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Perceptions of nurses working in primary health care facilities on the implementation of the national mental health policy framework and strategic plan 2013-2020 in OR Tambo district in the Eastern Cape province

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School Of Public Health

Perceptions of nurses working in Primary Health Care facilities on the implementation of the National Mental Health Policy Framework and Strategic Plan 2013-2020 in OR Tambo District in the Eastern Cape Province

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A research report submitted to the School of Public Health, Faculty of Health Sciences, University of the Witwatersrand Johannesburg, in partial fulfillment of the requirements for the degree of Master of Public Health in the field of Rural Health.

Supervisor: Dr. Tintswalo Mercy Hlungwani

Declaration

I Mafoko Phomane declare that this research report is sorely my effort and that any borrowed ideas are properly referenced and acknowledged. This work has not been submitted to any institution for examination. This work is submitted to the School of Public Health at the University of Witwatersrand as a partial fulfilment for the Master of Public Health (Rural Health). The approval of this study was obtained from the Human Research Ethics Committee Ethics Clearance Certificate Number M151022.,



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Signed

_____9th___day of__October_____20___18_____in__Parktown_____

Abstract

Introduction

The South African National Mental Health Policy Framework (MHPF) is widely regarded as South Africa's first official mental health policy and is an important tool for the implementation of the Mental Health Care Act of 2002. Primary healthcare nurses have been responsible for the promotion of mental health including detecting and screening of mental health disorders as well as treating people with mental health conditions. Mental health policies are important because they coordinate a common vision and plan for all programs and services related to the provision of mental health services. Without these types of organized guided programs, mental health services are inefficient and fragmented(1). The aim of the study is to explore the perceptions of Primary Health Care nurses on the implementation of the National Mental Health Policy Framework and Strategic Plan 2013-2020 in a rural setting, in Qaukeni Sub-District in OR Tambo District between 2014-2016. This research is important because it highlights the need to prioritize mental health service provision at primary health care level, as the comorbid nature of mental health disorders impacts on other health outcomes.

Methods

In order to explore the perceptions of nurses, a cross-sectional qualitative study was done. The research sample was Professional Nurses working in Primary Health Care Clinics in OR Tambo's Ingquza Hill Sub District in the Eastern Cape. Thirteen in-depth one on one interviews were conducted with participants and their responses were recorded and transcribed. Thematic analysis was then used to analyze findings. Permission to conduct the study was sought from relevant authorities; ethics of informed consent, confidentiality and voluntary participation were utilized.

Results

The findings from this study suggest that mental health services at Primary Health Care Level are being offered in Ingquza Hill Sub District, however mental health services are not offered as per what has been outlined in the National Mental Health Policy Framework and Strategic Plan 2013-2020. Nurses perceptions highlighted that there are varying factors that act as facilitators as well as barriers to the implementation of the Mental Health Policy._The policy

needs to be widely disseminated to those nurses that serve as program implementers. The following themes emerged during data analysis; access to mental health policies and treatment guidelines, management of mental illnesses/common mental disorders, training and education in mental health, supervision of those providing mental health services, limited scope of mental health services at Primary Health Care level, stakeholder and community awareness on mental health, knowledge and management of communicable diseases versus mental illnesses (Table 1). The results indicate that the lack of mental health policy implementation may have implications for access to those who are in need of mental health care services at Primary Health Care level.

Conclusion

The findings of the study suggest that although mental health services are being provided by Professional Nurses at this level of care, more interventions such as mental health training and provision of mental health policies and guidelines need to be put in place by the District to improve the current level of mental health service provision at Primary Health Care facilities. The inconsistent varying methods of screening mental illnesses in patients who present at primary health care clinics indicate that the provision of mental health services in the clinics visit is not uniform and therefore not in line with policies and guidelines, this has implications related to access to care for rural mental health care users. Nurses play an important role in facilitating the provision of mental health services; they however need supportive supervision from those that have mental health specialist expertise. By exploring the perceptions of nurses working at primary health care facilities on the implementation of the National Mental Health Policy Framework and Strategic Plan 2013-2020 many current barriers faced by nurses have been highlighted by this research.

Dedication

I would like to dedicate this research to all mental health care users who live in rural areas. Access to quality mental health services is their constitutional right. Aluta Continua!

Acknowledgements

I thank God my creator for taking me through this amazing journey. My heartflet thanks to my parents my pillas of strength and to all my brothers and sisters Family Phomane, your unwavering support leaves me humbled, le ka moso Makhoakhoa.

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I thank the Eastern Cape Department of Health for granting me permission to conduct this study, as well as the Primary Health Care Nurses who participated in the study, without whom the research would have not been possible.

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List of Abbreviations

ARVS	Antiretroviral
EDL	Essential Drug List
HCT	HIV Counseling and Testing
LMIC	Low Middle income Countries
MHCA	Mental Health Care Act No. 17 of 2002
NMHPF	National Mental Health Policy and Strategic Framework 2013-2020
ORTDM	OR Tambo District Municipality
PHC	Primary Health Care
PC101	Primary Care 101
PN	Professional Nurse
WHO	World Health Organization

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CHAPTER ONE: INTRODUCTION AND BACKGROUND

1. Background

Mental health policies globally are intended to define a vision for the future of mental health, these policies help to establish benchmarks for the prevention, treatment and rehabilitation of mental disorders and the promotion of mental health in the community(1). The global experience in relation to policy implementation indicates that once policies are adopted they are not always implemented as envisioned and seldom achieve intended results(2).

The South African National Mental Health Policy and Strategic Framework 2013-2020 (MHPF) is said to have been developed by undergoing a consultative process with all mental health stakeholders, where 9 summits were held in each of the 9 provinces in order to review the state of mental health and mental health services in each respective province(3). The MHPF is in line with the transformation of health services currently being implemented by the National Department of Health by way of re-engineering primary healthcare, implementation of the national health insurance, human resource development and infrastructure development. The MHPF commits to investing in mental health in order to reach levels of mental health that are higher than just the mere absence of infirmity.

The vision of the MHPF is to attain improved mental health for all in South Africa by 2020. The policy focuses on 8 catalytic objectives, which form part of the strategic plan, which is intended for implementation from 2013-2020. These objectives intend to focus on 1. District based mental health services and Primary Health Care Re-engineering 2. Institutional capacity building at national, province and district, 3. Surveillance research and innovation 4. Infrastructure and capacity of facilities, 5. Mental health technology, equipment and medicines

6.Intersectorial collaboration, 7. Human Resources for Mental Health 8. Advocacy, mental health promotion and prevention of mental illness(3).

One of the paramount Values and Principles of the MHPF, is the recognition that Mental health is part of general health care and that people with mental disorders should be treated in primary health care clinics as well as in general hospitals, it is further explained that mental health services should be planned at all levels of the health service.

This research is important because it highlights the need to prioritize mental health service provision at primary health care level, as the comorbid nature of mental health disorders impacts on other health outcomes.

1.1 Introduction

The South African National Mental Health Policy Framework (MHPF) is widely regarded as South Africa's first official mental health policy and is an important tool for the implementation of the Mental Health Care Act of 2002(4). Primary Health Care (PHC) nurses in low and middle income countries have been responsible for the promotion of mental health including detecting and screening of mental health disorders as well as treating people with mental health conditions, they are however confronted with challenges(5). Nurses serve as mental health program implementers, it has however been found that often program implementers have a limited understanding of how their daily activities contribute to or hinder broader policy goals thereby contributing to program success(2). It is necessary therefore that policy implementers understand how resources and services link health policies to program actions. This understanding and addressing of barriers that hinder policy implementation can improve program delivery, promote access, reduce inconsistencies among service providers as well as regions(2).

This study intends to explore the perceptions of nurses working in primary health care facilities and what role they play in mental health service provision, thereby working towards implementation of the South African National Mental Health Policy and Strategic Framework 2013-2020. Mental health policies are important because they coordinate a common vision and plan for all programs and services related to the provision of mental health services. Without these types of organized guided programs, mental health services are inefficient and fragmented(1).

1.2 Statement of the problem

The current mental health service provision in South Africa is faced with numerous challenges, this is indicated by firstly the slow progression of integration of mental health care into primary health care at district level, secondly there is little coverage of children and adolescents as well as adults with depression and anxiety(6). Thirdly current mental health services remain marred by the legacy of apartheid era mental health systems, which fostered exclusion and racial discrimination. Fourthly there is an urgent need to train general health staff on mental health, the number of health care workers working in mental health for both the Department of Health and in Non Governmental Organizations is 9.3 per 100 000 population(6). Human resources for mental health care in South Africa remain inadequate per 100 000 population, with only 0.28 psychiatrists, 0.32 psychologists, 0.4 social workers, 0.13 occupational therapists and 10 nurses per 100 000 population offering mental health services(7). It has also been found that Nurses who have specialized in Psychiatry are often not placed in departments where they are able to practice in their area of specialization(8). In order to comply with national norms it is required that there be at least 1 mental health professional per 100 000 population(7).

Common mental disorders such as depression, anxiety and substance abuse, remain largely undetected in primary healthcare(9).The South African Stress and Health Survey found that only 25% of those meeting the criteria for a mental disorder sought treatment(10). There is general low prioritization of mental health illness within PHC facilities more so in rural districts in South Africa such as OR Tambo district. Where there are visible variations in the availability of services for mental health between provinces as stated by the MHPF. One major objective of the MHPF is to scale up decentralized integrated primary mental health services, which include community based services, PHC Clinic care and district hospital level care in South Africa. Yet the South African health system has not as yet adequately been able to respond to the burden of mental disorders. The South African health system may not be able to successfully implement the intended objectives of the MHPF by 2020 given the above challenges.

1.3 Justification

There is limited data on how well mental health policy, legislation, norms and standards have been implemented at rural district level, this is indicated by weak mechanisms for monitoring an

integrated primary mental health care service delivery at district level(11). There are current gaps in mental health literature on perceptions of nurses in implementing the MHPF and yet nurses remain key policy implementers. The South African health system is faced with numerous challenges as stated above, in order to implement the intended objectives of the MHPF by 2020 it will add value to interview nurses working in PHC facilities in a rural sub-district on their perceptions of how the MHPF is currently being implemented, this study is likely to give insight on what other issues need to be taken into consideration in actualizing improved mental health for all in South Africa by 2020.

According to section 1 and 2 a) b) c) d) of the National Mental Health Policy district health services have specific roles and responsibilities in relation to mental health service provision, this include:

1.Provide mental health promotion and prevention interventions, in keeping with national and provincial priorities.

2. Include Mental Health in the core package of district health treatment and rehabilitation services:

a) There should be routine screening for mental illness during pregnancy, and provision of counseling and referral where appropriate;
b) The district should provide medication monitoring and psychosocial rehabilitation within a recovery framework for severe mental illness;
c) The detection of mental illness and management of common mental disorders (such as depression and anxiety disorders) in PHC clinics, and referral where appropriate; and
d) The detection and management of child and adolescent mental disorders in PHC clinics, and referral where appropriate.

To the researcher's knowledge, no studies have been done in Quakeni Sub-District of OR Tambo district in relation to PHC Nurses perceptions on the implementation of the MHPF. This research will have implications on the provision of mental health care services in a rural setting and will hopefully influence policy implementation processes that speak to the rural context

1.4 Research Question

What are the perceptions of Nurses working in PHC facilities on the implementation of the Mental Health Policy Framework 2013-2020 in OR Tambo District?

1.5 Study Aim

The aim of the study is to explore the perceptions of PHC nurses on the implementation of the MHPF in a rural setting, in Qaukeni Sub- District in OR Tambo District between 2014-2016.

1.5.1 Specific Objectives

1. To explore methods that are used for screening mental illnesses in patients presenting at Primary Health Care Clinics.

2. To explore the views of nurses on their role in implementation of the MHPF and mental health treatment guidelines at PHC Clinics.

3. To explore factors influencing the implementation of mental health objectives based on roles and responsibilities of District health services, as stated in the MHPF.

1. 5. 2 Conclusion

This Chapter has given a background on the current gaps in mental health service provision in South Africa, the role that nurses play in mental health care and the challenges that they face. The purpose of the National Mental Health Policy Framework and Strategic plans attempt to integrate mental health into primary health care.

CHAPTER TWO: LITERATURE REVIEW

2.1. Literature review

2.1.1 Introduction

The Mental Health Policy Framework and Strategic Plan highlights the need to include mental health interventions within the core package of district health services. Routine screening for mental illnesses is of importance, so is the urgency of adopting a task shifting approach whereby non-specialist workers are trained on mental health at PHC level(6). The topics that will be reviewed will include, mental health globally, in Africa and in South Africa with an in-depth focus on the importance of integrating mental health into Primary health care. The challenges of mental health policy implementation, mental health training, mental health supervision and support in light of what others have attempted to explore pertaining to mental health service provision at primary healthcare level.

2.1.1 Mental Health Globally

Mental health is an integral part of health and well-being, this is well reflected in the definition of health as a state of "complete physical, mental and social well-being and not merely the absence of disease "(12). Globally neurological and substance abuse disorders account for more than 10% of the global burden of disease (13). According to the World Health Organization mental health disorders such as depression are among the 20 leading causes of disability worldwide, further more fewer than half of the people affected by mental illness have access to adequate treatment and health care(12). Mental well-being is a fundamental component of health as it enables people to fully realize their potential in order to be productive and to contribute to their communities' livelihood.

Traditionally mental disorders were seen as contributing to morbidity rather than to mortality, which is why they have been classified as chronic diseases(6). It has been shown that mental disorders often co-exist and effect the course and outcomes of other chronic conditions(4). Mental disorders tend to result in lower life expectancy and present an increased risk of comorbid physical illness, which results in limited access to health care services(14). Undeniably many other health conditions are likely to increase the risk for mental disorders, this often results in poor health outcomes for the affected population and a greater burden on the health care system(4).There is therefore an increasing need to prioritize mental health service provision.

The World Health Organization's Mental Health Action Plan 2013-2020 emphasizes the need of integrating mental health into primary care in order to treat common mental disorders(12). The non-diagnosis and under detection of common mental disorders such as anxiety disorders and depression among patients in public health facilities globally, has heightened the need to integrate routine screening for common mental disorders into primary care(15). It is envisaged that successful screening of mental disorders will enable those who are in need of care and treatment, to be identified early and treated appropriately(15).

2.1.2 Mental Health and South Africa

Evidence suggests that three quarters of the global mental health burden exists in low-and middle-income countries (LMICs), and yet what remains striking is the lack of mental health services in resource poor settings(13, 16). In Africa a total of 44% of countries do not have a mental health policy and at least 33% do not have a mental health plan in place(17). Studies indicate that a public health approach to mental health care will be one that includes the integration of mental health within the primary health care system(16).

In South Africa, common mental disorders such as depression, anxiety and substance abuse, remain largely undetected and untreated especially in primary health care facilities(9). Existing research highlights the high burden of mental disorders in South Africa, a majority of people with psychiatric disorders does not receive care, those that do, receive care that is not up to standard. Often mental health users are subject to human rights abuses and violations, such as degrading living conditions and often cannot access treatment(18).

Mental illnesses form part of the quadruple burden of disease in the country, this refers to maternal and child illnesses, infectious diseases such as TB and HIV, Non Communicable diseases as well as injuries(14). Maternal depression is also common in South Africa, with a prevalence ranging from 18% to 47% for antenatal depression and from 32% to 35% for postnatal depression. The dire consequences that maternal depression has on maternal and child health outcomes have been well documented(14).These findings therefore suggest the mental health services need to be accessible to all who need them.

Mental ill health is said to feature significantly in its level of co-morbidity with diseases such as HIV/AIDS, tuberculosis and other non-communicable diseases as indicated above(6). Studies done in South Africa have found that three out of four people presenting with a common mental disorder are not currently receiving any care(10). And that neuropsychiatric disorders are ranked as 3rd in their contribution to the overall burden of disease in the country(6).

South Africa's Mental Health Care Act No.17 of 2002 was promulgated in 2004; the Mental Health Care Act (MHCA) recognizes that health is a state of physical, mental and social well-being and that mental health services should be provided as part of primary, secondary and tertiary health services(19). The MHCA lays out a legal framework for a community and primary health care based mental health system that is based on human rights. Following the act is the National Mental Health Policy Framework and Strategic Plan 2013-2020, which has been designed to facilitate further implementation of the MHCA. The National Mental Health Policy Framework and Strategic Plan (MHPF) emanated from the Ekurhuleni Declaration on Mental Health held in April 2012(6). This policy aims to transform mental health services in the country, ensuring that quality mental health services are accessible, equitable, comprehensive and are integrated at all levels of the health system(6). Despite the promulgation of the Mental Health Care Act No. 17 of 2002, mental illness remains a major concern in South Africa, more so in black African communities which have been neglected by the state for decades, due to the apartheid system(17). A recent study done in the North West Province submitted that South Africa's new policy framework has not been sufficient thus far in facilitating the integration of mental health care into PHC(4).

Those in policy implementation studies indicate that the process of mental health policy implementation in South Africa is hindered by the evident low priority given to mental health within the South African health system, this is seen to be the case at varying levels of seniority of provincial mental health coordinators(20). Studies observed that there is limited staff

avaialble for policy and planning, that there is varying technical capacity in mental health at provincial and national levels. The reluctance by some provincial authorities to accept the responsibility for driving implementation of the the NMPF has been higlighted quiet clearly(20).

Over the last 25 years there have been programs that aimed to Integrate Mental Health into Primary health Care in order to improve psychiatric services especially in developing countries in Sub-Saharan Africa as well as in South Africa, with minimal success as indicated above, especially in the rural South Africa(17). What has become of these attempts?

Nurses are by far the largest category of health workers in South Africa and they are primary care providers who play a critical role in providing timely, effective and appropriate services to persons with mental disorders at primary health care facilities (21, 22). Despite the influential roles played by nurses within the health system, research has highlighted the need for increased nurse involvement and participation in policy processes(23). It is therefore necessary that nurse's perceptions on policy implementation be explored. Nurses need to participate in policy making which affects health care and their nursing practice, they need to be able to express their abilities and backgrounds as they are expected to implement most policies (21).

One of the major constraining factors in support and development of mental health services is said to be the lack of resources(24). There is a shortage of mental health professionals in primary health care, the inadequate numbers of psychiatric nurses and allied mental health workers impacts negatively on the integration of mental health into PHC facilities(5, 25). The gap stated above suggests that there are likely to be challenges in the implementation of the MHPF. The policy states that district health services are to include mental health in the core package of district health and rehabilitation services (6). These services comprise of routine screening for mental health illness during pregnancy and provision of counseling; medication monitoring and psychosocial rehabilitation; detection of mental illness and management of common mental disorders, the detection and management of child and adolescent mental disorders in PHC Clinics(6). Nurses are said to have had no training in mental health and yet continue to receive minimal support (18, 22), It is important to have insight on their perceptions in this regard as it ties in with what is expected by the MHPF.

2.1.3 Mental Health in OR Tambo District in the Eastern Cape

OR Tambo District Municipality in the Eastern Cape Province is one of the poorest district municipalities in South Africa(26). The district is beset by backlogs in infrastructure and major problems related to poverty and underdevelopment. These have been inherited from the apartheid era, the district was part of the former Transkei homeland(27). The relationship between poverty and mental ill-health has been alluded to as having a cyclic dynamic relationship in that people who live in poverty are more likely to develop mental disorders(6). Poverty in the Eastern Cape is said to be worse than it was in the dawn of democracy; the province also has a high murder rate and substance use related rates, and there are certain parts of the province that grow dagga(27). This is an indication that the Eastern Cape may have high risk factors that are likely to contribute to mental illness(17). Furthermore mental ill health has been associated with indicators such as hopelessness, insecurity and risk of violence and physical ill health (18). According to the district health barometer, this region in the Eastern Cape is one of the low performing districts in the province when looking at mental health indicators and psychosocial needs for young children(26).

2.1.4 Challenges in mental health policy implementation

In order to facilitate successful health policy implementation, the appropriate heath system needs to be put in place as health policy implementation is said to be quite complex (18). It is described as the set of activities and operations that are undertaken by stakeholders in order to achieve goals and objectives as defined in a specific policy(28). There are various factors that influence health policy implementation. These include issues related to the content of the policy, the policy process, those that are involved in the process as well as the context in which the policy was designed to be implemented within(28). Findings from studies done on policy implementation indicate that there are four barriers that affect the implementation of health policies. It is stated that in most cases the policy may be too general and may have not been turned into a strategic plan(18). Or often it is found that the policy objectives are unrealistic given the available resources allocated for its implementation. Commonly the appropriate health system may also have not been put in place from the onset in order to support the policy, and finally there may be resistance and lack of ownership of the policy at programme and at implementation level (18, 22).

The attempts that have been made in implementing the Mental Health Care Act No. 17 of 2002 and its integration into primary health care have yielded various challenges. A major gap that has been identified thus far is the shortfall in improving human capacity for mental health, through equipping health care workers with continuous training on mental health issues, policies, organization as well as development(17). Other findings suggest that the lack of training and support from mental health specialists hinders PHC Nurses' capacity in the provision of adequate care to psychiatric patients. Often nurses cry foul when it comes to support and supervision from mental health specialists(9). This is supported by research arguing that while training is of paramount importance, the insufficient support of PHC Nurses by specialist mental health professionals is the main problem in realizing adequate mental health service provision, especially in rural clinics(29).

The National Mental health policy is primarily based on PHC principles, coupled with the promulgation of the Mental Health Care Act 17 of 2002, the understanding was that it would be the responsibility of provincial health and district health services to integrate mental health services into PHC(30). Integration of mental health into PHC has been hailed as the intervention that will ensure the availability of mental health services at clinic level; this includes screening for mental illnesses. The intervention of screening provides an initial plan to intervene early if any disorders are detected and to offer treatment, be it a requirement(31). What has become evident however is that PHC services have opted to prioritize the control of chronic diseases that contribute to decrease life expectancy above those diseases that cause disability such as mental health disorder(5). It is therefore apparent that there has been a lack of implementation of firstly the Mental Health Act which was meant to facilitate the integration of mental health into PHC(31)and most recently the NMHPF has proven to be a challenge with regard to its implementation.

A discovery has been made that health systems often fail to implement public health interventions that are evidence based especially in LMIC, this is due to poor knowledge translation(32). It is said that there is often an overemphasis on the production of research much to the detriment of the actual consumption of findings Mental health is no exception to this fact; this is visible precisely in the lack of policy attention that is afforded to mental health globally to improve mental health care services(32).

In South Africa implementation of policy and legislation is tasked to provinces as well as districts. Practice on the ground highlights that general practitioners such as PHC workers, community health workers and voluntary workers are overburdened and receive little or no support from specialist mental health practitioners(32). Others are of the strong view that integration of mental health requires a clear and precise vision, a high level of commitment, allocation of resources, oversight coupled with support from the provinces(14). Without this combination of support, interventions in mental health services will remain the stepchild of health services.

The slow implementation of the National Mental Health Policy has been attributed to a number of challenges, the lack of financial and human resources being at the very top. Those that have been monitoring mental health service provision over the years have had concerns as to whether the MHPF Plan is at all feasible and sustainable given that other activities and policies that ought to have been put in place first have not yet been realized(14). An example being Mental Health Policy Guidelines (45.) What is of critical concern is the non-adherence to comprehensive primary health care approach that is enshrined in the Mental Health Care Act No 17 of 2002(14).

Mkhize and Kometsi(33) argued that the integration of mental health into PHC is unlikely to yield any success if it is characterized by an approach whereby mental health services simply "get inserted" in the PHC system(33). There have also been assertions that prior to the attempt to implement the MHPF, there has been limited awareness about the negative attitudes that health care workers have towards mental disorders in general(14, 33). This finding has been found to contribute negatively to the health seeking behaviors of the people with mental health disorders. It is said that the evident lack of health system readiness to integrate mental health care into PHC has also contributed to this demise(14).

2.1.5 The Role of Nurses in Mental health Care

There are critics of the hierarchical order within which health care institutions operate, it is common in health systems that physicians are considered the only professionals with the status as well as the right to decide on issues pertaining to the treatment of patients(34). This unfortunately remains a barrier to accessing health care for those who need it, and in this regard those that require mental health care service provision. This fact casts the implementation of the NMHPF almost unachievable.

Research dating as far back as 1989 attempted to highlight the need for the integration of comprehensive psychiatric mental health care into the primary health system. This study, which was in the form of an intervention went as far as teaching primary health care nurses on how to diagnose and treat common psychiatric conditions such as in the Eastern Cape (35). In some Primary Health Care settings, PHC Nurses that offer mental health services, have not at all been trained in Psychiatric nursing, nor do they have any other specialized training(35). Others argue that because majority of nurses are generalists, they are well suited to offer mental health care to those in need(8). With 23% of people attending primary health care suffering from mental health disorders(36) it would seem a given that availability of psychiatrically trained nurses in PHC Clinics is prioritized to ensure that mental conditions are identified and managed appropriately.

The non-detection and under detection of common mental disorders among patients in public health facilities has led to the need to integrate routine screening for common mental disorders into primary care(15). The late detection of mental illnesses may lead to the deterioration of one's general health. Mental illness screening if done early can lead to case finding, improved detection and management at primary care level(15). This is the level of care where most community members come into first contact with the health care system and yet screening and identification of people with treatable mental disorders in primary care facilities is however still continuously inadequate (24). There is also widespread misconception that common mental disorders are often difficult to diagnose and treat, this is contrary to other findings that indicate that the provision of low cost efficient treatment and brief interventions such as psychotherapy can be dealt with by trained primary care workers in low middle income countries(18).

In contrast a study done in the North West Province found that Nurses working in Primary Health Care Clinics did not have the skill to adequately manage mental health disorders(37). The WHO in its report also states that most health care workers do not receive adequate training in mental health care(12). Caution has been made in relation to the quality and appropriateness of the training provided to these health care workers as it has an impact on the progress that will be made in integrating mental health services into PHC.

While training of health care workers is a major concern, another major hurdle that is yet to be crossed is the low levels of mental health staff provision in the country. Research has shown

that there is major variability in the distribution of mental health professionals between provinces; only 7% of psychiatrists live in rural areas (38). Mental health staffing levels in South Africa are rather low compared to those in other developing countries. Studies done in the Northern Provinces of the country indicate that there is a high ratio of Generalists Nurses. It is common that nurses, who have specialized in psychiatry, tend to work more as generalists and devote only a proportion of their time to caring for psychiatric patients if at all given the opportunity(39). Undeniably training is linked to staffing, it has been submitted that the new nursing curriculum is such that Nurses will no longer be registered in "Psychiatric Nursing" after they have completed their basic training, this suggests that it may remain challenging to instill mental health competencies within the nursing cadre(30).

Nurses are without a doubt core health care providers, they therefore need to be able to contribute effectively to mental health care service provision(22). Their scope of practice allows them to play a major role in the implementation of the policy and if they are not fully aware of what the policy intends they may fall short of fulfilling this role. What is clear though is that PHC nurses as well as doctors are deemed generally comfortable with symptomatic management of chronic severe mental disorders through providing maintenance medication(9). Nurses at primary health care level play a pivotal role of primary prevention of illnesses as well as screening(40). This suggests that Nurses are well suited to offer mental health services. Others argue however, that nurses are over-burdened in their current scope of practice especially when taking into consideration the large populations that they serve (22).

Some studies have reported that nurses with varying degrees of mental health experience care for psychiatric patients, more so at primary care level. PHC nurses provide follow-up medication for those with chronic stabilized psychiatric conditions as part of their routine service package as mentioned above(8, 41) . Other studies have highlighted that some PHC nurses had expressed resistance in attending to patients with psychiatric conditions and had preferred that a mental health care specialist attend to these cases. Some nurses are often troubled by the extra time that is required for assessing psychiatric patients(42). Most low and middle income countries do not have adequate numbers of nurses with mental health training needed for good mental health care, these nurses receive little or no support as indicated previously(22). Further exploration needs to be undertaken to understand experiences of nurses working in rural settings in this regard.

2.1.6 Diagnosing and Screening for mental health illnesses

Primary Care 101 Guidelines (PC101) are guidelines that are intended to be used by all health care practitioners working at primary care level in South Africa. These guidelines are currently being implemented as part of the Integrated Chronic Disease Management initiative with the aim of improving the quality of care being provided at primary healthcare facilities(43). It has however been noted that not all districts are utilizing the PC 101 guidelines(4). Within these guidelines there is a section that addresses mental health screening and steps to be followed in the event that mental health cases are found. Mental Health specialists have cautioned against the use of mental screening tools by non-specialists. They indicated the risk and likelihood of over- diagnosing mental illnesses that some screening tools present(5). Given that some studies have found that nurses working in PHC Clinics do not adequately detect and manage mental health conditions, some amount of favour may need to be shown towards screening tools(5). Despite the view of over-diagnosing mental illnesses, others have recognized the role that screening tools play in the initial assessment of common mental disorders such as depression, especially in the context of a busy primary health care facility (44).

The use of mental health screening tools is likely to facilitate the assessment of depression by non-specialists, and will facilitate greater detection, which has been identified as a problem(45). At least 16.5% of South Africans have reported to having suffered from common mental disorders such as depression, anxiety or somatoform disorders and early identification through screening is the first step to closing the worrying treatment gap.

PHC Comprehensive Tick Register, documents visits to PHC services, depicts the number of clients attending different services at PHC, it includes clients name and services that they receive, absolute numbers of clients utilizing services is tallied and reported as part of District Health Information System. It can also be used to trace clients(46).

2.1.7 Access to Policies, Guidelines, Norms and standards for mental health

It is well to lament on the promulgation of the Mental Health Act of 2002, what remains challenging is the lack of awareness about the Act among Health Care Workers at Primary Health Care Nurses. Dlatu and others in 2014 found that awareness about the Mental Health

Act was depended on the level of education of Nurses, those with a low level of education qualification had little awareness about the Act in OR Tambo District in King Sabata Dalindyebo Sub-District. Often health care workers on the ground are unaware of various policies and their input has not been sought as to the direction the policy document should take. The issue of health care workers attitudes towards health policies has been sited as a major barrier to implementation. The presence of a mental health coordinator at district level is said to be vital to the contribution of HCW awareness about the Mental Health Act and other related policies(31).

2.6.1 Conclusion

This chapter presented a review of studies done in relation to challenges in mental health policy implementation and the necessary training that nurses need in order to be able to adequately screen and diagnose those with mental ill health.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter unpacks the research methodology used in the study it highlights the research design, the study population, sampling, research instruments used, data collection procedures and data analysis that were engaged in this study. It further highlights ethical considerations that the researcher adhered to during the study.

3.2 Study Design

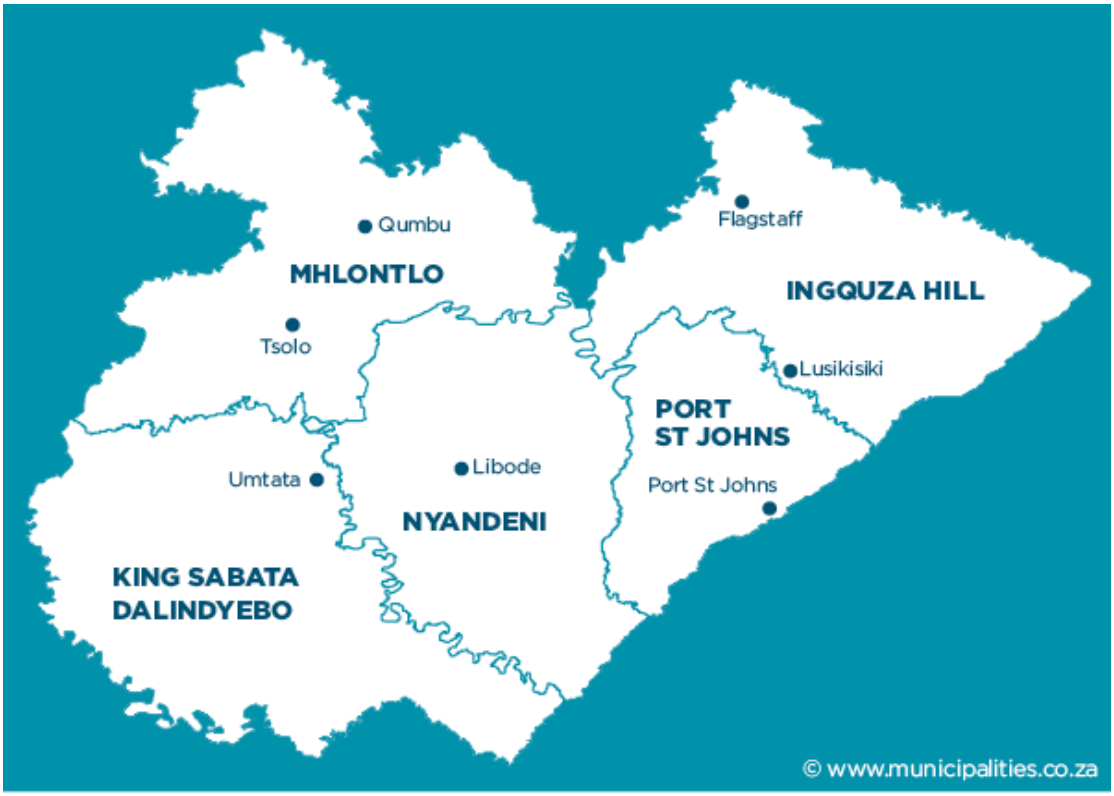
The study design is a cross-sectional study which was conducted using qualitative research methods, this design enabled the researcher to understand how the research subjects perceive their situation as well as their role within their context(47). The study design allowed for an in-depth exploration of the PHC nurses' views in relation to the implementation of the Mental Health Policy Framework. Qualitative studies embrace the perspectives of the study population and the setting in which they live, the qualitative methods used in this study provide depth and give a voice to issues of the study population(48). This further enabled individuals to share their stories, talking directly with the nurses and being in their places of work, contributed to understanding their context(49).

3.3 Study Site

The research was conducted in the month of April 2016 in OR Tambo District Municipality (ORTDM). The population of ORTDM is 1.8 million people; the average population density is 114 people per square km (18). There is high unemployment in the district with 65% of the people being unemployed, 49% do not have access to sanitation and around 77% do not have a safe water source(26). This problem affects the quality of care in the district hospitals in the

province, OR Tambo District Municipality is one of eight district municipalities in the Eastern Cape. It is the biggest district in the province and comprises of King Sabatha Dalindyebo, Mhlontlo, Nyandeni, Port St John's and Ingquza Hill previously know as Quakeni Local Municipality(26). The study was conducted in Ingquza Hill Sub-district in the town of Lusikisiki, which is in the far eastern part of the Province. The Ingquza Hill Local Municipality (previously Qaukeni Local Municipality) is bordered by the Ntabankulu and Mbizana Local Municipalities to the north, and Port St Johns Local Municipality and the Indian Ocean to the south. Ingquza Hill is one of the five municipalities in the district, accounting for almost a quarter of its geographical area. Thirteen Primary Health Care Facilities were visited in this sub-district, there are twenty-two PHC facilities in the sub-district, the thirteen that were visited were selected purposively out of the twenty-two based on the Nurses who were willing to participate in the study. Apart from a few facilities in Umtata, all primary health care facilities are provincially run. Most of the health care facilities have no water or electricity. The district was chosen due to it being classified a rural district and has characteristics of most rural populations in South Africa as mentioned above(42).

Figure 1: OR Tambo District



Map Source: www.municipalities.co.za

Clinics Visited

1. Quakeni Clinic

2. Mpoza Clinic
3. Bodweni Clinic
4. Mantlaneni Clinic
5. Palmerton Clinic
6. Mbotyi Clinic
7. Magwa Clinic
8. St. Elizabeth Gateway Clinic
9. Nkozo Clinic
10. Goso Forrest Clinic
11. Malangeni Clinic
12. Lusikisiki Village Health Clinic
13. Xopozo Clinic

3.4 Study Population

The study population was all Professional Nurses working in PHC Facilities in OR Tambo between 2014-2016. The clinics are nurse driven therefore staffed primarily by professional nurses who are from the local isiXhosa speaking community(50). Some of the nurses had trained initially as Nursing Assistants and had furthered their education while working in order to become professional nurses. All respondents were Xhosa speaking all had varying duration of working in the primary health care system.

3.5 Sampling

Sampling for the study was done purposively. This type of sampling enabled for the selection of key individuals(47). There are 26 PHC Clinics in Ingquza Hill Sub-District out of these 26 health facilities, 13 Clinics were visited. These clinics were purposively sampled due to being in varying geographic locations within the sub-district 13 Professional Nurses working at PHC level were deliberately approached. The nurses were interviewed using a semi-structured interview guide.,

3.6 Data Collection

The study used primary data sources through in-depth interviews a research assistant who is familiar with the area accompanied the researcher during the interviews, and was also responsible for scheduling meetings for interview sessions with the research participants. The researcher went through the interview guide with the research assistant prior to data collection

and before interviews commenced, the research assistant was present during all the interviews; incase the need for translation of isiXhosa to English arose, this however was not necessary in the end. All interviews were conducted in English.

The researcher then conducted one on one semi-structured interviews using an interview guide (Appendix 4) formulated using themes from a USAID Assessment Tool on policy implementation, this tool is a guide for assessing policy implementation it is designed to explore the perspectives of policy makers and program implementers(2). The use of the USAID Assessment tool was appropriate for this study as it was all encompassing as far as the different areas of health policy implementation were concerned. The interview guide had 4 sections, Section One addressed issues of leadership for policy implementation, this section asked participants to talk about their role in the health facility in relation to mental health service provision, mental health services provided in the facility and the role of Sub-district managers. Section Two of the interview guide explored stakeholder support and involvement in policy formulation and dissemination as well as the training received in order to deliver mental health services. Section Three asked questions about mental health operations and services, specifically looking to get information about mental health guidelines, screening tools and mental health indicators guiding the clinic in implementing the Mental Health Policy Framework. Section four asked questions related the planning and feedback needed in order to implement the policy better at health facility level. Interviews took between 30-40 minutes.

3.7 Data Gathering

The interviews took the form of a discussion between the researcher and the research participant. This approach served to give the respondent an opportunity to give a detailed personal explanation of their involvement in mental health services in their facility(47). All interviews were recorded via a digital recorder; field notes were also captured during the interview. The interview guide that was used as a guide and it allowed flexibility in order to explore new avenues of inquiry that developed during the interview (51). Flexibility was exercised by probing the nurses for more information while still using the interview guide. One Professional Nurse was interviewed in each health facility. The interviews were conducted in the nurses consulting rooms within the clinic setting during their working hours. All interviews were conducted in English, as the respondents were all professional nurses.

3.8 Data analysis

The data collection consisted of 13 audio-recorded interviews with Professional Nurses, and field notes that were written by the researcher during the interviews. The recordings were transcribed verbatim first into a word document by a transcriber. After the interviews were transcribed into a word document, for quality control purposes the researcher read the transcripts of each interview and listened to corresponding audio recordings in order to verify that the transcriber had captured what was truly said by the participants during the interviews. Upon identifying mistakes, the researcher made corrections of the transcriptions where necessary. The researcher was able to get an overall understanding of the data(49). What followed then was exporting verified transcriptions into MAXQDA in order to enable better coding. MAXQDA is software that assists in coding transcribed data (49). All 13 interviews were coded firstly inductively from the raw data and deductively based on the interview guide and objectives of the study(49). Statements made by participants were coded; coding was done from the specific issues that participants raised, then the researcher moved to forming broader categories of codes.

From the codes key issues, concepts and themes were then identified, using thematic analysis. Themes were developed and co-occurring themes were also identified. Inductive codes based on emerging data were identified and deductive codes based on the study objectives and the Mental Health Policy Framework have been used in analyzing the data(51). The study was conducted at Sub-District Level and therefore the findings in the study have been analyzed based on the Roles and Responsibilities outlining the role of District Health Services in relation to mental health as presented in the National Mental Health Policy Framework 2013-2020 as a theoretical framework.

As indicated MAXQDA facilitated initial data analysis, then from 13 Verbatim transcripts 608 significant statements were extracted, 47 codes were inductively derived from the data and deductively derived based on the 3 objectives of the study, The data was stored in a safe place by the researcher. Reading transcripts and studying field notes then followed(51).

Thematic analysis was used to analyze the data. In-order to improve quality of data and to ensure rigor an inter-code agreement was arranged with a fellow student, whereby she coded 4 transcripts to identify codes, similar themes as those that had been identified by the

researcher emerged, from a fellow students codes. Themes have been interpreted based on the literature. Data analysis entailed interpreting the nurses experience and understanding the specific situation that they are experiencing in relation to implementation of the MHPF(47).

3.9 Ethical Considerations

Ethical Approval was granted from the University of the Witwatersrand Health Research Ethics Committee (HREC Medical) before commencement of the study, Ethics Clearance certificate number M151022 (Appendix 5). Permission to access and conduct research within PHC facilities in the province and district was granted from Eastern Cape Provincial Department of Health and OR Tambo Health District Office as well as from the Sub-district Office (Appendix 7). Consent to participate in the study and to audio record all interviews was sought from the participants before interviews were conducted, after they were briefed on what the study entailed. Research participants were informed that the information discussed during the interview would be confidential and would be documented in general and that their identity would not be revealed at any point during data analyses (Appendix 2). The participants were informed that the data audio recordings would be kept safe and would be destroyed after 5 years following the research report being finalized.

3.9.1 Conclusion

This chapter highlighted the research methodology used in the research study it unpacked the research design, the study population, sampling, research instruments that were used, the data collection procedures including data analysis that were engaged in this study. It touched on the ethical considerations that the researcher adhered to during the study.

CHAPTER FOUR: DATA ANALYSIS AND RESULTS

4.1 Introduction

This chapter presents the results of the study; the results will be analyzed based on the study objectives presented in chapter 1 of this research report. The results will be analyzed using the roles and responsibilities of District Health Services as sited in the National Mental Health Policy and Strategic Framework 2013-2020 in order to explore the Perceptions of Nurses working in PHC Facilities on the implementation of the National Mental Health Policy Framework and Strategic Plan 2013-2020 in OR Tambo District in the Eastern Cape.

4.2 Results

The overarching aim of the study was to answer the question: "what are the perceptions of Nurses working in PHC facilities on the implementation of the Mental Health Policy Framework 2013-2020 in OR Tambo District. The results that will be elaborated on below offer a response to the stated question. Results have been derived from 13 verbatim transcripts. Seven themes emerged from the data.

The participants brought multiple perspectives and views; the themes therefore reflect various perspectives from the participants(49). A depiction of the complex interactions of factors that influence mental health services will be used in order to sketch a larger picture. What will also be illustrated is how certain issues influence the perceptions of the participants. This section will report on each of the 7 themes, provide quotations by way of evidence that supports the multiple perspectives held by nurses.

4.2.1 Table 1. Themes and codes from the interviews

Codes	Category of Objective	Theme
Lack of consistency with use of screening tools Unclear use of mental health monitoring and evaluation indicators Non availability of guidelines	Methods that are used for screening mental illnesses	Access to Mental Health Policies and Treatment Guidelines
Diagnosis and treatment of mental illnesses Increased referral to the hospital	Methods that are used for screening mental illnesses	Management of Mental Illnesses/Common Mental Disorders
Duration as a nurse Challenges of Nurse training in mental health Lack of mental health knowledge and awareness	Nurses role in implementation of the MHPF and mental health treatment guidelines	Training and education in mental health
Mental health is not a priority No supervision from mental health professionals Lack of support from the sub-district. Need for an employee wellness program Nurses are fearful of mental health patients/users	Nurses role in implementation of the MHPF and mental health treatment guidelines	Supervision of those providing Mental Health Services

Limited role of nurses in Mental health services provision at PHC No feedback on referred patients Extensive Role of Medical Officers as prescribers	Factors influencing the implementation of mental health objectives	Limited Scope of mental health services at PHC
Very few patients presenting with mental health disorders Persisting cultural believes	Factors influencing the implementation of mental health objectives	Stakeholder and community awareness on mental health
There is extensive knowledge on how to manage HIV and TB patients There are more patients presenting with hypertension and diabetes	Factors influencing the implementation of mental health objectives	Knowledge on management of communicable diseases vs. mental illnesses

4.2.2 Socio-Demographic characteristics of participants

All of the Nurses interviewed lived in Quakeni/Ingquza Hill Sub-district. All respondents were isiXhosa speaking and all had varying duration of working in the primary health care system ranging from 1 – 7years. Participants have been de-identified by being given a label from P1 to P13 (Participant1 to Particpant13) when referencing their verbatim responses.

4.2.3 Access to Mental Health Policies and Treatment Guidelines

4.2.3.1 Non-availability of guidelines

All the Nurses that were interviewed had no knowledge of the National Mental Health Policy and Strategic Framework 2013-2020. The participants were however familiar with the Mental Health Act of 2002. All the nurses did not have mental health treatment guidelines in their health facilities. In relation to not having mental health treatment guidelines, nurses stated that they had never been in possession of any specific documents for mental health, like they had for other programs. Their statements below support this:

" It would be easy if there are guidelines to refer to, like in other cases, when we have a problem we can just check in the guidelines and see"(P3)

"I have other guidelines for example HCT, STI and Diabetes" (P2)

" Mental health Policy? Hayi, I am not quite sure about it "(P11)

" Mental Health services are there at PHC level, but we need policies and guidelines"(13)

"The PHC mental service is there but the problem is, I don't know what happens with the guidelines or policies, but it's not as *emphasized as other conditions. At the gate Mental Health is there on the board indicating it is a service that we offer." (P5)*

4.2.3.2 Lack of consistency with use of screening tools

Participants used different methods of screening for mental disorders within their clinics. They indicated that in order to screen for mental illness they conducted a Mental Status Examination for patients, who have been identified as needing such an assessment. A majority of the participants indicated that they relied primarily on the training that they had received from Nursing College in order to assess whether patients needed further mental health care or those that needed closer observation.

One participant said,
"We use what we have learnt from school". (P12).

" When the client comes in to your consulting room, you start examining them from head to toe, you will find that the client says they are in pain due to a headache, then you find that it is not a headache that needs medication but one that needs an intervention like counseling, often these are caused by social problems at home"(P3)

"The mental health status examination guides me, because I ask specific questions that lead to eventually making a diagnosis related to mental illness."(P1)

Some of the participants indicated that they were using a screening tool that they had been given by the sub-district office, others did not know about the tool; others had not yet been trained on how to utilize it.

"The screening tool arrived 3 weeks ago"(P13)

"The number of clients screened for mental health…the thing is we are still waiting for the district people or manager to device the tool, unless we use the EDL or PC101 to assist us to do screening"(P7)

Another participant asserted, *" it has been 9 years since nursing college, so I need a refresher on screening with current screening tools, and I need to know how to manage these patients without the use of treatment all the time in the facility"(P5)*

Participants indicated that they did not have a specific tool for screening mental disorders.
Some participants were quick to point out that the screening tool was linked to the new mental health indicators that had now been incorporated in the Comprehensive PHC tick register.

One participant indicated that she makes sure that she screens all patients that are eligible for ART on mental disorders as it is important to know which ones are suffering from these illnesses in order to know which ARV's to prescribe as other ARV's already have side effects that are related to mental health.

"We know that some ARV's have side effects that may lead to visual hallucinations and bad dreams, before I initiate my patients on ART, I try hard to screen for possible signs, that are linked with mental illnesses" (P11).

The participants gave varying views and inputs related to their practice in relation to screening for mental illness.
"I only screen when I suspect a client may need mental health services, not everybody (P1)

"If you don't have a screening tool for any condition, you might miss a very important point that you should have picked up"(P8)

4.2.3.3 Unclear use of mental health monitoring and evaluation indicators

When asked about screening of mental health disorders and or illnesses of patients presenting at PHC clinics the participants indicated that indicators measuring screening of mental health disorders and illnesses had recently been included in the PHC Comprehensive Tick Register, when asked why they think this was the case, some mentioned that:

"Maybe there has been a realization that mental health issues have been neglected at primary health care service level because the new PHC Tick Register now has mental health indicators, the new screening tool is meant to work together with the Comprehensive PHC Tick" (P6)

"I am unsure of what they use the data for, because our challenges are still the same"(P10)

4.2.3.3 Management of Mental Illnesses/Common Mental Disorders

4.2.3.4 Diagnosis and treatment of mental illnesses

Each of the Professional Nurses had a story to share about an encounter with a mental health care user; most of the stories they shared were related to various challenges that they had been faced with while attempting to adequately assisting their patients. The challenges that were put forward often illustrated the lack of expertise and support in dealing with mental health care users.

" We can offer services limited to our scope based on what we learnt from school" (P12)

" Ever since I have been here since 2004 I have never received any support regarding mental health. We do consult and if we see that this patient maybe violent or has a mental disorder, we refer him to the hospital for assessment and initiation of treatment" (P4).

"You cannot challenge any prescription from a Doctor, the relevance of the drug to that patient or whether the doses are ok"(P2)

"*Truly speaking, it is rare that you go for a workshop, maybe about these mental, eh, its rare, but we do some other programs, we do attend other workshops, but the matter about mental health is rare" (P1)*

We are supposed to have the drugs, such as injections to sedate the clients who are violent but now you find that these drugs are not at the level of the clinic, they are at the level of the hospital"(P1)

4.2.3.5 Increased referral to the hospital

The respondents were of the view that the clinical management of mental health users was highly dependent on referring patients to the hospital; their view was that more counseling interventions were needed. Several felt that all they did for mental health users was to give them medication once it had been prescribed by Medical Officers at hospital level, they stated that other interventions besides medication were necessary in assisting patients.

The Nurses suggested that extensive counseling would benefit the patients and that patients needed to be attended to by a multi-disciplinary team.

"Because for some of these conditions they really don't need medication, they need counseling, professional help, to take you out of that condition that could be stress or depression, there is no medication needed at that moment" (P11)

One reminisced about a time in the past when it was so exciting to collectively manage a mental health patient with the comfort of knowing the a social worker and a Mental Health Nurse is part of the team.

"It was really good in the past, there was a social worker, doctor and psychiatric nurse present when discussing how to manage a mental health patient, now things have changed" (P7)

Others suggested the need for rehabilitation for drug and alcohol abuse such as behavior modification interventions.

"I advised that the client be taken to psychiatric hospital, the idea on my side was that he must have some form of behavior modification and rehabilitation, not medically"(P12)

4.3 Training and education in mental health

4.3.1 Duration as a nurse and interest in mental health

The duration in years that a professional nurse had been practicing seemed to determine ones interest as well as competency in managing mental health patients at facility level. The Nurses that had a longer time in nursing service and who were trained at a time when psychiatry was not a prominent part of the Nursing Curriculum seemed to not have been capacitated in this skill. Whereas those that were newly trained as recently as 3-5 years ago had been practicing, had more insight and demonstrated interest in mental health issues and confidently indicated that they had been capacitated with psychiatric nursing skills.

" I am not a specialist, but you know there is this thing when a clinician is not interested in dealing with mental health they wont be proactive, like for example some clinicians do not like handling TB cases and that's just the way it is" (P9)

"We are two, who have a psychiatry training the other one is not having psych." (P4)

"Not yet 20 years as a Nurse Yes, we are still waiting for this training. It is not yet scheduled; he said he is going to tell us when he is going to train us on this mental health. (P12)

4.3.2 Challenges of Nurse training in mental health

A majority of the nurses were trained at Nursing College level and depending on the time at which one was trained seemed to determine whether psychiatry was part of the nursing curriculum. Some of the Nurses indicated that they worked first as nursing assistants then furthered their studies to qualify as Professional Nurses.

"In fact, ever since I was a nursing assistant, from 2006, there was nothing about the mental health, I started meeting it in my 4 year course." (P3)

A participant mentioned that she:
"I specialized as a mental health nurse but I am now working as an Operational Manager and no longer working specifically in mental health". (P10)

One of the nurses was of the view that competence is not the issue as he felt that his colleagues were all trained.

" We are all trained, they are competent and they were trained in the way that I was trained, so the only issue is the question of not having a person responsible for the program on mental health at sub-district level" (P7)

Some of the nurses put forward that the training that they received from University and Nursing College was adequate however it needs to be strengthened while on the job:

"The training we get from school can be enhanced further (P12)

"In-service trainings are always for midwifery or maternal and child not mental health" The District has to intervene by giving us trainings" P10).

" *I have never attended a workshop on mental health"(P1)*

"It must be included in our in-service education and training programs in the sub-district level because we are being in-service with other programs but we never taught mental health most of the time."(P13)

4.3.3 Lack of mental health knowledge and awareness

Among the Nurses themselves the awareness about mental health was minimal. This was demonstrated by the challenges that they sited while managing patients that need both ART and Psychiatric medication:

"Dealing with a patient that you have no information about is risky because every thing changes now and again, you find that at times there are drug to drug interactions that cause side effects between ARV's and Psychiatric drugs" (P12)

"I had one patient that was on anti-psychotics and on ARV's but the problem was with the coordination of the drugs for HIV and for psych, the patient was not responding to the anti-

psychotics but was responding to ARV's (3TC D4T EFV) then I referred the patient, I needed to have an understanding on a common goal with this two drugs. So that's the problem with the mental health, I don't know what happened to that patient, he was just transferred out (P2)

*"I am not trained on PC101, this means that this clinic cannot be an ideal clinic"(13***)**

4.4 Supervision of those providing Mental Health Services

4.4.1 Mental health is not a priority

The professional Nurses were confident in their sentiment that mental health service provision does not seem to be of a priority status within the Department of Health because it was seldom put in the fore front, this in conjunction with other programs such as the HIV and TB Program or the Maternal and child program.

"*Resources need to be channeled in the mental health program because I do not feel that even the HIV situation might be ok if this one is not taken care of, there is no one who is arranging any facilitation of the program"(P13).*

One nurse indicated that *" maybe they don't see most challenging mental health cases of mental health that is why it is not a priority at Sub-district"(P10)*

4.4.2 No supervision from mental health professionals

Nurses felt that the reason why the mental health programme is falling behind is that they never receive any supervision from mental health professionals; they have never come in contact with a psychologist or a psychiatrist let alone have never received any supportive supervision from a mental health Nurse.

" To be honest mental health is neglected, I am being honest, it is neglected because we do it once in a while. But those affected are increasing cause the teenagers are using dagga these days" (P11)

" I think that he (the NCD Manager) is not supporting because mental health is not managed here it is managed at the hospital. (P10)

"The shortage of psychologists is a gap, because we have got problems here, I usually refer my patients to UMzimkhulu Hospital if there is any complication or if they need to participate in counseling group, but they the psychologists never come here (P13)

4.4.3 Support from the sub-district

The support the operational managers receive from sub-district level in relation to mental health services is virtually non-existent.

" The district has to intervene by giving us some trainings, not for us to rely on trainings that we have from our previous institutions way back"(P3)

"There is no supervision what so ever" (P1)

"I don't have to protect their back, I have to be honest being here since 2004.I have never received any support regarding mental health from program managers, and maybe they are not properly trained in mental health themselves" (P13)

"I hope that they are going to do something because this might contribute to the staff turnover on our part because we are not being taken care of"(P11)

4.4.4 Need for an employee wellness program and debriefing

One of the participants categorically stated that she felt that as a Professional Nurse her and her colleagues in neighboring health facilities are not doing justice to the patients that are in need of mental health services, as they themselves are also in need of an employee wellness program. She stated that they are faced with major challenges such as burnout and they too experience social problems within their families.

"And, do you know that syndrome that is called burn out syndrome. Ja if at least maybe once a month or once in every 6 months we can meet for teambuilding or workshop so that we can ventilate our problems as nurses (P11)

" I think we need debriefing sessions, we are stressed and there is a lot of pressure in our work"(P11)

"Yes because most of the time, we are supposed to empathize and take it as your own, we are not supposed to sympathize. And we are bringing our own problems to work too"(P11)

Another gave an example of a colleague who had recently had an episode of a mental breakdown, the colleague at the time of the study was on sick leave but the Professional Nurse was concerned that this person is subsequently not receiving any ongoing care. How then will she come back to work she asked. She was also concerned that her fellow colleagues do not disclose their illnesses to each other.

"*You know ourselves as Nurses we experience mental health challenges, one of the nurses here was hospitalized due to a manic episode, the stigma even amongst us is a problem am not sure what will happen to her"(P6)*

4.5 Limited scope of mental health services at PHC

4.5.1 Limited role of nurses in mental health services provision at PHC

The participants saw their role as that of screening for mental illness and referring those in need of further services to the next level of care. Professional Nurses scope of practice does not allow them to diagnose specific mental disorders, nor does it allow them to prescribe psychotropic medication to eligible patients. Their role is therefore to refer all patients that may be in need of treatment for mental health to Medical Officers at hospital level. There after the Professional Nurses' role is then to issue medication monthly once it has been prescribed and to further monitor patients progress regarding compliance to the medication.

"Mental health patients are never in our ability to help, the end result of what happened to the patient is at the hospital" (P1)

" Even the Doctors when you refer, they sometimes don't share the same assessment and do not agree that, that patient may be having a disorder" (P13)

" The Doctor has to find the patient in the state where he/she can diagnose the disorder, so what does the nurse do at clinic level?" (P4)

"Most of our clients go there then come back with the treatment that has been prescribed by the doctor, if the client was maybe having depression…mine is just to continue and monitor" (P4).

4.5.2 No feedback on referred patients

The limited role played by nurses was further indicated by the lack of feedback that they say they received from the patients that they have subsequently referred to be seen by a Medical Officer at hospital level. Some patients that have been diagnosed and given treatment, do return to the referring clinics, others remain lost to follow up as they is seldom feedback from Medical Officers at hospital level.

"We do not get any feedback unless they have to come back to us"(P5)
"Even the Hospitals do not assist us, there is a man in this area we have been referring him to the hospital a number of times but he always relapses because they keep him in the hospital for too long"(P12)

4.5.3 Extensive role of Medical Officers as prescribers

The Professional Nurses highlighted the enormous role that Medical Officers played in the management of mental disorders at sub-district level. Doctors are the ones who conclusively diagnose and further prescribe medication to mental health users in the area.

"Mental Health is not managed here, it is managed at the hospital (P4)

In the event that a PN believes it fit to question a prescription it becomes complicated as to how to address these types of issues.

"You see sometimes these clients I am saying I am giving treatment to, sometimes they give us, problems"; there is no communication between us and the Doctors, for when we need to ask questions. Even if they can call us to the hospital just for one day, to update us on how to better manage patients (P8)

4.6 Stakeholder and community awareness on mental health

4.6.1 Very few patients presenting with mental health disorders

The Professional Nurses that were interviewed were of the view that there were very few mental health patients presenting at their Clinics, in contrast others however, mentioned that dagga is grown in the area and therefore they are seeing a lot of adults and young people that are using this substance. One Nurse submitted that in her experience there are a lot of people in the community that are affected by mental health illnesses due to the high rate of unemployment in the area.

"Maybe we are not screening enough, or the evidence of mental health is still low, I don't know because its becoming high the teenagers are using drugs these days like "Wonga"(P13)

"There are very few new cases of patients needing mental health care"

Others felt that there are many people, who are affected by mental health issues, starting from the abuse of a child,

" I have seen a lot of distractions in many homes, at times there is a need to remove children from some of these homes"(P6)

" We can also ensure that there are public community mental healthcare workers, they must identify people in the society who have these problems so that thy may come to the clinic"(P7)

4.6.2 Persisting cultural believes

Nurses were of the view that there are cultural believes in the community that insist that those with mental illness have a calling of some sort. And due to this reason one responded mentioned there is an urgent need to make the community aware of the different mental health

conditions that there are, in order for the community to play a role in identifying and mobilizing the referral of such patients to the health facility.

" You see there is also stigma and lack of understanding about mental health, you will see a patient running away from the clinic and saying that he has a calling to be a Sangoma"(P11)

"The young girl that came now had some visual hallucinations, she is 17 and she experienced this episode for the first time while at school, but her mother has decided to take her home to consult a traditional healer, other than an intervention from the hospital such as 24hour assessment/observation"(P8)

4.6.3 Nurses are fearful of mental health patients/users

When asked about their involvement in the provision of mental health services in their respective clinics, participants sited cases of severe mental illnesses that they encounter such as psychosis. And not necessarily common mental health disorders such as depression anxiety and substance abuse.

"There is one patient whose treatment was initiated at UMzimkhulu Hospital as it is the nearest Psychiatric Hospital he has defaulted on taking his medication and relapsed he is currently giving is mother problems breaking things in the house, they brought him hear in chains, I can help him but also at times it is scary"(P11)

"Once I discovered there was a noise in the clinic there was a mental health patient who became violent, people started running out, I quickly had to inject him use Schedule 8 in order to sedate him, and he became calm"(P3)

"When you try and consult the police, because in the Mental Health Act there is that part where they are supposed to assist us to transport the patient to the hospital, so they say it is not their job, we just come to arrest the person"(P7)

4.7 Knowledge on management of Communicable diseases vs. mental illnesses

4.7.1 There is extensive knowledge on how to manage HIV and TB patients

Nurses were confident on their competencies in managing HIV and TB patients. They were of the view that the mental health program has fallen by the way side, and has been swallowed by the NCD umbrella. They indicated that diabetes and hypertension are now becoming a priority programs and are therefore receiving more support and resources.

"They (Department of Health) have noticed that some chronic conditions like diabetes is number 2 because HIV is no longer number 1, they had forgotten about diabetes and they focused on HIV, now maybe they will consider mental health"(P1)

"Nurses know a lot about the management of HIV in the sub-district"(P10)
" Some campaigns need to be conducted in the community because one can say that being infected by HIV is affecting people mentally,"(P3

CHAPTER FIVE: DICUSSION OF RESULTS

5. Introduction

This research aimed to explore the perceptions of nurses working in PHC facilities on the implementation of the National Mental Health Policy Framework and Strategic Plan 2013-2020 in OR Tambo District in the Eastern Cape. It aimed to do so by firstly exploring the methods that nurses use for screening mental health patients presenting at PHC facilities. Secondly the intention was to explore the views of nurses on their role in the implementation of the policy as well as mental health treatment guidelines at PHC Facilities. And lastly to explore factors that influence the implementation of mental health objectives based on roles and responsibilities of District Health Services, as stated in the MHPF. The study was conducted at Sub-District Level and therefore the findings have been analyzed and discussed based on the study objectives above and the role of District Health Services in relation to mental health.

Findings from the study indicated that the nurses interviewed did not have knowledge about the existence of the National Mental Health Policy Framework and Strategic Plan 2013-2020; due to this finding nurses were also not aware of the contents of the policy. Nurses were however more familiar with the Mental Health Act 0f 2002.

5.1 Methods that are used for screening mental illnesses

The Professional Nurses in the thirteen PHC facilities that were visited did not have access to mental health policies and mental health treatment guidelines. Having policies and guidelines plays a major role in ensuring that there is uniformity in the provision of health care as well as treatment(20). The study observed that nurses at this level of care also do not have standard screening tools and are unfamiliar with the documents that govern mental health services as inidcated above. The MHPF at this level of care states that there should be routine screening, detection and management of common mental disorders in PHC Clinics. Research done in the Limpopo Province had smilar findings from professional nurses who indicated that there is lack

of consistency in mental health screening, this was due to the absence of a specific tool for mental health assessment (45). The lack of appropriate screening tools has been found to be a major barrier to the integration of mental health services at primary care level(45). The policy highlights the need to establish Clinical Protocols that will facilitate interventions and assessment in mental health at PHC level. This finding is closely linked with the participants ability to screen for mental health illnesses in patients presenting at PHC facilities. healthcare(52).

5.2 National Mental Health Policy requirements for District Mental Health Services

The findings of the study have been analyzed based on the excerpt of the policy below. The policy provides an outline of the type of district mental health services that should be put in place in order to have a functioning system.

The following interventions need to be put in place in order to facilitate District Mental Health Services:

1.Provide mental health promotion and prevention interventions, in keeping with national and provincial priorities.

2. Include Mental Health in the core package of district health treatment and rehabilitation services:

a) There should be routine screening for mental illness during pregnancy, and provision of counseling and referral where appropriate;

b) The district should provide medication monitoring and psychosocial rehabilitation within a recovery framework for severe mental illness;

c) The detection of mental illness and management of common mental disorders (such as depression and anxiety disorders) in PHC clinics, and referral where appropriate; and
d) The detection and management of child and adolescent mental disorders in PHC clinics, and referral where appropriate.

3.Provide emergency care (24 hour) and 72-hour observation services in designated District and Regional Hospital Inpatient settings, as set out in the Mental Health Care Act (2002).

4.Conduct mental health training programmes for all general health staff for basic screening,

detection and treatment, as well as referral of complex cases.

5.Establish and maintain mental health supervision systems for health staff at PHC level.

6.Establish and maintain specialist mental health teams to support PHC staff.

7.Establish and maintain referral and back-referral pathways for mental health.

8.Implement clinical protocols for assessment and interventions at PHC level.

9.Establish and maintain community-based rehabilitation programmes, through trained community health workers.

10.Develop inter-sectorial collaboration between a range of sectors involved in mental health, through the establishment of District Multi-Sectorial Forum for mental health.

11.Undertake mental health education programs in communities.

12.Improve the capacity of District Health Management teams for planning, implementing, supervising, monitoring and evaluation of mental health programs at district and community levels.

13.Provide psychotropic medication to all appropriate levels of the district health system, as determined by the essential drugs list.

The findings of this study suggest that some but not all of above interventions have been put in place, the researchers argument is that if professional nurses are aware of the contents of the policy they are then better equipped to monitor the implementation of the policy at operational implementation level.

5.3 Nurses role in implementation of the Mental Health Policy and mental health treatment guidelines

This study also revealed that the lack of training of nurses in mental health plays a pivital role in nurses percieved lack of competence in delivering comprehensive mental health services at primary health care level. The participants confirmed that they had never received any in-service training related to mental health, most of the training they had received was from Nursing College and University whilst student nurses. Nurses who had been working for close

to 7--10 years, were of the view that they needed inservice and refresher courses on mental health. This is supported by research that found that inservice training and continuing education for healthcare workers especially of those from the nursing cadre remains weak, those who have done studies looking at PHC Re-engineering assert that newly qualified nurses as well as other professionals require training in specific programmatic areas(53). It is further noted that these professionals should also be trained on new policies. The mental health policy outlines the intention of conducting mental health training programmes for all general health staff. This has however not been achieved for the participants in this study. If this is done adequately, it may bring about competence and confidence to the nurses practice.

Findings from the study suggest that the nurses refer all the patients that they have screened to medical officers who then conclusively diagnose and prescribe treatment for those in need of mental health treatment at hospital level. The policy does however indicate that referral should be made where appropriate upon the provision of counseling and psychosocial rehabilitation. The continuous need to refer patients to hospital may indicate that the nurses feel somewhat powerless in the management of such patients. This therefore speaks to highlight the limitation in their scope of practice at this level of care. What remains a challenge how ever is that patients then have to travel long distances to access mental health care at district hospital level, as was found in a study done in the North West Province(9).

Study findings have highlighted that Nurses are not being supervised by mental health professionals, nor are they being given any from of professional support. The policy stipulates the need to establish and maintain mental health supervision systems for health staff at PHC level, what is currently being practiced is not in line with the policy. A major hurdle that has been identified as an impediment to improving quality of health services is poor supervision of PHC Services, and yet there is clear policy and guidelines related to supervision contained within the National Supervisory Manual(53). Nurse supervision if done well coupled with the presence of a Mental Health Coordinator at district level, has been found to contribute significantly to the awareness of nurses, about the Mental Health Act and other related policies in the Eastern Cape Province(31).

The participants were also of the view that there was no communication between them as the first point of contact for those needing mental health care and Medical Officers at hospital level who are responsible for diagnosing and prescribing treatment, this leaves nurses in the dark

about the progress of patients they have referred to the next level of care. The intension of the policy is to maitain referral as well as referral pathways for mental health.

5.4 Factors that are influencing the implementation of mental health objectives

The study observed that Nurses at PHC level seem to have a limited Scope of pratice in mental health, they are only able to practice within a restricted scope this is demonstrated by the continuous need to refer all patients needing a diagnosis to the hospital in order to be seen by a medical officer. The Nursing Act No33 of 2005 states that a professional nurse is a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.

A study done in Limpopo indicated that nurses there confirmed that in their setting, psychiatric nurses are able to diagnose patients with an altered mental state, and where necessary they would then make the final referral (45).Similar to what nurses in Limpopo have confrimed, he South African Nursing Council Regulations in terms of Section 45(1) (q) of the Nursing Act 50 of 1978, states that the scope of practice of Registered Nurses entails the diagnosing of a health need and the prescribing, provison and excution of a nursing regimen to meet the need of a patient or a group of patients where necessary, by referral to a registered person (55). The challenge that remains is that there is often a shortage of psychiatric nurses at primary care level or as others have said such nurses are not deployed to offer psychiatric care in clinic settings.

Findings from the this research further suggest that stakeholders from other government departments for example the police department lack awarness about mental health and the role that they are meant to play in supporting mental health care users transportation from health facilities in the event of an emergency. The National Mental Helath policy saw it fit that there be intersectorial collaboration between a range of sectors involved in mental health, this would be done through the District Multi-Sectorial Forum for Mental Health. None of the participants from the study refered to this forum, the likelyhood being that such a forum may not be in place in this district. The study at hand highlighted the fact that there is minimal community awareness on mental health, the participants indicated that some patients are brought to the health facilities in chains.

The study has however brought to light that Nurses at Primary health care level are well supported by Sub-district in the management of communicable diseases such as TB and HIV, but are not supported similarly in the provision of mental illnesses. The need to integrate mental health into all care by assessing all anti natal care attendees and post natal care mothers, adolescents; under 5s on their mental state did not seem to be as practiced as stated in PC101 Guidelines and the MHPF.

A study done in Kwa-Zulu Natal relating to mental health service provision within PHC found that treatment of patients in 83.3% of sites visited were not reviewed every six months(5). The same study found that there were no local protocols on the administration of psychiatric emergency drugs, and none of the study sites provided psychiatric patients with education on their medication and its possible side effects. Similarly based on the results of this study it is evident that psychiatric patients at PHC clinics visited in OR Tambo district do not currently receive quality treatment according to institutional mental health guidelines as found in KZN.

This study was done at a time when the Department Of Health has been committed to the transformation of health services being implemented in the country, through the Re-engineering of Primary health care services in order to facilitate implementation of national health insurance, human resource development and infrastructure development(3). The consultative process that was embarked on by stakeholders in compiling the policy suggests that there was inadequate Primary Health Care Nursing representation at these proceedings. The commitment that has been made in the MHPF and strategic plan has not played itself out successfully in reality for this rural Sub-district in the Eastern Cape Province, as the NHI white paper does not make much of a commitment in relation to human resources for mental health or financial resources that have been allocated to mental health service provision.

5.5 Conclusions and Recommendations

5.5.1 Conclusion

This study has unpacked areas of focus necessary to effectively implement the MHPF for the benefit of mental health care users in rural areas, by exploring the perceptions of primary health care nurses and ways in which they believe better integration of mental health into primary health care will be achieved. The inconsistent varying methods of screening mental illnesses in patient who present at primary health care clinics indicate that the provision of mental health services in the clinics visit is not uniform and therefore not in line with policies and guidelines, this has implications related to access to care for rural mental health care users. Nurses play an important role in facilitating the provision of mental health services; they however need supportive supervision from those that have mental health specialist expertise. The study has highlighted that there are indeed varying factors that act as facilitators as well as barriers to the implementation of the Mental Health Policy and Strategic Plan 2013-2020. This research through its findings aspires to shed some evidence that can contribute to advocating for quality mental health care service provision in rural health facilities

5.5.2 Implications

The findings from this study suggest that mental health services at Primary Health Care Level are being offered, but are not being offered in line with the policy. This may have implcations for achieving mental health program goals. The content of the National Mental Health Policy needs to be engaged with by District Health Officials with the intention of promoting access to mental health cares services and avoiding inconsistencies among health care workers within the same sub-district. The policy needs to be widely disseminated to those that are program implementers in this case the nurse working at PHC level. According to studies done in policy implementation barriers indicate that often the appropriate health system may have not been put in place in order to support the policy(2). This is evident in Quakeni Sub-district within OR Tambo District.

A major barrier to policy implementation that has been sited is resistance and lack of ownership of the policy at program and at implementation level, it would be contensious to suggest that

this is the case among the participants of this study as they are not knowledgable about the mere existence of the National Mental Health Policy and Strategic Plan. What is probable according to the findings of this study is that mental health as a program has not been allocated resources to support adequate minimum standards for quality services provision, this was found to be the case in South African Health Review(14), This is demonstrated clearly by the inadequate training for health care workers on mental health, no supervision for those nurses currently providing mental health services at PHC level.

5.5.3 Limitations of the study

The element of limited time was a factor while the researcher was conducting the interviews due to the fact that they were conducted during working hours, the nurses needed to take time away from consulting patients in order to participate in the interview, this may have constrained the depth of data gathered.

The researcher is non-Xhosa speaking and conducted the interviews in English this may have influenced the lack of depth of the responses that were received from the participants. In reflecting the researcher is of the view that the participants would have been far more expressive had the interviews been conducted in isiXhosa?

5.5.4 Recommendations

5.5.4.1 Eastern Cape Department of Health to have a clear vision and plan to implement National Mental Health Policy and Strategic Framework 2013-2020

The Provincial Department of Health in the Eastern Cape needs to have a clear vision of how it intends to improve mental health care services within OR Tambo District Quakeni/Ingquza Hill sub-district.

There needs to be a high level of commitment by the OR Tambo District Health dissemination mental health policy documents such as the:

- National Mental Health Policy Framework and Strategic Plan at PHC Clinic Level,
- The Mental Health Act of 2002
- Standards for mental health care in South Africa
- Norms for community-based mental health care 2003
- Norms for child and adolescent mental health services 2004

5.5.4.2 Establish District Specialist Mental Health Teams

District Specialist Mental Health Teams should be established as stated in National Mental Health Policy Framework and Strategic Plan. Quakeni Ingquza Hill falls within OR Tambo, which is an NHI Pilot district, this team should have been in place already. This team will be able to put it in place a supervision plan for Primary Health Care Facilities as stated in the National Supervisory Manual.

5.5.4.3 Increase PHC Nurses capacity in mental health

The Province and the District through District Specialist Mental Health Teams need to improve human capacity for mental health by equipping nurses based at Primary Health Care with continuous training on mental health as outlined in the MHPF.

5.5.4.4 Conduct research at District level to understand and document current mental health service platform in order to improve services

This research write up was done during the tragedy that befell 94+ mental health care users that lost their lives in the Life Esidimeni case. A total of 94 mentally ill patients died under unlawful circumstances between the 23rd of March 2016 and 19th December 2016 in the Gauteng Province(54). This tragedy took place in direct contravention of the Mental Health Act No 17. 2002 and the National Mental Health Policy Framework and Strategic Plan 2013-2020 (54)This incident brings to the fore that more needs to be done in mental health service provision in the country; it further highlights the lack of implementation of the policies referred to above. Further research needs to be undertaken by OR Tambo district health officials in understanding the current service provision platform for mental health in order to make improvements. The composition of the Non-Communicable Diseases Team at sub-district/district level should be multi-disciplinary

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Appendix 1

Participation Information Sheet

Good Morning Sir/Madam

Thank you for making time for this interview.

My name is Mafoko Phomane, I am a student at the University of the Witwatersrand in Johannesburg. This research is in fulfillment of a Master of Public Health in Rural Health.

I am interviewing nurses in PHC facilities in OR Tambo District on their perceptions on the implementation of the National Mental Health Policy Framework and Strategic Plan 2013-2020. By implementation, it is meant the activities and operations by stakeholders towards achieving the goals and objective as stated in the policy the Mental Health Policy Framework and Strategic Plan 2013-2020.

Objectives of the research are:

1. To explore methods that are used for screening mental health problems in patients presenting at Primary Health Care Facilities.
2. To explore the views of nurses on their role in implementation of the MHPF and mental health treatment guidelines at PHC Facilities.
3. To explore factors influencing the implementation of mental health objectives, values and principles as stated in the MHPF at PHC facilities.

The purpose of the research is to explore the extent to which the policy has been implemented and the factors influencing its implementation in a rural area.

Appendix 2

Consent Form

STATEMENT CONCERNING PARTICIPATION IN A RESEARCH PROJECT

Name of project: The perceptions of Nurses working in Primary Health Care Facilities on the implementation of the Mental Health Policy Framework and Strategic Plan 2013-2020

I understand that I have been invited to participate in the above research project. The aims and objectives of the proposed study have been explained to me.

- I was provided the opportunity to ask questions and given adequate time to think about the project. The aim of the study is sufficiently clear to me.
- I have not been pressurized in any way. I understand that participation in this project is completely voluntary and that I may withdraw from it at any time and without supplying reasons.
- I understand that identifying information will be kept to a minimum and separate from the record of the interview (audio recorded and written) and written submission.
- I am fully aware that the results of this project will be used for scientific and educational purposes and may be published. I agree to this provided my privacy is guaranteed.

Name of participant: …….

I hereby consent to participate in the interview Signature: ……

Place: …… Date: ……/2015

Statement by the interviewer:

I provided verbal and written information regarding this project. I agree to answer any future questions concerning the project as best I am able. I will adhere to the approved protocol.

Name of interviewer: …… Signature: ……

Place: …… Date:……..

Appendix 3

CONSENT FORM (Audio recordings)

STATEMENT CONCERNING PARTICIPATION IN A RESEARCH PROJECT

Name of project:

- I understand that I have been invited to participate in a semi-structured interview.
- I understand that the interview shall be audio tape-recorded should I consent to this. I may decline to have the interview recorded. If I agree, however, the recording will be used solely for the purposes of data analysis of this project. I have been informed that only the interviewer will have access to the tape recording, and that the audiotape will be kept for two years after the publication of the report

- The interviewer will write down my responses I understand that should I not agree to the audio recording of the interview, but consent to the interview nonetheless.

- I understand that identifying information will be kept to a minimum and separate from the record of the interview (audio recorded and written) and written submission.
- I am fully aware that the results of this project will be used for scientific and educational and advocacy purposes and may be published. I agree to this provided my privacy is guaranteed.

Name of participant: ……..

I hereby consent to the interview being audio recorded Signature: ……

Place: …… Date: ……/2015

Statement by the interviewer:

I provided verbal and written information regarding this project. I agree to answer any future questions concerning the project as best I am able. I will adhere to the approved protocol.

Name of interviewer: …… Signature: ……

Place: …… Date: ……/2015

Appendix 4

Interview Schedule

The USAID Policy Implementation Assessment tool has been adapted to formulate the interview guide by aligning questions around the following 7 dimensions of policy implementation:

1. Policy formulation and dissemination
2. Social and Political and economic context
3. Leadership for policy implementation
4. Stakeholder involvement in policy formulation
5. Implementation planning and resource mobilization
6. Operations and services
7. Feedback on Progress and results

Leadership for policy implementation and Resource Mobilization

1). Which resources have been put in place for implementing the policy

2). Which mental health indicators are used to monitor implementation of the policy, how is reporting done

Stakeholder involvement policy formulation and dissemination

3). Which stakeholders within the district are involved in implementing the policy

4). What kind of support has there been to facilitate implementation of the policy

Operations and services

5). Which documents would you say are guiding the clinic to implement the MHPF

6). Which mental health screening tools are used in the health facility

7). Please identify your roles and responsibilities in support of implementation of the MHPF

8). Which changes in mental health service delivery have you witnessed ever since the policy has been established

Implementation planning, Feedback on Progress and results

9). What in your opinion is needed for the health facility to implement the policy

Appendix 5

R14/49 Ms Mafoko Phomane

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M151022

NAME: (Principal Investigator)	Ms Mafoko Phomane
DEPARTMENT:	Public Health Qaukeni Sub-District, Primary Health Care Facilities
PROJECT TITLE:	Perceptions of Nurses Working in Primary Health Care Facilities on The Implementation of the Mental Health Policy Framework and Strategic Plan 2013 - 2020 in OR Tambo District in the Eastern Cape Province
DATE CONSIDERED:	30/10/2015
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Dr Mercy Tintswalo Hlungwani
APPROVED BY:	Professor P Cleaton-Jones, Chairperson, HREC (Medical)
DATE OF APPROVAL:	11/12/2015

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report**.

Principal Investigator Signature

Date 11/12/15

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix 6

Eastern Cape Department of Health

Enquiries:	Zonwabele Merile	Tel No:	040 608 0830
Date:	06 January 2016	Fax No:	043 642 1409
E-mail address:	zonwabele.merile@echealth.gov.za		

Dear Ms Phomane

RE: Perceptions of nurses working in Primary Health care facilities on the national mental health policy framework and strategic plan 2013-2020 in O.R Tambo district in the Eastern Cape. (EC_2016RP_555)

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

Ikamva eliqaqambileyo!

Appendix 7



Province of the
EASTERN CAPE
DEPARTMENT OF HEALTH

DISTRICT MANAGER'S OFFICE

Room 41 • 9th Floor • Botha Sigcau Building • Cnr Owen & Leeds Streets • Mthatha • Eastern Cape

Private Bag X5005 • Mthatha • 5099 • REPUBLIC OF SOUTH AFRICA

Tel: 047 502 9083. Fax +27 (0)47 532 3995 •Website: www.ecdoh.gov.za

Dear Ms.Mafoko

Re: Research study Permission request by yourself

Topic: Perceptions of nurses working in Primary Health Care facilities on the implementation of the National Mental Health Policy Framework and Strategic Plan 2013-2020 in OR Tambo District in the Eastern Cape Province.

Permission is hereby granted for you to conduct the research study in O.R. Tambo district. You are also required to take into consideration the requirements by the Department of Health as detailed in the Provincial letter of approval to conduct this study.

Your compliance in this regard will be appreciated.

The District Manger
O.R. Tambo District

24/03/2014
Date