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Mental Healthcare Services for Persons With Communication Disorders: Experiences of Mental Health Professionals in Gauteng

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ABSTRACT

Background: Persons with communication disorders are susceptible to mental health difficulties and often require the help of mental healthcare professionals. Mental healthcare interventions require a significant amount of communication between the mental healthcare professional and the person with communication disorders, yet not much is known about how mental healthcare professionals provide mental healthcare services to persons with communication disorders. The study, therefore, aims to explore the experiences of mental healthcare professionals in providing mental healthcare services to persons with communication disorders.

Methods: A qualitative phenomenological research approach was employed, where 11 semi-structured interviews were conducted with mental healthcare professionals practising in the Gauteng Province of South Africa ($n = 7$ social workers; $n = 3$ psychologists; $n = 1$ counsellor). Participants were purposively selected for the study. Data were analysed using inductive reflexive thematic analysis.

Results: The following four themes emerged from the data that were analysed: (i) lack of preparedness to provide care to persons with communication disorders, (ii) communication barriers, (iii) emotional effects and (iv) accommodations.

Conclusions: Findings suggest that communication barriers are a source of frustration, and they hinder persons with communication disorders from accessing quality mental healthcare services. There is therefore a need to include in the curriculum of mental healthcare professionals, training on communication disorders and on strategies to foster communication with this population during intervention. Conversational partner training and collaborations between mental healthcare professionals and speech language therapists could potentially be used to address the communication barriers in mental healthcare provision for persons with communication disorders.

WHAT THIS PAPER ADDS

What is already known on this subject

- Persons with communication disorders are susceptible to mental health difficulties because the communication impairment reduces their societal and economic inclusivity, thus placing them at a higher risk of developing mental health challenges. Unfortunately access to quality mental healthcare services is a challenge for this population for many reasons, with the most pronounced one being the fact that they do not depend on verbal language to communicate their needs (are voiceless) and

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require reasonable accommodation to facilitate communication, yet the techniques and methods used in mental healthcare intervention whether formal or informal are predominantly based on verbal communication.

What this paper adds to existing knowledge

- The study advocates for the implementation of educational opportunities for mental healthcare providers through communication/conversational partner training programmes. These programmes can potentially improve their knowledge and skills on how to effectively support communication with persons with communication disorders, to mitigate communication challenges. Research has demonstrated positive effects of communication partner training. Speech language therapists, as communication brokers due to their expertise in facilitating communication, should be at the centre of developing such training programmes. Speech language therapists should also foster collaborations with mental healthcare professionals in clinical spaces when treating persons with communication disorders.

What are the potential or actual clinical implications of this work?

- The lack of knowledge on communication disorders and the subsequent lack of knowledge and skills on appropriate communication strategies to implement when conducting mental healthcare interventions with persons with communication disorders compromises patient care and subjects persons with communication disorders to continuous substandard patient care, which is essentially an infringement on their right to healthcare. It is common knowledge that communication forms the cornerstone of all healthcare interventions, and where there are communication barriers between healthcare providers and their patients, healthcare provision becomes unsuccessful, resulting in negative patient outcomes. The study offers a potential solution to these communication challenges.

1 | Introduction

Antunes et al. (2018) present that 14% of persons who have a common mental health disorder also present with a disability, with the most prevalent mental health disorders in the population of persons with disabilities being post-traumatic stress disorder, major depressive disorder, bipolar disorder and generalised anxiety disorder. These mental health disorders have a deleterious effect on the mental well-being of people in general (World Health Organization 2014) and compounding effects on persons with disabilities who are subjected to further discrimination, alienation and exclusion (Tarvainen 2021). It can be argued that being subjected to discrimination, alienation, exclusion and stigma can also be a trigger for mental health disorders in persons with disabilities.

Approximately, 80% of persons with mental health disorders live in low- and middle-income countries (Rathod et al. 2017). Rathod et al. (2017) posit that by 2030, depression alone will be the third-highest burden of disease in low-income countries and the second highest in middle-income contexts. Although people in low- and middle-income countries are at risk of developing a mental illness, there is still generally a low number of people receiving mental healthcare services in this context (Rathod et al. 2017). This is due to barriers to mental health intervention such as stigmatization, financial strain, acceptability, poor awareness and sociocultural and religious influences (Muhorakeye and Biracyaza 2021). In South Africa, mental health services are allocated only 5% of the national health budget (October 2019), are hardly given as much priority as other healthcare services and are mostly seen as outliers and an insignificant part of healthcare (October 2019). Mental healthcare services provision in South Africa also reflects South Africa's socio-political history in that there continues to be inequalities between mental healthcare service provision in private and public healthcare. The public healthcare system that serves approximately 84% of the population is always understaffed and underfunded, and continues not to meet the needs of the 80% of the population that it serves (Kleintjes and Schneider 2023). This inequality is also evident in the distribution of mental healthcare service providers, where most mental healthcare professionals practice in private healthcare, serving the approximately 20% of the population who mostly can afford medical aid (Janse van Rensburg et al. 2021).

Access to mental healthcare challenges is aggravated in the case of persons with communication disorders who are not only vulnerable but are also a minority within an already marginalised group. Persons with communication disorders, especially those presenting with little or no functional speech, therefore face double vulnerability (Hancock et al. 2023). Research has determined that mental distress and mental illness have become more widespread within the population of persons with communication disorders because the communication impairment reduces their societal and economic inclusivity, thus placing them at a higher risk of developing mental health challenges (García et al. 2020). Unfortunately, persons with communication disorders and to a larger extent those with little or no functional speech are often denied access to mental healthcare services, because they do not depend on verbal language to communicate their needs (are voiceless) and require reasonable accommodation to facilitate communication (Bryen 2014; White et al. 2020), yet the techniques and methods used in mental healthcare intervention whether formal or informal are predominantly based on verbal communication (Del Giacco et al. 2019; Noyes and Wilkinson 2022).

Mental healthcare matters for persons with communication disorders have largely been neglected in the literature, especially in the Global South. Where studies have been conducted, they have reported mostly on access to mental healthcare for persons with intellectual disabilities and have thus reported on commu-

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nication challenges within the group of persons with intellectual disabilities (Doherty et al. 2020; Ee et al. 2021; Shimoyama et al. 2018; Whittle et al. 2018). Studies that have been conducted on access to mental healthcare services for persons with communication disabilities have reported feelings of anxiety, inadequacy and fear when treating persons with communication disorders, especially those presenting with little or no functional speech, in part because of the lack of preparedness at undergraduate training to engage meaningfully with the population of persons with communication disorders (Ee et al. 2021). Studies have also concluded that there is an insufficient amount of knowledge and experience amongst mental health professionals on how to work with persons with communication disorders, which results in the low-quality mental health services received by persons with communication disorders. Hancock et al. (2023) in a study conducted in London, United Kingdom, where they explored the views of speech language therapists and mental healthcare clinicians about their experiences of working with children with combined speech, language and communication needs and mental healthcare difficulties, further stated that traditional therapies were perceived to be inaccessible and ineffective for mental healthcare intervention for persons with communication disorders

Mental healthcare is defined by the World Health Organisations (WHO) (2020) as the position of welfare that reinforces the ability to live a satisfying and meaningful life and contributes to society and the community, while attaining the highest potential. Access to mental healthcare in this publication is conceptualised as the degree of fit between the patient and the healthcare system (Thomas and Penchansky 1984) and is denoted using Penchansky and Thomas's 5 A framework which posits that healthcare should be 'accessible' (services should be within reasonable proximity to the consumer in terms of time and distance); 'available' (there should be sufficient services and resources to meet the volume and needs of the consumers and communities served); 'acceptable' (services should respond to the attitude of the provider and the consumer regarding characteristics of the service and social or cultural concerns); 'affordable' (services should consider the direct costs for both the service provider and the consumer and 'adequate' (accommodating) (services should be well organized to accept clients, and clients should be able to use the services. The current study focuses on the third and fifth tenets of the framework *acceptability and accommodation* which emphasises reasonable accommodation for persons with communication disorders in mental healthcare services to ensure inclusion and adequate access for anyone requiring the services, especially those who have previously been excluded, in line with the South African National Development Plan, 2030 which endeavours for a notable change in the equity of health services provision in South Africa in striving towards Universal Health Coverage.

Cummings (2023) asserts that globally, the prevalence of persons with communication disorders across the lifespan is on the rise in healthcare settings. It can thus be expected that all healthcare professionals, including mental healthcare professionals, will treat persons with communication disorders sometime in their careers Cummings (2023). Inadequate communication between persons with communication disorders and their healthcare providers negatively affects the provision of quality healthcare in developed as well as developing countries (Heard et al. 2017; Van Rijsen et al. 2022) and mental healthcare is not spared.

It is thus becoming increasingly evident that health care workers need training to provide services to individuals with communication disorders (Ashaie et al. 2019; Baylor et al. 2019). Educational opportunities for mental healthcare providers through communication partner training can potentially improve their knowledge and skills on how to effectively support communication with persons with communication disorders. Communication partner training can thus be an option to mitigate communication challenges between mental healthcare providers and persons with communication disorders. Cruice et al. (2018, 1135) define communication partner training as an umbrella term for a complex behavioural intervention for communication partners of persons with communication disorders and persons with communication disorders themselves, with interacting components deployed in flexible ways. Research has demonstrated the positive effects of communication partner training, predominantly in persons with aphasia in developed countries (Cruice et al. 2018; Heard et al. 2017; Simmons-Mackie et al. 2010; Simmons-Mackie et al. 2016), with some studies inquiring on communication partner training in persons with traumatic brain injury (TBI) (Wiltshire and Ehrlich 2014). Behn et al. (2021) conducted a systematic review on the description and effectiveness of communication partner training in TBI. While the review could not prove the effectiveness of communication partner training, it was, however, able to report significant improvements on conversation participation, therefore highlighting the significance of this approach in improving communication skills and its relevance beyond just the conditions of aphasia and TBI, but to other communication disorders. Speech language therapists, as communication brokers due to their expertise in facilitating communication, should therefore be at the centre of developing such training programmes (Ryan et al. 2020)

The study therefore sought to explore the experiences of mental healthcare professionals of providing mental healthcare services to persons with communication disorders. The following research questions were answered in the study.

1. What is preparedness for mental healthcare professionals to provide mental healthcare intervention to persons with communication disorders?
2. What strategies do mental healthcare professionals use during mental healthcare service provision?
3. What are the barriers and facilitators to mental healthcare provision for persons with communication disorders?

2 | Methods

2.1 | Research Design

The study adopted a qualitative exploratory research approach (Cresswell and Poth 2018). This approach was deemed appropriate for this study because it allows participants to give an account of their human experiences. In this study, it was imperative to establish how mental healthcare professionals make meaning of their experiences of treating persons with communication disorders and as such, a qualitative approach was the best option. Considering that research on mental healthcare specifically in the population of persons with

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TABLE 1 | Participant characteristics.

Participant	Gender	Profession	Private/Public health	Intervals of age
1	Female	Social worker	Public health (Community clinic)	40–50 years
2	Female	Counsellor	Private health (Rehabilitation centre)	30–40 years
3	Female	Social worker	Public health (NPO)	60–70 years
4	Male	Social worker	Private health (Rehabilitation centre)	30–40 years
5	Female	Social worker	Private health (Rehabilitation centre)	30–40 years
6	Female	Psychologist	Public health	40–50 years
7	Male	Psychologist	Public health	30–40 years
8	Male	Social worker	Public health	40–50 years
9	Female	Social worker	Private health	40–50 years
10	Female	Social worker	Public health	30–40 years
11	Female	Psychologist	Private health	50–60 years

communication disorders is currently an untapped area, especially in South Africa, employing an exploratory research approach was appropriate (Elman et al. 2020).

2.2 | Participants and Recruitment

The study received ethical clearance from the University of the Witwatersrand Non-Medical ethics, protocol number STA 2022-17. The study involved 11 mental healthcare professionals: seven were social workers, one was a counsellor and three were psychologists, a sample size that was determined via data saturation (Fusch and Ness 2015). Eight of the participants were females and three were males. Seven participants worked at a state hospital, and four worked in private practice. Mental healthcare professionals who participated in the study were selected purposively. Purposive sampling was deemed the appropriate sampling method for the study because it allowed for the researcher to select participants who are rich sources of information to ensure the depth of the data collected for the study (Palinkas et al. 2015). The inclusion criteria were that participants had to have a qualification in one of the following areas: Counselling, Social Work, Psychology or Psychiatry. Participants had to be registered with the Health Professionals Council of South Africa (HPCSA) or the South Africa Council of Social Service Protection and should have given intervention to a person with a communication disorder. Social workers were included because, in the South African context, providing counselling and psychoeducation forms part of the scope of practice of a clinical social worker (DoSD 2022). The study was advertised through the professional boards of the mental healthcare professionals and social media groups for mental healthcare professionals. An information letter explaining the purpose of the study, the procedure for data collection and what is expected if participants agree to participate in the study. Participants had to sign a formal informed consent before the commencement of the interviews. Table 1 below gives an overview of participant characteristics.

2.3 | Data Collection

Participants had to be registered with health professions Council of South Africa or the social work council of South Africa, they had to be practising or previously practised in the Gauteng province, have a minimum of 6 months of practising and having worked with persons with communication disorders and have access to WIFI and data.

All interviews were conducted by the second author, in English, the language preferred by participants, via Microsoft Teams online Video conferencing. Only audio data were collected. Recordings were also done via Teams. Each interview lasted between 45 min to 1 h. All recordings were stored in a password-protected computer. Eleven semi-structured interviews were conducted with mental healthcare professionals between June and December 2022, using a self-developed interview guide which encompassed open-ended questions. The following questions were used to elicit responses from participants:

1. Describe how your undergraduate curriculum prepared you to manage/treat persons with communication disorders?
2. What knowledge, skills and strategies are necessary for you to successfully treat persons with communication disorders, presenting with mental health difficulties?
3. What are the common mental healthcare disorders that persons with communication disorders present with?
4. What are some of the barriers to persons with communication disorders accessing mental healthcare services?
5. What are some of the factors that make accessing mental healthcare services much easier for persons with communication disorders?
6. What tools and/or communication strategies do you use to facilitate conversations when treating persons with communication disorders?

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7. What do you think is required in mental healthcare practice to ensure that persons with communication disorders access quality services?

2.4 | Data Analysis

The audio recordings of the interviews were transcribed verbatim by the second author and checked by the first author. The transcripts were imported into NVivo 1.5 qualitative data analysis software and analysed using thematic analysis (Nowell 2017). In accordance with the thematic analysis steps proposed by Nowell et al. (2017), the first and second authors read and re-read over the transcripts. The first author created the initial codes. The second author then checked the initial codes created by the first author for accuracy, and ultimately, they both developed the final codebook through collaborative coding. The codes were organised and collapsed into specific themes. The first and last authors then searched, appraised, revised and re-named themes where necessary. Where discrepancies occurred at the levels of both coding and creating themes, discussions were held between the two authors until consensus was reached.

2.5 | Trustworthiness

Shenton's (2004) trustworthiness strategies were used in the study. To enhance trustworthiness, the authors used member checking, where immediately after each interview, the authors went through the participants' responses with the participants to confirm this. The authors enhanced transferability by providing a description of the research context, the phenomena being examined and the study methodology. Dependability was enhanced by documenting the research procedures from start to finish, allowing other researchers to replicate the work. Finally, confirmability was enhanced since the researchers acknowledged the study's flaws. The standard for reporting qualitative research (SRQR) (O'Brien et al. 2014) was used in compiling the manuscript in line with the best practice in reporting qualitative methodology, to ensure that enough details are included for replicating the study.

3 | RESULTS

Four themes were generated from the data that were analysed from interviews with mental healthcare professionals in the study, namely, (i) lack of preparedness to provide care, (ii) communication barriers, (iii) accommodations used during service provision and (iv) emotional effects of providing and receiving care.

3.1 | Theme 1: Lack of Preparedness to Provide Care

Most participants in the study indicated that they felt ill-prepared to treat persons presenting with communication disorders. They felt that their undergraduate training curriculum did not prepare them adequately to treat this population, and as such, they did not have sufficient knowledge on communication disorders and about strategies to facilitate communication with persons with communication disorders. They reported that whatever strategies they used in treatment sessions with persons with disabilities were self-taught, on-the-job strategies learnt through their experience of having engaged with persons with communication disorders. Three subthemes related to the lack of preparedness to provide care were conceptualised and are presented below with excerpts from participants to support the subthemes.

3.1.1 | Sub-Theme 1.1: Lack of Undergraduate Training

All participants in the study reported having not received formal training on providing services to persons with communication disorders. Regardless of all participants having had formal university training, they all reported that providing intervention to this population did not form part of their undergraduate and postgraduate curriculum.

'I mean in my training it was never even mentioned it never even occurred to me that that I would possibly have a client that can't speak or has limited speech…' (MHP 2; Counsellor).

…. *'If I were to go back to the social class, I'll definitely tell you that nothing was taught to us…' (MHP4; Social Worker).*

3.1.2 | Subtheme 1.2: Lack of Knowledge and Skills on Communication Disorders

Participants revealed that due to the lack of undergraduate training on communication disorders, they lacked the knowledge and skills necessary to provide mental healthcare services to this population. Therefore, all the participants reported feeling inadequately prepared and uncomfortable with providing mental healthcare services to persons with communication disorders.

……. *'For me it hasn't [prepared me] cause I'd like to have that skill of uhm…yes. I'd like to have the skill of sign language, so I'll be able to communicate with people who have communication challenges, but I don't. My knowledge is on those who can communicate, who can be able to express themselves and all that but yeah, when it comes to that I don't…' (MHP 1; Social Worker).*

3.1.3 | Sub-Theme 1.3: Strategies Used to Engage With Persons With Communication Disorders Were Learnt Through Experience

Participants stated that the communication strategies that they currently apply when managing persons with communication disorders were learnt through work experience with persons with communication disorders and through trial and error.

…. *'For me it was on the job on the job training and trying to figure things out for myself as well and working obviously with my colleagues to find out more…' (MHP 5; Social Worker).*

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3.2 | Theme 2: Communication as a Barrier to Service Provision

Even though excellent healthcare requires effective communication between patients, family members and healthcare professionals, participants in the study highlighted communication as the primary obstacle to the provision of quality mental healthcare services to persons with communication disorders. Communication barriers were said to compromise the quality and quantity of engagements in treatment spaces, perpetuate mistrust in the relationship between the person with a communication disorder and the mental healthcare profession, and result in the misinterpretation of information shared between the two parties. This theme is explained further below.

3.2.1 | Sub-Theme 2.1: Misinterpretation of Information Shared Between Persons with Communication Disorders and Mental Healthcare Professionals

Every participant in the study reported communication as a huge barrier to providing mental healthcare services to persons with communication disorders. Participants mentioned that communication challenges were due to mental healthcare professionals not understanding and not being competent in the communication methods that persons with communication disorders use, for example, sign language and augmentative and alternative communication (AAC). The lack of understanding and competence in the understanding of communication methods of persons with communication disorders often leads to mental healthcare professionals misinterpreting information communicated by persons with communication disorders

…: *'mostly those with communication challenges some, they don't… they can't hear as well so we have to use as our sign language which is sometimes it's a challenge to most of the health care workers, so we find that some of the things that needs to be explained to a patient' (MHP 1: Social Worker).*

But now with the communication challenges there are some things you cannot figure out and you may end up misinterpreting, one cannot express fully, you cannot, it's very challenging to get a clear picture of what is going on…' (MHP 1, Social Worker)

'…so, then I work very closely with the family to say OK what's happening here but that could also lead to problems because the family could be interpreting things on behalf of the patient which is not always which is not always the truth…' (MHP 5; Social Worker).

3.2.2 | Sub-Theme 2.2: Limited Engagement With Persons With Communication Disorders

It is commonly known that mental healthcare intervention, which is usually counselling, also known as therapy, is predominantly talk-based (Strong and Randolph 2021). Patients with communication disorders thus present a challenge in the sense that verbal communication may not be their primary mode of communication. Participants in the study reported that this then limited the quantity and quality of engagement during the intervention process with persons with communication disorders, ultimately compromising patient care.

'…I think that people with a communication disorder can't get everything they need because counselling is talking therapy, it's dependent on the ability to swop words, and so when you don't have that, it means that the counselling process cannot produce everything it can if there is a communication difficulty…' (MHP 2; Counsellor).

3.2.3 | Sub-Theme 2.3: Mistrust in the Relationship Between Mental Healthcare Professionals and Persons With Communication Disorders

Effective communication between patients and healthcare professionals, where patients feel heard and detailed explanations relating to their healthcare condition are provided along with healthcare professionals demonstrating competence, is key in building a trusting relationship between patients and healthcare providers (Greene and Ramos 2021). Participants in the study reported a relationship of mistrust between them and their patients with communication disorders because of the ineffective communication during treatment.

'…and one issue that I'm always worried about is the issue of confidentiality and also just the patient trust the space that we're in so if like I was saying if I have to involve any additional member of the team in our session then sometimes patients with communication disabilities would feel a bit you know overwhelmed and not being free to just you know talk about what they're going through…' (MHP 4;Social Worker).

3.3 | Theme 3: Accommodations Used During Mental Health Service Provision

3.3.1 | Sub-Theme 3.1: Type of Accommodations Used to Facilitate Communication With Persons With Communication Disorders

All participants reported using predominantly two methods of communication to accommodate persons with communication disorders in mental health treatment sessions: closed-ended questions and third parties (untrained interpreters), who are usually family members of the person with a communication disorder. Participants did, however, mention that the involvement of additional parties was highly dependent on the patient's level of communication abilities.

'Yes, definitely um because at like for example a person who has a traumatic brain injury was a stroke, I have had to use I can't use open-ended questions I'd have to use closed ended questions…' (MHP 5; Social Worker).

'Well, the family members are always an important source of collateral information and interpretation. They probably spend the most time with the client, and they understand the client's personality best so it's really important to work with them' (MHP 2; Counsellor).

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3.3.2 | Sub-Theme 3.2: Accommodations Used Infringed on Patient's Rights

Even though the accommodation methods mentioned in sub-theme 3.1, to a certain degree do mitigate some of the communication challenge, and make it possible for the mental healthcare professionals to provide mental health services to persons with communication challenges, participants did admit that these methods compromised patient care and infringed on the patients' right to confidentiality. The use of family members was reported by participants as not ideal, because it infringes on the right to confidentiality of the persons with communication disorders and in some cases, some family members have been at the centre of the triggers for the mental healthcare challenges that the person with a communication disorder presents with.

'One the issue that I'm always worried about is the issue of confidentiality and also just the patient trust the space that we're in so if like I was saying if I have to involve any additional member of the family or the team in our session then sometimes patients with communication disabilities would feel a bit you know overwhelmed and not being free to just you know talk about what they're going through.' (MHP 4; Social Worker)

…. 'The client will end up not knowing what actually is happening, what is actually going on with him or her…uhm that's when the services are being compromised…' (MHP 1: Social Worker).

'There's always that kind of you know I feel this short servicing of patients with communication disabilities' (MHP 4; Social Worker).

'…for example we once had a client, she was beaten by the boyfriend to the extent that she lost her speech and then when she lost her speech, the main caregiver was the boyfriend himself, so there were times when we would try to talk to her because we're trying to remove her from the situation, we have to speak to the very same person who is the problem…' (MHP 1; Social Worker).

3.4 | Theme 4: Emotional Effects of Providing and Receiving Care

Participants in the study reported that challenges with communicating with persons with communication disorders during counselling left them, as well as their patients with communication disorders, feeling frustrated. Mental healthcare professionals in the study reported not being comfortable and being fearful of treating persons with communication disorders. These emotions were often compounded in mental healthcare professionals who reported feeling burnt out because of the high workload, mostly in state healthcare facilities.

3.4.1 | Sub-Theme 4.1: Feeling of Frustration

Mental healthcare professionals in the study reported feeling frustrated at not having a functional and successful communication system between themselves and their clients often leaving them feeling like they are failing their patients.

'…the frustration is on not knowing what to do not knowing how to overcome the challenge of not knowing how to freely to speak to each other'. (MHP 2; Counsellor).

'…it's frustrating for both myself, and the patient because we so want to hear each other but we're not able to do that…' (MHP 4; Social Worker).

Persons with communication disorders were reported to have also felt equally frustrated with the communication process due to the limitations caused by the communication breakdown. Participants in the study reported finding themselves speaking on behalf of the persons with a communication disorder further compounding their frustration.

'We have to really take the time to make sure that we are understanding each other, which can take up a lot of time causing a lot of frustration and the client may feel like the counselling is not working, because it's frustrating having to sit there and think about what you want to say. And because it's taking longer, they are not getting the benefits as quickly as other people…' (MHP 2; Counsellor).

'They just need to understand patients conditions and be patient with the patients and you know and also not to to speak on behalf of the patient or finishing sentences because sometimes we tend to easily want to finish off the sentences that the patients are trying to make and that can be frustrating for the patient so just give yourself time you know and ask for you know clarity in cases where you didn't understand by asking you know closed ended questions that eases the frustration on the patient's side'. (MHP 4; Social Worker).

3.4.2 | Sub-Theme 4.2: Fear of Taking Treating Persons With Communication Disorders

Fear of taking on the task of having to treat persons with communication disorders was particularly expressed by mental healthcare professionals who have recently qualified. As a result, they felt like failures and failing their patients, knowing that they are not providing optimal services to persons with disabilities.

'It's scary at first because so many people who come into psychology have the personality of not wanting to hurt anybody, and wanting to help everybody, so when you come to seeing a person who is so vulnerable because they can't speak and they might have other disabilities as well, the fear of many beginner counsellors as well is that they are gonna hurt this person even more. That fear can be kind of paralyzing'. (MHP 2; Counsellor).

'You end up feeling like you know what I haven't done what I'm supposed to do, or I've failed the person'. (MHP 1; Social Worker).

'It really challenges a counsellor's sense of confidence in themselves because when when our general skills are not working it can be like Oh my goodness, I'm letting this person down…' (MHP 2; Counsellor).

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3.4.3 | Sub-Theme 4.3: Burnout Because of Workload

Burnout because of the heavy caseloads that they have, especially those working in state hospital facilities, contributed to their frustration. While burnout was not directly linked to providing care just to persons with communication disorders.

'I think that practitioners themselves are burnt out, they might be overloaded with patients, they might have their own emotional stuff which is making it difficult for them to be present with a patient'. (MHP 2; Counsellor).

4 | Discussion

The current study explored the experiences and views of mental healthcare professionals on providing mental healthcare services to persons with communication disorders. Four themes emerged from interviews with mental healthcare professionals as follows: the lack of preparedness to provide care, communication as a barrier to service provision, accommodations used during service provision and the emotional effects of providing and receiving care.

Findings suggest that mental healthcare professionals in this study felt ill-prepared and not confident to render mental healthcare services to persons with communication disorders because they felt that they lacked adequate knowledge and skills on communication disorders and communication strategies necessary to facilitate optimal communication between themselves and their patients with communication disorders during consultations. Adams and Young (2021) in a systematic review study where they reviewed literature on the perceived barriers and facilitators to accessing psychological treatment for mental health problem in individuals with autism spectrum disorder, also reported similar findings to the findings of the current study. When reporting specifically on communication challenges experienced by children with autism spectrum disorders during consultations with mental healthcare professionals, Adams and Young (2021) reported that mental healthcare professionals lacked knowledge on communication disorders.

The lack of knowledge on communication disorders and the subsequent lack of knowledge and skills on appropriate communication strategies to implement when conducting mental healthcare interventions with persons with communication disorders resulted in compromised and substandard patient care being continuously provided to persons with communication disorders, which is essentially an infringement on their right to healthcare. It is common knowledge that communication forms the cornerstone of all healthcare interventions (Ratna 2019), and where there are communication barriers between healthcare providers and their patients, healthcare provision becomes unsuccessful, resulting in negative patient outcomes (Ratna 2019). Unsuccessful mental healthcare provision in the study manifested as mental healthcare professionals misinterpreting what is said by persons with communication disorders, and as such, mental healthcare professionals limiting their engagements with persons with communication disorders (less therapy time than they would spend with a patient who is able to communicate verbally). The continuous exclusion of persons with communication disorders from adequate overall healthcare on the basis of their lack of abilities to communicate verbally has come through in studies such as Chapple (2019), Masuku et al. (2021), and Purcell (2014).

The study revealed that despite not having received training on communication strategies and ways of engaging with persons with communication disorders, mental healthcare professionals were improvising and primarily using closed-ended questions and third parties, mostly family members. A study by Masuku et al. (2021), where they explored the communication experiences of women who are deaf and hard of hearing in Johannesburg, also revealed that in healthcare provision, persons with communication disorders are often forced to use family members to foster communication between persons with communication disorders and healthcare professionals. While the use of family members to promote engagement in the quest for accessing mental healthcare services is a common occurrence, concerns around confidentiality and autonomy have been raised especially if the person with a communication disorder has not given consent, a finding that was also underscored in Masuku et al. (2021) and Orrie and Motsohi (2018). The use of family members as interpreters becomes especially tricky when the family member who is asked to be involved in the mental healthcare sessions as an interpreter is also a trigger to or contributes to the exacerbation of mental healthcare difficulties in the patient with a communication disorder.

The knowledge that mental healthcare professionals were not providing adequate care to persons with communication disorders because of their lack of knowledge on communication disorders and on means and strategies of facilitating meaningful conversations during interventions frustrated both the person with communication disorders and the mental healthcare professionals and caused mental healthcare professionals to feel inadequate. van Rijssen et al. (2022) present that delivering healthcare services to persons with communication disorders is much more challenging than providing services to persons without communication disorders, and as such, having to treat patients with communication disorders causes discomfort, insecurity and frustration for healthcare professionals. Burns et al., also agreed with the findings of both this study and van Rijssen et al. (2022) in that in healthcare intervention, persons with communication disorders and their families expressed that they wanted healthcare professionals to try and communicate with the persons with a communication disorder while healthcare professionals expressed their frustration at wanting to communicate with persons with communication disorders, but not knowing how to communicate with them.

4.1 | Strengths and Limitations of the Study

The strengths and limitations of this study should be taken into consideration. The participants selected for the current study composed of mental healthcare professionals who had formal training, extensive experience in clinical practice and first-hand experience with treating persons with communication disorders and can therefore be regarded as information-rich participants. The study also highlights an area that is often overlooked in research and practice, especially in developing countries. The

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study findings could, however, have been further triangulated to include the voices of persons with communication disorders and in so doing strengthen credibility, dependability and transferability. The study furthermore presents data specific to only one city, in one province of the country, suggesting that the findings cannot be generalised to or be representative of mental healthcare for persons with communication disorders in general. The study did not specify whether participants had worked with paediatric or adult populations, nor did it specify the number of experiences they had working with persons with communication disorders and their case load of persons with communication disorders.

4.2 | Conclusion and Implications of the Study

The study highlights the challenges with communicative accessibility experienced by persons with communication disorders when accessing mental healthcare services, due to mental healthcare professionals lacking the necessary knowledge on communication disorders and the knowledge and skills to support communication with their patients with communication disorders. The prevalence of persons with communication disorders in both the adult and paediatric population is on the rise in healthcare settings; therefore, most, if not all, healthcare professionals will experience persons with communication disorders sometime in their professional careers Cummings (2023). Persons with communication disorder are vulnerable to mental distress, mental illnesses and mental health challenges because of the effects of the communication impairment on social and economic participation (García et al. 2020). This, therefore, stresses the need for healthcare professionals, including mental healthcare professionals to understand the impact of communication disorders in the provision of quality healthcare if healthcare professionals providing these services lack the necessary knowledge and skills to facilitate meaningful conversations with this population. It has become increasingly clear that, generally, healthcare professionals, including mental healthcare professionals, require training on facilitating communication between themselves and persons with communication disorders. Conversation partner training programmes may be a solution to this challenge. Healthcare professional curricula may need to consider specific courses in their programmes that are focused on this population, and conversation partner training can form part of the courses. Conversational partner training programmes can also be facilitated via Continuous Professional Development Training activities (CPD), making the conversational partner training programmes accessible to healthcare professionals who have already qualified. It may be valuable to consider a blended learning context to accommodate both the theoretical and practical components of the programme. Using the blended leaning approach also helps in accommodating the busy work schedule of healthcare professionals. Speech language therapist in South Africa should spearhead this training and foster collaborations with other healthcare professionals, as they are communication specialists. Where possible, in healthcare settings, it would be beneficial for mental healthcare professionals to collaborate with speech language therapists when treating persons with communication disorders. They can provide guidance on communication strategies. Future studies could be more specific to the experiences of working with adults with communication or the paediatric population.

Conflicts of Interest

The authors declare no conflicts of interest.

References

Antunes, A., D. Frasquilho, S. Azeredo-Lopes, et al. 2018. "Disability and Common Mental Disorders: Results From the World Mental Health Survey Initiative Portugal." *European Psychiatry* 49: 56–61.

Adams, D., and K. Young. 2021. "A Systematic Review of the Perceived Barriers and Facilitators to Accessing Psychological Treatment for Mental Health Problems in Individuals on the Autism Spectrum." *Review Journal of Autism and Developmental Disorders* 8, no. 4: 436–453. https://doi.org/10.1007/s40489-020-00226-7.

Ashaie, S. A., R. Hurwitz, and L. R. Cherney. 2019. "Depression and Subthreshold Depression in Stroke-Related Aphasia." *Archives of Physical Medicine and Rehabilitation* 100, no. 7: 1294–1299. https://doi.org/10.1016/j.apmr.2019.01.024.

Baylor, C., M. Burns, K. McDonough, H. Mach, and K. Yorkston. 2019. "Teaching Medical Students' Skills for Effective Communication With Patients Who Have Communication Disorders." *American Journal of Speech-Language Pathology* 28, no. 1: 155–164. https://doi.org/10.1044/2018_AJSLP-18-0130.

Behn, N., J. Francis, L. Togher, E. Hatch, B. Moss, and K. Hilari. 2021. "Description and Effectiveness of Communication Partner Training in TBI: A Systematic Review." *Journal of Head Trauma Rehabilitation* 36, no. 1: 56–71.

Bryen, D. N. 2014. "Ending the Silence of Violence: a View From the United States." *Stop Violence Against People with Disabilities: An International Resource* 19–39.

Chapple, R. L. 2019. "Towards a Theory of Black Deaf Feminism: The Quiet Invisibility of a Population." *Affilia: Journal of Women and Social Work* 43, no. 2: 186–198. https://doi.org/10.1177/0886109918818080.

Creswell J. W., and C. N. Poth 2018. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*, (4th ed.). Sage.

Cruice, M., M. Blom Johansson, J. Isaksen, and S. Horton. 2018. "Reporting Interventions in Communication Partner Training: A Critical Review and Narrative Synthesis of the Literature." *Aphasiology* 32, no. 10: 1135–1166.

Cummings, L. 2023. "Communication Disorders: A Complex Population in Healthcare." *Language and Health* 1, no. 2: 12–19.

Del Giacco, L., S. Salcuni, and M. T. Anguera. 2019. "The Communicative Modes Analysis System in Psychotherapy From Mixed Methods Framework: Introducing a New Observation System for Classifying Verbal and Non-Verbal Communication." *Frontiers in Psychology* 10: 782. https://doi.org/10.3389/fpsyg.2019.00782.

Department of Social Development. 2022. "Regulations Defining the Scope of Practice of the Profession of Social Work." https://www.gov.za/sites/default/files/gcis_document/202112/45645rg11369gon1610.pdf.

Doherty, A. J., H. Atherton, P. Boland, et al. 2020. "Barriers and Facilitators to Primary Health Care for People With Intellectual Disabilities and/or Autism: An Integrative Review." *BJGP Open* 4, no. 3: bjgpopen20X101030.

Ee, J., J. M. Lim, B. Stenfert Kroese, and J. Rose. 2021. "Services for People With Intellectual Disabilities and Mental Health Problems in Singapore: Perspectives From Mainstream Mental Health Professionals." *International Journal of Developmental Disabilities* 67, no. 5: 371–380.

Elman, C., J. Gerring, and J. Mahoney, eds. 2020. *The Production of Knowledge: Enhancing Progress in Social Science*. Cambridge University Press.

Fusch, P. I., and L. R. Ness. 2015. "Are We There yet? Data Saturation in Qualitative Research." *Qualitative Report* 20, no. 9: 1408–1416.

14606984, 2025, 5, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/1460-6984.70101 by Khetsiwe Masuku - University Of Witwatersrand , Wiley Online Library on [25/07/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

García, J. C., E. Díez, D. Z. Wojcik, and M. Santamaría 2020. "Communication Support Needs in Adults With Intellectual Disabilities and Its Relation to Quality of Life." *International Journal of Environmental Research and Public Health* 17, no. 20: 7370.

Greene, J., and C. Ramos. 2021. "A Mixed Methods Examination of Health Care Provider Behaviors That Build Patients' Trust." *Patient Education and Counseling* 104, no. 5: 1222–1228.

Hancock, A., S. Northcott, H. Hobson, and M. Clarke. 2023. "Speech, Language and Communication Needs and Mental Health: The Experiences of Speech and Language Therapists and Mental Health Professionals." *International Journal of Language & Communication Disorders* 58: 52–66. https://doi.org/10.1111/1460-6984.12767.

Heard, R., R. O'Halloran, and K. McKinley. 2017. "Communication Partner Training for Health Care Professionals in an Inpatient Rehabilitation Setting: A Parallel Randomised Trial." *International Journal of Speech-Language Pathology* 19, no. 3: 277–286.

Janse van Rensburg, A., T. Kathree, E. Breuer, et al. 2021. "Fuzzy-set Qualitative Comparative Analysis of Implementation Outcomes in an Integrated Mental Healthcare Trial in South Africa." *Global Health Action* 14, no. 1: 1940761.

Kleintjes, S., and M. Schneider. 2023. "History and Politics of Mental Health Policy and Care in South Africa." *SSM-Mental Health* 3: 100206.

Masuku, K. P., N. Moroe, and D. van der Merwe. 2021. "The World Is Not Only for Hearing People—It's for all People': The Experiences of Women Who Are Deaf or Hard of Hearing in Accessing Healthcare Services in Johannesburg, South Africa." *African Journal of Disability* 10: 800. https://doi.org/10.4102/ajod.v10i0.800.

Muhorakeye, O., and E. Biracyaza. 2021. "Exploring Barriers to Mental Health Services Utilization at Kabutare District Hospital of Rwanda: Perspectives From Patients." *Frontiers in Psychology* 12: 638377.

Nowell, L. S., J. M. Norris, D. E. White, and N. J. Moules 2017. "Thematic Analysis: Striving to Meet the Trustworthiness Criteria." *International Journal of Qualitative Methods* 16, no. 1: 1609406917733847.

Noyes, A. M., and K. M. Wilkinson 2022. "Supporting Access to Mental Health Services for Patients Who Use Augmentative and Alternative Communication: a Proposed Framework and Suggestions for Future Directions." *American Journal of speech-language Pathology* 31, no. 5: 2268–2282.

O'Brien, B. C., I. B. Harris, T. J. Beckman, D. A. Reed, and D. A. Cook. 2014. "Standards for Reporting Qualitative Research: A Synthesis of Recommendations." *Academic Medicine* 89, no. 9: 1245–1251.

October A. 2019. "Shocking Figures Revive Calls for Mental Health Reforms." Daily Maverick, October 16. https://www.dailymaverick.co.za/article/2019-10-16-shocking-figures-revive-calls-for-mental-health-reforms/#gsc.tab=0.

Orrie, S., and T. Motsohi. 2018. "Challenges Experienced by Healthcare Workers in Managing Patients With Hearing Impairment at a Primary Health Care Setting: A Descriptive Case Study." *South African Family Practice* 60, no. 6: 207–211. https://doi.org/10.1080/20786190.2018.1507566.

Palinkas, L. A., S. M. Horwitz, C. A. Green, J. P. Wisdom, N. Duan, and K. Hoagwood. 2015. "Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research." *Administration and Policy in Mental Health* 42, no. 5: 533–544. https://doi.org/10.1007/s10488-013-0528-y.

Purcell, E. 2014. *Oprression's Three New Faces: Rethinking Iris Young's Five Faces of Oppression for Disability Theory*. State University of New York Press.

Rathod, S., N. Pinninti, M. Irfan, et al. 2017. "Mental Health Service Provision in Low- and Middle-Income Countries." *Health Services Insights* 10: 1178632917694350.

Ratna, H. 2019. "The Importance of Effective Communication in Healthcare Practice." *Harvard Public Health Review*, 23: 1–6. https://www.jstor.org/stable/48546767.

van Rijssen, M. N., M. Veldkamp, E. Bryon, et al. 2022. "How Do Healthcare Professionals Experience Communication With People With Aphasia and What Content Should Communication Partner Training Entail?" *Disability and Rehabilitation* 44, no. 14: 3671–3678.

Ryan, B., L. Worrall, J. Sekhon, et al. 2020. "Time to Step Up: A Call for the Speech Pathology Profession to Utilise Stepped Psychological Care for People With Aphasia Post Stroke." In *Psychotherapy and Aphasia: Interventions for Emotional Wellbeing and Relationships*, edited by K. H. Meredith and G. N. Yeates, 180. 1st ed. Routledge. https://doi.org/10.4324/9780429030482.

Shenton, A. K. 2004. "Strategies for Ensuring Trustworthiness in Qualitative Research Projects." *Education for Information* 22, no. 2: 63–75.

Shimoyama, M., K. Iwasa, and S. Sonoyama. 2018. "The Prevalence of Mental Health Problems in Adults With Intellectual Disabilities in Japan, Associated Factors and Mental Health Service Use." *Journal of Intellectual Disability Research* 62: 931–940.

Simmons-Mackie, N., A. Raymer, E. Armstrong, A. Holland, and L. R. Cherney 2010. "Communication Partner Training in Aphasia: a Systematic Review." *Archives of Physical Medicine and Rehabilitation* 91, no. 12: 1814–1837.

Simmons-Mackie, N., A. Raymer, and L. R. Cherney 2016. "Communication Partner Training in Aphasia: an Updated Systematic Review." *Archives of Physical Medicine and Rehabilitation* 97, no. 12: 2202–2221.

Strong, K. A., and J. Randolph. 2021. "How Do You Do Talk Therapy With Someone Who Can't Talk? Perspectives From Mental Health Providers on Delivering Services to Individuals With Aphasia." *American Journal of Speech-Language Pathology* 30, no. 6: 2681–2692.

Tarvainen, M. 2021. "Loneliness in Life Stories by People With Disabilities." *Disability & Society* 36, no. 6: 864–882.

Thomas, J. W., and R. Penchansky 1984. "Relating Satisfaction With Access to Utilization of Services." *Medical Care* 22, no. 6: 553–568.

White, R., J. Bornman, E. Johnson, K. Tewson, and J. van Niekerk. 2020. "Transformative Equality: Court Accommodations for South African Citizens With Severe Communication Disabilities." *African Journal of Disability* 9: 1–12. https://doi.org/10.4102/ajod.v9i0.651.

Whittle, E. L., K. R. Fisher, S. Reppermund, R. Lenroot, and J. Trollor. 2018. "Barriers and Enablers to Accessing Mental Health Services for People With Intellectual Disability: A Scoping Review." *Journal of Mental Health Research in Intellectual Disabilities* 11: 69–102.

Wiltshire, G. E., and C. Ehrlich. 2014. "Is Conversation Partner Training Effective in Assisting Individuals With a Traumatic Brain Injury to Display Improved Communication Outcomes?" *Journal of Social Inclusion* 5, no. 2: 9–26.

World Health Organization. 2014. "Social Determinants of Mental Health." https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf on 22nd March 2023.

World Health Organization. 2020. "Basic Documents: Forty-Ninth Edition (Including Amendments Adopted Up to 31 May 2019)." https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf.

14606984, 2025, 5, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/1460-6984.70101 by Khetsiwe Masuku - University Of Witwatersrand , Wiley Online Library on [25/07/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License