter three presents the methods applied for data collection, sampling of participants, data collection instruments and the analysis of the collected data thereof. The study adopted a qualitative method through the descriptive exploratory design. The selection of this method was steered by the established aim and the objectives of the study. This method therefore proved to be a better fit for the type of data collected.

## 3.2. Research Method

The qualitative method was used in this study. Qualitative research is defined by Grove, Gray and Burns (2015) as a methodical, subjective process used to define and provide meaning to life experiences. Furthermore, understanding specific emotions, values, life experiences, and historical events is made possible by the knowledge from qualitative research. In conducting this study, this method assisted in understanding and representing the community member's perception, experiences and knowledge regarding those affected by mental disorders through the eyes of the community members and actions as they encounter, engage with, and live through situations.

## 3.3. Research design

According to QuestionPro (2020) the framework for the study techniques and methodologies that the researcher selects is known as the research design. The design gave the researcher the ability to focus on research techniques that are fitting for the field and set up their studies to succeed. In this project, the research design applied was exploratory- descriptive qualitative research and it was envisaged that it would broaden the researcher's understanding of the topic and increase understanding on the perception and knowledge of community members regarding mental health disorders.

### *3.3.1. Descriptive research design*

In conducting this study, the descriptive design or method was utilised. This type of method endeavoured to explain a scenario, issue, problem, phenomena, service, or program accurately and systematically, provide information on how a community lives, or discuss views about a problem (Formplus, 2021). Furthermore, Formplus (2021) indicates that it is imperative for the researcher to first understand what the problem is about, and where, how, and when such a problem exists. The selected descriptive research design aided the researcher in describing the perceptions, as well as knowledge categories about the targeted participants.

### *3.3.2. Exploratory research design*

The exploratory design was utilised in conducting the study. This type of method attempts to investigate the phenomenon's nature, how it manifests, and any other aspects that are associated to it as well as any potential causes (Polit & Beck, 2018). Formplus (2019) indicates the process of looking into an issue to better comprehend the one that already exists is known as exploratory research. There seemed to be limited proof that mental health disorders in Mpumalanga have been investigated, thus selecting this research design aided the researcher in thoroughly investigating the aim of the study or problem matter comprehensively.

## 3.4. Study setting

The study was conducted at Matsafeni Village outside the City of Mbombela, which is located under Ehlanzeni District Municipality and it is in northeastern South Africa. It serves as Mpumalanga province’s capital. Mbombela is located close to Kruger National Park and is based 330 kilometers east of Johannesburg, around 82 kilometers north of the Eswatini border, and about 110 kilometers via road, west of the Mozambique border (City of Mbombela Local Municipality, 2018). Matsafeni Village emanated from Matsafeni Mdhluli’s farm, which is allocated 5 kilometers outside City of Mbombela. It has a population of approximately 3723 as reported in 2001 by Census (Department of Statistics South Africa, 2001). Census (2001) indicates that the village had 826 (27.37 per km2) households in 2001. It further

indicates that there are 51% females and 49% males. The most commonly spoken language is IsiSwati 58%, followed by Xitsonga 29%, Sesotho 3% and 3% Afrikaans (Census 2001). The village expanded from few houses that were constructed to accommodate farm workers.  Many residents from this village walk to and from town for work purposes and other requisite requirements. The village has one clinic that is privately owned by the farm, which offers limited primary health care services. This clinic refers patients to Rob Ferreira District Hospital where required. There are two primary schools and one high school. The researcher further observed that the village has access to water, electricity supply and access roads and that the majority of households in the village have brick houses. Many individuals with mental illnesses have been seen by the researcher rooming the streets of Matsefani.

https://www.google.com/search?q=ehlanzeni+map&sxsrf

***Figure 1: Map of Ehlanzeni District Municipality***

### 3.5. Population of the study

The study population, according to Michalos (2014), is a segment of the intended audience from whom a sample is actually chosen. In conducting this study, the population in which the sample was drawn is the general Matsafeni community members (adults and young adults), men and women who are residents of this village.

### 3.6. Sampling

Sampling as described by Brink, Van der Walt and Van Rensburg (2012) as the method a researcher uses to choose a sample from a population in order to reflect the population of interest when gathering information about a phenomenon. This study adopted the non-probability sampling, which according to QuestionPro (2020) refers to a procedure for sampling where instead of choosing participants randomly, a researcher chooses samples based on their own subjective judgment.

Furthermore, the convenience-sampling method was applied. QuestionPro (2020) described this is a strategy used by researchers to gather data from a convenient respondent pool for scientific study. This method is frequently employed since it is exceedingly quick, simple, and affordable. The research adopted this sampling method in selecting participants for this study, in that participants were selected and identified depending on their willingness to take part in the research both while they were on the streets and visited in their households for data collection purposes. The researcher sourced general first-hand information and experiences from these participants.

#### *3.6.1. Inclusion Criteria*

- Individuals who are permanent residents of Matsafeni Village within the Ehlanzeni District Municipality, and aged 18 years and older.
- Individuals from diverse backgrounds, including different ethnicities, socioeconomic statuses, and educational levels.
- Individuals who express willingness and signs informed agreement to take part in the research and engage in discussions about mental health.
- People who have personal experiences or observations related to mental health disorders, either through their own experiences or experiences of family members, friends, or community members.

### *3.6.2. Exclusion criteria*

- The researcher excluded people who are eligible but cannot consent to participate. Individuals currently living with severe mental disabilities and minors were also excluded.
- Individuals who cannot effectively communicate in the languages used for data collection were excluded.
- Individuals with severe cognitive impairments that prevent them from providing coherent responses were excluded.
- Vulnerable populations such as prisoners, individuals under the influence of substances, or those with severe medical conditions that might impact their ability to participate effectively were excluded.
- The study also excluded health professionals.

## 3.7. Pilot testing

Simkus (2023) defines a pilot study as a small-scale study preliminary study conducted prior the main research to establish the feasibility of the study and or to improve the research design. This is supported by Lancaster, Dodd & Williamson (2004) that a pilot study is a small study conducted to test the designed research protocols, data collection instruments, sample recruitment strategies in preparation for the larger study. In this study, the interview guide developed was pilot tested on a colleague who resides in Matsafeni village as a potential participant to test the developed instruments and strategies. The responses provided by this participant assisted the researcher to determine if the tool was implementable and if it can be utilised to source accurate information within the estimated interview time with the recruited participants. This interview did not form part of the final report.

## 3.8. Data Collection

Brink *et al.* (2018) describes data collection as a methodical strategy the researcher takes in addressing the study question. Before data collection commenced, participants provided informed consent. As soon as data saturation was reached,

data collection stopped. The data gathering process as well as tools are described as follows:

### *3.8.1. Data collection tool*

An interview guide was used to conduct unstructured, in-depth interviews (See Annexure 3). The interview guide had central questions: "**Could you please describe your understanding and perceptions of mental health disorders within Matsafeni Village, considering the cultural, social, and personal factors that shape these perceptions?"** These interviews involved a flexible approach with a list of topics to discuss as opposed to a fixed set of queries. Consent was sought from participants prior the use of voice recorders during the one-on-one interviews. Non-verbal communication cues such as gestures and facial expressions were observed to complement the data.

### *3.8.2. Data collection procedure and recruitment*

Participants were recruited at their homes, with immediate interviews conducted when possible, and follow-up appointments arranged for those not immediately available. The suggested sample ranged from 20 to 30 participants, however, at participation number 15, data saturation was reached. Participants were informed about the signing of the consent form and details on their rights as participants articulated. Moreover, participants were informed that the interviews will be recorded and of the exact time when voice recorders were activated. The average interview time was 20-40 minutes. The interviews were conducted in quiet rooms or spaces at the homes of participants to ensure privacy despite external noise. During interviews, probing was done based on the responses of participants. During the interviews, the researcher maintained flexibility, empathy, and objectivity, creating an environment where participants could freely share their experiences. Active listening promoted uninterrupted sharing, with minimal researcher remarks to encourage participant input. Techniques like bracketing (setting aside preconceived notions), intuition (remaining open to participant perspectives), and reflective remarks were used to ensure unbiased engagement.

### 3.9. Data Analysis

Data analysis is defined by Brink, Van der Walt and Van Rensberg (2010) as a method of classifying, arranging, and manipulating a meaningful description of the data, as well as summarising and explaining the data. Noting that information was gathered from different participants and was impractical to list individual information collected during the interviews, a technique that assisted the researcher to analyse the information accurately was the deductive approach and thematic method of data analysis.

#### *3.9.1. Thematic method of data analysis*

Maguire and Delahunt (2017) define thematic analysis as the process of identifying patterns or themes in qualitative data. This study further indicates that thematic analysis intends to identify themes; that is significant or intriguing patterns in the data and then use those themes to define the study or make a point. Considering that the study focuses on perceptions of community members on mental disorders, which was explained differently by the participants, to analyse the gathered data, the thematic technique of data analysis was used. This type of analysis increased the researcher’s understanding of each situation or experience.

According to Braun and Clarke (2006) there are six steps that must be applied or followed by researchers in qualitative research to analyse data. Details of how the analysis of data was conducted in this study follow:

- Become familiar with the data: the researcher transcribed the voice-recorded data, combined it with the field notes captured. Parallel to this, useful notes and first impressions were jotted down. The researcher then reviewed and reread the notes to ensure a thorough comprehension of the data gathered.
- Generate initial coding: the information collected was then organised in a meaningful and systematic manner; coded by segments, categories, and labelled. Open coding was applied, which Maguire and Delahunt (2017) clarifies as a process where there are there were no pre-established codes; rather, the codes were created and updated as one went through the coding process.

- Search for, review and define themes: Going through the labelled and categorised data, the researcher identified similarities. The researcher then established four themes, in which data was organised and grouped accordingly. The initially established themes were reviewed to establish if they are fit for purpose and if they respond to the research question (as step 4). It was then evident to the researcher that the themes as established were predominately descriptive, which is in accordance with the selected research design, and they described the patterns of data addressing the research question. Finally, in step 5, the researcher generated 14 sub-themes, interacting directly with the four themes established.
- Reporting/ Write-up: the findings of the research were recorded, following the refined themes and sub-themes. The researcher ensured that the quotations of the participant's responses were indicated in all themes and sub-themes, supported by relevant literature reviewed.

## 3.10. Trustworthiness

Connelly (2016) posits that the degree of confidence in the data, interpretation, and techniques employed to assure the quality of a study is referred to as its trustworthiness or rigor. The researcher ensured trustworthiness through the application of the following criteria:

### *3.10.1. Credibility*

According to Shenton (2004), building credibility means making sure that the study measures or tests what is genuinely intended. Babbie, Mouton, Vorster and Prozesky (2011) indicated that there are six ways of ensuring credibility, namely peer debriefing, triangulation, member checks prolonged engagement, persistent observation and referential adequacy.

In ensuring credibility for this study, the methodology, research design, methods and techniques selected were scrutinised to establish their relevance in addressing the identified research problem prior to data collection. Interviews with the sampled participants commenced and were completed within the duration of 20-40 minutes

with each participant. Through these engagements, the researcher was successful in extensively collecting credible data on the subject matter. This interview did not form part of the final report. In ensuring the referential adequacy of the data analysed and interpreted, the researcher utilised a voice recorder to capture the proceedings of each interview, transcribed the information, duplicated the data, and stored it in a secured laptop.

Through conversations with the supervisor and co-supervisor, peer debriefing was assumed for appraisal of the selected research process, the review of the draft thesis and confirmation of the findings. Additionally, the researcher's field notes and transcripts were triangulated with relevant literature to establish a coherent justification for themes and their sub-themes, moreover the degree of data credibility.

*3.10.2. Transferability*

Transferability refers to the extent to which the results may be applied to different situations or to different respondents (Babbie et al, 2012). Sahl and King (2020) postulated that it is legitimate and significant to produce new information through emergent, discovery-oriented qualitative research, but it is equally fruitful to look for understanding through other, more methodical qualitative research methods. It aims to deepen understanding by applying the discoveries to new contexts.

In enhancing transferability in this research project, the investigator selected participants for the study setting using the convenience sampling method, which gave every member of the population an opportunity to take part in the study. The recruitment of participants was based on their availability to participate and when it was conveniently possible for them to do so. Moreover, the researcher collected data from the potential participants that consented and were eligible to participate until data saturation was reached, when similarities and uniformities were evident in the responses.

The perceptions and knowledge of research participants on mental health disorders and the setting of the research in this study were clearly described to create an understanding of the research to other researchers. Moreover, in ensuring

transferability, the researcher’s discussion of the research findings clearly indicate understanding relevant to numerous situations.

### *3.10.3. Dependability*

According to Wagner et al. (2012), dependability refers to a measure of reliability achieved by the triangulation of methods and enabling the reconstruction of the steps and procedures that resulted in the study's findings. Dependability was described by Moon, Brewer, Januchowski-Hartley, Adams, and Blackman (2016) as the consistency and reliability of data throughout time, and the level of documentation of research processes that enable someone outside the study to track, audit, and evaluate the research process.

In enhancing dependability for this study, the study design, approach, methods as well as techniques adopted in the study are clearly documented by the researcher. Furthermore, the investigator ensured that the outcome of the study was comprehensively recorded, making it easier for other researchers or readers to analyse, critique or audit the findings grounded by the conclusive evidence supplied by the researcher.

### *3.10.4. Confirmability*

This criteria of trustworthiness refers to ensuring that the conclusions are backed up by the data, and evaluating the biases to show that the data and conclusions were generated from occurrences rather than being purely the product of the researcher's imagination (Wagner *et al.*, 2012). The researcher ensured that the discoveries of the study are reflective of the information collected. Furthermore, the researcher ensured that her understanding and knowledge of the research problem is not in any way influencing the conclusions thereof. The findings reflect the perceptions and knowledge of the participants on the subject matter rather than the researcher’s. In that manner, the findings are based solely on the presented data. The research ensured that bias is minimised in the study. Any form of bias and prejudice that might have been encountered throughout sampling, data gathering and interpretation of the collected information would be disclosed to ensure the credibility of the findings.

### 3.11. Ethical considerations

The research proposal was reviewed at the departmental (Department of Public Health) level. It was then submitted for approval to the School of Health Care Sciences and the Faculty of Health Sciences. A request for ethical clearance of the study was made to the Turfloop Research and Ethics Committee (TREC) of the University of Limpopo and approval obtained, certificate number TREC/624/2022:PG (See Annexure 3).

#### *3.11.1. Permission to conduct the study*

Bhandari (2021) refers to obtaining permission to conduct research as a scenario in which every possible participant receives and comprehends all the information, they require to make a participation decision. The Matsafeni Traditional Council (Sphezi Royal House) was requested permission to collect data from the local people, in which approval was granted prior to data collection (See Annexure 4).

#### *3.11.2. Confidentiality*

Although the researcher is aware of the participants' identities, confidentiality means that no identifying information can be included in the report (Bhandari, 2021). The researcher made certain that the names of participants are omitted from the report; and replaced by a number. The names of participants were neither divulged nor recorded in the data. The researcher, supervisor, and co-supervisor were the only parties allowed access to the information collected from the participants, in an endeavour to ensure confidentiality.

#### *3.11.3. Anonymity*

According to Bhandari (2021), anonymity refers to the researcher not divulging participants' identities and is, however, unable to connect any particular participant to their data. Thus, the investigator ensured that responses provided by the participants could not be linked or recognised by their communities as their names were not captured anywhere on the study.

### *3.11.4. Right to Privacy*

The University of Southern Colombia (2020) refers to the right to privacy as the willingness of study participants to permit access to themselves and their data. Moreover, protecting the right of study participants to decide how their information is gathered, utilised, and shared with others is another aspect of privacy. The participants' information was protected by the researcher and all procedures in ensuring such was followed, including informed consent, which is attached as Appendix 3. Interviews were conducted privately away from others, and there was transparency in what the collected data would be used for. During the interpretation of data and report-writing, the researcher made sure that the personal details of participants interviewed were not stated to maintain anonymity and protect their right to privacy.

### *3.11.5. Harm*

Wagner et al. (2012) postulates that the saying 'do not harm' refers to how participants in research projects need to be handled. The primary responsibility of the researcher was to ensure that taking part in the research project could not and would not do any harm to the participants. Participant damage goes beyond just physical injury. In addition to reputational loss, people might suffer psychological or emotional trauma.

In collecting data for this study, all possible forms of harm were taken into account and minimised. This is inclusive of financial, psychological and social harm, in which the researcher ensured that the participants are not bearing any costs for participating in the study, that questions asked are not exposing them to any humiliation or unnecessary stress or loss of dignity from the community members. The researcher ensured that any inconveniences in terms of time delays were completely eliminated. Furthermore, the study's researcher made sure that the subjects received no exposure to any unnecessary stress, humiliation or loss of dignity resulting from sensitive questions asked during the interview. The researcher ensured that the research questions were easy to understand and could not lead to any fear or anxiety or feelings of being labelled and discriminated against, especially

for those participants that have family members diagnosed with mental health disorders.

*3.11.6. Voluntary participation*

According to Bandari (2021) voluntary participation means that all research participants are free to choose to participate without being under any duress or compulsion. In conducting the study, the researcher ensured that the participants are informed of their right to withdraw from the study at any time, without feeling obligated to the researcher nor the processes of the study. Moreover, the participants were informed prior data collection that should they decide to withdraw from the study, reasons for their decision need not to be communicated with the researcher.

*3.11.7. Beneficence*

Barrow, Brannan & Khandhar (2022) explains beneficence as acting in such a way to benefit others while promoting their welfare and safety. This definition outlines two key ethical principles, namely; participants' right to freedom from harm and discomfort and the participants' rights to protection from exploitation. Prior data collection, participants were clarified that the information provided, will not be shared with anyone else exposing them to the risks of being exploited through participating in this study. Moreover, the researched ensure that interviews are conducted at the participants vicinities to protect them from monetary costs, and the interviews were privately conducted to ensure that the participants' rights to privacy is protected and that they are not embarrassed or made to feel uncomfortable when responding to questions asked.

*3.11.8. Respect for human dignity*

Respect for human dignity dictates that researchers must work to protect the research participant's autonomy while also ensuring full disclosure of factors surrounding the study, including potential harm and benefits (Barrow, Brannan & Khandhar, 2022). In ensuring that participants right to autonomy, the researcher ensured that the participants understand their rights on whether to participate in this

study or not, it was explained to the participants that they are participating out of their own free will, and that at any given moment, should they feel the need to withdraw from the study they are free to do so without any penalties. Moreover, participants were not persuaded to participate in this study through the provision of any enticement or incentives, and this was clearly communicated by the researcher to the participants prior the interview that there are no rewards or incentives for participating.

### 3.12. Conclusion

The adopted research methodology, the research design, study setting, population, sampling method (inclusion and exclusion criteria) are outlined in this chapter. Moreover, the chapter covers the data collection method and its procedures, data analysis, measures applied in the study to ensure trustworthiness and the ethical considerations. Chapter four follows with the presentation of the findings, supported by relevant literature.

# CHAPTER FOUR: PRESENTATION, INTERPRETATION AND DISCUSSION OF RESULTS

## 4.1. Introduction

Chapter 4 outlines the presentation, interpretation and discussions of the results from the data collected for this research project. The study aimed to explore the perceptions and knowledge of community members regarding mental health disorders in Matsafeni Village outside Mbombela, Ehlanzeni District Municipality in Mpumalanga Province. This study employed qualitative, and exploratory- descriptive design. Data was collected from 15 participants who were sampled using the convenience sampling method.

Interviews conducted with the participants were one-on-one, and the thematic analysis technique was used to analyse data wherein themes and sub-themes were finally developed. During interviews, field notes were captured and non-verbal cues analysed using thematic analysis. Both the researcher and supervisor analysed data and further met in a census meeting wherein themes and sub-themes were decided upon. The demographic backgrounds of participants were taken before interviews could be conducted and are outlined. The participants' real names are not disclosed in these results and participants are referred to using numbers to protect their confidentiality and anonymity.

In addition, the results of the sociodemographic profile and themes are interpreted and discussed in this chapter. The themes and sub-themes are supported by participants' quotes. Moreover, the results of this investigation are analysed and discussed using literature.

## 4.2. Demographical background

The participants furnished the researcher with details that were filled in the demographic background sheet which had factors such as age, gender, marital status, education level, and employment status. The results are reported as captured in table 4.1.

**Table 4.1: Demographic background of participants**

| Participants Identifier | Age group | Gender | Marital status | Level of education | Employment status |
|---|---|---|---|---|---|
| Participant 1 | 50 – 60 | Male | Married | Grade 11 | Self-employed – Shoe repairer |
| Participant 2 | 18 – 35 | Male | Single | Grade 10 | Employed-Shisanyama |
| Participant 3 | 35 – 50 | Male | Married | Grade 2 | Self-employed Constructions |
| Participant 4 | 35 – 50 | Female | In a relationship | Grade 6 | Self- employed – Vendor |
| Participant 5 | 18 – 35 | Female | Single | Grade 8 | Street Vendor |
| Participant 6 | 50 – 60 | Female | Never married | Grade 5 | Employed |
| Participant 7 | 50 – 60 | Female | Divorced | Grade 4 | Street Vendor |
| Participant 8 | 36 – 50 | Female | Married | Grade 8 | Entrepreneur _ Glass cutting and fitting |
| Participant 9 | 18 – 35 | Male | Married | Degree | Entrepreneur – Bugler & aluminium |
| Participant 10 | 18 - 35 | Male | Single | Grade 12 | Unemployed |
| Participant 11 | 50 -60 | Male | Married | Grade 5 | Farm Worker |
| Participant 12 | 18 -35 | Female | Married | Grade 8 | Unemployed |

| Participants Identifier | Age group | Gender | Marital status | Level of education | Employment status |
|---|---|---|---|---|---|
| Participant 13 | 36 – 50 | Male | Cohabiting | Grade 4 | Part-time employment |
| Participant 14 | 36 – 50 | Female | Cohabiting | Grade 4 | Part-time employment |
| Participant 15 | 18 - 35 | Male | Single | Grade 12 | Unemployed |

Table 4.1 shows the demographic background of all 15 participants in this current study. The study involved fairly balanced age groups (six participants were aged 18-35, five between 36-50 and four were aged 50 – 60). Four participants were married, four were single, two others were cohabiting, one was in a relationship, one was never married and one was divorced. Seven participants had secondary education, seven had primary education and one in possession of a degree. Seven participants were self-employed (as vendors – 3, shoe repairer – 1, construction sector – 1 and entrepreneurs – 2), five participants were employed (2 on a part-time basis and 1 as a farm worker). Three participants were unemployed.

Fifteen participants who were mostly indigenes of the study area were interviewed for data collection purposes. Males constituted the majority of the participants. The gender imbalance of participants is in line with the report by Census (2011) that Matsafeni was comprised of 53% males and 47% females. The sample was representative of both genders, with eight men and seven women participating. The study involved adults and young adults across all age groups (this ranged between 18-35, 36-50 and 50-60 age categories). The sampled age group population accounted for the highest number within the community, which is in agreement with the Census (2011) report. Among the participants, some were married, single, cohabiting, in a relationship, never married and divorced. The participants mostly had basic education, although their level of education did not influence the findings, as data was collected in local languages. According to Census (2011) 63% of the inhabitants speak IsiSwati and 26% speak Xitsonga, and these languages were

utilised for the benefit of the participants. Most participants were self-employed, while some were employed and others were unemployed.

### 4.3. Themes and sub-themes emanating from data analysis

**Table 4.2: Themes and sub-themes emerged from data analysis of participants' interviews**

| Themes | | Sub-themes |
|---|---|---|
| Theme 1 | Understanding of mental health disorders | 1.1 Description of mental illness |
| | | 1.2 Signs and symptoms of mental illness |
| | | 1.3 Experiences with patients diagnosed with mental illness |
| | | 1.4 Behaviours of mental health patients |
| Theme 2 | Perceptions of mental illness | 2.1 Perceptions on the causes of mental health disorders |
| | | 2.2 Seeking help for management of the condition |
| | | 2.3 Perception on treatment options for mental health conditions |
| Theme 3 | Social support | 3.1 Family support and its importance to individuals diagnosed with mental disorders |
| | | 3.2 Community support and its importance to individuals diagnosed with mental disorders |
| | | 3.3 Family inability to support their family member with mental disorder impact community support |

| Themes | | Sub-themes |
|---|---|---|
| | | 3.4 Attitudes of community members towards supporting individuals with mental disorders and their families. |
| | | 3.5 Governmental support to patients living with mental disorders |
| Theme 4 | Involvement in community activities | 4.1 Participation of mentally ill individuals in community activities |
| | | 4.2 Social rejection and stigmatisation |

Table 4.2 indicates the emerged themes and sub-themes from the interviews conducted with the participants. Four themes emanated from the data collected, with twelve sub-themes. The first theme is on understanding mental health disorders, which had four sub-themes, secondly is the perceptions of mental health, which had three sub-themes, thirdly, the social support theme which has five sub-themes and the fourth theme is involvement in community activities, which had two sub-themes.

### 4.3.1. Theme 1: Understanding of mental health disorders

The study findings show that most participants know and understand mental health disorders. Details of these findings are outlined comprehensively in the sub-themes below:

#### *4.3.1.1. Sub-theme 1.1: Description of mental illness*

The participants described mental health disorders as distortions of thought patterns where an individual loses touch with the reality around them, and are characterised by an inability to care for oneself, craziness, unintelligence, over-intelligence, memory loss, high levels of sadness, and a tendency to become overly excited. The answers revealed that certain similarities existed in participants' understanding of

mental illnesses. Some of the quotes from the interviews on the description of mental illness are below:

***Participant No 1*** "*Mental health disorders means that a person is failing to think normally".*

***Participant No 2:*** "*It is when a person has a shortage of memory; he/she cannot think like any other person and requires care and patience*".

***Participant No 3*** "*It is when a person is bewitched and made to lose his/her mind".*

***Participant No 7*** "*It is when a person's mind is not fully functional'.*

The findings of the study suggest that an understanding of mental health disorders exists among the interviewed participants. The participants expressed different descriptions of mental illness and its causes. Benti *et al.* (2016) indicated that different communities' understanding of mental illnesses are due to their level of knowledge, beliefs and views, which is informed by their perceptions and attitude towards mental illness.

Mental health disorders are understood to be a distortion of thought patterns where an individual loses touch with reality, is unable to care for him/herself, displays craziness, unintelligence, over-intelligence, has memory loss, high levels of sadness, and tendencies to become overly excited. This is somehow expressed in the definition given by the WHO (2019), which indicates that a wide range of issues with various symptoms make up mental illnesses, which are often characterised by an aberrant mix of thoughts, perceptions, emotions, behaviour, and interpersonal connections.

#### *4.3.1.2. Sub-theme 1.2: Signs of mental illness*

The findings showed that some participants have observed and are aware of the signs and symptoms associated with mental health disorders. The signs are crucial in recognising and understanding the manifestations and indicators of various mental

health conditions. This involves identifying common signs and symptoms that may indicate the presence of a mental illness. Below are a few quotes drawn from participants' responses:

***Participant No 1****: "I noticed that people that are mentally ill prefer to sit alone and are always consumed by their own thoughts. There are days when the person is overly excited or super sad. However, there are more days of sadness than happiness".*

***Participant No 3****: "There are those that would just take off their clothes on the streets but for others, you cannot really tell that they are suffering from this illness if it is not extreme. People that are mentally ill are always hungry and eating continuously".*

***Participant No 4****: "A person that is mentally unfit can be seen roaming around the streets, untidy, staying on the streets, and holding sharp things which they use to inflict pain on themselves".*

***Participant No 6****: "Mentally ill people are noticed by being untidy. They don't bath, they speak alone while walking around the streets, and they search garbage bins for food and objects".*

***Participant No 10****:" The signs that I noticed from people that are affected by this illness involve poor communication (not making sense when talking, limited replies, giving irrelevant responses to questions asked or not responding at all), ignoring other people and avoiding communication with them, and they always seem like their minds are preoccupied".*

The findings of the current study suggest that mental illness signs comprise of, amongst others, drastic mood swings, preferring to stay alone consumed by their own thoughts, being untidy and wandering around the streets, garbage digging, holding sharp objects to cause pain on oneself and others, as well as failure to calculate one's actions. The findings are compatible with the report produced by Mental Health America (2023), which indicated that people with mental diseases cannot think, feel, or act in the manner they would like to because of changes to their brains. The report

by Mental Health America further indicates that for some people, this entails having abrupt, dramatic mood swings, and feeling more anxious or sad than usual (Mental Health America, 2023).

The current study further found that mentally ill individuals are poor communicators, avoid conversations with others and seem to be preoccupied. Similarly, Yetman (2023) found that people with thought disorders have trouble communicating with others and may have trouble recognising that they have an issue.

*4.3.1.3. Sub-theme 1.3.: Experiences of family members with patients diagnosed with mental illness*

The study found that participants encounter different experiences as part of families with patients diagnosed with mental health disorders. Of the overall participants, only two participants indicated that their family members are sufferers of mental health disorders. The experiences of family members can provide insights into various aspects, including the challenges they face, the emotional toll, coping mechanisms, and their role in the overall care and support of the patient. Below are some of the quotes from the interviews:

***Participant No 5****: "My sister is currently suffering from stress and depression. She prefers to be sit alone, always consumed by her own thoughts. I noticed that there are days where she is overly excited or super sad. There are more days of extreme sadness than happy ones".*

***Participant No 11****: "I have two sons that are mentally ill. People with mental health disorders will just stare straight at your face though they are not paying attention to the conversation, When given instructions, they fail to carry them out, and it looks like they are in their own world, consumed by their own thoughts and not aware of their surroundings. At times their behaviour can be uncontrollable and difficult to manage".*

Frequently, family members serve as the primary carers for individuals suffering from mental illness, assuming responsibility for their day-to-day care, treatment adherence, and overall wellbeing (Chadda, 2014). This caregiving role can be

demanding, both physically and emotionally, and may require navigating complex healthcare systems, coordinating appointments, and managing medications or treatment plans. These included drastic change in mood swings, lack of reaction to requests or instructions, and patients whose behaviour include self-harm and causing harm to others.

Family members often experience a range of emotions when a loved one is diagnosed with a mental illness. They may feel shock, fear, sadness, guilt, frustration, or helplessness (Lewis, 2017). Witnessing a loved one struggle with their mental health can be emotionally draining and may lead to feelings of anxiety, stress, or even depression among family members and support networks of family members. The discoveries of this present study are in agreement with research carried out by Iseselo, Kajula and Yahya-Malima (2016) which found that the caregivers' family struggled to establish and keep healthy social connections because of the mental ill family member’s out-of-control behaviours, such as temper tantrums, yelling in public, insulting neighbours, and slapping others.

Family members often become advocates for their loved ones, seeking better understanding, improved access to mental healthcare, and reduced stigma. Hodge (2023) cements this finding in that practical support and resources offered by families can be instrumental in helping individuals with challenges access appropriate treatment and cope with daily life stressors. Moreover, family members may need to be supported by healthcare systems and the community.

#### *4.3.1.4. Sub-theme 1.4.: Behaviours of mental health patients*

Participants gave different points of view under this theme. Most participants indicated that people with mental health disorders can be identified by portraying antisocial behaviours and being disoriented. Their behaviour may vary from speaking and laughing loudly alone, wandering around the streets and eating from garbage bins. Some mentally ill people appear very untidy, wearing plastic bags, moving faster than normal and stopping suddenly, running around without any specific direction, and acting crazy.

***Participant No. 13**: "The sufferers of mental illnesses might throw themselves to the ground, hurting themselves and posing danger to other people".*

***Participant No. 1**: "Picking papers on the streets and eating from garbage bins".*

***Participant No. 2:** "Their behaviour shows that they are mentally unwell. This can include them being very dirty, leaving their homes to stay on the streets, talking alone and sometimes arguing by themselves, and sometimes portraying signs of being disoriented. It can be easy to identify a mentally ill individual because they can be a danger to themselves and others, or insult others on the streets. This is a result of them not being able to differentiate between right and wrong.*

Mental illness encompasses a wide range of conditions, and the exhibited behaviours by individuals diagnosed with mental illness can vary greatly. Interestingly, on the behaviour of mentally ill individuals, participants provided a variety of behaviour patterns or actions that individuals with mental health disorders portray. This ranged from antisocial behaviours and being disoriented, speaking and laughing loud alone, wandering around the streets, eating from garbage bins, looking very untidy and wearing plastic bags and posing danger to themselves and others. Moreover, some mentally ill individuals move faster than normal and stop suddenly, run around without any specific direction and "act crazy". The WHO (2022c) found that psychosocial impairments, mental illness and other mental states are associated with suffering, impairment, and risk of harm to self and others. Additionally, certain mentally ill individuals fail to differentiate between right and wrong. The findings are compatible with findings by First (2022), that mentally ill individuals portray inappropriate behaviour (such as undressing in public), delusions, and visual and auditory hallucinations (seeing or hearing things that are not there).

In some instances, individuals with mental illnesses may exhibit a tendency to withdraw from social interactions and isolate themselves. They may prefer to spend time alone, avoid social gatherings, or have difficulty engaging in conversations. Social withdrawal is often a coping mechanism and can be influenced by factors such as anxiety, depression, or negative self-perception. Dexter (2022) indicated that

social withdrawal significantly impacts the ability to develop relationships with others and influence one’s sense of self and well-being.

The findings are consistent with the results of a study conducted by Mental Health America (2023), which revealed that people who have mental illnesses may experience significant and unforeseen shifts in mood, such as feeling more sad or anxious than usual. Others experience it as being unable to think properly, being unable to understand what someone is saying to them or experiencing strange ideas and sensations. According to the WHO (2001), a person is in a condition of mental health when they are able to reach their full potential, handle life's daily stressors, produce work, and give back to their community. The description of mental health and the behaviour or actions that were described by participants were found to be contradictory and as such, the findings thus reflect that what the participants observed cannot be deemed as healthy mentally.

### 4.3.2. Theme 2: Perceptions of mental illnesses

This study revealed that participants have different perceptions of the determinants of mental health conditions. The majority of participants indicated that mental health disorders are a result of witchcraft, while some participants cited genetic causes. The following subthemes outline the perspectives of participants:

#### *4.3.2.1. Sub-theme 2.1.: Perception of causes of mental health conditions*

Participants perceived mental health causes as being predominately from witchcraft or hereditary causes (born with it). Only five participants indicated that these disorders are caused by poverty, overthinking, unintelligence, over-intelligence and substance abuse, HIV infection and from mothers trying to terminate pregnancies. Below are quotes taken from interviews with participants, reflecting common and opposing perceptions on the causes of mental illnesses:

***Participants No 2****: “Mental illness occurs when a person stole something from someone and they are bewitched. However, some people are afflicted from birth”.*

***Participants No 3**: "The person I know is mostly affected by the abuse of substances; he takes dagga and "nyaope". HIV, in my view, can lead to mental illness".*

***Participants No 4**: "In my view, there are two causes of mental health disorders; there are those that are born with the sickness and those that encounter changes due to parents using them to enrich themselves (black magic)".*

***Participant No 8**: "I think the enemy (the devil) creates the illness. Most people I know were born normal, but as they grew older they started developing the sickness".*

***Participant No 9**: "For some kids it is due to the shortage of cells required in their system, as a result of a mother who tried to abort the baby during pregnancy. Due to the intake of foreign medications, the baby might be born with mental disabilities".*

Findings revealed that participants perceived mental conditions to comprise of two main determinants. Firstly, that people suffering from mental health disorders are born with the disorders, and secondly, they are bewitched and it is therefore an act of black magic. Participants indicated that a family history of mental illness can lead to children developing the disease. A person is more likely to develop similar diseases if their family has a history of mental illness. This may be caused by hereditary traits that run-in families, as well as environmental variables. Hodge (2023) postulates that growing up in a family with a history of disorders can provide unique obstacles, including a higher sensitivity to developing mental health problems and possible stigma. A family history of mental illness can profoundly impact an individual's mental health. It is crucial to keep in mind, though, that not everyone with a family history of mental illness will experience a mental health issue, and those without a family history of mental illness might still struggle with their mental health.

The study's first conclusion is in line with research by the National Institute of Health (2013), which found that many psychiatric diseases run in families, which may have hereditary underpinnings.  The WHO (2021) explains that the determinants of mental health disorders include stress, genetics, diet, prenatal infections, and exposure to environmental dangers.

The second finding under this sub-theme is that mental illness results from bewitchment or an act of black magic. A common cultural perspective in various countries is that mental illness is brought on by being bewitched. This research's findings are consistent with those of a study by Abi (2019), which found that African societies do not recognise psychiatric issues and believe that those who are mentally ill are the victims of witchcraft, bad spirits, or other metaphysical ailments.

Another study conducted by Zabouw (2006) revealed that the indigenous causes of mental illnesses include bewitchment, failure to perform rituals, stepping over dangerous tracks, evil spirits, and witch familiars (tokoloshes). However, Orngu (2014) found that cultural and religious teachings frequently determine attitudes toward the mentally ill as well as views about the causes and nature of mental illness. The conviction in witchcraft, sorcery, or supernatural forces may be strongly rooted in some cultural situations. These cultural myths link mental illness to outside causes like being cursed, bewitched, or possessed by bad spirits. For people with mental health difficulties to effectively communicate and receive care, it is essential to comprehend and respect these cultural beliefs.

There are a few participants who indicated that these disorders are caused by poverty, overthinking, unintelligence, over-intelligence, substance abuse, HIV and failure to terminate pregnancies. Munakampe (2020) found that stressful family connections, illnesses like malaria, meningitis, syphilis, and HIV, the use and reliance on alcohol and other psychotropic drugs, as well as poverty, all have the potential to create mental health issues. Poverty also makes people more susceptible to mental health conditions. The current study’s findings are cemented by WHO (2003), which found that although every group is susceptible to mental illnesses, the risk is larger for the underprivileged, those who are homeless or jobless, those with low levels of education, those who have experienced violence, immigrants and refugees, native populations, kids and teenagers, battered women, and the elderly.

In order to confront the myths of bewitchment and mental disease, education is essential. It is possible to lessen stigma and improve understanding in communities through promoting mental health literacy, busting myths, and offering factual information about mental health conditions. According to Tesfaye *et al.* (2002),

community awareness of mental health issues has a significant influence on attitudes, the path taken to seek care, and the reduction of stigma and prejudice toward those who have mental health problems.

*4.3.2.2. Sub-theme 2.2.: Seeking help for management of mental disorders*

All participants generally perceived seeking help for mentally ill patients as imperative. Seeking help for the management of mental disorders is an essential step towards promoting mental wellbeing and receiving appropriate care. Some participants indicated that treatment would assist in managing the sickness, although it may not be cured completely. Some of the quotes drawn from the interviews are below:

***Participant No 2****: "Mentally ill people must get help from professionals and take treatment for them to be healed".*

***Participant No 3****: "Yes, I believe that these people should seek help for them to be cured from this sickness. This can be from hospitals or mental institutions in Pretoria, where X-rays would be performed to establish the cause of the illness".*

***Participant No. 4:*** *"Mentally ill people can be assisted through admission into mental institutions, where government can fund and render the necessary treatment services for them to heal from their disorders. In these institutions, mentally ill people can be placed in the same place with other people that are mentally ill and taken through schooling processes. This will assist them in not feeling like less of human beings. I think churches and hospitals can also assist in curing the sicknesses, depending on the type of illness the person suffers from".*

***Participant No 5****: "Yes, it is important that people that are mentally ill get the help they require from professionals".*

***Participant No 6****: "People with mental illnesses must all possibly seek help from traditional healers as this will assist in reducing the symptoms that comes with the disorder".*

***Participant No 7**: "I believe that people suffering from mental illness should be assisted, as having such a condition can be troublesome. Government should provide the treatment assistance required. I also think some illnesses require traditional or indigenous ways of treatment, and in this case, the mentally ill individuals can be assisted".*

***Participant No 11**: "People with mental illnesses should seek help immediately, be it from churches or medical centres, though they might not be cured completely".*

***Participant No 14**: "I believe that people with mental illnesses should get help from strong herbalists with vast indigenous traditional medicinal herbs and even clinics for them to stop hurting themselves and others".*

***Participant No 15**: "I believe that mentally ill people must seek help through therapy, social workers and an established healthy environment which can also assist in the reduction of stress, as the illness will not just disappear without treatment".*

The findings suggest that all participants deemed it imperative for mentally ill people to seek help, be it through medical professionals (medicines and therapy), admission to government institutions, consulting traditional healers or indigenous herbalists, for them to manage the illness. These findings are compatibility with the results from a study by Mental Health America (2023), which indicates that with the correct care and therapeutic interventions, many people can learn to manage with or recover from a mental illness or emotional problem. A report produced by the South African Government (2022) during mental health awareness month indicated that despite mental healthcare being offered in local clinics, hospitals, or by healthcare providers, very few South Africans actually seek therapy for their mental conditions. This is concurrent with a report produced by Mental Health Centre (2005), showing that there are several types of medications available to treat mental conditions. These include antidepressants as well as anti-psychotic, mood stabilizing, and stimulant medications.

Regarding the traditional healers' treatment, the results are consistent with the research carried out by Sorsdahl, *et al.* (2009) that mental health conditions can also

be treated traditionally. The seeking of help can be impacted by elements include cultural norms and a poor understanding of mental illness. The stigma attached to mental illness and cultural perceptions of it can have an impact on how people feel about obtaining medical help. There may be stigma or misconceptions about mental health in various cultures, which makes people reluctant or resistant to getting professional treatment.

Modir (2023) indicated that a significant barrier to receiving professional care in many cultures is the negative stigma associated with therapy or mental health problems. The notion of seeking care might be affected by one's level of information and understanding regarding mental health conditions and accessible treatments. Individuals may be discouraged from getting the proper medical care due to inadequate knowledge or misconceptions regarding mental well-being.

The WHO (2022a) indicated that shame and stigma, as well as a lack of mental health education and awareness, are obstacles to mentally ill people seeking treatment. Collaborative care entails bridging the gap between cultural beliefs and evidence-based interventions by collaborating with traditional healers, community leaders, and people who are struggling with their mental health. Brooke-Sumner, Lund and Petersen (2016) state that for persons with a severe mental illness that results in major functional impairment, inter-sectoral coordination is crucial for providing psychosocial rehabilitation.

*4.3.2.3. Sub-theme 2.3.: Perception on treatment options for mental health conditions*

Participants responded differently on treatment options or places where mentally ill individuals can seek treatment. The findings suggest that therapy, medicines, admission for inpatients for continuous treatment, traditional healers or herbalists can be some of the options to be considered when treating mentally ill individuals. It is apparent that participants have their own perceptions of the importance of seeking help when affected by mental health disorders. The majority of participants mentioned medical care facilities as places where such help can be received. Other participants indicated that strong herbalists, traditional healers or indigenous

knowledge healers can cure mental conditions.  Below are some of the responses from participants:

***Participant No. 1****: "They should consult at the hospital. This can assist them as I have seen a few people who are much better now after consulting with a medical professional".*

***Participant No. 3****: "They should be taken to the doctor for inspections and medical treatment. The best place I can suggest is the medical places where X-rays can be conducted on a patient to check if there are no faults with the brain. Medical institutions would be the best place to assist such people".*

***Participant No. 6****: "The places where these people can be assisted are the hospitals, and from traditional healers. This may not completely cure the illness but it can reduce the symptoms".*

***Participant No. 7****: "I think the government should be able to assist them, as it cannot be expected from any other person to assist. The provision of medication to reduce or contain the illness is an option that government should consider in assisting these people".*

***Participant No. 13****: "I don't know where individuals diagnosed with mental illnesses can receive the required help to heal through the western methods, but traditional healers had positive effects on mentally ill individuals for a very long time".*

***Participant No. 14****: "They can get treatment from the hospitals through the intake of medication, or they can visit a strong traditional herbalist who has vast experience in the indigenous herbs".*

The results of this investigation showed that certain interviewees perceived medical treatment for the mentally ill patients as the paramount option to treat and assist patients to be freed from the disorder. The WHO (2002) indicated that in the context of larger public policies, a combination of treatment and preventative programs in the

mental health field might reduce the number of years people spend disabled and the number of fatalities.

However, most participants indicated that if an individual was not born with the disorder and it resulted from witchcraft, the individual must thus seek help from traditional healers or herbalists. The study further found that culture plays an important role in the treatment option suggested by the participants. Munakampe (2020) indicated that because they think mental disease is a spiritual issue, many African people refuse to go to a hospital for the treatment of mental problems. Healthcare providers can lessen barriers and encourage people to seek support by adopting a culturally aware and understanding attitude.

The perspective of obtaining care for one's mental health may be influenced by prior interactions with healthcare professionals, both favourable and unfavourable. People may be discouraged from seeking medical assistance in the future if they have unpleasant experiences, such as feeling ignored or disregarded. They would thus prefer to transport patients with mental illnesses to places of spiritual healing, churches, or other places of worship in order to get spiritual treatment. In order to guarantee that patients follow to their treatment plans and seek care, it may be essential for healthcare professionals to be sensitive to cultural practises and treat patients with respect. Uprise Health (2023) indicated that patients who receive mental health care that is culturally sensitive feel valued and understood, which increases their sense of security and trust in their medical professionals. The general level of patient satisfaction with their care may rise as a result.

### 4.3.3. Theme 3: Social Support

Social assistance plays a crucial role in the wellbeing and recovery of individuals with mental health conditions. It involves the presence of caring, empathetic, and understanding individuals who provide emotional, practical, and informational assistance. The study suggests that all participants agreed that mentally ill individuals must be supported. Details of the perceived support from community members/ government and affected families are expansively outlined in the sub-themes below:

*4.3.3.1. Sub-theme 3.1.: Family support and its importance in caring for individuals diagnosed with mental illness*

The support of family and friends is crucial for individuals with mental health conditions. Loved ones can offer understanding, encouragement, and practical assistance. Involving family and friends in the treatment process, when appropriate and desired by the individual, can contribute to a strong support network. The study found different views from participants on whether individuals diagnosed with mental illnesses are supported by their families. There are participants who indicated that support is detectable for some mentally ill patients and there are those who reported that mentally ill individuals are not receiving support from their families. The quotes below were extracted from interviews with participants:

***Participant No 6****: "The families of affected people can be able to support their loved ones with mental illnesses, in that they can take them to the clinic for medical care, help them to stick to their treatment routine and families must ensure that they do take their bath consistently".*

***Participant No 9*** *"The people I know do not seem to be supported or taken care of by their families. They are always untidy and searching for food from the garbage bins. This for me indicates that their families are not supporting them at all, which make it difficult for the community to get involved".*

***Participant No 13****: 'I have never seen any member of the community supporting people with mental health disorders, and the reason for this might be due to their own families' failures to show them care and love".*

***Participant No 14****: "I know people that are well taken care of by their families. However, there are those that cannot be managed and become violent towards the people offering support. Those that always leave home to wander around the streets make it impossible for their families to provide the much-required care, as their families must constantly run after them, which make it impossible for them to receive continuous support".*

The study found that the community of Matsafeni perceives providing support to mentally ill individuals and their families as critical for recovery. The findings are compatible with a study conducted by Mental Health First Aid (2020) which found that having a strong support network of individuals that you like, respect, and trust is one of the numerous variables that contribute to rehabilitation. It is crucial to have someone you feel at ease to talk to, share your experiences and ask for assistance. These people can be family members, friends, instructors, church leaders, neighbours, or classmates.

The findings suggests that families do provide care and support for their loved ones diagnosed with mental illnesses, as they take on the role of primary caregivers. This finding is also expressed by the WHO (2003), indicating that at least one member of every four households suffers from a mental illness, and family members are frequently the main carers for those who have mental illnesses. There are, however, participants who indicated that mentally ill individuals wandering around the streets are not cared for and neither are they supported by their families through their illnesses.

*4.3.3.2. Sub-theme 3.2.: Community support and its importance to individuals diagnosed with mental disorders*

Community support for people with mental illness and their families is crucial in promoting their well-being. This can include neighbourhood associations, mental health advocacy groups, and regional programmes that promote understanding, lessen stigma, and offer easily available means to individuals with mental health disorders. The participants indicated that it is imperative that people with mental health disorders be supported by community members in managing their illness. Some members of the community of Matsafeni do support mentally ill individuals and their families. This is evident in the following quotations:

***Participant No 6****: "For those that lack families, the community should intervene by forcing them to be admitted to the hospital. Furthermore, the community can also supply food stocks to these people, which will stop them from eating from garbage bins".*

***Participant No 7****: “My take is that people are different; there are those that feel pity for the mentally ill and can assist and support them where they can, and then there are those members of the community who still find a mentally ill person amusing, mistreating them and isolating them”.*

***Participant No 9****: “I think the support that the community members can give to the families of the sufferers, in cases where a mentally ill person leaves home and wanders off, losing their way back home, the community can walk the person back home. Other things that the community can help with, is to show that they care for their affected individuals and not discriminate against them”.*

***Participant No 12****: “The people I know who are suffering from mental health disorders have received support from their neighbours and other community members in the form of food and clothing”.*

***Participant No 14****: “The community can assist people with mental illnesses through the provision of food, if they notice them digging in garbage bins for food. I also think that giving clothes to those that are staying on the streets can be another form of help or support from the community”.*

Providing mentally ill people with practical support entails providing them with tangible aid. This could entail supplying support with daily duties, driving someone to appointments, managing their medications, or doing housework for them. Individuals who receive practical support find it easier to handle the stresses of daily life. This is compatible with a study conducted by Srinivasa (2023) which reported that friends and family’s involvement and taking care of the needs of mentally ill individuals have significant favourable effects on the overall efficacy of treatment and greatly improved recovery chances. The participants revealed different types of support that can be provided to the mentally ill individuals, including provision of food, clothes, accompanying the disoriented person to reunite with his/her family should they have lost their way, provision of support in commencing and completing treatment, and the creation of temporal job opportunities to reduce stress-related mental illnesses. The findings suggests that mentally ill individuals should be supported in taking treatment. However, the WHO (2003) indicated that patients who also have physical problems

may have poor compliance and fail to follow their treatment plans if they also have mental disorders such as depression, anxiety, and drug use disorders.

Tangible aid can include establishing support systems that can encourage sufferers to take their medication and complete courses, and creating minor employment opportunities, where people can earn resources to sustain themselves. It is encouraging that communities reported giving support to people with mental illnesses and their families. However, more should be done, and increasing knowledge and awareness of mental health issues will help the community as a whole. Educational programmes, workshops, and public awareness campaigns can help dispel misconceptions, lessen stigma, and promote greater understanding of mental health concerns and the support resources that are available.

The WHO (2023) reported that strategies in the improvement of the policy environment and the use of communication for stakeholder involvement network development, improved mental health literacy, and behaviour modification are integral to mental health advocacy. Empathy, comprehension, and certainty are all components of emotional support for those with mental health issues. This involves paying attention, comforting them, and recognising their emotions and experiences. The Marie-Curie Organization (2022) stated that providing emotional care to the mentally ill entails sensitively encouraging them to express their feelings and listening without judgement, as everyone's emotional experience is unique – it is important to accept and respect them as individuals. People who receive emotional support feel heard, respected, and less isolated in their challenges. The National Institute of Health (2021) argues in favour of this, stating that being heard assists mental health patients to engage and participate in their treatment.

#### *4.3.3.4. Sub-theme 3.3.: Family inability to support their family member with mental disorder impact community support*

Participants raised concerns that it is difficult to intervene and help since some families prefer not having the community intervening in their family unit's business. Below are some of the concerns raised by participants in providing social support to individuals diagnosed with mental illness and their families:

***Participant No. 4**: "Educating the community about these disorders is important, especially because are still individuals or parents who lock up their loved ones from the world. As a community it might be difficult to assist such a family. The parents and family members must be willing to accept help from community members".*

***Participant No. 7**: As a community, I think we should be our brother's keeper; we should report to their family members the whereabouts of their mentally ill people and try to reunite them with their families where possible. However, it is mostly dependent on the family whether they want to be assisted in proposing treatment places for their loved ones, as others may not want anyone from the community in their business".*

Limitations to support provision were highlighted by some participants, ranging from the families of the affected individuals denying the community access to their family affairs and the affected individuals themselves refusing help and or terminating the intake of treatment, specifically for those that are affected by substance abuse related mental illnesses. It should be noted, however, that the WHO (2003) reported that should society fail to consider that there is little help accessible to diagnosed individuals, it is important to emphasize the hardship that mental illnesses place on effected families.

The study further revealed that there are families or parents who still lock in their mentally ill loved ones, masking the illness from the community. This was also discovered by Swart (2020) that in order to protect their families from shame and discrimination, people and families in the African community, Asians and Americans are more prone to shackling their mental ill members, especially in areas where poverty rates a high and minimum support services from the state.

*4.5.4. Sub-theme 3.4.: Attitudes of community members towards supporting individuals with mental disorders and their families*

The study postulates that mental illnesses are somehow perceived as an individual problem that other community members should steer clear of. Below is a quote from the data collected:

***Participant No. 10**: "I am of the view that if a problem is not yours, stay out of it, as involving yourself in your neighbours business or community problems can result in your own individual mental disorders".*

The study revealed that social and cultural changes result in communal diffusion, where community values and norms are overlooked and individuals within the community do not concern themselves with other people's problems. The study further discovered that people's perceptions regarding mental health disorders influenced their attitudes towards sufferers of mental illnesses. Benti *et al.* (2016) found that communities have different views on mental health disorders, which are informed by their perceptions and attitude towards mental illness. These perceptions are often negative and lead to the labelling and stigmatisation of people with mental health disorders.

*4.3.3.5. Sub-theme 3.5.: Government support to individuals diagnosed with mental disorders*

Government support is essential in assuring access to high-quality care, decreasing stigma, and advancing the general wellbeing for mentally ill individuals, together with their families. The study found that participants expects government to support mentally ill individuals with treatment. Participants revealed that they understand that there are programmes initiated by government to support mentally ill individuals. However, participants lacked details on which programmes are available. Awareness raising thus becomes imperative. The following quotes are from the data collected during the interviews:

***Participant No 4**: "Government must fund and render the necessary treatment services to mentally ill patients, which will assist them to heal from their disorders".*

***Participant No 11**: "Government should assist with medicine and treatment for mentally ill patients".*

***Participant No 12**: "Although I think there should be other support programmes from government, I never heard of any".*

Governments can create comprehensive mental health laws and policies that give mental health the priority it deserves as a matter of public health. These regulations must guarantee the inclusion of mental health in systems of general healthcare, protect the rights of people with mental illnesses, and encourage fair access to mental health treatments. This is supported by the WHO (2009), which found that when written in accordance with human rights principles, mental health legislation offers a legal framework for addressing significant issues regarding mental health, including access to care, rehabilitation, reintegration of those with mental disorders into society, and the promotion of mental health in various spheres of society. The findings revealed that participants know that there are government programmes implemented to support mentally ill individuals, though participants seemed to not be familiar with where to access such interventions, what the programmes offer, and what they need to do to be supported through these programmes. The findings are in agreement with Egbe *et al.* (2014), who found that many people in South Africa who suffer from mental illnesses are not aware that treatment is available or do not have access to the appropriate care they need from government.

Participants alluded that the government should fund and render necessary treatment, and that some of the support systems available from government are unknown to the public. This signals the need for public awareness on psychological services. Mentally ill patients in South Africa are entitled to receive social grant or income support to reduce financial burdens and offer essential support. It is recommended that governments offer family support programmes that are specifically created for families in the process of overcoming obstacles and fostering resilience. These programmes may provide counselling, psychoeducation, respite care, and support groups.

### 4.3.4. Theme 4: Involvement in community activities

The involvement of individuals with mental illness in community engagements is important for their well-being, social integration, and empowerment. Findings suggests that the majority of participants believe that people with mental health conditions should be involved in community activities. There are, however,

participants that indicated the opposite. The sub-themes below elaborate on the discoveries on this matter:

*4.3.4.1. Sub-theme 4.1. Participation of mentally ill individuals in community activities*

The majority of participants indicated that people with mental illnesses can be involved in community activities. However, this would be dependent on the severity of the disorder or the state of functioning that a person is in. Below are some of the responses from the participants that indicated that mentally ill individuals should be involved in community activities:

***Participant No 1**: "Mentally ill people should not be closed out during community activities. Involving them will encourage them, especially those that are ill due to substance abuse, to feel included and valued as members of the community".*

***Participant No 3**: "They must be involved in the social activities, although depending on the activity, it might be overwhelming for them as they require special care and emotional support throughout. For those that are ill due to substance abuse, keeping them busy and engaged in the community activities can assist them in redirecting their focus to other things that brings positive impact".*

***Participant No 5**: "Not all mentally ill people can be involved in community activities, as some may not have interest at all in any activity. There are those that would just refuse to stay at home and even when forced to seek help, they may not stick it out, thus involving them becomes impossible".*

***Participant No 7**: "There are people that are mentally ill that can be involved in community activities, especially if not severely affected; these are people that are still able to function sanely. However, I wonder if they will be able to make any contributions to activities such as community meetings".*

***Participant No 13**: "I think people with mental illnesses should be involved in community activities, especially attending church services as it can assist them in the recovery process".*

Participants generally held a positive attitude toward individuals with mental illnesses and their involved in community activities, be it church services, soccer matches, community meetings and others. A study by Gilbert (2023) cements the findings of the current study as it revealed that since we are social beings, being alone is not how we were supposed to live. In light of this, community is essential for our well-being, particularly for those who are suffering from mental illness and are already exhibiting the typical signs of loneliness and isolation.

A study by Chaiken (2020) was found to be in agreement with the current study's findings and further has strong linkages with the later findings that communities can best include people with mental illness by encouraging them to participate as independently as possible in activities that they enjoy, and by giving them valued ways to contribute.

*4.3.4.2. Sub-theme 4.2.: Social rejection and stigmatisation*

There are participants that indicated that people with mental health disorders should not be involved in community activities; it is apparent that mentally ill individuals are basically rejected and stigmatised due to their conditions. Reasons for their perceptions were mentioned as quoted below:

***Participant No 4**: "It may be difficult to involve mentally ill individuals in community activities, especially those that are affected by minor disorders as they may not interpret the invite or the call for involvement as being good for them. However, there are those individuals with major mental disorders who might be impossible to involve in any community activity due to their inability to understand the world around them".*

***Participant No 6**: "Mentally ill people should not be involved in community activities as they are not normal and won't be able to participate in any activity. They can*

*potentially cause disorder and oppose whatever activity that the community is engaged in".*

***Participant No 10**: "I personally do not think mentally ill individuals should participate in any communal activities. I personally don't want them anywhere near where I find myself".*

***Participant No 14**: "People with mental health conditions shouldn't be involved in any community activities as they will not be able to make sense of the proceeding of that particular activity. However, even if they are not invited, they always find a way of inviting themselves to any community engagement. The problem is that they might cause disruptions".*

Several stigmatising perceptions were evident in the study findings. It is also reported by WHO (2003) that people who have mental illnesses frequently experience a variety of human rights abuses and societal stigma. The study found that there are participants who still holds a belief that individuals with mental health disorders should be placed in their own areas and not within communities, which subsequently impacts the family as a whole. WHO (2003) indicated that the families of sufferers are subjected to the stigma and prejudice associated with mental illness, in addition to the agony of witnessing a loved one become incapacitated as a result of the effects of a mental condition.

There are participants who reported that it would be wasteful to involve mentally ill people into community activities as their understanding of a particular activity might be limited due to their mental state conditions. In relation to this finding, the WHO (2003) reported that rejection from friends, family, neighbours, and society at large can exacerbate feelings of loneliness and lead to a restriction of social activities and a denial of equitable access to traditional social networks.

Participants' perspectives justifying the exclusion of people with mental illnesses from community activities is opposed by results of a study by Chaiken (2020), which indicates that allowing people with mental illnesses to participate in community activities like employment or volunteerism, social organisations, or favourite leisure

pursuits, can improve their quality of life and promote rehabilitation for those with severe mental illnesses.

### 4.4. Conclusion

Chapter four organised and discussed the collected data. Fifteen residents of Matsafeni were interviewed. The participants were interviewed from the three precincts (Skomu, New stands & Woodhouse) of the village and were adults between the ages of 18 and 60 years. Themes and sub-themes emanated from the gathered information. The discoveries suggests that the participants are familiar with mental health conditions. The interviewees' perception of the possible causes of psychological health disorders and observed behaviours, signs of mentally ill individuals were discussed. The participants revealed that it is imperative for affected individuals to seek treatment, although not all participants shared the same perspective on the correct treatment facilities and avenues.

The findings further suggested that individuals diagnosed with mental illnesses should be engaged and involved in community activities, although not all participants shared this perspective. Other participants outlined hindrances that can limit mentally ill individuals from engaging in community activities. The findings suggest that the majority of the community of Matsafeni support people with mental health disorders, however not all participants shared the same sentiment. Chapter 5 follows with the outline of the recommendations as well as the conclusion.

# CHAPTER FIVE: SUMMARY OF RESULTS, CONCLUSION, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

## 5.1. Introduction

Chapter five summarises the research results, concludes on the findings, proposes recommendations to address the findings, outlines the strengths on the study, its limitations and lastly the chapter's conclusion. The researcher's aim was to explore perceptions and describe knowledge regarding the causes of mental health disorders among community members of the Matsafeni Village. This study aimed to explore the understanding and perceptions of mental health disorders, social support, and involvement in community activities among participants. The study employed qualitative methods, including individualised or one-on-one interviews to gather in-depth insights.

## 5.2. Summary of results

The findings are summarised in accordance with the study's objectives as follows:

*Objective 1: To explore the perceptions of community members regarding people living with mental health disorders in Matsafeni Village outside Mbombela, Ehlanzeni District Municipality, Mpumalanga Province.*

Participants provided descriptions of mental illnesses, including their understanding of different types of disorders. The participants had the ability to recognise signs and symptoms of with mental health disorders and shared their experiences with individuals diagnosed with mental health disorders. Additionally, they discussed various behaviours commonly observed in people diagnosed with mental illnesses, together with the effects that mental health disorders have on affected individuals.

The significance of family support for people diagnosed with mental health conditions was highlighted. Participants discussed the role of family in providing emotional and practical support and how this can be instrumental in managing mental illness. The demands of caring for a mentally ill family member were shared. They also discussed

the significance of community support and how it impacts people suffering from mental illnesses. Some participants remarked that the inability of families to provide adequate support can impact the availability of community support. The attitudes of community members towards supporting individuals affected with mental disorders and their families were also discussed. Governmental support for patients living with mental disorders was mentioned as an additional source of assistance. Provision of information and awareness raising, coupled with bridging the gap between cultural practices and medical services were found to be imperative.

Participants discussed the participation of mentally ill individuals in community activities. They shared their experiences of social rejection and stigmatisation faced by individuals suffering from mental health disorders. The social exclusion effects on the involvement of individuals with mental disorders in community activities was also explored.

*Objective 2: To describe knowledge on the causes of mental health disorders among community members in Matsafeni Village outside Mbombela, Ehlanzeni District Municipality, Mpumalanga Province.*

Participants explained their understanding of the causes of mental illnesses, ranging from genetic factors to social, economic and environmental influences. The cultural perspective, beliefs and myths regarding the aetiology of mental health conditions were discussed. The remarkable impact that community knowledge carries on attitudes towards mentally ill individuals, health seeking path and prevention of stigma was explored.

Participants further shared their views on seeking help for managing mental illnesses. It became clear that the perceived causes of these disorders influenced the treatment path as described by the participants. Barriers to accessing support and treatment options were explored. Issues of individual knowledge and misconceptions regarding mental health disorders were discussed as obstacles to seeking proper medical attention. Participants' perceptions on the effectiveness of different treatment options were also explored.

### 5.3. Conclusion

This study provides insightful viewpoints on how participants comprehend and perceive mental health issues, social support, and involvement in community activities. Moreover, the study contribute to the existing literature by providing first-hand perspectives from individuals directly and indirectly affected by mental health disorders.

The findings highlight the complexities and nuances associated with mental health. Furthermore, the study emphasises the importance of addressing knowledge gaps, reducing stigma, and improving social support systems. The health system does not offer many community mental health services, leading to minimal opportunities for community education and knowledge sharing about mental health and mental health disorders. This can be attributed to the fact that the community has one clinic with limited health services and is privately owned by the Mdluli Farm. The study's findings therefore indicate the absence of accurate knowledge and understanding among community members regarding mental health disorders.

Moreover, there is limited awareness of available interventional support programmes by government and treatment options. These findings highlight the need for targeted educational interventions and awareness campaigns to address the gaps in knowledge, and to combat the stigma surrounding mental health in Matsafeni Village.

Many participants held misconceptions and stigmatising beliefs about people with mental health issues. Having accurate knowledge about mental health disorders and positive social engagement/ support of the mentally ill would create greater acceptance of individuals with mental health disorders across the community.

Collaborative care and support is essential in bridging the gap between cultural beliefs and evidence-based interventions. Furthermore, family and community care towards mentally diagnosed individuals is important and significantly affects individuals with mental disorders.

## 5.4. Recommendations

The study findings suggest that there should be interventions introduced to assist and support community members regarding mental health disorders.

Policymakers should consider increasing investment in mental health services and ensure accessibility and affordability for all individuals. The establishment of a community clinic for adequate provision of primary health care services, inclusive of mental health care, is imperative. The DoH should establish mental health care clinics or centres and provide support and resources for individuals and families affected by mental health disorders. Collaborations between local government, healthcare facilities, and community organisations can help in strengthening the mental health service infrastructure.

Establishing effective, well-resourced support systems is imperative. This can involve creating support groups, training community members, and implementing policies that foster supportive environments. Moreover, it can encourage mentally ill people to take medication and complete courses/treatment. Implementing these systems can yield the creation of temporal income-generating employment opportunities for community members, reducing stress and disorders related to poverty, and increasing self-sustainability.

Community-based mental health education programs such as anti-stigma, community awareness campaigns and advocacy programs should be implemented to significantly challenge negative attitudes and promote acceptance and inclusion. Furthermore, these can play a role in increasing awareness and knowledge about mental health disorders. These programs should focus on dispelling myths and misconceptions, providing accurate information, and promoting acceptance and empathy towards individuals with mental health conditions. Additionally, it is also important to engage community leaders, religious institutions, and other influential figures to serve as advocates for mental health and encourage supportive environments.

Fostering partnerships between local healthcare providers, community organisations, and schools is imperative to facilitate the delivery of mental health education initiatives. This can enhance and improve community knowledge on mental health disorders, the provision of social support and the elimination of stigma and discrimination as perpetuated by cultural ideas regarding mental illnesses.

### 5.5. Limitations of the study

The questions asked were open-ended, which resulted in ample data being provided by some participants in response to several questions, resulting in delays in the analysis of data. The sample comprised of 15 participants, and thus the findings may not be generalisable to other populations or contexts, as they are specific to the participants in this study. Additionally, the sample size and recruitment methods may limit the representativeness of the findings.

The study used self-reported information, which can be biased and have social desirability implications. It would be beneficial for this study to be replicated in other areas of the province or be conducted at the provincial level for more conclusive findings on the subject matter.

The study is overrepresented by persons without family members with mental health disorders and underrepresented by participants with family members with mental health disorders.

Concepts related to mental health may be understood differently across cultures, and the study may not fully capture these nuances.

The researcher might not have had sufficient time to comprehensively explore all aspects of the perceptions and knowledge regarding mental health disorders within the study population.

## 5.6. Strength of the study

Considering that there are limited studies conducted on the current study's research topic in the Mpumalanga province and South Africa in general, and that the study was only conducted in a village within Mbombela, the study can be replicated in other parts of the province or the country to close the identified knowledge gap on mental health disorders.

The study will be made accessible through the University's website for other researchers, and the findings will be shared with the Matsafeni traditional council and the Department of Health for possible implementation of the findings.

The forte of this research lies in its qualitative methodology, which allows a deep exploration of the understanding, perceptions, and experiences of individuals with mental health disorders.

The use of interviews facilitated rich data collection, providing valuable insights into the participants' perspectives.

The study also employed rigorous data analysis techniques, enhancing the results' credibility and trustworthiness.

The incorporation of multiple themes added depth and comprehensiveness to the study, providing a holistic understanding of the research topic.

## 5.7. Conclusion

This chapter concludes the recommendations emanating from the data analysed on the perceptions of individuals living with mental illnesses, and knowledge on the causes of mental health conditions among community members of Matsafeni Village. It is envisaged that the outcome of this research may be considered as a starting point from which interventions aimed at assisting and supporting individuals affected by mental illness can be developed. The DoH may also use the information to develop strategies on the best practices to promote mental health awareness. Furthermore,

the findings of this study may assist caregivers, family members and communities with better understanding of mental illness, thus eliminating the stigmatisation and discrimination of mentally ill individuals by their communities and providing much-needed support to affected individuals.

## REFERENCES

Abi, S. (2019). *Psychiatric problems: Metaphysical explanations.* Development and Cooperation Publishers (D+C). Togo. https://www.dandc.eu/en/article/west-africa-traditional-or-religious-practices-are-often-preferred-method-treating-mental. (Accessed 29 April 2023).

Amawulire, B. (2023). *14 Million Ugandans have Mental Disorders – Report*. New Vision. Kampala. https://www.newvision.co.ug/category/news/14-million-ugandans-have-mental-disorders-rep-133833/. (Accessed 09 June 2023).

American Psychiatric Association – APA. (2020). *Stigma, Prejudice and Discrimination against People with Mental Health.* 800 Maine Avenue. Washington, DC. https://www.psychiatry.org/patients-families/stigma-and discrimination. (Accessed 09 June 2021).

Anjorin, O. & Wada, Y.H. (2022). *Impact of Traditional Healers in the Provision of Mental Health Services in Nigeria*. Annals of Medicine and Surgery Volume 8. Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. https://www.sciencedirect.com/science/article/pii/S2049080122015151. (Accessed 21 February 2023).

Avenaim, J. (2022). *World Mental Health Day 2022.* Mental Health Foundation. https://mentalhealthfoundation.org/world-mental-health-day-2022/. (Accessed 20 May 2023).

Arias, D., Saxena, S. & Verguet, S. (2022). *Quantifying the Global Burden of Mental Disorders and their Economic Value.* eClinicalMedicine. Part of The Lancet Discovery Science. https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00405-9/fulltext. (Accessed 12 February 2024).

Babbie, E., Mouton, J., Voster, P. & Prozesky, B. (2011). *The Practice of Social Research*. South African Edition. Oxford University Press. South Africa.

Barke, A., Nyarko, S. & Klecha, D. (2011). *The stigma of mental illness in Southern Ghana: Attitudes of the Urban Population and Patients' Views.* SOC Psychiatry Psychiatry Epidemiology 46, 1191–1202. https://doi.org/10.1007/s00127-010-0290-3. (Accessed 15 May 2023).

Barlow, D.H., Durand, V.M., Plessis, L.M., & Visser, C. (2017). *Abnormal Psychology; an Integrative Approach (1 ed.).* Hampshire: Marinda Louw.

Barrow, J.M., Brannan, G.D. & Khandhar, P.B. (2022). *Research Ethics.* National Library of Medicine. National Center for Biotechnology Information. StatPearls (Internet). www.ncbi.nlm.nih.gov/books/NBK459281/. (Accessed 11 February 2024).

Benti, M., Ebrahim, J., Awoke, T., Yohannis, Z. & Bedaso, A. (2016). *Community Perception Towards Mental Illness Among Residents of Gimbi Town,* Western Ethiopia. Psychiatry Journal, 2016:1-8. https://doi.org/10.1155/2016/6740346 (accessed 10 June 2021)

Bhandari, P. (2021). *A Guide to Ethical Considerations in Research*. Scribbr. From www.scribbr.com. (accessed 10 June 2021).

Bodeker, G. (2020). *Mental Wellness in Asia: The Numbers.* The Background Paper. Asian Development Outlook 2020. Our Better World Organisation. www.ourbetterworld.org/series/mental-health/support-toolkit/mental-health-asia. (accessed 26 April 2023)

Braun, V. & Clarke, V. (2006). *Using Thematic Analysis in Psychology. Qualitative Research In Psychology*. University of West England. https://doi.org/10.1191/1478088706qp063oa. (Accessed 16 August 2023).

Brink, H., Van der Walt, C., & Van Rensburg, G. (2012). *Fundamentals of Research Methodology for Healthcare Professionals*, Third Edition. Juta and Company Ltd, Cape Town, South Africa.

Brink, H., Van der Walt, C., & Van Rensburg, G. (2018). *Fundamentals of Research Methodology for Healthcare Professionals*, Fourth Edition. Juta and Company Ltd, Cape Town, South Africa.

Brooke-Sumner, C., Lund, C., & Petersen, I. (2016). *Bridging the Gap: Investigating Challenges and Way Forward for Intersectoral Provision of Psychosocial Rehabilitation in South Africa.* International Journal of Mental Health Systems. https://doi.org/10.1186/s13033-016- 0042-1 (Accessed 12 July 2023).

Chadda, R.K. (2014). *Caring for the Family Caregivers of Persons With mental Illnesses.* National Library of medicine. National center for Biotechnology Information. PubMed Central. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4181176/. (Accessed 08 July 2023).

Chaiken, J. (2020). *Community Participation Can Boost Self-Determination for Individuals with Serious Mental Illness.* National Rehabilitation Information Centre - NARIC. https://naric.com/?q=en/rif/community-participation-can-boost-self-determination-individuals-serious-mental-illness. (Accessed 24 June 2023).

Chen, J., Farah, N., Dong, R.K., Chen, R.Z., Xu, W., Yin, J., Chen, B.Z., Delios, A.Y., Miller, S., Wan, X., Ye, W., & Zhang, S.X. (2021). *Mental Health during the COVID-19 Crisis in Africa: A Systematic Review and Meta-Analysis.* Int. J. Environ. Res. Public Health 2021. https://doi.org/10.3390/ijerph182010604. (Accessed 12 February 2024).

Cherry, K. (2023). *What Is Perception? Recognizing Environmental Stimuli Through the Five Senses.* Very Well Mind. Dotdash Media, Inc. https://www.verywellmind.com/perception-and-the-perceptual-process-2795839 (Accessed 10 August 2023).

City of Mbombela Local Municipality. (2028). *City of Mbombela Spatial Development Framework.* Mbombela – Ehlanzeni District. Mpumalanga Province. https://www.mbombela.gov.za/idp2018-2019.html. (Accessed 22 August 2023).

Connelly, L.M. (2016). *Trustworthiness in Qualitative Research.* MedSurg Nursing (Vol 25, Issue 6). Jannetti Publications, Inc.

Conner, K.O., Copeland, V.C., Grotem N.K., Koeske, G., Rosen, D., Reynolds III, C.F., & Brown, C. (2010). *Mental Health Treatment Seeking Among Older Adults with Depression: The Impact of Stigma and Race.* The American Journal of Geriatric Psychiatry. Volume 18. Issue 6. https://www.sciencedirect.com/science/article/abs/pii/S1064748112600633. (Accessed 14 May 2023).

Cooks-Campbell, A. (2022). *Mental Awareness – The Importance of Conversation*. Better Up. https://www.betterup.com/blog/mental-health-awareness. (Accessed 20 May 2023).

Department of Health. (2004). *Traditional Health Practitioners Act .No. 35 of 2004*. Pretoria: Government Printer.

Department of Statistics South Africa - Census. (2001). *Statistics South Africa 2001.* Republic of South Africa. https://www.statssa.gov.za. (Accessed 15 August 2021).

Department of Statistics South Africa - Census. (2011). *Statistics South Africa 2011-Matafeni-SubPlace.* Republic of South Africa. https://www.census2011.adrainfrith.com/place/874065006. (Accessed 5 July 2023).

Dexter, G. (2022). *What Causes Social Withdrawal?*. VeryWell Health. Dotdash Meredith Publishing. https://www.verywellhealth.com/social-withdrawal-5220449#:~:text=A%20person%20who%20is%20socially,an%20underlying%20mental%20health%20condition. (Accessed 07 July 2023).

Docrat, S. & Lund, C. (2019). *SA's 92% Mental Health Treatment Gap.* The University of Cape Town. https://www.news.uct.ac.za/article/-2019-10-10-sas-92-mental-health-treatment-gap. (Accessed 01 June 2013).

Duthé, G., Rossier, C., Bonnet, D., Soura, AB., Corker J.(2016). *Mental Health and Urban Living in Sub-Saharan Africa: Major Depressive Episodes Among the Urban Poor in Ouagadougou.* Burkina Faso. Popul Health Metrics. From https://doi.org/10.1186/s12963-016-0084-2 (Accessed 07 August 2021).

Egbe, C.O., Brooke-Sumner, C., Kathree, T., Selohilwe, O., Thornicroft, G. & Petersen, I. (2014). *Psychiatric Stigma and Discrimination in South Africa: Perspectives from Key Stakeholders.* BMC Psychiatry 14(191). From https://doi.org/10.1186/1471-244X-14-191 (Accessed 21 August 2021).

Ferentz, L. (2016). *Perception of Mental Illness: Stigma or Reality. Shinning a Spotlight on Mental Health Awareness.* Healing Trauma's Wounds. (Accessed 31 May 2022).

First, M.B. (2022). *Treatment of Mental Illness.* University of Colombia. USA. https://www.merckmanuals.com/home/mental-health-disorders/overview-of-mental-health-care/treatment-of-mental-illness. (Accessed 29 April 2023).

First, M.B. (2022). *Personality and Behaviour Changes.* University of Colombia. USA. https://www.msdmanuals.com/home/mental-health-disorders/overview-of-mental-health-care/personality-and-behavior-changes. (Accessed 08 July 2023).

Formplus Blog. (2021). *Descriptive Research Designs: Types, Examples and Methods.* From https://www.formpl.us/blog/descriptive-research. (Accessed 11 November 2021).

Gilbert, S. (2023). *The Importance of Community and Mental Health.* National Alliance on Mental Illness. https://www.nami.org/Blogs/NAMI-Blog/November-2019/The-Importance-of-Community-and-Mental-Health. (Accessed 24 June 2023)

Gutema, B.T. & Mengstie, M.M. (2022). *Perceived Causes, Diagnosis Methods and Treatment Practices of mental Illness Among Traditional Healers of the Berta Community in Assosa, Ethiopia.* International Journal Psychology. Sage Journals.

https://journals.sagepub.com/doi/abs/10.1177/00207640221128163. (Accessed 13 February 2024).

Grove, S.K., Gray, J.R. & Burns, N. (2015). *Understanding Nursing Research – Building an Evidence-Based Practice 6th Edition.* Elsevier Saunders. Riverport Lane. Missouri.

Haradhan, M. (2016). *Knowledge is an Essential Element at Present World.* Premier University, Chittagong, Bangladesh. https://mpra.ub.uni-uenchen.de/83041/1/MPRA_paper_83041.pdf. (Accessed 31 August 2022).

Health at a Glance: Europe. (2018). *Promoting Mental Health in Europe: Why and How?. State of Health in the EU Cycle.* OECD Publishing, Paris/ Europe Union. Brussels. https://doi.org/10.1787/health-glance-eur-2018-en. (Accessed 17 April 2023).

Hederson, S. (2021). *Mental Health Awareness: The Ultimate Guide 2022.* Mental Health Foundation. https://mentalhealthfoundation.org/mental-health-awareness-the-ultimate-guide-2021/. (Accessed 20 May 2023).

Hodge, K. (2023). *How Does Family Life Affect mental Health? Building Blocks or Barriers.* Mental Health Center. https://www.mentalhealthcenter.org/. (Accessed 09 July 2023).

Hossain, M.M., Purohit, N., Sultana, A., Ma, P., McKyer, E.L.J., Ahmed, H.U. (2020). *Prevalence of Mental Disorders in South Asia: An Umbrella Review of Systematic Reviews and Meta-analyses.* National Laboratory of Medicine – National Centre for Biotechnology Information. https://pubmed.ncbi.nlm.nih.gov/32315966/. (Accessed 26 April 2023).

Iseselo, M.K., Kajula, L. & Yahya-Malima, K.I. (2016). *The Psychosocial Problems of Families Caring for Relatives with Mental Illnesses and Their Coping Strategies: A Qualitative Urban Based Study in Dar es Salaam, Tanzania.* BMC Psychiatry. https://doi.org/10.1186/s12888-016-0857-y. (Accessed 23 June 2023).

Khombo, S., Stoddart, R.S., Sifelani, I., Khombo, K. & Sibanda, T. (2023). *Knowledge, Attitudes, And Uptake of Mental Health Services By Secondary School Students In Gweru, Zimbabwe.* Frontiers Media S.A. https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2023.1002948/full. *(Accessed 13 February 2024).*

Kotoka, D., Stewart, R.C., Bandawe, C., Chorwe-Sungani, G., Liwimbi, O., Mwale, C.M., Kulisewa, K., Udedi, M., Gondwe, S., Sefasi, A., Banda, R., Mkandawire, T. & Lawrie, S.M. (2023). *Pathways to Care for Psychosis in Malawi.* National Library of Medicine. National Center for Biotechnology Information. BJPsych Int. www.ncbi.nlm.nih.gov/pmc/articles/PMC1059844/. (Accessed 13 February 2024).

Lancaster, G.A., Dodd, S., & Williamson, P.R. (2004). *Design and Analysis of Pilot Studies: Recommendations for Good Practice.* National Library of Medicine. PubMed. https://pubmed.ncbi.nlm.nih.gov/15189396/. (Accessed 05 February 2024).
Lewis, S. (2017). *Mental Health a Serious Issue in South Africa.* Psychological Services: Akeso Psychiatric Clinics. From https://www.iol.co.za/lifestyle/health/mental-health-a-serious-issue-in-south-africa-10400056. (Accessed 29 June 2021).

Lund, C., Kleintjes, S., Campbell-Hall, V., Mjadu, S., Petersen, I., Bhana, A., Kakuma, R., Mlanjeni, B., Bird, P., Drew, N., Faydi, E., Funk, M., Green, A., Omar, M., & Flisherthe, A.J. (2008). *Mental Health Policy Development and Implementation in South Africa: A Situation Analysis – Phase 1: Country Report.* Mental Health and Poverty Project. www.gov.uk. (Accessed 11 February 2024).

Maguire, M. & Delahunt, B. (2017). *Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars*. Dundalk Institute of Technology. Volume, Number 3 (Autumn 2017). https://ojs.aishe.org/index.php/aishe-j/article/view/335. (Accessed 15 August 2023).

Marie Curie Organisation. (2022). *Providing Emotional Care.* United Kingdom. https://www.mariecurie.org.uk/professionals/palliativecareknowledgezone/individual

needs/emotionalcare#:~:text=You%20can%20provide%20emotional%2, respectspect%20them%20as%20an%20individual. (Accessed 12 July 2023).

MedlinePlus. (2020). *Mental Disorders*. National Library of Medicine (US). 8600 Rockville Pike. Bethesda MD 20894. https://medlineplus.gov/mentaldisorders.html. (Accessed 25 August 2023)

Mental Health Care. (2005). *Drugs to Treat Mental Illness*. WebMD LLC. http://www.webmd. com/mental-health/medications-treat-disorders. (Accessed 2 June 2023).

Mental Health America. (2022). *The State of Mental Health in America.* Mental Health America, Alexandria VA. https://mhanational.org/sites/default/files/2022% 20State% 20of%20Mental%20Health%20in%20America.pdf. (Accessed May 2023).

Mental Health America. (2023). *Mental Illness and the Family: Recognizing Warning Signs and How to Cope.* USA - Alexandier. https://www.mhanational.org/recognizing-warning-signs. (Accessed 23 June 2023)

Mental Health First Aid – National Council of Mental Well-Being. (2020). *The Importance of Having a Support System.* Missouri Department of Health. https://www.mentalhealthfirstaid.org/2020/08/the-importance-of-having-a-support-system/. (Accessed 23 June 2023).

Meshvara, D. (2002). *Mental Health and Mental Health Care in Asia.* Worlds Psychiatry. National Library of Medicine National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC148966/. (Accessed 06 June 2023).

Meyer, J.C., Matlala, M., & Chigome, A. (2019). *Mental Health Care – A Public Health Priority in South Africa.* South African Family Practice. https://indexmedicus.afro.who.int/iah/fulltext/Mental_health_care_a_public_health_priority_in_South_Africa.pdf. *(Accessed 01 June 2023).*

Michalos, A.C. (2014*). Encyclopedia of Quality of Life and Well-Being Research.* Springer, Dordrecht. https://doi.org/10.1007/978-94-007-0753-2893. (Assessed 16 June 2021).

Modir, S. (2023). *Understanding the Role of Cultural Stigma on Seeking Mental Health Services.* Children's Hospital of Orange Country. https://health.choc.org/understanding-the-role-of-cultural-stigma-on-seeking-mental-health-services/. (Accessed 12 July 2023).

Moodley, P. (2023). *SA is a Stressed and Depressed Nation: Experts.* SABC News. South Africa. https://www.sabsnews.com./sabcnews/SA-is-a-stressed-and-depressed-nation: Experts – SABC-News. (Accessed 26 April 2023).

Morin, A. (2020). *Exploring Mental Health Stigma in Black Communities.* Verywell Mind. Dotdash Media Publishing, Inc. https://www.verywellmind.com/exploring-the-mental-health-stigma-in-black-communites-5078964#:~:text=individuals%20in20% the%Black%20community,experiences%20may%20even%20be%20traumatizing (Accessed 27 September 2022).

Moon, K., Brewer, T.D., Januchowski-Hartley, S.R., Adams, V.M., & Blackman, D.A. (2016). *A Guideline to Improve Qualitative Social Science Publishing in Ecology and Conservation Journals*. Ecology and Society. Volume 21(3):17. http://dx.doi.org/10.5751/ES-08663-210317. (Accessed 16 July 2023).

Moro, M. F., Carta, M. G., Gyimah, L., Orrell, M., Amissah, C., Baingana, F., Kofie, H., Taylor, D., Chimbar, N., Coffie, M., Cole, C., Ansong, J., Ohene, S. A., Tawiah, P. E., Atzeni, M., D'Oca, S., Gureje, O., Funk, M., Drew, N., & Osei, A. (2022). A Nationwide Evaluation Study of the Quality of Care and Respect of Human Rights In Mental Health Facilities In Ghana: Results From The *World Health Organization Qualityrights Initiative.* BMC public health, 22(1), 639. https://doi.org/10.1186/s12889-022-13102-2. (Accessed 12 February 2024).

Msomi, N. (2022). *Mental Health in SA Ranked Among the Worst in the World*. Health 24 – News24. Trusted News. First. https://www.news24.com/health24/mental-

health/mental-health-ranked-amon-the-worst-in-the-world-20220315 (Accessed 27 September 2022).

Munakampe, M.N, (2020). *Strengthening Mental Health Systems in Zambia*. International Journal of Mental Health Systems. https://ijmhs.biomedcentral.com/articles/10.1186/s13033-020-00360-z. (Accessed 27 April 2023).

Mufamadi, J. & Sodi, T. (2010). *Notions of Mental Illness by Vhavenda Traditional Healers in Limpopo Province, South Africa.* Indilinga – African Journal of Indigenous Knowledge Systems Vol 9 (2). South Africa. https://journals.co.za/doi/epdf/10.10520/EJC61590. (Accessed 29 April 2023).

National Institute of Mental Health. (2021). *Transforming the Understanding and Treatment of Mental Illnesses.* U.S. Department of Health and Human Services. NIMH » Mental Illness (nih.gov) (Accessed 22 March 2023).

National Institute of Health. (2013). *Common Genetic Factors Found in 5 Mental Disorders. Turning Discovery into Health.* U.S. Department of Health and Human Services. https://www.nih.gov/news-events/nih-research-matters/common-genetic-factors-found-5-mental-disorders (Accessed 23 June 2023).

Ngobe, A.J. (2015). *Swati Traditional Healers' Conceptualization of Causes and Treatment of Mental Illness.* University of Limpopo. https://hdl.handle.net/10386/1281. (Accessed 29 June 2021).

Nwokolo, C. (2019). *Six Shocking Mental Health Statistics in Nigeria.* HealthGuide.NG. https://healthguide.ng/mental-health-statistics-nigeria/. (Accessed 27 April 2023).

Orngu, T.D. (2014). *Cultural Perspectives and Attitudes towards Mental Health in Nigeria: Social Workers at a Dilemma.* Nigeria: Allied Publishers. https://books.google.co.za (Accessed 23 June 2023).

Polit, F.P. & Beck, C.T. (2018). *Essentials of Nursing Research: Appraising Evidence for Nursing Practice. Ninth Edition.* Philadelphia: Wolters Kluwer.

Pols, T. (2019). *Mental Health A Growing Condition In Healthcare For South Africa*, SAME foundation. Retrieved from https://www.samefoundation.org.za/mental-health-a-growing-condition-in-healthcare-for-south-africa/. (Accessed 5 May 2021).

QuestionPro. (2020). *Non-Probability Sampling: Definition, Types, Examples and Advantages.* https://www.questionpro.com>blog. (Accessed 2 June 2022).

Sahl, N.A. & King, R.K. (2020). *Expanding Approaches for Research: Understanding and Using Trustworthiness in Qualitative Research*. Reich College of Education, Appalachian State University. https://www.jstor.org/stable/45381095. (Accessed August 20230

Schweitzer, R. (2019). *Stigmatization of Mental Illness in Africa: World Mental Health Day is a time to reflect on stigmatisation and human rights*. Queensland University of Technology, Brisbane. Australia. https://www.psychologytoday.com/us/blog/global-events/201910/stigmatization-mental-illness-in-africa. (Accessed 24 July 2022).

Sankoh, O., Sevalie, S. & Weston, M. (2018). Mental Health in Africa. The Lancet Global Health. Mental health in Africa - The Lancet Global Health. (Accessed 07 February 2024).

Shenton, A. K. (2004). *Strategies for Ensuring Trustworthiness in Qualitative Research Projects.* Education for Information, Volume 22. https://doi.org/10.3233/EFI-2004-22201. (Accessed 15 August 2023).

Snyder, H. (2019). *Literature Review as a Research Methodology: An Overview and Guidelines*. BI-Norwegian School of Business, Nydalsveien 37. Oslo. Norway. https://www.sciencedirect.com/science/article/pii/S0148296319304564. (Accessed 13 February 2024).

Simkus, J. (2023). *Pilot Study in Research: Definition & Examples*. Simply Psychology. www.simplypsychology.org. (Accessed 05 February 2024).

Sorsdahl K, Stein DJ, Grimsrud A, Seedat S, Flisher AJ, Williams DR, Myer L. (2009). *Traditional Healers in the Treatment of Common Mental Disorders in South Africa.* National Laboratory of Medicine. National Centre for Biotechnology. PubMed Central. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3233225/. (Accessed 21 February 2023)

South African Government. (2023). *Mental Health Awareness Month 2022.* https://www.gov.za/MentalHealthAwarenessMonth2022. (Accessed 20 May 2023).

Srinivasa, S.M. (2023). *Role of Family and Psychiatrist in Caring for Patients with Serious Mental Illness.* https://www.lybrate.com/topic/role-of-family-and-psychiatrist-in-caring-for-patients-with-serious-mental-illness/fb518cfaa1a0dd78f1db00f5b68606 68 (Accessed 12 July 2023).

Ssewamala, F.M., Bahar, O.S., & McKay, M.M. (2018). *Strengthening Mental Health and Research Training in Su-Saharan Africa (SMART Africa): Unganda Study Protocol.* Trails 19, 423. https://doi.org/10.1186/s13063-018-2751-z. (Accessed 18 June 2021).

Stein, D. J., Williams, D. R., & Kessler, R. C. (2014). *The South African Stress and Health (SASH) study: A scientific base for mental health policy.* South African Medical Journal, 99 (5), 337-344. (Accessed 29 June 2021).

Swart, M. (2020). Kept in Chains: *People with Mental Illness Shackled in 60 Nations – Mental Health.* Aljazeera. www.aljazeera.com. (Accessed 13 February 2024).

Tesfaye, Y., Agenagnew, L., Anand, S., Tucho, G.T., Birhanu, Z., Ahmed, G., Getnet, M., & Yitbarek, K. (2021). *Knowledge of the Community Regarding Mental Health Problems: A Cross-sectional Study.* BMC Psychol 9. https://doi.org/10.1186/s40359-021-00607-5. (Accessed 29 April 2023).

The South African College of Applied Psychology (SACAP). (2019). *The State of Mental Health in South Africa in 2019*. From https://www.sacap.edu.za/blog/management-leadership/mental-health-south-africa/ (Accessed 19 June 2021).

University Johannesburg Witwatersrand. (2022). *Mental Health in SA is at a Shocking Levels but People Not Seeking Help*. Johannesburg. https://www.wits.ac.za/news/latest-news/research-news/2022/2022-11/mental-health-in-sa-is-at-shocking-levels-but-people-are-not-seeking-help-.html. (Accessed 28 April 2023).

Unite For Sight. (2020). *Introduction to Global Mental Health: Effects of Mental Health on Individuals and Populations.* https://www.uniteforsight.org. (Accessed 18 May 2021).

United Nations. (2022*). Nearly One Billion People Have a Mental Disorder: WHO. UN News Global Perspective Human Stories*. https://news.un.org/en/story/2022/06/1120682. (Accessed 15 May 2023).

University of Southern Columbia. (2020). *Privacy, Confidentiality, and Anonymity in Human Subjects Research.* Human Research Protection Program – Research and Innovation. Los Angels. https://hrpp.usc.edu/irb/privacy-confidentiality-and-anonymity-in-human-subjects-research/. (Accessed 14 August 2023).

Uprise Health. (2023). *What is Culturally Sensitive Care*? prisehealth.com/resources/whatisculturallysensitivecare/#:~:text=Improved%20patient%20satisfaction%3A%20Culturally%20sensitive,patient%20satisfaction%20with%20their%20care. (Accessed 12 July 2023).

Van der Walt, C. & Van Rensburg, G. (2010). *Fundamentals of Research Methodology for Health Care Professionals. Juta & Co. (Pty) Ltd.* Lansdowne. Cape Town.

Wagner, C., Kawulich, B., & Garner, M. (2012). *Doing Social Research: A Global Context*. Berkshire. USA.

World Health Organization. (2001). *Mental Disorders Affect One in Four People.* https://www.who.int>News>item. (Accessed 27 June 2021).

World Health Organization. (2017). *Mental Health: Western Pacific- China.* https://www.who.int/china/health-topics/mental-health. (Accessed 17 April 2023).

World Health Organization. (2019). *Mental Disorders.* https://www.who.int/news-room/fact-sheets/detail/mental-disorders. (Accessed 27 June 2021).

World Health Organization. (2003). *Investing In Mental Health.* https://www.who.int/publications/i/item/9241562579. (Accessed January 2023).

World Health Organization. (2004). *Promoting Mental Health: Concepts, Emerging Evidence, Practice (Summary Report)*. Geneva. (Accessed 03 July 2021).

World Health Organization. (2004). *Glossary of Terms for Community Health Care and Services of Older Persons* (Ageing and Health Technical Report- Volume 5).

World Health Organization. (2001). *The World Health Report 2001: Mental Health, New Understanding, New Hope.* WHO Library Cataloguing in Publication Data. https://books.google.co.za/books?id=GQEdA-VFSIgC&printsec=frontcover&
source=gbsge_summary_r&cad=0#v=onepage&q&f=false. (Accessed 15 May 2023)

World Health Organization & World Global Mental Health: University of Washington. (2020). *WHO Special Initiative for Mental Health Illness: Situational Assessment.* Zimbabwe.https://www.who.int/docs/default-source/mental-health/special-initiative
/who-special-initiative-country-report---Zimbabwe---2020.pdf?sfvrsn=2bb0ac14_4.
(Assessed 27 April 2023).

World Health Organization. (2021). *Mental Health.* https://www.who.int/health-topics/mental-health#tab=tab_3. (Accessed 02 December 2022).

World Health Organization. (2021). *The Pan-European Mental Health Coalition.* Europe. https://www.who.int/europe/initiatives/the-pan-european-mental-health-coalition. (Accessed 17 April 2023).

World Health Organization. (2022a). *Barriers to Mental Health Care in Africa.* https://www.afro.who.int/news/barriers-mental-health-care-africa#:~:text=Due%20 to%20high%20treatment%20costs,and%20stigma%20are%20also%20barriers. (Accessed 21 February 2023).

World Health Organization. (2022b). *Framework to Strengthen the Implementation of the Comprehensive Mental Health Action Plan 2013–2030 in the WHO African Region.* Regional Committee for Africa. Lomé, Republic of Togo. ttps://www.afro.who.int/sites/default/files/2022-08/AFR-RC72-5. (Accessed 27 April 2023).

World Health Organization. (2022c). *Mental Health Disorders.* https://www.who.int/news-room/fact-sheets/detail/mental-disorders#:~:text=A%20 mental%20disorder%20is%20characterized,in%20important%20areas%20of%20fu nctioning. (Assessed 05 May 2023).

World Health Organization. (2023). *Mental Health and Substance Use: Mental health Action Plan 2013–2030.* https://www.emro.who.int/mnh/mental-health-action-plan/index.html. (Accessed 18 May 2023).

World Health Organization. (2023). *Promoting Mental Health.* https://www.who.int/westernpacific/activities/promoting-mental-health. (Accessed 20 May 2023).

Yetman, D. (2023). *What Is a Thought Disorder?.* Mental Health Wellbeing. Healthline. https://www.healthline.com/health/thought-disorder. (Accessed 06 July 2023).

Zabouw, T. (2006). *Traditional Healers and Mental Health in South Africa.* Department of Psychiatry. University of Cape Town. South Africa.

## ANNEXURES

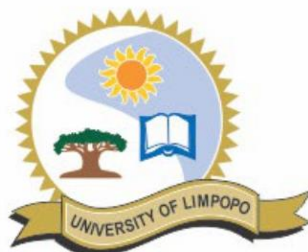
### Annexure 1: Time Frame

| ACTIVITY | TARGET DATE |
|---|---|
| Presentation of the research proposal at Department of Public Health | July 2022 |
| Presentation of the research proposal to the School of Health Research Committee | July 2022 |
| Presentation of the research proposal to Higher Degree Committee | July 2022 |
| Submission of research proposal to the Turfloop Research and Ethics Committee | November 2022 |
| Writing of chapter 2 and 3 | March – April 2023 |
| Permission from the Local traditional council | December 2022 |
| Data collection, analysis and discussion of findings | April – July 2023 |
| Writing Report | July 2023 |
| Research report submission | August 2023 |

**Annexure 2: Budget**

| NEEDS | AMOUNT |
|---|---|
| • Data capturer | • R2500 |
| • Laptop | • R5000 |
| • Printer | • R3500 |
| • Internal hard drive | • R3500 |
| • Voice recorder | • R1000 |
| • Transport | • R3000 |
| • Language editor | • R4500 |
| • Telephone & data costs | • R1500 |
| • Food | • R1000 |
| • Stationery | |
| 1x Box of A4 papers | • R60.00 |
| 1 x stapler | • R30.00 |
| 1x box of staples | • R50.00 |
| 4x notebooks | • R30.00 |
| 1 box of Pens | • R30.00 |
| 1 box of Pencils | • R70.00 |
| • Estimated amount to conduct research | **TOTAL AMOUNT: R25 770.00** |

## Annexure 3: TREC certificate




**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:** **29 November 2022**

**PROJECT NUMBER:** **TREC/624/2022: PG**

**PROJECT:**

| | |
|---|---|
| **Title:** | Perceptions and knowledge of community members regarding mental health disorders in Matsafeni Village, Ehlazeni District Municipality in Mpumalanga Province. |
| **Researcher:** | EN Mboweni |
| **Supervisor:** | Dr MH Mphasha |
| **Co-Supervisor/s:** | Prof. L Skaal |
| **School:** | Health Care Sciences |
| **Degree:** | Master of Public Health |

**PROF D MAPOSA**
**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*

## Annexure 4: Traditional Council Approval

Ms EN Mboweni
University of Limpopo
Private Bag X1106
**Sovenga**
0727
21 March 2023

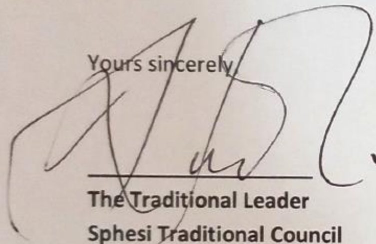
Dear Ms Mboweni,

**RE: APPROVAL TO CONDUCT RESEARCH AT MATSAFENI VILLAGE**

The Sphesi Traditional Council acknowledges receipt of the letter prepared by Ms EN Mboweni requesting approval to conduct research at Matsafeni for academic purposes.

The Council approves the request and wishes you well in your research.

Yours sincerely



**The Traditional Leader**
**Sphesi Traditional Council**

PHEZI ROYAL HOUSE
MATHAF
1118 NELSPRUIT 1200
081 387 9128
@gmail.com

**CC: Supervisor: Dr MH Mphasha & Co-Supervisor: Prof. Skaal**

SPHEZI ROYAL HOUSE
MATHAF
PO BOX 1118 NELSPRUIT 1200
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Email: kwasphezivillage@gmail.com

# APPENDIXES

## Appendix 1: Ethics Consent form

**Project Title:** Perceptions and knowledge of community members regarding mental health disorders in Matsafeni Village, Ehlanzeni district municipality in Mpumalanga province

Consent statement concerning participation in a Research Project.
I was given the chance to ask questions and was given enough time to think things over before I was fully told of the purpose and goals of the planned research project. I was made aware of my right to cancel my participation at any moment during the study, and I was not under any kind of pressure to do so. I am assured that my identify would not be shared with anyone and so is the information provided unless I give consent to the researcher to do so. It was made very clear that the interview would be audio recorded in order to gather data. I was informed that there are no costs to me as a participant and that the interview will take approximately 15 – 20 minutes.

| Name of Consenter | Signature |
| --- | --- |
| | |

I hereby give consent to participate in this Research Project.
**Signed at ......................................... on the ............. of ...................... 20............**

**Statement by the Researcher**

I provided information regarding all relevant aspects of the above Research Project.
I agree to treat all information provided by the participant confidentially.

| Name of Researcher | Signature | Date |
| --- | --- | --- |
| | | |

**Appendix 2: Letter for permission to the Traditional Authority**

Sphesi Traditional Council
Matsafeni Village
MBOMBELA
1200
20 March 2023

Dear Traditional Leader,

**RE: PERMISSION TO CONDUCT RESEARCH AT MATSAFENI VILLAGE**

I, Eseldah Nkhensani Mboweni, am Master of Public Health student in the School of Health at the University of the Limpopo. I am requesting approval to carryout research at Matsafeni Village.

The research topic identified is on perceptions of community members on mental health disorders in Matsafeni. This study area was selected based on the fact that mental disorders are increasing across the world, with many people suffering or being affected. The causes of several mental conditions can be linked to amongst others; determinants of mental health such as social, economic and behavioural or lifestyle factors. Limited knowledge or misinformation about the mental health disorders results in fewer people seeking treatment. Furthermore, fear of stigmatisation, rejection and discrimination by communities, friends and relatives remains a barrier for seeking treatment and disclosing mental disorders conditions.

The focus of this study is to explore and describe the perception and knowledge of the community of Matsafeni on mental health disorders, noting the information gap on this subject within the province and Mbombela in particular. The community is identified wherein participants will be interviewed in their households or when present on the streets. The research will entail collecting data from adults and young adults residing with the vicinity. I request permission to get access to the village and to engage the community members through the Sphesi Traditional Council to gain access to the village and engage the community members.

If the patients agree to be interviewed, they will be interviewed by myself as the researcher and the data recorded throughout the interview. The interviews will be conducted during working hours and will take approximately 15 – 20 minutes per participant. Prior commencement of the research participants will be prompted to consent. Unless otherwise stated, identities (their names) and responses will be maintained with the strictest confidentiality. All published and written data resulting from the study will respect individual anonymity.

The outcome of the research will be communicated as a dissertation or academic journals in the University' website. There will be no detriment to the research subjects in any form.

They will be reassured that they are free to revoke their consent at any time without incurring any costs over the course of this project. There are no known dangers associated with taking part in this study. The study's participants will not receive any compensation.

In order to conduct my research at Matsafeni Village, I thus request your permission. Should you need any additional details, please do not hesitate to contact me. When it's convenient for you, kindly respond to my request.

Sincerely yours
Nkhensani Mboweni
0605514451
Nkhensanimboweni1@gmail.com
Supervisor: Prof. Skaal
0152682251

**Appendix 3:**

**3.1. Interview guide**

1. Please provide the following details:

| Name | |
|---|---|
| Age | |
| Gender | |
| Marital Status | |
| Level of education | |
| Employment Status | |

**Central question:** Could you please describe your understanding and perceptions of mental health disorders within Matsafeni Village, considering the cultural, social, and personal factors that shape these perceptions?

2. In your understanding, what is mental health disorder?
3. Do you know any person affected by mental health disorders?
4. What do you think are the causes of mental illnesses?
5. In your view, what is the behaviour, symptoms or signs that people affected by mental disorders portray?
6. Do you think people with mental health disorders should seek help?
7. If yes, what are the possible places where they can receive help, and if no, why not?
8. Through your observation, are individuals suffering from mental health conditions receiving social support in this community (i.e. friends, families / neighbours)?
9. Do you think people with mental health disorders should be involved in community activities?
10. How does the community help people suffering from mental health disorders?

### 3.2. Nkombiso wa mbulavurisano

1. Nyika vuxokoxoko eka leswi landzelaka :

| Vito | |
|---|---|
| Malembe | |
| Rimbewu | |
| Xiyimo xa vukati | |
| Xiyimo xa swatidyodzo | |
| Xiyimo xa swa ntirho | |

**Xi vutiso nkulu:** U nga hlamusela matwisiselo na mavonelo ya wena hi vuvabyi bya miehleketo endhawini ya Matsafeni Village, ngopfu-ngopfu loko hi languta timhaka ta ndhavuko, maedlelo ya swilo na vumhunu bya munhu leswi vumbhaka mavonela lawa.

2. Hi ku twisisa ka wena, I yini mavabyi ya miehleketo?
3. Xana kuna munhu loyi u nwi tivaka a vabyaku vuvabyi lebyi?
4. Hi ku ehleketa ta wena, xana mavabyi ya vangiwa hi yini?
5. Hi mavonele ya wena, hi wahi mahanyelo na maendlelo lawa vanhu lava nga mavabyi lawa va ya kombisaka?
6. Hi ku ehleketa ka wena, vanhu lava va fanele ku lava ku pfuneka xana?
7. Loko u hlamule Ina, hi tihi ti ndhawu laha va nga pfunekeku kona, kambe loko nhlamulo kuri Hawa, hi kokwalaho ka yini?
8. Hi mavonele ya wena, xana vanhu lava vabyaku mavabyi ya miehleketo va tsheghiwa hi vanhu lava hanyaka na vona xana, (xikombiso- vangana, va dyangu kumbe va maakelani)?
9. Hi ku ehleketa ka wena, xana vanhu lava nga na mavabyi lawa, va fanele ku nghenisiwa eka timhaka ta mugaga xana?
10. Xana mugaga wu pfuna njhani vanhu lava vabyaku mavabyi ya miehleketo?

### 3.3. Umgomo wekucocisana

1. Niketa lemininingwane lelandzelako:

| Libito | |
|---|---|
| Umnyaka | |
| Bulili | |
| Simo semshado | |
| Umfundzenganani | |
| Isimo se msebendi | |

**Umbuto Lomcoka:** Ungachaza ngendlhela lovisisa ngayo simo-nhlalo se bunguli bencondo te setakhamuti sase eMatsafeni, ikakhulu uma ubuka emasiko abo, indlela lebaphila ngayo lekungabe kungiyo lekwenta baphile ngalendlela lebaphila ngayo.

2. Ngekuvivisa kwakho, yini buguli bengcondo?
3. Kukhhona umuntfu lomatiko lone bunguli bengcondo?
4. Ucabanga kutsi yini imbangela yalobuguli bengcondo?
5. Ngekuvisisa kwakho ngutiphi timpawu talobuguli?
6. Ngabe banftu labanebuguli bengcondo kumele bafune luncedo?
7. Uma utsi yebo, ngitiphi tindzawo lekumele bayo funa loluncedvo, Uma utsi cha, yinisizatfu saloko?
8. Ngekubona kwakho, ngabe banftu labanebuguli bengcondo bayatfola kusekelwa emphakatsini wanga kini (emdenini, ebanganini naku bomakhelwane?
9. Ucabanga kutsi banftu labanebuguli bengondo kumele babandzakanwe emicimbini yemphakatsi?
10. Umphakatsi ubancedza njani ebantfu labanebuguli bencondo?

## Appendix 4: Proof of Editing

NSUKU PUBLISHING CONSULTANCY

NSUKU Publishing Consultancy (Pty) Ltd
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Pretoria East, South Africa
https://nkatekomasinga.com/

University of Limpopo
School of Health Care Sciences
Faculty of Health Sciences
https://www.ul.ac.za/

**13/09/2023**

**CONFIRMATION OF EDITING AND PROOFREADING SERVICES**

This letter serves as confirmation that the Masters Dissertation titled 'PERCEPTIONS AND KNOWLEDGE OF COMMUNITY MEMBERS REGARDING MENTAL HEALTH DISORDERS IN MATSAFENI VILLAGE, EHLANZENI DISTRICT MUNICIPALITY IN MPUMALANGA PROVINCE' by EN MBOWENI, was edited and proofread by Nkateko Masinga and her team at NSUKU Publishing Consultancy.

Best regards,

Nkateko Priscilla Masinga
Founder and Managing Director, NSUKU Publishing Consultancy

Masinga