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The effectiveness of existing mental health treatment facilities at the University of the Witwatersrand: perspective of students from rural areas

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Wits Centre for Diversity Studies

School of Social Sciences - Humanities

Masters dissertation in the Field of Critical Diversity Studies

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Declaration of Originality

I, Nyameka Mbonambi hereby declare that this is my own original work and that all fieldwork was undertaken by me. Any part of this study that does not reflect my own ideas has been fully acknowledged in the form of citations. No part of this thesis has been submitted in the past, or is being submitted, or is to be submitted for a degree at any other university.

Signature  Date 30 April 2021

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To my late mother and brother umhle umoya wenu kum. Uzuko kuwe Mvelinqangi!

Dedication

Pakiso John Molefe you were more than a father me. You taught me how to pray, supported all my dreams, the first to arrive in hospital and protected me with everything you had. You will always be my bestie, mthombo wam wolwazi neliwa laphakade. I am who I am because of your love bhut'daddy & now we will always drive together in silence. Inene isitya esihle asidleli!

ABSTRACT

The newfound transformation in 1994 brought hopes for transformation. Transformation for black students meant that they could attend universities and study degrees previously reserved for whites; many students moved from rural to the universities located in urban areas hoping for a better future. The shift from rural areas to urban areas simultaneously brings excitement and anxiety for black students who leave their homes with a hope to obtain a degree at a university such as the University of the Witwatersrand (Wits). This research study is concerned with an understanding of whether mental health treatment facilities at The University of the Witwatersrand are sufficient in addressing their mental health needs. To understand how the student perceived these services the enquiry used Experienced-Cantered Narrative (ECN) as the theoretical framework. The aim of the study was to examine the effectiveness of mental health facilities for students coming from rural areas in SA. Foucault's construction of power helped the researcher how the construction of students as subjects of knowledge positions them within Wits. Du Bois's concept of double consciousness allowed for an examination of how students see themselves in relation to campus mental health facilities as social fields. Guided by qualitative narrative methodology, the study attempts to understand the complexities of mental health and mental health treatment for black students coming from rural SA. The researcher conducted semi-structured interviews with 12 students, 2 for testing and the other 10 active participants. The main findings of the study indicate that discourses of class, race, language and geographic location, combined with hidden nuances of intersections such as socio-political history play a significant role in how students understand mental health and mental health facilities. The findings indicate the importance of attending to hidden nuances when treating mental health. The study argues that to create an inclusive mental health treatment the facilities should focus on bringing diversity and inclusion of lived experiences when policies are formulated.

Key words: mental health, phenomenology, psychosocial analysis, power and space, decolonization, rural spaces, urban spaces, African psychology, Critical Diversity Literacy

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1. Introduction

Colonialism in South Africa (SA) started with the Dutch in 1652. The end of the legalized oppression of Black people in SA by both the colonial and apartheid collapsed in the early 1990's marked by the release of SA's first democratically elected president, Nelson Mandela. The end of the oppressive ruling brought in a new democratic South Africa (Steyn & Foster, 2008). The democracy promised to dismantle all oppressive structures, bring liberation and inclusion of groups previously oppressed (Gordon, 2018). Creating access for marginalized group to universities reserved for whites only symbolised hope for Black people democratic universities symbolised better lives for Black people because obtaining a certificate in higher education would translate to a better economic condition as the graduate gets to work after completions of their degree. Ndlovu-Gatsheni (2016) notes that in the academic space it was expected that oppressive educational policies, laws, and systems would be replaced by inclusive policies where black academics and students' voices are valued thus presenting everyone with the same opportunities, creating equality in academia. Creating equality both in the country and the university would result in marginalised groups share same economic power and political powers enjoyed by whites only (Young, 2011).

Outside of the academic space liberation was equally important for the entire country with the South African people now sharing liberation. The liberation in turn highlighted diversities and divisions that exist within society and laminating points of intersections with rights regards to race, gender, class, language, and geographic areas (Steyn, 2016). Institutions of higher as a social field is a space where people learn and obtain qualifications that enable them to qualify for employment is recognized as one of the powerful pioneers for change, however their day-to-day experiences must be factored in because nothing much has changed it is a matter of adjusting the terms being used yet, the oppression and exclusion continues (Kiguwa, 2014). The research produced by institution of higher education such as Wits, plays a great role and knowledge produced can influence the functioning of society, laws and government policies. It is this role that universities play that makes them an important vehicle of change particularly for students from groups

previously marginalized. Creating access to higher education would result in the marginalized groups gaining the same employment opportunities in future as a better education translate into tangible transformation (Young, 2011). Transformation would not only focus on academic curriculum it would also be injected in structures that support academic needs such as mental health facilities. Steyn (2015) advices that societies and universities ought to come up with new strategies to manage the change that came with liberation. Adding to Steyn's notion of universities needing new approaches to knowledge production. Cross (2009) notes that transformation at universities is slow because it seems the universities' policies, processes and structures appear to be overwhelmed by the large number of students, therefore institutions of higher education are deemed underprepared for the new liberated marginalized groups who now make up majority numbers in many universities. Most importantly the continued use of oppressive policies as a guide for the curriculum perpetuates inequalities within these institutions (such as Wits).

Young (2011) introduces us to five faces of oppression: exploitation, marginalization, powerlessness, cultural imperialism, and violence. As a country previously colonized, a liberal SA must create space where justice must avail institutional conditions necessary for the development and exercise of individual capacities and collective communication and cooperation. Injustice refers to oppression and domination which are disabling constraints to justice. Both exclude citizens from contribution on decision making procedures, division of labour and culture. Young further adds that we must acknowledge that the structure of social fields privileges some more than the others. Groups in society are usually formed based on similar characters, experiences, or shared identities; this is particularly true for students from rural areas. It is the researcher's view that any university that desires to promote democratic and transformative space would have to dismantle oppressive policies to achieve the transformation intended by the new government. African scholars such as Ndlovu-Gatsheni (2016) and Thiong'o (2017) make a similar argument about how there has been little to no transformation in academia and point out that the current structure show that transformation in African universities still prevails, SA is no exception. To achieve free, fair and education that promotes equality decolonization is key.

1.1 Defining Important Concepts

1.1.1 Mental health

The World Health Organization (WHO, 2018) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". This is the definition that guides mental health facilities across the world. Additionally, according to the Health Education Authority (1997) mental health means that the individual has the ability to form and maintain affectionate relationships with others, to perform in the social roles usually played in their culture and to manage change, recognize, acknowledge and communicate positive actions and thoughts as well as to manage emotions such as sadness. However, this definition assumes that mental health is something one experiences only when they are with others. (Stanley, Mallon, Bell & Manthorpe, 2009) adds that mental health is affected by biological, social, cultural, psychological, and environmental factors. For this project the researcher adopted the Mental Health Foundation (MHF, 2019) definition, which states that mental health is how individuals thinks and feels about themselves and their life, and that it affects how an individual cope and manages in times of adversity. Mental health is seen as affecting one's abilities to function and make the most of the opportunities that are available, and to participate fully with family, workplace, community, and peers.

1.1.2 Phenomenology and psychosocial analysis

In his study of the racial subject, Du Bois (1997) introduces us to the concept of phenomenology. Phenomenology helps the researcher understand human beings as subjects through understanding their lived experiences. A racialized subject in terms of phenomenology and psychosocial can be looked at in three forms of consciousness: double consciousness, the veil and second sight. Double consciousness attempts to understand what is means to be problematized and carry the burden of living with the myths and stereotypes of what it means to be black (Du Bois, 1997). This implies that black people's experiences are different from white people's lived experiences. For Du Bois

(1997) blackness is a historical construct in stereotypes and myths related to the black subject and his/her lived experiences. Double consciousness produces a sense or 'twoness' meaning that black people view self-identity through the eyes of the others (Du Bois, 1997). The researcher is interested in finding out whether double consciousness can be applied with students and therapy processes in their sense of identity. One could argue that all marginalized groups live through the lens of the dominating groups (Du Bois, 1997). The double consciousness that black people experience leads to Du Bois's (1997) second sight which is that blacks are gifted to understand racialization because processes of oppression and dominance have positioned them as outsider. Second sight allows one to exercise a form of power in terms of speaking back to systems and networks of power and oppression. Therefore, black students might need second sight if they are to participate in transformation and change as well as resisting power and oppression. The metaphoric veil is Du Bois's (1997) phenomenological form. The veil takes different dimensions of consciousness, it exists in both a positive and a negative way (Du Bois, 1997). The researcher will aim to find out as to how the 'veil' applies to students from rural areas in her research.

Du Bois's (1997) psychosocial lens also allows us to question the social political world students from rural areas find themselves in, or to exist in a daily interpersonal world that is different from their background. As such the researcher will gain understanding of how students move and locate themselves in the multiple worlds. Understanding these dimensions is important because it is at this dimension that blackness is constructed as a problem. Therefore, we seek an understanding of what it means to exist in the materiality of the body that is only recognized as a problem.

1.1.3 Power and space

Foucault's (in Smart, 2002) concept of the heterotopic helps us understand universities as a social space. Foucault (1988) used the term for institutions or spaces that often operate under many layers of power, but without this being obvious (Foucault, 1980). The researcher engages universities as spaces that possess layers of power because they exist as both open and closed spaces at the same time (Foucault, 1980). Heteronormative space because they influence our behaviour. How we

carry ourselves depends on where we are and how we appear; our bodies speak for us in the different spaces we find ourselves in. Our bodies also reflect our identities and afford us certain social privileges (Bailey and Karp, 2003). The privilege is important because it intersects with systems of oppression and exclusion. A university, as a learning space, owns the power to decide on accepted students and this is how it creates 'othering' as accepted students get to enjoy the privilege of being insiders and those who are unaccepted become outsiders (Bailey and Karp 2003). A study conducted in a Canadian university exploring ways in which experiences have impacted how students understand their encounters with privilege, power, and other identities revealed that experience can be understood as the process of creating one's social reality through engagements with social and historical relations (De Lauretis, 1984). The same can be applied in mental health by analysing experiences of students who have received help from the mental health facilities. The data that will be collected can reveal how students understand power relations in a therapy setting.

1.1.4 Decolonization /decoloniality

This refers to the dismantling of power structures in ways that transform people's way of life. The system aims at challenging economically privileged institutes, dispossession, and transfers of economic resources. This ideology seeks to destroy relations of exploitation, domination, and repression, destabilizing traditional methods of knowledge production to include indigenous knowledge in knowledge generation (Ndlovu-Gatsheni, 2016).

1.1.5 Rural space vs urban space

This is the discourse of the rural-urban living, moreover, referring to the dual lives lived by people from rural areas as they commute between the city and rural areas. Students from rural areas construct their identities between the two spaces and cannot separate rural from urban knowledge (Little, 2002a).

1.1.6 African Psychology

Nwoye (2014) describes African Psychology "can be taken to refer to the systematic and informed study of the complexities of human mental life, culture and experience in the pre- and post-colonial African world" (Nwoye, 2014 p. 57). This definition offers a psychological approach that includes the history of colonialism which had great effects in how African psychology is perceived in post-colonial times, this makes the above definition inclusive of African live experiences. Nwoye (2014) an inclusive African psychology is one that considers an individual in relation to the environment they find themselves. Thus, any psychology aimed at understanding African people must look at an individual holistically.

1.1.7 Critical Diversity Literacy

Steyn (2015) Critical Diversity Literacy that is an approach that one can apply to investigate and understanding the nuances and complexities of how society is structured the way it. Steyn's notion of CDL explains that one needs to include what oppression left as an inheritance for today's world when attempting to understand how people shift and move. Steyn's notion of CDL can be used as a vehicle to study discourses such as economic class, gender economic class, language and geographic location (Steyn, 2015). One is considered literate by CDL when one allows themselves to look beyond social structures and instead question the status quo including issues of patriarchy, how blacks and white are positioned in society. Diversity in simple terms means that people are different.

In this context CDL provides the lens to read patterns of power and oppression, the analytical tools to read the intricacies of such patterns, the vocabulary to name the ideological systems and hegemonic discourses that produce such patterns, and the competence to challenge these in the interest of deepening democracy for all. Hence, to be diversity literate is to develop and possess an ability to read social relations and knowing how possibilities are being opened and closed for subjects who are positioned differently in terms of socio-economic benefits.

1.2 Context of the research

The decolonization of the university space means creating access to black students in terms of allowing them to register and study, make fees affordable and include African knowledge in the knowledge production process (Ndlovu-Gatsheni, 2016). This study seeks to understand whether existing mental health facilities are sufficient for black students from rural areas. As a social field that plays a significant role in how societies function, research produced by universities plays a significant part in influencing policy making and laws that govern society. Black students from rural areas are a part of the group previously excluded in universities such as Wits which was previously reserved for whites only. Steyn's (2015) critical diversity lens supposes that to understand progress of a democratic country one needs to engage discourses such as race, gender, class, language, and geographic location. During data collection this advice assisted the researcher with an in-depth understanding of the lived experiences and points where these discourses meet. Furthermore, participants could express their own understanding of what diversity means to them.

Social movements such as #RhodesMustFall and #FeesMustFall that took place from 2015 challenged the untransformed university space (Mbembe, 2015). The movements assisted in starting conversations based on lived experience instead of taking things at face value. Additionally, a call for decolonial education sparked an awareness of hidden nuances in psychological approaches, resulting in a call for a new approach to mental health treatment (Kessi, and Kiguwa, 2015). This view indicates that a decolonized university requires that academia pays attention to the nuances of exclusive policies and curriculum that continue to reproduce oppression Ndlovu-Gatsheni (2016). These hidden nuances include student support services such as Wits CCDU which is the mental health clinic that specifically attends to students' psychological needs. Exploring critical psychology Kessi & Kiguwa (2015) agree that oppression objectifies people, it produces and reproduces itself through systems considered as natural to continue the exclusion of black students indicating that oppression is embedded on the day-to-day practices of the university (Kessi and Kiguwa, 2015). The theorist also suggest the oppression is embodied as well as carried through supporting structures such as mental health services. Mental health issues for students are

part of the negative leftovers ‘effects of apartheid. The consequences of the colonial and apartheid history are the large economic gap that left black people at a disadvantaged position. Economic affordability translates to access or lack thereof of socio-economic infrastructure including mental health treatment facilities. Since Gauteng is home to most institutions of higher education, including Wits, many migrate from rural parts of South Africa (SA) seeking better education. Better education in turn affords people better job opportunities and better standards of living. Being at university comes with pressures related to; psychological (stress, anxiety, depression, suicide), socio-economic (financial background, family structure) and academic (time management, ability to understand content) that come with the change of environment for students (Stanley, Mallon, Bell and Manthorpe, 2009). The ability of students to cope and manage the change determine their success or failure at university

Wits had the misfortune of a suicide incident involving a student back in 2017, since the incident the dean of students September claimed that they started witnessing an increase of students attending mental treatment increase at the Counselling Career and Development Unit (CCDU) (September, 2018). The dean’s claim was confirmed by the Head of Department for CCDU when she added that the unit is experiencing an increase in numbers of students contacting the facility. Whilst noting increasing numbers of students attending CCDU, the two could not confirm the effectiveness of the different services as the unit focuses more on quantitative stats to measure progress. The focusing on the numbers does not give a clear indication on whether treatment received by black students from rural areas contributed to the reduction of any psychological related issues. This unclear information is partly why the researcher is interested in stories from students who have used the services before. Additionally, the increase in the number of students seeking help from CCDU went up after the suicide case making it hard to determine whether the increase was a direct result of the suicide or an increase due to students feeling that they need mental health services. At the time the suicide took place it was around what CCDU refers to as the pick season. Pick season is when the unit experiences more students coming to the unit, it is happening when students are close to writing exams. All three mentioned points do not give a clear

indication of how students from rural areas perceive the services from CCDU hence the need to get the stories from participants.

Despite increasing numbers of students attending therapy from the CCDU the ratio does not measure up to the student population as a whole (September, 2018). The researcher agrees with Stanley, Mallon, Bell and Manthorpe (2009) that some students find themselves using drugs and alcohol in an attempt to deal with mental health issues. However, the increased substance abuse is also linked to the stigma related to mental health and sometimes students just have no idea where to go. When students delay attending or do not attend therapy it worsens the conditions in some cases leading to students being overwhelmed, experience panic attacks or even start experiencing suicide ideations (September, 2018). Despite the numbers not giving us the full story, they are useful as they indicate the need to attend to student's mental health and the diversity of students attending therapy calls for mental health intervention that use a vast diversity strategy for mental health treatment. The researcher has not found any proof that therapists in their efforts to help students apply a critical lens that looks at the problem holistically where factors such as economic or geographic background are factored into the therapy session.

The experience the researcher had with the unit as one of the therapists was that demographic information is used for quantitative reasons only. Critical Diversity Literacy (CDL) (Steyn, 2015) points out that our geographic location is implicated in power relations, with communities located in rural areas considered powerless, uncivilized and lack socio-economic resources due to underdevelopment. Therefore, including discourses suggested by CDL could bring light to some of the reasons behind student's mental health mental wellness or mental health treatment appraised corporations had not been studied scholarly, particularly from a critical perspective. The researcher is interested in establishing whether black students from rural areas find mental health services on campus adequate to address issues related to them as a group previously marginalized. Gordon's (2018) research shows how oppressive system deemed people of colour as invisible, as such excludes them from fully enjoying certain rights and privileges.

1.3 The Method of Enquiry

The root of the study is to understand the efficiency of mental health treatment facilities for students from rural areas. Learning the fact will help us gain a better understanding of whether mental health treatment facilities meet the needs of students from rural areas. The researcher believes that the best way to achieve this is through storytelling, where each participant had a chance to sit with the researcher in a relaxed online chat. These stories are in line with narrative approach as it concerns itself with lived experiences and the researcher coproducing the story with the participant. The researcher can ask for clarity where things are not clear or where feelings expressed are incongruent with what is being said. Story telling allow participants to write down parts of the story they struggle to express verbally. Furthermore, the interviews could use any of the 11 languages in SA to allow participants an opportunity to express their everyday life on the Wits campus as well as their experience with mental health treatment. The conversation helped highlight what students from rural areas deem sufficient for their mental wellness and issues such as language and one on one treatment came up a few times (this will be discussed in findings section). Knowing this information can assist both the dean of students and CCDU adjust their policies and create diverse treatment methods in the process contributing to the decolonizing psychology.

1.4 Method of Analysis

The guidelines for mental care in the country is outlined in The Constitution, Section 3 of the Mental Health Act no 17 of 2002 (Republic of South Africa constitution, 2002). The Act outlines that the main objectives is regulating mental health care in a manner that makes the best possible mental health care, treatment and rehabilitation services available to the population equitably, efficiently and in the best interest of mental health care users and achieving this within the limits of the available resources. Secondly to co-ordinate access to mental health care treatment and rehabilitation services to various categories of mental health care uses. CCDU as the designated clinic that deals with student's mental health is guided by the same constitutional act. The CCDU

strategy aims to "enhance the mental and emotional wellbeing, coping skills, resilience and support of wits students; towards an enriched experience of university life and academic success at the University of the Witwatersrand". The strategy illuminates issues such as shortage of staff, not enough continuous training and lack of preventative programs to mention a few. The section dedicated to research analysis will discuss this in detail. A weakness in the strategy is that the plan makes no clear intentions to address students from rural areas. The researcher gained insight from the people who are directly receiving or have received mental health treatment from CCDU conversations with students using semi-structured interview as the guideline. The university can use these stories to decolonized mental policies, processes, avoiding universalize students' experiences. It is no secret that students from urban areas are exposed to more amenities and social services compared to those that come from rural areas. The opposite of this is that students from rural areas come from backgrounds where sometimes their families even struggle to provide basic needs, health facilities, roads, and schools. Lastly, Wits operates in an underdeveloped country whereas mental health policies are mainly influenced by knowledge and research as well as laws invented by first world countries.

1.5 The research problem

A study conducted at more than thirty universities from different parts of the world by Potter, Silverman, Connorton and Posner (2004) indicated a correlation between students who suffer from mental illnesses (such as anxiety, depression, eating disorders and substance abuse) and suicide ideation. Research showed that people who die by suicide suffer from poor mental health and though many have previously been referred for help, many do not follow up (The National Confidential Inquiry into Suicide and Homicide, 2017). The African continent is amongst the parts of the world worst affected by psychological issues such as anxiety, depression and suicide related to lack of social resources such as hospital; with outbreaks such as Ebola or Malaria, never ending wars and terrorist attacks in parts of the continent, and as a result, countries such as Kenya and Botswana show an increase in cases relating to mental health (Wanyoike, 2015). A study conducted in South Africa showed that 38% of youth have directly experienced suicide death (Peter, 2018). The increase of suicide deaths also affects South African universities. South Africa

is rated as the 6th country to have highest number of suicide deaths in the world (South African Anxiety and Depression Group, 2018). Suicide is responsible for a high number of deaths within universities with up to 20% of students claiming to have thought about committing suicide (September, 2018).

As mentioned, September (2018) notes that Wits has experienced an increase in the number of students that seek help from the university's mental health clinic. However, the university uses a Eurocentric psychological approach when treating mental health in an African context. According to Du Bois (1997), a psychological approach, such as psychodynamics, offer us an understanding of why individuals behave the way they do. However, the approach is limited (Du Bois, 1997). Psychodynamic refers to a view of human personality that results from interactions between conscious and unconscious factors (Freud, 1940). The purpose of all forms of psychodynamic treatment is to bring unconscious mental material and processes into full consciousness so that the patient can gain more control over his or her life (Weiten, 2014).

Phenomenology claims that to understand human beings as subjects or as social subjects you must understand their lived experiences (Du Bois, 1997). Like Du Bois, Fanon argues that any psychology that talks about the liberation of the individual but fails to factor in the social context that the individual comes from is a limited form of psychology (Fanon, 1968). Therefore, Fanon (1967) proposes psycho-politics as a means of analysing psychology (mental health). Psycho-politics means that a professional who treats mental health is aware of how political factors play a role in the domain of the psychological (Fanon, 1967). Thus, in order to understand the psychology of the people (in this case, students) you need to understand the politics that holds them hostage, and how politics affects the psychological and vice versa (Fanon, 1967). He proposes that there is a need for psychology to incorporate and understand the social, economic, and political context which affect the individual's psychological function (Fanon, 1967). Considering this evidence by Du Bois and Fanon one can does not help but think that Eurocentric psychology used at Wits continues to exclude black students from rural areas. A major difference that one can note between

black students from rural areas and those that come from the city, in relation to mental health, is that some students from urban areas are better exposed to mental health services whilst those who are from rural areas barley know anything related to mental wellness.

Fanon (1967) points out that language is important in talking about racialized alienation. To speak is to be able to use the morphology language. Language also means to assume a culture to support the weight of a civilization (Fanon, 1967). Therefore, for Fanon language is not neutral, as for non-dominant groups it means you are using language of the dominant culture to speak in this case Wits using English as the only language to conduct therapy. Language comes with power; it is also the root of alienation. He defines alienation as a separation of an individual from their existential conditions, individual and cultural. From the above, the researcher hopes to contribute towards the development of inclusive mental treatment approach.

Finally, though the university makes an attempt to come up with modern strategies for treatment of mental health, the researcher argues that these are not effective because at the root of it, their foundation remains oppressive policies and acts. As someone who previously joined the CCDU in the capacity of an intern, the researcher observed that the style of therapy applied the same guidelines of therapy for everyone. Students are grouped as one entity thus assuming that all students bring similar experiences and characteristics, and as such, their needs are addressed based on this assumption. The unit also makes efforts to be more visible on campus, it is the researcher's perception the current structure is not enough. Frequent activations teaching about mental wellness and helping students from rural areas adjust could be more effective.

The researcher then argues that mental health challenges are an everyday experience therefore waiting for a pick hour or a big event such as suicide. To have the mental health service provider making themselves more visible by sending email to students is reactive and not so effective. The university needs more proactive and efficient strategies. The researcher believes that the university

needs to review mental health policies and tailor them to accommodate the diverse needs presented by the student population of Wits University. Furthermore, the stories shared by students will be analysed using narrative as a tool to examine the guiding policies as well as stories shared by participants.

1.6 Purpose of the study

The main aim of the study is to understand whether current mental health treatment facilities are efficient for students coming from rural areas. It is the researcher's view that people from rural areas have been excluded within mental health studies. Being part of a community gives one identity, individually and as part of a collective (Little, 2002a). Most attention has been given to people who dwell in urban areas in SA, and the world mental health treatment has progressed in mostly developed countries. Therefore, with this study, the researcher's main aim is to understand how students from rural areas perceive mental health treatment at Wits University. In conducting the study, the research hopes to contribute towards a racially and historically sensitive mental health approach relating to mental health treatment policy. Little (2002a) argues that the negligence by the oppressive apartheid government left rural areas underdeveloped and neglected, adopting Christopher Philo's concept of the 'neglected rural other'. Psychologists such as Bryman (2012) acknowledge that quantitative research in psychology is useful. He also believes that using qualitative research helps us gain meaning behind the stories therefore, it is possible to use both when one tries to understand mental health. As a point of clarity, the researcher uses only qualitative approach for this enquiry to the theorist's traditional psychology neglected qualitative in favour of quantitative research.

Though is it not wrong to focus on quantitative research, the methodology is limited as it only focuses on statistical numbers whilst ignoring lived experiences. This therefore brings the argument that critical psychology should be studied separate from a generic perspective to allow an engagement of context when treating psychologically related issues. Under the concept of 'neglected rural other' Philo (1992) criticizes the understudying of marginalized groups such as

the disabled bodied, people of colour and women. Rural areas are a part of the marginalized groups, hence the study's focus to black students from rural area (Philo, 1992). The data collected can also contribute to the redefining or development of concepts and treatment that reflects cultural sensitivity to mental health treatment approach at Wits.

Psychology theorists Bennett & von Davier (2017) provide knowledge and understanding that helps us better grasp the concept of mental health and psychology. The studies however offer us a generic understanding and not that of students from rural areas in South Africa. Furthermore, their studies mainly focus on psychology and psychology treatment in the context of first world countries. The enquiry is aimed at students from rural areas because they form part of the underdeveloped parts of the country. Part of the research hopes for the enquiry is to give students from rural areas a voice and possibly influence Wits mental health policies. Furthermore, theories and processes followed reflect psychology written during oppressive times because when the field was established black people were considered as not having the intellectual capacity or brains big enough to need mental health (Barnes, 1972; Bulhan, 1985; Guthrie, 1970; Williams, 1972), which played a significant role in the formation of oppressive psychology using race to justify their actions by creating theories that claimed black people had no issues related to psychology.

This is why the researcher found it important to investigate how these oppressive psychological policies and processes are understood by students, in particular those that come from rural areas and how the current services contribute to their psychological needs and if the services help address the students' lives daily. Existing studies are useful in that they give us a better understanding of the psychological well-being of humans using a Eurocentric view. However, producing new information and treatment that are based on an African context could help us achieve better results. Therefore by using a qualitative research method, the study hopes to gain an understanding of mental treatment as per individual's African experience.

1.7 Research Aim

The aim of the study is to examine the effectiveness of existing mental health treatment facilities at the University of the Witwatersrand, with reference to students from rural areas. As indicated above the research enquiry aimed at investigating the effectiveness of existing mental health treatment facilities at the University of the Witwatersrand, with reference to students from rural areas. The dean of students gave an indication that the statistics at CCDU show an impressive growth and help us understand that perhaps students see the need of attending therapy. However, the numbers do not specify how many black students from rural areas are accounted for in the increased number of students seeking help and whether they found the help they were looking for. As a project rooted in the narrative enquiry this research consequently aim is to include participants lived experiences that allow for an engagement of issues of gender, race, class, language and geographic location intersect.

1.8 The research questions

As an enquiry focused on lived experiences the researcher formulated the research question as follows: What are the perceptions of the effectiveness of mental health treatment amongst students from rural areas who have received treatment at the mental health treatment facilities at the University of the Witwatersrand? This question in turn will allow for participants to express personal stories relating to how they experienced the CCDU. In addition to the main question the researcher formulated objectives that will give an in-depth conversation, allowing for students to express themselves using body language such as crying which could indicate congruency or incongruent emotions in relation to spoken words.

1.8.1 Research sub-questions

- What do students from rural areas consider as the causes for mental health challenges?
- How do black students understand mental health and mental health treatment?
- Does the current structure of universities accommodate students who come from rural

areas?

- What role does language used in therapy play in one's understanding of mental health and the perceived mental health treatment?

1.9 The objectives of the study

- To examine if the language used in counselling reflects the lived experiences of black students from rural areas
- Understand if the current structures of conducting one on one therapy is efficient and effective for black students from rural SA.
- To explore methods students from rural areas deem sufficient for mental health treatment
- Establish whether one's background has an impact in how they experience mental health.

1.10 Outline the Structure of the study

Chapter 1 Presents the starting point of the project and outlines reasons that prompted the researcher to embark on the study the focus of the study. The context of the study gives the history behind marginalization of black students from rural areas. The chapter also scrutinizes the colonized mental health treatment policies and services. Furthermore, the chapter calls for ~~a~~ decolonized mental health policies and processes for the university and all supporting structures including mental health treatment facilities. A call for a need to decolonize the university space gives the contextual background, on the purpose of this study. The chapter also provides narrative approach as a fitting tool for the project. The research problematizes mental health treatment facilities that continue to maintain oppressive processes and acts which continue to exclude black students. It also finds a 'one size fits all' approach as not sufficient as students from rural areas have experiences completely different from those who come from urban areas. Therefore, the purpose is to give an opportunity to participants to share their lived experiences. The aim is to understand how effective mental health treatment is enough in meeting the needs of students from rural SA. Subsequently the research questions "What are the perceptions of the effectiveness of their treatment amongst students from rural areas who have received treatment at the mental health

treatment facilities at the University of the Witwatersrand?" This question is accompanied by sub questions that will help unpack this main question, objectives are outlined on 1.8.

Chapter 2 Introduces the conceptual framework of Experience Cantered Narrative as the framework that guides the research. Further, the chapter engages with Squire's importance of using narratives to understand people and their stories, this is vital for a researcher like myself attempt to understand mental health and mental health treatment service facilities for students originating from rural areas. An important concept that the researcher uses is Steyn's Critical Diversity Literature which allowed for the researcher to engage with matters of history, culture, gender, language, class, and geographic origin of the participants.

Chapter 3 Having given the context of the research, its aims and question, the report went on to explain the research literature the research uses. Furthermore, the report provided a critical overview of the literature that was useful to support the importance of using a critical lens when studying mental health treatment facilities research. Using literature from scholars such as Squire, Steyn, Ndlovu-Gatsheni, Mbembe, Pillay Fanon, Du Bois, Biko and Nwoye. The report also demonstrates why we should use ECN, critical literacy and decoloniality when attempting to understand mental health and mental health treatment from students who come from rural areas. Pillay theoretical contributions helps us see how Eurocentric approach is problematic in an African psychological context and need to be scrutinized including how it is produced, taught, and processed. In terms of transformation black people expected equality however, this has not been the case as many still cannot access university whether because of lack of funding or language. 3.5 of the same chapter questions the concept of decolonization asserting that the only decolonization that has taken place is change of names for example street names of building such as Solomon Mahlangu, yet everything remains under the control of the oppressor. The final part of the chapter interrogates oppressive mental health systems and calls for a transformation that includes students from rural areas.

Chapter 4 On this chapter the researcher introduces the methods as well as the methodology that has been chosen for the study. As an enquiry interested in people's stories, the research used a qualitative research design with the aim to explore. Using Critical Diversity Literacy by Steyn (2015) the researcher could engage discourses of geographic location, class, English and gender and explore how they intersect or how they affect the identity of a student who comes from rural areas and their experiences at Wits using semi-structured Interviews. In essence 'a just quantitative method concerns itself with numbers while qualitative method uses people as data' (Brown, 2016) Narrative qualitative methodology was adopted to explore and understand lived experiences of each participant. The study adopts a qualitative research design that aims to explore the subjective accounts of race amongst students through interviews. Narrative Centred-Experiences considers the position of the researcher and participant as equal and thus they concrete the story together. The processes of data collection, analysis, and the strengths and limitations of the analytic approaches are also discussed.

Chapter 5 Discussed findings of the study using both an analysis that looks at mental health policy and an analysis of student's lived experiences. The themes highlighted by policies include a critical look on existing mental health policies at Wits. The analysis of student's lived experiences analysed themes including a critical look on policy, understandings of mental health and mental health treatment by rural students, Bodies out of space, a need for transformation, racialized experiences, language and power dynamics, and inclusion of social fields in mental health issues.

In **Chapter 6** The researcher discusses research findings and limitations, reflects on the research process and closes the chapter by offering recommendations.

2 Theoretical Framework

2.1 Experience-centered Narrative as a framework

Squire's (2008) Experience-Centred Narrative (ECN) was adopted as the scaffolding for this research enquiry. ECN allowed the researcher a focus on experiences using a hermeneutic length where the researcher gains access into all different parts of the story being told by the participant. As each participant shared their story, the researcher can establish how the participant interprets and are influenced by their surrounding as well as understanding how the individual influences their environment (Squire, 2008). Adding to Squire, Patterson's theory (2008) supposes that the use of ECN helps bring to life the future or imaginary experience of the person's narrative by means of text and/or first-person oral narration of past, present, future, or imaginary experience. Subsequently, ECN as a qualitative tool brings a sense of 'humanness' to the stories shared by participants, moving away from focusing on numbers only (Bruner, 1990). Using ECN participants could verbalise any discourses they have experienced affording the researcher a better understanding of how the different discourses by Steyn mentioned above play out in a person's life. This understanding is crucial as it can be used in different context such as mental health services and mental health treatment facilities. ECN is the most fitting framework because it also offers the following benefits by Squire's (2008):

- The researcher can take into consideration structures of language into focus and at the same time include context of the narrative.
- ECN allows both the researcher and participants to use 'spoken words' increasing the understanding of both verbal and nonverbal gestures expressed by the participant during the interview process.
- The phenomenological assumption, experienced-centered narrative is that consciousness can be achieved through story telling.
- The experienced-centered narrative where the researcher will be able to include all sequential meanings of the stories told, and pick up themes of the narrative, that are used as part of the narrative analysis in a section that will follow in chapter 4.
- Experienced centered narrative addresses a significant change in the participant's life such as leaving rural areas and arriving in the city for the first time and how that shift impacts

the student's life as they progress at university (Andrews, 1991).

- Squire's (2008) notion of a narrative framework gave sequence and meaning to the story shared.
- Narratives 're-present' experience, in the sense of reconstituting it as well as mirroring it and lastly, narratives display transformation or change.

3 Literature Review

The enquiry aimed to understand whether existing mental health treatment is suitable for students who come from rural areas who are studying at Wits University. As such the project is inherently interested in the empirical examination of how social matters such as race, language, gender, and geographic location affect understandings and treatment of mental health. The researcher gained the answer through participants sharing personal stories and experiences of mental health treatment facilities on campus, and the story telling is part of Squires notion of ECN (Squire, 2008). The day-to-day experiences are never experienced as a single entity but are connected to history and socio-economic class as well as race (Gatsheni-Ndlovu, 2013). The inclusion of the historic background of South Africa history background is vital to understanding because the marginalization of black people and intentional exclusion to economic participation except as labourers, place a pivotal role in defining a person, therefore 'being a particular type of a person' is embodied and has to constantly shift as the person finds themselves in different spaces. This shift can be noted in a case where a black student from a rural area who never attended a Model-C or private schools is 'different'.

The first noticeable difference is that they struggle to speak in English as people in rural areas use vernacular to communicate with each other daily. The language difference is something students from rural areas are aware and as a result aim to better their English once they get to Wits. English will help them understand the curriculum, write assignments, exams and fit in the space. English is the 'boss' of all other languages at Wits, it is used from when a student applies for admission and infiltrates as far as therapy rooms. Therefore, Young's point of including history is valid and fitting for this study. Including history in the narrative of a participants means that they get to tell own stories instead of assumptions made by a researcher without talking to them. Thus involving marginalized groups gives them a voice and a sense of belonging in the space (Young, 2011).

The year 1994 was a monumental moment as the country had finally gained liberation. Young's (2011) faces of an oppressive capitalist system helps us understand the oppressive systems that

defined SA before 1994. These include exploitation, marginalization, powerlessness, cultural imperialism, and violence (Young, 2011). A new democratic or liberal country gave hope for what Young argues is a just, non-oppressive country where groups previously marginalized would be included economically and politically, where everyone would enjoy the same benefits as per the new constitution, including black people from rural areas. The liberation of Black people became a mission for Mandela's government. Liberation as an ideology supposes that individuals possess the freedoms previously withheld from them and that their rights include freedom of expression, freedom to self-determination and participating in a free economic system, (Gordon, 2018). Under newfound liberation all who live under the South African sun would experience justice, economic and political power and thus, everyone would be equal. However, Gordon (2018) criticizes the South African liberation and claims that it is ineffective because it fails to consider the historic events that created the systemic inequalities. Fundamentally the new government failed to usher in true freedom due to its Eurocentric approach to solutions.

3.1 Rural areas and colonial history

As a child who spent the first 12 years of her childhood in a rural area and continues to visit the foothills of the Drakensberg in Sterkspruit, the Eastern Cape, the researcher is convinced that mental health is a phenomenon mostly known and understood by those who live in urban areas. As a family, we still visit my great grandmother and each time we go we find the gravel road worse that it was before, loose rocks are not the only threat to drivers and the large community, but it also makes it hard for us to visit, fearing collapsed bridges. As community members had to build the bridges themselves without any 'professional engineers' and they were forced to use the little resources they had to build the bridge. After navigating your way into the village, you will find only one primary school. For high school, the children walk about 10 kilometres going to school and the same 10km to get home. The only hospital that was available, 40km away, closed; which means there are no health services for the community, never mind mental health facilities. My story is not unique it is shared by many students coming from rural areas. This knowledge

prompted me to engage with other students and hear their stories, of course without making the research about me hence research question was drafted before the interviews.

Furthermore, understanding the struggles that people in the villages go through is the reason behind the enquiry's focus on rural arrears over urban areas (Squire, 2008). Listening to participants share their lived experiences allowed for a deeper understanding of participants subjective experiences and exposed me to information many participants never shared because some see no point in 'complaining changes nothing'. This sad statement was made by one of the students who comes from rural EC but was there when the second #FeesMustFall back in 2015. Engaging with participants made clear on how much students are influenced by their history and the space they find themselves in. The opposite of this exchange was to see how Wits as a social field is influenced by students. Black students are a majority therefore without them one can argue that Wits lacks diversity or/and transformation aimed by the democratic universities in South Africa. Squire (2008) refers to the dependency of university on students and vice versa, as cross infiltration.

Therefore, hermeneutic phenomenology can be a valuable tool that mental health service providers use to better understand individual lived experiences in connection to the surroundings students from rural areas find themselves living under hence, gaining important information can be explored more in therapy as students are affected by different factors. These factors include leaving their families, sometimes they have no place to stay or eat because there no money, students also struggle to adjust from purely speaking their home language now they find themselves forced to speak the oppressor's language, students lose parents and friends whilst still studying, they fall ill and all affects their psychological wellbeing. This implies that the mental health services provided are based on how the student is affected by their external world.

The lack of mental health facilities makes mental health cases worse in my view because anyone who has been diagnosed with any sickness related to mental health at the only hospital that services over 90 villages is sent to facilities around the province with the nearest being as far as 300 km

away. Most of the people from the Eastern Cape speak isiXhosa as their first language and this is the case with many rural areas across the country, where each area has its own unique language. Analysing the hidden nuances of power Fanon (1967) claims that language is important when talking about racialized alienation. Fanon (1967) asserts that language is not neutral because it means that black people such as students who come from rural areas are forced to speak the language of their oppressor and accept terms already prescribed by the university, in so doing maintain and reproducing the alienation of black students. Letta Mbuli's (1998) 'Not Yet Uhuru' song released speaks to the challenges that theories such as Fanon (1967) and Du Bois (1903:2006) claim 'that black man is not free'.

The researcher finds it extremely disappointing that the song was released two years after SA gained liberation, it spoke of the oppressions black people continued to experience at the hands of a black government. Sadly, the oppression culture of the black men continues up to this day; the only thing is the face of the oppressor (Mbembe, 2016). Rural areas continue to lack basic facilities such as clinics as a result my experience with people who are mentally disturbed are regarded as 'uhlanya/amahlanya' (a crazy person) as there exists no term/concept for mental health or even the different sicknesses within mental health such as depression or anxiety in the rural areas. Therefore, rural areas are disadvantaged when it comes to mental health and mental health treatment.

Damousi (2002) adds that history is fundamental to understanding, shaping, and making meaning of contemporary life, be it as individual or collective experience (Damousi, 2002). Damousi (2002) claims that history is about a sense of place, of public and private life and of international as well as national experiences (Damousi, 2002). The history of SA has an impact of how students from rural areas identify and understand themselves in relation to the world. History is fundamental to understanding, shaping, and making meaning of contemporary life, whether this may be events of international or domestic politics, of popular culture, or of any individual or collective

experiences. Hence, it is vital that we offer students a space to share how their historic background affects how they understand mental health or navigate Wits as a place they occupy.

The researcher's observation is that the discourse between urban and rural identity is a continuous one. Students who come from rural areas constantly face the challenge of adapting to urban life once they get to university, while also needing to maintain their rural identities as they constantly move between the two areas. Thus, urban, and rural identities and differences are constantly produced, reproduced, and affirmed. Geographic background shapes one's identity and overall understanding of the world (Steyn, 2015) hence, understanding the geographic context resulted in the researcher gaining a better understanding with regards to how students understand and interpret mental health and mental health treatment. Historically, black people occupy rural areas, and these are the least developed areas in SA. Social resources such as schools, universities, and social grants are hard to find in rural areas. The area is characterized by a lack of public health as well as mental health services and thus, people who live in rural areas have a different experience with social services compared to those in urban areas. The researcher argues that people in rural areas are left behind deliberately by the new government because of where they are positioned. They are an inconvenience of sort and the government continues to maintain and reproduce marginalization of people from rural areas.

3.2 Rural identity

The Land Act of 1950 prohibited black people from occupying white spaces which created a geographic segregation. This division in accordance to space also meant that black people are placed in the most remote areas with no development, excluding them from any political and economic benefits. Using space as a weapon of oppression in South Africa was done by creating animosity between African tribes, by so doing advancing plans to take over the land. The oppressors made sure to use violence to take over areas occupied by blacks, such as in the case with King Shaka who fought for Zululand now known as KwaZulu Natal. The colonizer recognized areas they found 'fertile 'for their economic mission, developed them into economic

hubs whilst ignoring those they did not find beneficial to them including remote rural areas. In other instances, blacks had to be moved to make ways for the oppressor's economic needs (Biko, 1976). Sadly, these excluded areas continue to be underdeveloped 25 years into democracy. Rural areas lacked essential amenities, making it harder for them to meet their basic needs including roads, cell towers, electricity, health facilities, and quality of their homes, schools and lack of access to clean water. All of these are amenities enjoyed by people in urban areas, and this was one of the negative results of oppressive government regimes. The segregation created a system where; whites 'had power over the blacks living in rural areas, they controlled where they could go this abuse was backed up by the law.

Due to the Group Areas Act of 1950, people had to carry Dom Pass as not carrying one meant that traveling even for work requirements was not allowed. In addition, black people were never allowed in and 'whites only 'areas except as domestic work or a garden boy, failure to produce work permit or a Dom Pass resulted in punishment as harsh as being jailed. In her piece 'What if I Cite Graciela" Cruse (2008) claims that the relationship between the participants and the researchers should co-create the narrative which researcher not deviating from the aims of the research, therefore the stories told should contribute towards answering the main research question. People who have experienced an event or a significant change in their lives are at a better position to explain what they experienced.

Cruse's notion of non-traditional research approach inspired the researcher to do the same, hence the engagement with students from rural areas who have used mental health facilities on Wits campus because they are the only ones who can share what their experience was and not rely on secondary information. Therefore, hearing the views of students from rural areas offers an opportunity for us to understand how they perceive mental health. It is also important that we hear these stories because we can understand how rural background influences how one understand mental health.

An unexpected outcome of student's racial segregation that came about because of Wits' use of English as the main language was the unintentional fostering of relationships between black students from rural areas and from the townships. An example of this is when students from the same province recognize each other's accents, and from that a family was formed especially when people come from the same province. For example you would hear a Zulu man referring to another Zulu guy as 'bafo'(brother) or Xhosa women use 'mntase' (my sister). The researcher's observation is that in a way this practice created a kind of 'kinship' relations that students from rural areas form within themselves and this plays a significant role in how the student adjust and survive. Thus, the kinship creates different in and out group within students coming from rural areas and those who come from the townships.

Black students from either rural areas or the township who are not part of the in group often find themselves left out as they do not fit with the new formed groups nor do they fit with what is commonly referred to as the 'coconuts', these are black students who went to Model-C or private schools. To celebrate their difference the newfound tribal groups sometimes host events to showcase their culture and heritage using dance, traditional outfits and music. However, these events do not seem to be attractive for white or the coconuts. This can be viewed as a continued reproduction of racism and is linked to power struggles where whites are used to being in control and celebrating only what they deem as cultural. The celebration of blackness by students from rural areas and township can possibly be a threat to white power and a potential start of the collapse of the hierarchy of power Foucault (1980).

Little (1997) points out that our identity is shaped by different parts of our lives including race and socio-economic class. The spaces that one lives in are also highly influential to how one sees and defines themselves as an individual as well as a part of the collective (Little, 1997). On the other

hand, space is created by those who occupy it and gives it meaning (Cloke & Little,1997). Wood (2010) adds that no one lives with fixed identity, rather identities are performed daily by the actions we take and activities we engage in, therefore our identities shift depending on where we find ourselves (Fanon, 1967). Thus, our actions produce rural or urban identities. Therefore, individual, and collective meaning is important for the identification with space. Leyshon (2011) agrees with Wood by adding that the emotional connection of people to nature and the rural land affects how they see themselves. The relations between members of the same community also contribute to one's identity. In additionally, they are also brought together by identities shared by people in the same community, marginalization and othering (Little 2002a, Little 1997).

3.3 Rural areas as space

According to Foucault and Miskowiec (1986), the dominant concepts of space and time are greatly linked to the capitalist west. Space is experienced according to how the west defines both space and time. Reviewing the transforming concepts of space through history, Foucault (1979) notes that the Middle Ages postulated "the space of emplacement", which consisted of "a hierarchic ensemble of places. By contrast, the quality of contemporary space is that of divergent sites. He proposes that we now exist in the epoch of simultaneity: we are in the epoch of juxtaposition, the epoch of the near and far, of the side-by-side, of the dispersed (Foucault & Miskowiec, 1986) and ascertain that we experience the contemporary world less as "a long life developing through time", than as "a network that connects points and intersects with its own skin". He indicates that there has been a shift from a space of binary oppositions, of the open and closed, private and public, sacred, and profane (Foucault, 1977). In this case one can see how Wits lived and still lives this reality. At first it was an open university but excluded blacks.

In the new SA blacks are welcome but some cannot afford to attend whilst others do not meet entry requirements, and everything is communicated in one language out of a country that has 12 official languages. It is the researcher's view that language is important to consider in this context because

it carries power, therefore, a transformative space such as Wits needs to factor in diversity in language. The results of the research can help us understand this assumption better.

In his study of space and power Foucault (1980) introduces two types of space: utopia and heterotopia. Utopias are not real spaces and can therefore be freely constructed in any way. Heterotopias, a notion that became an inspiration for (Marxist geographers Halberstam, 2005), refer to spaces which exist and inhabit ´superimposed meanings´ that serve certain purposes in society, like holy spaces for instance (Foucault, 1980). The researcher argues that rural spaces also bear characteristics of heterotopia. For example, the concept of the 'rural ideal' serves to preserve an image of the past but also to keep alive certain traditional values in the present (Little & Austin, 1996). Fanon (1967) views people from rural areas who are relocated to the city, possess a double consciousness where the rural and urban identities constantly interchange with each other. They are constantly interchanging between these two spaces. Fanon (1967) uses the idea of a mirror as a metaphor for the duality and contradictions, the reality and the unreality of utopia and heterotopia. A mirror is metaphor for utopia because the image that you see in it does not exist, but it is also a heterotopia because the mirror is a real object that shapes the way we relate to our own image.

Using an economic perspective, rural areas can be classified as the centre of agricultural activities. However, when we add the history of oppression, rural areas became a place of 'lack' for black people. This is one of the shared characteristics of people living in rural areas. Little & Austin (1996) add that although people in rural areas share similar characteristics, it is impossible to group them as one because within the group one finds several social groups which form their own spaces that overlap geographically (Little & Austin, 1996). Rural areas, therefore, become a place where culture and traditions are kept, whilst at the same time changing as people in rural areas commute between urban and rural areas bringing culture from both spaces. Pini & Leach (2011) argue that a mistake that dominant governments made was the assumption that rural areas are classless. Based on this assumption, people in rural areas found themselves being dominated, with no voice and

marginalized (Bryant & Pini, 2011). Therefore, rural spaces are coherent in themselves, but their meanings constantly circulate through time, space and individual discourses and must be investigated from within to detect their many facets (Murdoch & Pratt, 1997).

3.4 The state of psychology 25 years into democracy

After SA gained its democracy, rural areas went through social restructuring that saw racial borders being opened. People from any part of SA could travel between rural areas and urban areas without the need to produce a Dom-pass, opening education facilities such as universities up to people who were not white. This resulted in many students from rural areas gaining access to institutions of education, with some institutions even placed in rural areas, such as the University of Venda. Socio-economic resources extended to rural areas included clinics, social grants for the elderly, disabled bodied people and child grants. The change in government promised transformation to the lives of those previously marginalized. However, the only noticeable 'transformation' seen was that black people could access places and institutions previously reserved for whites only, the field of psychology included.

Pillay (2017) views psychology as an approach that aims to understand and help people who are faced with psychological issues and to understand them better. Thus, those who receive mental health treatment should have their lives changed for the better. In Pillay's eyes, the profession failed at achieving this and instead worked on legitimizing oppression, particularly for groups previously marginalized by both colonial and apartheid regimes. Oppressive psychology was never replaced further, no efforts made psychology accessible in an African context. Student led movements such as #RMF and the #FMF movements assisted in the critical analysis of the so-called transformation discourse. These movements helped illuminate the need for a decolonized academic space, included is the discipline of psychology (Pillay, 2017). This means that psychology as a field fails to transform because psychologists continue to use approaches and policies originally created to exclude black people. Therefore, speaking to students will assist us

gain a better understanding of what students consider as suitable alternative methods universities can use to address their needs.

Ratele (2014) in his criticism of a colonized psychology in a liberal state such as SA voices his disappointment at the lack of transformation and argued that we look deep into transformation and the role it plays in maintaining oppression. He makes a realistic observation when he claims that powers remain with the oppressor (Ratele, 2014). This power and privilege inform the teaching and education of psychology students and the practice of psychology (Ratele, 2013:30) Therefore, Ratele (2014) illuminates the need for a decolonized psychology bringing to light the need to investigate and transform psychology.

3.5 Decolonizing universities

In his 'Decolonizing Knowledge and the Question of the Archive' interview, Mbembe (2016) makes it clear that decolonization is a project that should not only address the demolishment of physical figures who 'immortalized' themselves whilst undermining blacks, treating them as a liability and an inconvenience (Mbembe, 2016). Mbembe (2016) adds that taking down figures such as Rhodes statue, or changing the names of buildings is not enough for the decolonization project. Rather, decoloniality should involve demythologizing whiteness. Mbembe regards public spaces such as universities as social fields belonging to the public and as such everyone should have access, thus, for universities to qualify as being a decolonized space, they must start by de-privatization (Mbembe, 2016). For Mbembe (2016), access does not only refer to universities opening doors to black students, but it also meant that the university creates a safe and free space where black students and academics enjoy the same freedom as white students and white academics. This means that methodologies used to teach history be decolonized, and that the history being praised/told should not be that of the oppressor (Mbembe, 2016).

Engaging students in the research could be a step towards decolonizing whiteness as well as changing the narrative that knowledge is only legitimate if it comes from whites as we have previously been told (Ndlovu-Gatsheni, 2016). Thus, a decolonial university space according to Mbembe requires a change in epistemologies and knowledge production. Mbembe (2016) also views a decolonial university as one that is public and accessible for all racial groups compared to universities previously reserved for whites and those with privileges. Opening universities means that everyone can have access to an education space, without restrictions. It is Mbembe's (2016) argument that current universities prioritize profits, making students consumers and not important players in the field. In addition, the privatization of the university as a space creates othering, with black staff and black students being treated as if they do not belong, therefore, neither black staff nor black students own the space.

Decolonization of universities should interrogate and change methods of teaching, pedagogy and power relations between students and lecturers. Ndlovu-Gatsheni (2018) agrees with Mbembe by adding that universities as institutions of knowledge reflect economic powers, thus knowledge produced only serves to maintain and reproduce power and domination over indigenous groups (Mbembe, 2016). The main reason students come to institutions of higher education is to gain a degree, however the curriculum remains colonial. A decolonized curriculum is vital because changes in the education structure could force a change to support structures including mental health treatment facilities. Thus, decolonizing research methods, epistemologies and pedagogies could result in a decolonial mental health treatment practice. Therefore, black students and black academics should engage with what he refers to as the *pedagogy of the presence* where they challenge and disrupt colonized academic spaces until universities processes transform into a decolonized space including support services such as CCDU (Mbembe, 2016).

Hence this research is interested in understanding how discourses such as language help to propel the project of decolonizing influential spaces such as universities and student support structures. This will help understand whether the space is making progress on decolonialization or stuck in

the past helping us come up with methods students believe can help the university make progress as stories told will be reflection of student's lives. The freedom means black students and black academics can live out their blackness in a safe environment that sees them as valuable members of the university. Adopting Biko's notion of Black consciousness by Biko (1976) Mbembe (2016) argues that both black students and black academics resistance should start with the change of their mental state, where they should act like they belong in the university as a space, because they do.

3.6 A need for transformative mental health treatment approach

Brown (2016) in her study 'Decolonizing Health and Wellness with Native American Women' argues that native Americans suffer devastating consequences related to health including mental health related diseases such as depression, stress, and anxiety because of a lack of resources needed to address these illnesses (Brown, 2016). She points out that the disparities are because of lack of inclusion of native people in health planning and research (Brown, 2016). Health workers do not bother to include natives when they conduct research. Instead, researchers make assumptions about what is suitable for the native (Brown, 2016). It is Brown's (2016) view that the health system fails native people due to their lack of interest in considering the history of native people. Pillay (2017) echoes Brown, adding that the current psychological approach reflects Westernized culture, and that we need an African approach that includes marginalized Black people (Pillay, 2017). In their Psychology study, Nicholas & Cooper (1993) reveal that psychology plays a role in the oppression of Black people, directly and indirectly. Hence the researcher is interested in understanding whether universities are making progress in adjusting university policies to accommodate black students who are reasonably new in the space.

Therefore, theories such as Nwoye notes that a detrimental act that took place in the African university was its domination by Western psychology (Nwoye, 2014). He argues that as we move toward prioritizing African psychology it is important to understand the history of African psychology in an African academic institution would subsequently influence student's support systems including mental health. Nyose adds that the #FMF and #RMF is detrimental to the

transformation of African university as well as addressing the domination by Western psychology (Nwoye, 2014). He adds that we should not forget the history of academic institutions and psychological approaches as we work on real transformation. When we forget, we risk reproducing Eurocentric psychology which ignores and undermines psychological experiences of black people. Psychology was also established to meet the needs of whites because they were considered intellectual. A continuation of this approach could leave students with more questions or no help at all which means black students from rural areas might never understand mental health or receive mental health treatment as Eurocentric psychology does not accommodate their needs. The researcher aims to verify this information by asking students from rural areas about their experiences with the service providers, helping to understand how far the university is with transformation process.

In 2016 students started the #FMF movement demanding decolonized institutions of higher education. The call by students for decolonization of universities as institutions of knowledge sparked a debate about how the space remains colonial. Professional psychologists such as Kessi and Kiguwa call for a new psychopolitical orientation (Kessi and Kiguwa, 2015). Theorists such as Adams, Dobles, Gómez, Kurtiş, and Molina Adams, Dobles, Gómez, Kurtiş, and Molina (2017) agree that "a responsible psychology requires decolonization of its hegemonic forms of knowing and being." The three emerging approaches for a decolonial approach to psychology suggested by Adams, Dobles, Gómez, Kurtiş, and Molina (2017) include indigenization, accompaniment, and denaturalization, along with two existing conceptual approaches-cultural psychology and liberation psychology.

The proposed approach can drive us towards a decolonial psychology if applied with diversity in mind. However, we ought to be cautious as we need to disrupt the current psychological space whilst simultaneously finding a balance between individuals and collective psychological approach (Pillay, 2017). It is the researcher's view that mental health treatment could make mental health accessible and inclusive.

Speaking about ‘Epistemology and the politics of knowledge’, Pascale (2020) voices that the existing university structure treat students as only valuable for profit making. Therefore, we can be overcome by inclusive educational institutions by using critical qualitative methods (Pascale, 2020). Using narrative enquiry which is part of the qualitative methods, the researcher can involve students from rural areas as active participants of the research which hopefully will contribute to the decolonization of the production of psychological knowledge as well as psychological processes use to treat mental health. Using a qualitative methods, the researcher could reflect on the economic and political powers behind the universities daily functioning. Transformation in academia can be achieved through critical evaluation of epistemologies and how they maintain exclusion of black knowledge, black academics as well as black students. Pascale (2020) adds that it is important that students are understood within their context. This approach supported by Squire (2011) as a result the researcher could initiate a dialogue with participant, allowing for a better understanding as participants were given free will to narrate own stories, interpret what they consider as reasons behind certain behaviour or actions taken/not taken regarding mental health.

According to Nwoye (2014) African psychology has the following specific goals: come up with psychology that not only focuses on statistical numbers but rather include lived experiences as a vital part of the psychological approach, especially in an African context. African psychology can bring the unique lived experiences that African people live daily. Therefore, there is an interest in understanding how therapist address these lived experiences.

Critical engagement refers to African scholars scrutinizing African supremacist approaches. African psychology is necessary because Western/European psychology is mainly concerned about individual experiences and qualitative numbers. Further, a western approach ignores any African culture and spiritual practices when dealing with mental health. Eurocentric approach excludes the communal relations that and an individual has to their surroundings (Nwoye, 2010).

4 Research Methodology

Qualitative narrative methodology is about allowing those that experience something to tell the story instead of the researcher making own interpretations or assumptions. It is about letting someone share their whole story by so doing, the narrator represents themselves. Narrative methods gives power to students by allowing them to share every part of their story as such is an experience-centered research. Narrative is also hermeneutic in its approach which means that the approach "aims at full understanding rather than being structural" (Squire, 2008). This means that both the researcher and participants influenced each other and make meaning of the narrative, together. Some of the benefits of using a narrative approach include: the story carries a theme, it carries all the details of the story including feelings and thoughts, it follows a particular order and adds time to an event, it carries present and future and reproduces itself as its being told, it can be a 'life history or biography'. Through story telling both the researcher and students could create meaning of the student story, therefore, research power is shared between both researcher and participants.

The research was conducted with different anticipants using a semi-structured interviews at different times about the same topic, giving the researcher a better understanding of the experiences. The practice of interviewing different students proved significant as each participant came from a different rural part of the country therefore, brought their own unique experiences. This offered the researcher a richer understanding, identify commonalities and differences posed. A narrative can be told by using different forms including; interviews, pictures, written material like a letter or diary, which become important tools during data analysis process. For this research project the researcher used interviews. Instead of using the traditional face to face interviews as a tool to collect information, the researcher used WhatsApp which is an online platform that allows for two people to connect using voice or video call. The researcher used video calls which afforded the researcher an opportunity to go beyond what is being said and considers body language and expressions which all form part of the story and gives the researcher an in-depth understanding of how a participant feels about a certain phenomenon.

Furthermore, qualitative narrative researcher can use various instruments to collect data including written, or visual text, field notes, participants and their own commentaries along related cultural representation and records of important realities in their own lives. As such the researcher made use of written mental health policies, adding to interviews conducted with participants. As a methodology concerned with people's lived experiences qualitative narrative research permits researcher to consider participants social contexts such as cultural differences which is also an important fact to understand when conducting critical research. These are factors that the researcher considered as they interviewed each participant.

Benefits of using narrative research include its ability to give participants space to voice out their experiences without fear or preconceived assumptions from the researcher's side. Participants make sense of their own experiences. They can also share personal accounts and feelings about their experiences, in the process reconstructing themselves. Narratives extract people's experiences from their stories instead of imagined experiences. The story is told in a particular order at the same time giving meaning. Squire (2011) indicates that the link between community psychology and narrative psychology is that people's identities are linked to communities they come from. Communities such as rural areas share certain constructs. Moreover, participants can share stories that are invisible but equally painful. Therefore, we get the feelings that accompany the experience.

Narrative approach is not mediated, allowing victim to share raw stories, sharing feeling, and lived experience. Thus, they share their own interpretation of their stories. Narrative method's downside is its ability to retraumatizing participants through the retelling of a traumatic story (Squire, 2008). To minimize the trauma the researcher will organize one on one therapy for participants needing this service Furthermore, arrangements with therapists have been made and contact details of therapists to contact have been provided on the participant information sheet on Appendix B. Though narrative methods allow different people to retell the same story, it cannot be repeated the same as each person has a different understanding of the words or even have their own interpretation of what is going on (Boonzaire & Van Schalkwyk, 2011).

4.1 Data sources

4.1.1 Policy/legislation documents

Burrows and Laflamme (2006) suggests that people perceive mental health differently thus, they argue that it is vital that mental health treatment be tailored to fit different geographic locations (Burrows and Laflamme, 2006). Therefore, the student's point is considered valid and important about the government providing appropriate health facilities for rural communities and people living with disabilities including mental health. To learn and understand Mental Health Act no 17 of 2002 the researcher used the South African government's online resources as it was difficult to gain access to one of the mental health institutions due to Covid 19 rules. The Constitution of the Republic of South Africa, 1996 and Section 3 of the Mental Health Act no 17 of 2002 outline the guidelines for mental care in the country (Republic of South Africa, 2002). However, the researcher was fortunate that CCDU's strategy was made available by the HOD was willing to share. The Mental Health Care Act regulates mental health care and makes the best possible mental health care, treatment, and rehabilitation services available to the population equitably, efficiently and in the best interest of mental health care users within the limits of the available resources. Through the analysis of this legislation and the mental health facilities on Wits campus complies with the Act. Furthermore, the mental health treatment facilities on campus are in line with the guiding legislation. However, students indicated a need for the Counselling Careers and Development Unit (CCDU) to do more. This could include adding more therapists to overcome the shortage of staff as indicated on the unit's strategy plan

According CCDU's HOD the Mental Wellness Strategy is of course an ongoing process and the main operational document is updated on an annual basis. The rules are inline however, Pillay (2017) warns us about applying Eurocentric psychology with South African students because the backgrounds of the oppressor and the marginalized are different. Mbembe (2016) and Gatsheni-Ndlovu (2013) also add that decolonial project should also look at getting rid of knowledge owned by the West and start producing African based knowledge. The researcher agrees with these theorists and adds that we should not forget that universities like Wits were designed only for

whites only therefore there is a need to consider including an African perspective when treating mental health. This will mean that African students are also accommodated.

One of CCDU's objectives includes "to co-create and enhance an institutional culture supportive of mental health and well-being, through the reframing of mental health in organizational policy and planning" (CCDU strategy document, 2018). However, the current structure is limited in its practice as the facilities do not have any psychiatrist as part of the team. Any student needing psychiatric evaluation is forced to pay for a private psychiatrist available at the universities health clinic or is sent to one of the psychiatric units on one of the hospitals near Wits. This strategy works however, does not seem to be the most effective as it requires a supervisor to approve any referral's and the supervisors are not always available. Therefore, by the time one gains permission it may be too late. Unfortunately this was proven in one afternoon when I experience a situation where a student from Lebowakgomo (a village in Limpopo) was planning suicide by throwing herself into a car, before this the student had tried 4 times unsuccessfully. The student was clearly in need of a psychiatric evaluation according to my observation. Our supervisor at education campus was not in the office and no one knew where she went, I then tried main campus but that too failed, as many supervisors only work until 12 before leaving for private practice.

After keeping the student for 2 hours in the office I finally got a hold of a senior social worker who gave me permission to call Akeso clinic. When the car arrived, they wanted to know if the student is on medical aid and did not stay in one of Wits' student residences and she did not have instead of the driver taking her to Akeso clinic which is approximately a kilometer from education campus and drove 6.5 km to Helen Joseph because Charlotte Maxeke had no beds. This is one example which shows that CCDU strategy is not always practical, and it excludes students from rural areas who cannot afford medical aid. This demonstrates Ndlovu-Gatsheni (2013) notions that changing the names of building whilst lecture rooms and student support structures continue to perpetuate and reproduce exclusion and oppression is not enough for decolonization at SA universities. Further, this narrative shows that following instructions always does not result in effective processes; a case that should have taken 15 minutes ended up taking 2 hours.

4.1.2 Student engagement: University efforts

According to the Head of Department of the Counselling and Careers Development Unit (CCDU), the university did not take mental health or mental health treatment for students seriously prior to the tragic suicide of a second-year student in 2017 (personal interview with CCDU's HOD, 2019). Before this tragic death by suicide of a student, mental health facilities had limited resources. However, the university is making means to avail more resources for students (September, 2018). Speaking to students it became clear that the systems and processes fail students from rural areas in different ways; you are assigned therapist who are white or Indian therefore, language becomes a problem, many senior psychologists and social workers only work up until 12 this affects the waiting period, some of the students reported waiting for up to 5/6 weeks to see a therapist that they even gave up.

4.2 Data collection technique

4.2.1 Research Site

The researcher used Wits university, in Johannesburg, Gauteng Province as a research site however, due to Covid-19 pandemic all video calls were made using WhatsApp. At the time the researcher interacted with students who had been using online learning for close to a year. This made the interaction easy, created a natural set up for the conversation. Using Wits as a research site was also helpful in answering research question as mental treatment facilities being investigated were those of Wits only. Being a registered student at the same institutions meant that the researcher only needed ethical clearance and other permissions from Wits only making the process easier and not so long.

4.2.2 Research tool

To gain full answers that helped answer the research questions and achieve the research aims, the researcher used semi-structured interviews using video call on social media platform. The use of semi-structured interviews allowed for story narration, and helped the researcher gain access to

the depth of participants experiences (Squire, 2008). Furthermore, semi-structured interviews allowed for open ended questions which in turn give participants full permission to give detailed answers (Leedy and Ormrod, 2013). The researcher's focus was to understand the effectiveness of mental health treatment facilities, therefore, it become imperative that participants be given a safe space to voice their experiences during the interview process and this was achieved by the use of semi-structured interviews. All interviews took between forty to forty-five minutes with some questions answered before the researcher could get to the question and this can be credited to the semi-structured interview style.

4.2.3 Keeping Records

After obtaining permission from the ethics committee and the registrar, the researcher started recruiting participants by putting up announcements on WhatsApp as the platform that was used for the actual interviews. Therefore, those who were able to see the advert could invite others creating a snow ball type of an invite. Furthermore, I tasked gate keepers of the student population including a Student Representative and a former house committee member as advertisement agencies by distributing information on the groups. The interview selection process started at the beginning of December 2020 then the interviews began from January the following year. Covid-19 pandemic conditions prevented any physical contact between the researcher and participants as the country was going through the second wave of the pandemic. Before conducting the study, participants received details of the study in the Participant Information Sheet.

Further, the researcher gain consent to interview participants and permission to record the interviews using both notetaking and a digital tape recorder. The consent form was sent back to the researcher using the WhatsApp app or via email before any interviews were conducted. All relevant documents including questions went through the ethics committee to avoid violating ethics. To ensure that the researcher does not exploit participants, interview questions were included in the submission for evaluation to the ethics committee to help answer the research question and achieve the objectives of the research study (Leedy & Ormrod, 2010).

4.2.4 Population

According to Salkind (2012) a population consist of a larger group that the researcher selects participants from. The population for the study comprised of all students registered at Wits. Due to difficulty to get a hold of the HOD of the School of Human and Community Development at Wits the invitation to participate was opened to all students from Wits. However, the researcher only considered only students who come from rural SA and have had had previous experience with CCDU. This was still ethical as the permission to interview all students was given by the registers office and was included when submitting to the ethics committee. It is important that the population be established to set boundaries on the study units because the researcher can ensure that the population's characteristics are in line with research aims and can help answer research question (Durrheim & Painter, 2006).

4.2.5 Research participants/sample

The initial plan was to to use students from the School of Human and Community Development only. These plans had to change to reasons mentioned above however, access to a bigger population was an advantage in that it gave the researcher access to an even bigger number of students who brought a diversity in terms of gender, race, language, geographic location and economic class. All are discourses important to consider when studying mental health. Only student from the rural areas who have received therapy from CCDU participated in the study. The narrowing of characteristics helped answer the research question (Strydom, 2011a). The democratic profile of participants is indicated below

	Age	Gender	Class	Language	Province
Participant 1	20	Male	Low	IsiXhosa	Easter Cape
Participant 2	24	Female	Middle	IsiXhosa	Eastern Cape
Participant 3	24	Male	Low	SeTswana	North West
Participant 4	22	Female	Low	SeSotho	Free State
Participant 5	23	Female	Low	IsiZulu	KwaZulu Natal
Participant 6	23	Male	Low	IsiXhosa	Eastern Cape

Participant 7	22	Female	Middle	IsiZulu	KwaZulu Natal
Participant 8	23	Female	Middle	IsiZulu	KwaZulu Natal
Participant 9	22	Male	Low	SePedi	Limpopo
Participant 10	23	Female	Low	SeTswana	Northern Cape

4.2.6 Sampling Procedure

The process of sampling involves "selecting units of analysis in a manner that maximizes the researcher's ability to answer research questions set forth in a study" (Teddlie & Tashakkori, 2009). The researcher used a non-probability sampling to select participants. Using this procedure was beneficial because the researcher selects only participants who share commonality, this increases a reasonable chance of attaining a representative sample (Robinson, 2013). Participants took part as volunteers on, and were selected based on them fitting the characteristics needed to answer the main research question. The researcher used social media, WhatsApp this method worked quicker as students from different courses/student societies and residences had existing groups on WhatsApp. To gain access to the groups the researcher used 2 Student Representative Council (SRC) member and an ex secretory of one of the residences .After receiving just close to 20 volunteers we stopped 'advertising' to avoid being overwhelmed by the numbers.

The researcher also waited to get extra participants to go up to 20 as students turn to pull out from projects that do not benefit them. The researcher chose the first 12 and called and explained what the research is about before sending PIS and consent forms, they also agreed on interview time and date. The total number was reduced to 12 due to time constraints as the university had given a non-negotiable date therefore, interviewing more than 12 participants would have required more time. This number was approved by both the supervisor and the ethics committee. Two participants from the original list of participants became part of the pilot study, this helped the researcher test the questions. By testing the questions the researcher could adjust some questions, clarify ambiguous ones and avoid closed ended question before rolling out the interviews to the bigger group. The remaining 10 become part of the participants interviewed for the actual study. The results of pilot study are not included on final report.

4.2.7 Recruiting participants

Under normal circumstances, the researcher can walk up to students and invite them to take part in the study. However, due to Covid 19 rules, the researcher used social to recrite participants. The researcher used gate keepers for easy access. Gate keepers are people with an influence/access to the targeted population. Therefore, the researcher used both former house committee member and SRC members as the gate keepers. As the people with access to students database the gate keepers helped researcher reach a large number of students. The first 20 students who respond and possessed characteristic required for the study were selected as participants. To ensure protection or taking advantage of participants, the researcher followed guidelines from the registrar and ethical guidelines of not causing any harm to participants (Fricker, 2007).

4.2.8 Language

The researcher is Nguni and spent parts of her childhood in a village that sits at the foothill of the Drakensburg Mountain in Sterkspruit. Due to the proximity of the place to Lesotho the researcher grew up using both isiXhosa and Sesotho to communicate daily. This background made it easy to understand Setswana and Sepedi which were languages dominant other than IsiZulu, IsiXhosa and SeSotho. This became an advantage for the researcher because in the end there was no need for an interpreter. Before conducting the interviews, the researcher confirmed the language each participant was comfortable with and used that language as such, 95% of the interviews were conducted using vernacular: IsiXhosa, IsiZulu, SePedi, Ndebele and SeTswana. The languages represented 7 of the 9 provinces: Easter Cape, KwaZulu Natal, Limpopo, Mpumalanga, North West and Northern Cape. The number is not big enough to give a clear indication of the views for all the students originating from all the villages in SA. However, the variety of provinces is good enough to give us an idea of what students from the different provinces understands about mental health and mental health treatment.

4.3 Data analysis

The above narrative methodology and process allowed for an understanding in how students from rural areas experience psychosocial services. Miles & Huberman (1994) acknowledge that there are different methods a researcher can use to analyze data some are more traditional including such as thematic analysis, whilst some are newly developed including discourse analysis. To achieve maximum results for the study the researcher used narrative analysis. The use of narrative analysis offered the researcher a good understanding of individual lived experiences, the context that the experiences happens (sociocultural) and the language that the individual uses to define experiences (literary) (Miles & Huberman1994). This helped keep the story as original as possible, ensuring that meaning of the story is not lost.

As an analysis that has no definite definition a narrative researcher is still expected to be ethical and follow qualitative methodology principles (Butina, 2015). Therefore, the researcher used specific guidelines and processed data. The aim of qualitative data analysis is processing data to make meaning (Butina, 2015). According to Butina (2015), as a narrative researcher I am permitted to use one of four approaches when analyzing data. In the first approach, narrative thematic analysis is an approach where the researcher focuses of the content of the narrative. The second approach is structural analysis in which the researcher places focus on how the storyteller formulates his/her experiences. The third approach is dialogic analysis where the researcher focuses on how the story is put together thus, the focus is on the dialogue between the storyteller (students) and the listener (researcher). The final approach is visual analysis which allows the researcher to make meaning and understand the story being told using written text.

The researcher chose the thematic narrative analysis which began with the consolidation of data and identifying segments that helped address the research question. After the approval of my research proposal, I could start with the first step of thematic narrative analysis. It involves me organized and preparing data by conducting semi-structured interviews using WhatsApp video calling. At this point I did not only records/makes notes of the spoken words, but I also observed participants' body language. Where I was not sure about parts of the story, I was able to probe for

more information and ask for clarity from each participant. This helped me understand meaning of the story, making it easier for me when I had to transcribe and analyze the data later. Following the interview process was the transcription of the interview as soon as possible. Though tiring transcribing the interview as soon as possible is advantageous as I could still remember the story and I avoid mixing up my participants stories because the information is still fresh in the mind.

This process followed by the researcher selected segments that are similar and produced patterns or themes, overall, I am obtaining a general sense of the full story. The aim of segmenting or picking up patterns was to make meaning and understanding what each pattern or theme means to participants (Butina, 2015). I then moved into to coding the information, where I begin to make cohesive meaning of the information (Butina, 2015). I achieved this by using color coding, assigning different colors for each pattern I picked up, grouping, and clustering common themes/categories/patterns together ensuring that I do not leave out any important information. The final stage involved an actual research analysis of the data collected to find how the clusters relate to each other and to the research question. This information was later used to find nuances within and between clusters. Detailed analysis will be discussed in chapter 5.

4.4 Ethical considerations

4.4.1 Do not harm

The aim of this critical study was to gain an understanding of students' perceptions on about mental health by include students who are often excluded in society. Therefore, the aim is to cause no harm to these students. In an event where the participant's experiences harm, the researcher will find help from professional therapist (Babbie & Mouton, 2016). There is a possibility that some of the questions might evoke negative psychological effects therefore, the researcher will conduct debriefing sessions after each interview and organize one on one therapy wherever needed. The name and contact details of the therapist are included on the PIS form on Appendix B.

4.4.2 Informed Consent

Critical qualitative research aims to give a voice to the marginalized and address unjust research methods (Steyn, 2015). Participants signed consent forms agreeing to participate voluntarily to the study and granted permission to the researcher to record all conversations. Without their agreement the researcher may not engage with participants. Allowing participants to decide on whether they want to participate in the research study shows that the researcher values their input. Consent was first done verbally, and then by written consent. All appointments were arranged with each participant. All arrangements to consent took place via WhatsApp which was the tool of communication used as it was not possible to meet in person (Leedy and Ormrod, (2013).

4.4.3 Participant's compensation

Due to the current pandemic, the researcher used WhatsApp to interviews participants. At the time, the world was facing the Covid-19 pandemic as such the university had moved all activities online. The university supported students by providing data however, at the time of the interviews these services had been therefore, all participants received data on the day of the interviewing. The researcher spent no more than R50 per participant on data. The university authorized between R29 and R150 therefore, the R50 amount was still within the authorized amount. To make the data go further we also used the 60-minute special offers the networks give per day, this endured that no participant run out of data during the interview.

4.4.4 Do not use force

Forcing anyone to participate in the study would be a tragic indirect repetition of oppression. When people are oppressed, they do not have any rights (Young, 2011). Therefore, to avoid any kind of force, participants were given the right to withdraw their participation at any given time (Leedy & Ormrod, 2013). Ethically the participants can report any inappropriate behavior by the researcher to a supervisor, and the supervisors contact details included on the PIS. The rights of the participant are also outlined in the same form.

4.4.5 Confidentiality

The researcher-maintained confidentiality by conducting private interviews with each participant at different times. None of the meeting took place in the presence of other participants, further no information shared by participants were disclosed to anyone except the supervisor (Strydom, 2011b).

4.4.6 Anonymity

Anonymity was impossible as the research was qualitative in nature and videos calls used to conduct interviews (Leedy & Ormrod, 2013). Due to interviews taking place in two separate places the researcher could not guarantee that there are no people surrounding the participants during interviews. Videos were particularly important in the story telling process because the researcher could watch body language displayed by each participant which is also an important part of the story telling (Squire, 2008). Therefore, to avoid exposing participants' names the researcher used tittles of participant 1-10 as pseudonyms confused the researcher therefore to avoid compromising the quality and integrity of the research (Silverman, 2013).

4.4.7 Full disclosure

Critical qualitative research encourages shared power between participants and the researcher therefore, the researcher gave all participants about the research upfront including the research background, the researcher's full names, institution they come from and the purpose of the research (Cruz, 2008). The research project was conducted mainly for the purposes of obtaining a master's degree, therefore, there are no financial gains expected from the project. However, the researcher hopes the report will assist mental health services understand the needs of students from rural areas better, and contribute to mental health research at large as well as highlight the importance of using a critical lens when studying social issues. This information was disclosed to participants during the recruiting process.

4.4.8 Psychosocial support

The researcher conducted the project fully aware that mental health is sometimes a sensitive topic and considering Covid 19 conditions, participants may need psychological support. Therefore, as a qualified Social Worker, the researcher used skills learned during practice to conduct debriefing sessions with students. In a case where students require further evaluation, the researcher was committed to making necessary arrangements with a therapist from. Details of the therapist are included on Appendix B the PIS form.

4.4.9 Permissions

To adhere to institutional ethical requirements, the researcher gained ethical approval from the Departmental Human Research Ethics Committee. Additionally, permission to recruit and involve university students was granted by the Registrar of the university.

4.5 Limitations

4.5.1 Online interviews

The Covid 19 pandemic requires that all research be conducted online and the advantage is that interviews can be conducted anywhere. However, the interviews were delayed by a number of unforeseen circumstance. The first delay was due to the delays from the ethical approval as such no interviews could be done. The researcher also contracted Covid-19 virus in the second week of December, therefore, could only conduct interviews in January after recovering from the virus. It was easy to find to secure times with participants as academic activities had not started. As part of the ethical standards all participants had to sign a written consent form before any interviews could be conducted.

4.5.2 University limitation

The researcher was fortunate that the university was willing to adjust the university rules for all research-related work involving students must be complete by end of September. Students continued with exams through and the university extended submission date to the following year, 30 April 2021. The project, therefore, receive permission from the registrar and ethics committee

to only interact with student's outside exams period. Qualitative longitudinal approach offers the researcher more time as such the researcher can conduct multiple interviews over a long period of time. Constrains related to this time meant that the researcher can only conduct one set of interviews with each participant. Further, the limited time to submit the report also meant that the researcher could only interview a limited number of participants even though there were more participants willing to take part. Interviewing more than 10 students would've caused delays to the entire project and this would've had financial implications.

4.5.3 Narrative approach limitations

Retelling of a traumatic story may retraumatize participants (Squire, 2008). Squire (2008) adds that participants tend to mix up facts when experiencing trauma. This may leave some questioning the legitimacy of the narrative (Peter & Van Schalkwyk, 2011). Therefore, the researcher used probing and confirming skills to get a clearer understanding. Sometimes participants' behavior changes when they know that they are being recorded (Squire, 2008). To minimize this response the researcher located the recorder in a place not visible to the participant, whilst using the ring light stand to place the video camera. Therefore, though participants were aware that they are being recorded but the recording device was not on their face as a result the conversation flowed naturally (Squire, 2008).

5. Data Analysis

5.1 Introduction

Chapter 4 of the report gives a step by process that the researcher took to answer the research question. The following will present themes picked up after clustering similar themes/patterns. The first themes were picked up through the analysis of Mental Health Act and CCDU's mental health strategy compared to the realities of students. The second themes came from student's narrative.

5.1.1 Policy Analysis

Themes
A critical look on policy

5.1.2 Student's Narratives

Theme	**Sub-theme**
Understandings of mental health and mental health treatment by rural students	
Bodies out of space	
A need for transformation	
Racialized experiences	
Language and Power dynamics	
Inclusion of social fields in mental health issues.	• Microstructure • The role of Social Fields

5.2 Mental health Act and policy at Wits

5.2.1 A critical look at mental health policies

The introduction of a new democratic SA brought a lot of changes in the constitution with the aim to channel transformation by eliminating unjust and unfair policies in an attempt to creating accessibility for all groups previously marginalized. Mental Health Care Act 17 of 2002 prohibits discrimination of people with mental health or disabilities as offers us the following principles:

- Recognizing that mental health is a state of physical, mental well-being and social well-being and that mental health services should be provided as part of the primary, secondary, and tertiary services.
- Prohibits the discrimination of people with mental health or disabilities.

Additionally, the Mental Health Care Act 17 of 2002 intends to achieve the following (Constitution of the Republic of South Africa, 2002):

- To provide for the care, treatment and rehabilitation of persons who are mentally ill.
- To set out different procedures to be followed in the admission of such persons.
- To establish Review Boards in respect of every health establishment.
- To determine their powers and functions.
- To promoting the inclusion of black people in the treatment of mental health previously excluded by the apartheid regime thus, access to mental health could be interpreted as justice for black people. Mental health clinics around the country are guided by the above Act.

Therefore, it was important that in the analysis of mental health policy the researcher includes Wits' CCDU as part of the analysis. Including CCDU's policies helped understand the intentions of the services provider, determine whether CCDU complies with the Act's intentions. Finally, the analysis of CCDU's policy gave the researcher an understanding of whether the inclusion and treatment of students from rural areas are treated in a fair and just manner. The table below outlines some of the aims CCDU intends to achieve:

Strategy	Objective
Promotion of psychological and emotional wellbeing.	To increase student knowledge and understanding of mental health issues and to strengthen coping skills; support; wellness and resilience in the context of academic demands
Alignment of the mental wellness strategy to the university vision and strategic priorities.	To co-create and enhance an institutional culture supportive of mental health and well-being, through the reframing of mental health in organizational policy and planning.

(CCDU Mental Health Strategy Document, 2018)

Students indicated they feel excluded sometimes as they feel there is an expectation by therapist to be the only ones who adjust to a culture different to theirs. Students believe it is because they come from rural areas that their cultural practice are ignored. Participant 6 had this to say:

> I find that we (people from rural areas) are generally expected to adjust in order to pass or when we go for therapy, yet white students and lecture's or even white therapist never bother to learn anything from us because they do not have the same expectations as us. The university only recognise the white way of doing things, it's like we don't really exist

Here we see that the student feels that the cultural practices on campus only recognizes a particular group whilst they are being excluded. The student also indicates that the discrimination takes place inside and outside of therapy. An inclusive cultural practice on campus means that dominate practices that marginalized black students no longer operates (Young, 2011). The students also expressed that their presence on campus seem to only serve to give Wits a good Black Economic Empowerment (BEE) which indicate that black students feel 'used' as a tool to gain a higher BEE score card and that they feel invisible on campus. This is evident in the comment below made by participant 2:

> I think it would be better to have CCDU not only present only at the beginning of the year but ensure that they use different languages when presenting because we are new

> to Wits, so they assume that everyone understands English perfectly and that's not true. To be honest I feel like everything is targeted at making the lives of white people better, we are just there as 'ipavi' (supporters) so that the university can claim BEE status

Here we learn that students feel discriminated on the basis of geographic background as well as economic class. The comment above demonstrate that CCDU's campaign excludes students from rural areas by only focusing on one language this is interpreted as a racial discrimination by participants claiming that only white students get the full benefits of mental health campaigns on campus. Therefore, the information that should reach students fails short as it does not reach non-English-speaking students at times. It is also clear from the statement above that students perceive the culture of domination as one that continues to exist and continues to reproduce itself on campus. What the statement above highlights is that there is an element of incongruence between what CCDU intends to achieve and students lived experiences. This adds on the culture of discrimination by language.

Based on the above we learn that CCDU's strategy lacks diversity. The researcher adopts Steyn's (2015) definition of diversity which claims that diversity means that we can accept each other's differences, this implies that we of live and accept each other's differences and live with these differences without judgement or punishment. Kelly, Wale, Soudien and Steyn (2007) introduce us to six dominant views on how different institutions can use when dealing with issues of diversity: anti-discrimination and fairness, access and legitimacy, cognitive effects or learning and effectiveness, symbolic effect, and resistance. Analysing the views of students, we learn that CCDU lacks diversity. As a university that discriminated black people, Wits policies changed post 1994to align with the constitution by creating access to both black and white students however, access in terms of language appears to be lacking, diversity carries historic importance in this case. Gatsheni-Ndlovu (2016) adds that a decolonial university is one that should recognize the African knowledge as an integral part of the decolonial project, this include ways in which communication is produced as well as ways the knowledge is transferred to students.

The student's also demonstrated frustration about the time it took for them to receive help. Participant 6 shared this view:

> I also find that it was easy for me to see a therapist to do the initial assessment, but I ended up waiting for 2 weeks before I could start sessions. Basically, I had to wait a total of 3 weeks before I could receive help, it's no wonder we see students kill themselves

This statement indicates that the students perceive the long waiting periods as a problem, they go to CCDU at a time they feel they need help however, and not receiving immediate help could result in more damaging results such as suicide. The long waiting periods means that they miss an opportunity to help more students which could jeopardise the intention to "enhance the mental and emotional wellbeing, coping skills, resilience and support of Wits students, towards an enriched experience of university life and academic success" (CCDU Mental Wellness Strategy, 2018 p.1).

5.3 Analysis of students' responses

5.3.1 Understanding of mental health treatment by rural students

The relationship between a subject and social filed is one is political and shows dynamics of how the individual's behaviour is influenced by the social structures, they find themselves in. The discussion with students on the understanding of mental health shows that students only get to know and learn about mental health and mental health treatment when they become students as Wits. This usually takes place right at the beginning of the student's journey as a Wits student when CCDU introduces services during orientation week as well as campaigns before or after the lecture. Speaking to students revealed that efforts by CCDU to educate students about mental health resulted in a better understanding of the subject, participant 1 had this to say:

> Before coming to Wits, I had no idea what mental health is or know of any mental health clinics, but we had someone from CCDU during orientation week and someone also come to one of the lectures in our first year. She explained what mental health is so, when I felt I wasn't coping I had an idea that there's a place

> for me to go to because I already knew they exist on campus but finding them was not easy because they are on the East campus.

Whilst participant 4 gave the following definition:

> For me mental health wellness means being in a mental state where you are positively able to cope with life stressors if faced with any, it means being in a mental state where you are able to think positively about life and thus live a positive and fulfilling life

Here the students demonstrate that being a student at Wits has positive influence on how they perceive and understand mental health. Additionally, the efforts made by CCDU when students arrive on campus prove to produce good influence on the students understanding the topic. Students indicated that they are also able to identify some symptoms as a result of the efforts made by CCDU. Therefore, the work done by CCDU is received well by students. The understanding that students have of mental health aligns with the definition given by the Mental Health Care Act 17 of 2002 which defines mental health as "a state of physical, mental well-being and social well-being and that mental health services should be provided as part of the primary, secondary and tertiary services" (Constitution of the Republic of South Africa, 2002). The responses also show that

Nine out of ten students also indicated that they had never visited mental health care facilities before attending Wits, this was established when the students were asked if they had had any prior experiences with mental health care facilities and to share their reasons for visiting mental treatment health on campus. Participant 2 shared this view:

> No, I have never been to a therapy session before Wits. Maybe it's because we did not have these resources and to be honest, I had no idea that one can be affected by mental health. Where I come from, we don't have these things. Whenever I told my mother

> about having too much work to do for school, she used to say I'll be fine, and we moved on with life…I went because I was not coping with my workload

Here participant 2 comment reveals that students and their families are unfamiliar with mental health as a result they never attend to it, in many cases mental health is treated as something 'normal' therefore, is not expected to have an impact in someone's life. The students indicated that their families believe that one can overcome any challenges related to mental health without any treatment. Furthermore, the statement above also highlights the lack of mental health knowledge for people in rural areas indicating discourses of geographic location.

Participant 2 went on to say:

> It's only after first semester that I thought something was wrong I was not sleeping and feeling anxious because we had a lot of essays due in one week. I started stressing that I would fail. Someone reminded me of CCDU so, I went but if I was back home, and I would've carried on because even if I tell someone they wouldn't understand

The statement above suggests that academic pressure is a contributing factor to student's mental health issues. Furthermore, the statement supports the point raised by Stanley, Mallon, Bell & Manthorpe (2009) when they argue that psychological challenges for university students are caused by different factors including socio-political, family background as well as academic pressure. A fear of failure is behind students experiencing psychological pressure and also motivates students to seek help.

Though a few students indicated an appreciation of efforts made by CCDU to reach out some indicated a discourse that exclude black students as they only represent a particular race and language. This is evident in the following statement by participant 4:

> It's all most like none of the African languages exist. It's like whites are the only people who experience mental health hence they address them in English, and we are just here seating with no problems…jokes aside it would be nice though to have the representatives from CCDU speak languages that accommodate other people. If you look in the class our lectures for instance you can see there are more blacks than white students yet, everyone speaks English. I get it but I don't get it. I'm sure that's the case with CCDU, they will have more blacks because majority of the students is black on campus

Here one learns that CCDU only presents and publishes information that only speak to an elite group of students leaving out those who do not have a good understanding of the language. Therefore, students expressed that they prefer to be given an opportunity to speak African languages in therapy and in lectures. The continues use of a particular language is formed by a range of ideological, political, social and culture powers, thus they are informed by regimes of truth.

5.3.2 Bodies out of space

When I asked students about whether they think discourses of race, class, language, and geographic background contribute to how they understand mental health. The students attribute class and geographic background as a reason behind lack of knowledge on mental health prior to coming to Wits. Participant 7 had this to say:

> I realised that since I come from a the village and lived there all my life not having access to not only mental health institutions but information on mental health or even money to access these, had I not come to university I would have probably not known more on mental health besides the fact that humans get stressed and not even fully understanding the full meaning, depth and consequences of that as I do now

Here participant 7 illuminate that life in the village is different from the life they live on campus Wits in that Wits provides mental health services that she claims do not exist back home. We also learn that as people whose roots are in rural areas, participants only get to access information about mental health once they move from rural to spaces like Wits, located in the city. Furthermore, we learn that one's background plays a significant role in how they perceive mental health. Students from rural areas arrive at Wits with no information about mental health due to their geographic background. When students leave home, they are filled with excitement to the possibilities ahead, however once they make it to Wits, they experience two conflicting realities of fear and excitement. Participant 5 shared the following experience:

> I was excited when I left home because I was getting an opportunity that most people from my village only dream of…I mean I don't know anyone from my village who has studied at Wits but once you get here you realize that you don't fit in because you don't wear fancy labels or speak proper English like the kids from private schools. As someone from the village I never used to speak English every day. All our schools are black school, we don't have multiracial or private school like some students in my class. I mean my family could not even afford to send me to such even if we had them…we do not have mental health clinics

This comment highlights that students internalize cultural domination, this internalization influences how one engages with the space. As a group who sees themselves inferior, students struggle to fit in and that their struggle is due to their refusal to conform to the general social standards. This teaches us that the ability for one to consider themselves as being a 'qualified' member of Wits is linked to lack of economic resources that one is exposed to even before they come to the space. Black people lack financial power enjoyed by others as a result of the history of marginalization. The student also highlights that everyday life in the village is characterised by lack of social services such as mental health clinics which subsequently put people like participant 7 at a disadvantaged position. The difference in experiences of students in terms of being able to access mental health knowledge and mental health treatment when they are at Wits compared to

their experiences back home demonstrate one of Steyn's (2015) Critical Diversity Literacy (CDL) criteria's which argues that discourses matter because our geographic location is not the same, this positioning determine access to resources. The lack of resources results on the limited knowledge therefore, those in rural areas are excluded from mental health education, this affects how students end up understanding mental health as a subject both inside and outside of Wits.

The students also shared that the discourses contribute to how they are perceived by others on campus which leads to increased anxieties as demonstrated by participant 5:

> People judge you when you can't speak proper English. I always get nervous when I have to raise a point in class because my accent is different... I also feel like my therapist and I do not understand each other because I struggle to find the right words to express how I feel inside, maybe if I did Psych, I'd know better. It's like you are a foreigner in your own country in a way, now I get what people from outside South Africa feel during Xenophobic attacks hey! The same way Wits is only for the rich not people like me

Here the students illuminate that not only do their bodies feel out of place during therapy, it is an experience that also exists outside therapy room. The inability to express themselves affects how the students experience Wits. Additionally, we learn that the expectation to come to Wits already fluent in English is interpreted as a form of victimization. Participants also indicate that their background means that they are not completely accepted by others and that they are often misunderstood by therapists and colleagues due to their limited vocabulary. In this instance discourses of financial background, race, and language force students from rural areas into people with 'no voice, making them feel invisible space. Du Bois (1903:2006) would argue that the point where the students from rural areas view themselves as a problem. Existing as a problem means that live through psycho-existential complex which is rooted in modes of questioning who we are in light of others (Du Bois, 1903:2006). Thus, one can conclude that the existing spaces both inside

and outside of therapy produce a sense of displacement for students coming from rural areas as such do not quite fit in these space.

Furthermore, students indicated how they experience oppression on campus, participant 7 shared this comment:

> Like things here are different…I mean you get excited when you apply for Wits because it is one of the top universities in the country but as soon as you get here you feel suffocated. I mean the first thing that traumatized me were the 'initiation' thing they do at our residence. Firstly you are nervous about finding your first lecture room but before you even go you will have members of the house committee forcing you to wake up and participate in activities meant to embarrass you and it's called 'competition' that thing left me really stressed because every day for a week you have these people deciding what when you must wake up, they even had some statue they created as the goddess of the house that you had to worship every time to come in or leave the res… Also on your first day in class you have the lecture announce that you must look at the person on your left then the person on your right, once you've done this the next sentence is 'one of you is going to drop out' and that leaves you hopeless I mean what if it's you that will drop out so you walk around thinking that you might not make it

Here we learn that the culture of initiation and comments made by lectures as not only a source of anxiety but how students experience internalization. The practice serves to keep oppressive culture alive on Wits campuses.

Historically black people were prohibited from attending universities preserved for whites only, the student indicated that they feel the universities are still not open to black bodies. The

conversation with participant 9 indicates that white and black students do not experience Wits the same:

> I know we are talking about mental health but to give you an example of what I mean when I say Wits does not treat us the same, I will use the strike as an example. I had spent almost an entire two years learning about oppressive systems as well as strategies of resistance used by marginalized groups in Anthropology and Sociology but during the strike, we only saw police stop shooting when white students joined and decided to walk in front of us. They had been shooting and arresting us for days, if we are the same why did they stop when they saw cameras and white students in front

This statement highlights power relations where white people are able to move freely, while black bodies do not enjoy the same freedom. This view shows that black students still experience oppression on campus as they depended on white students for protection from the police. Furthermore, this highlights disparities that exists between one and black bodies within Wits. Participant 8 shared a view that was different from the other students where she said:

> The other time our lecture wanted to cancel class because there was some Jewish holiday and one of the white girls in class is Jewish…we had to fight with him because we do not get excused when we want to go attend funerals or consult with traditional healers and both are important in my culture. I mean even if I had a mental health issue there's no way Wits would recognize a traditional healer. The disappointing thing is that the guy is black. It's like they are scared of white students that's why they get away with everything, we did not agree to that and so had the lecture the following week as normal

Here we see participant 8 bringing discrimination of black students by a black lecture pointing out that white students are more accommodated compared to black students. Black students consider

this treatment as unjust and unfair. Being treated differently further shows how discrimination does not only take place when races are different, it can happen within the same racial group. What the above statement illuminate is a lecture trying to use his power to discriminate black students. However, we also see that black student's demonstrated resistance by questioning the lectures decision, an act (Canham, 2017) would argue shows the strengths and empowerment by students.

5.3.3 A need for transformation

Students raised concerned about a culture of domination that continues to shape the university. Their concerns are centred on Wits being a place that lacks transformation that should've been achieved when the country transitioned to democracy. They find the current structure only accommodates students who come from privileged economic backgrounds or urban areas whilst excluding them from fully benefiting from mental health programs therefore, can be considered insufficient. Speaking about his difficulty to 'fit in' participant 9 had this to say:

> A bit challenging, 'fitting in' was my main issue. At Wits you meet different students from different spheres of life, and you get to realise how different you are from each other. Your educational and economic background become obvious and you find that people from Model-C or private schools have no issues because they are used to living with whites, whilst it took me a while to adjust. I also had to wait for my sponsor to pay out my fees before I could get a laptop and before that I had to use computers on campus even at night

The student here demonstrates that students from rural areas struggle to blend with the culture of Wits because there is a specific culture that is accepted. Our daily practices are connected to power. Students who have had previous exposure to white culture find it easy to blend in whilst those from rural areas struggle. This shows how the culture of dominating in an institution that has majority of students as black continues to strive. Additionally, we see that their limited resources for students coming from poor background as a direct result of economic resources.

Economic divisions between whites and blacks are part of the legacy left behind by apartheid. The statement by participant 9 also indicates a continued culture of dependency where blacks depend on the state for resources. This practice shows lack of economic transformation and a need to make mental health services more affordable for those coming from poor backgrounds. To be effective transformative processes must empower vulnerable groups as well as recognize them as valuable members of the Wits community. Therefore, a critical eye is imperative on the analysis on the nuances in policies and practices because they continue to reproduce inequalities in higher education institutions (Kiguwa, 2015). The lack of transformation is also evident when students speak of financial resources, participant 8 added this about affordability

> I would describe the experience as intimidating and very abrupt. It took some time to adjust, and the move was definitely made easier by having a strong support system (being friends and family). You sit in a lecture room with students who use Mac Books and iPad to make notes whilst you are struggling to get approval from financial aid just to fund your fees and you know that if your application does not go through you might need to drop out because your family will not afford not just accommodation but the fees too. My fees were close to R55k in first year and my mother could not afford that

The statement above indicates that lack of financial resources discriminates black students as a result depend on the financial aid to provide resources needed for students do well in their academics. Therefore, economic class discourse is visible and determines what one affords. Ndimande (2009) notes that racial and cultural factors contribute to how black students experience the adjustments from high school to university. These factors are important to highlight because they demonstrate the connection between race and class and the role, they play on the day to day experiences of black students. Thus, one's socio-political background cannot be ignored when we evaluate the effectiveness of mental health strategies. The current culture continues to perpetuate oppression. Nuttall (2004) argues that real transformation post oppression must include social change as well as cultural change. She further adds, that when we treat oppressive culture as the norm and make a mistake that assumes culture as static. It is possible to change culture however,

things are kept the way they have always been because the oppressive system turns to find ways of maintaining and reproducing inequalities.

5.3.4 Racializes experiences

Listening to how the students interpreted the transition from rural to urban areas and whether there is an impact on how their perception on mental health, it became clear that the move highlighted the effects of the differences in skin colour as well as language use. All participants come from a background where everyone around them was black and spoke the same African language which depends on the part of the country the rural area's located in. This was new for participants and were taken aback by this experience, participant 3 said:

> I mean we are used to speaking SeTswana and have never bothered to learn any other language expect in class during Life Science or English. But I mean even with those two subjects I could speak my broken English and the teacher would understand but here things are different. You expect that black people would help but you meet snobs who can't speak one African language or someone from KwaZulu Natal that doesn't understand SeTswana so you can't ask for help. On top of the workload I had to learn English just to be able to hold conversations with people around me…unlike home were everyone speaks my home language, met I black people who cannot speak any African language, which was strange for me. Participant 3 went on to say:

> I find it interested that some people in my tut assumed that I am not South African then when they find out I am, they assume I'm from Limpopo somewhere…my family has a darker skin tone except from my mom, I've never had to answer about my skin colour until I attended a tutorial

The comments by students indicate that they encounter racial stereotypes on campus and that students from rural areas bring own stereotypes when they assume that as every black person is

able to speak an African language. Discovering that there exist differences within the same race demonstrates that there is no homogenised way of defining experiences.

Participants also indicted that racial categorisation plays a role in how they interact and relate to others in a lecture or tutorial. Student proceeded to share that they prefer black therapist when visiting CCDU. This was made clear by participant 2 when she said:

> I was surprised by how snobbish black students are (eye roll) I wonder how they speak to their parents… for instance I ended up being paired with a white guy who ended up doing everything alone because he didn't trust me. Maybe he thought I was going to make him fail because of my accent. I did not complain because we had a lot to do that week so he reduced my work…Interesting enough I found the same when I went to see a therapist, I was assigned a white lady without being asked if I had any preference…I definitely would've chosen someone who speaks IsiXhosa because I can talk freely instead of having to stress about saying the correct words or risk being misinterpreted which happens sometimes

Participant 2 added this:

> I honestly I don't think I trust a white person to be honest. I mean these people have everything so, how can they understand my problems when they have never struggled with basic things like water or toilets, I mean for them sleeping in a tent is an experience whilst we slept on the floor every day as boys. Our lives are very different. I think I'm more comfortable with a black person but I was never given the option to choose and I took what was offered.

From the comment we learn that students interact with other students based on their perception of being able to relate to the other students, therefore, engage from this lens. The assumption that the

white student does not trust the participant speaks to mistrust between black and white students. The response also shows that white students assign a particular position to black students. They claim their race creates a relationship of mistrust between them and their white colleagues as a result these students are in constant 'competition' with those they regard as 'snobs'. The comments indicate that racial integration has not yet taken place, Wits campus therefore remains racially segregated. With white students exposed to resources and a culture they are familiar with whilst black students from rural areas feel the opposite. We also learn that the students find therapist they are able to communicate with through the use of home language as preferred option. Being able to relate to a therapist in terms of race and language could be beneficiary for students visiting mental health facilities leaving them with a sense of being accepted instead of being discriminated.

We also learn that the tension between race and language experienced by the students is a source of anxiety as students feel they constantly need to work on being able to find the correct words during lectures and in therapy. The constant comparison of students with white students or white therapists as well as that of language difference indicate that students live through a 'metaphoric veil' (Du Bois, 1903:2006). The veil for students exists both inside and outside of therapy as indicated above. The ability to identify between the self that interacts in an African language and the self that interacts in English when speaking with whites illuminates the 'double self' that takes place through 'the veil'. Stevens (2018) argues that racism and other forms of domination take place in our daily interaction in subtle ways. Through processes, policies and cultural practices racism is able to maintain and reproducing itself but is presented a 'natural' we are able to see these hidden nuances when we apply a critical approach.

5.3.5 Language and power dynamics

When asked about the preference language in therapy, participant indicated that the use of English as the only 'official language' at an institution that has more blacks than white students prove to be problematic as it leaves out a diverse pool of African languages that could possibly improve the experiences of students in therapy. While some students indicated that they are comfortable

expressing themselves in English through practicing the language over the years it is evident that language is also used as a tool of power, participant 2 said this:

> I'm honestly in between about this. Firstly, English is someone else's home language but also is a medium of communication in South Africa, so it would make sense to express my feelings, emotions, and stressful situation in a language I am my most comfortable speaking. That language is my home language because I understand it better. I am comfortable now to express myself in English because I've been here for years now but that was not the case in my first year. I felt lost! And it's frustrating because others seem to move freely without any of the issues, I was experiencing…It would be ideal for every mental health facilities to offer services in all 11 languages, but the question would be feasibility

One can see that there are power dynamics operating from the statement above, these dynamics play out themselves in different ways including language discourse. The use of English in this case becomes the tool of exclusion for students from rural areas. It is considered problematic because it is the only language used to communicate with students and this shows exclusion of the students who come from non-English-speaking backgrounds. Black students, therefore, do not share the same privileges as students who are fluent in the language in a therapy room. Therefore, the discursive construction of English places it as the language of power and privilege because those who hold power have an influence in how language if produced and practiced in different spaces. As such, it can be concluded that the language used in therapy is not adequate for participants instead it acts a barrier between the students and therapists.

Additionally, participants 3 problematize the way knowledge about mental health is produced and distributed by saying:

> English is not our home language, so we don't know all the words. Therapy should be conducted in a language I feel comfortable with as the point is to help me. Also, the

> information we get on the pamphlets or when CCDU comes to our lectures is only in English and this is right at the beginning of the year. You are new at Wits, chances are you don't have friends at this stage to translate for you… this is how you can end up missing out on important information

Participant 6 also shared the same sentiments:

> Where I come from we only speak IsiXhosa…mental health does not exist in isiXhosa that's why we don't treat it. It took me a while to understand what anxiety is for instance because we don't have any information on mental wellness. See how Wits does presentations beginning of the year, we missed most of that information because we had no idea what they were talking about. I mean I remember people coming to our lectures but I didn't even pay attention because I had no idea that I will have anxiety later in life.

Participants cite the production of knowledge as a contributing factor to why students from rural areas miss out on the information, with the vernacular background appearing strongly with students often needing assistance with translating some of the words they do not understand. Judge (2018) would argue that limitations that come with English represent symbolic violence. Symbolic violence refers to how society frames particular ways of being and how they are left behind when they fall outside of the prescribed norm (Bourdieu, 1989). The opening of universities to black students resulted in more languages being brought in however, the focus on English only indicates a lack of change and continues to take part in the erosion of indigenous language. The positioning of English as a language of power shows elements of hegemonic representation at play, where only those with good understanding of the language enjoy the benefits of being at Wits, this is how symbolic violence plays itself out.

Whilst the intentions of the university involve creating empowerment of students with skills to cope with academic pressure the current practice prove to be limited and creates the culture of inclusion and exclusion for students, this is what participant 9 had to say:

> While I am from a village and mostly engaged much in English during an English period at school, writing academically was a skill that took me a year to understand and failed much in the first year. Then when I went to therapy for help, I was met with the same problem as I found an Indian therapist calling my name to follow her to her office. On our way I got anxious because where I come from like whites, Indians are better than black people which intimidated me. To make matters worse they cannot speak SePedi, so I ended up leaving therapy after our second session because it was not helping in anyway

This statement is resembling the one made by participant 6 above and demonstrate that English excludes some students and prevents them from fully benefiting from therapy or any information about mental wellness. Therefore, it can be deemed insufficient in addressing mental health issues for someone coming rural areas. Additionally, being unfamiliar with the language is a source of anxiety for students. Using critical diversity approach one can see that there is a lack consideration of the different discourses at play. From diversity studies approach ignoring discourses of race and language background when attending to students needs sows how oppressive system finds ways to function in the student's daily movements.

The relationship between a therapist and a client in therapy in which the process is guided by the psychology approach. However, Psychology as a field is guided by a European approach and the West, this means that a therapist is seen as an expect. Speaking about this power dynamics participant 8 had this to say:

> I struggled to understand the therapist. It doesn't make sense that I am a black student but will have a white therapist 'helping' me when they can't even relate to my story

> but just because they are psychologists or social workers, I can't say that to then. See. Also it felt awkward for me because I felt the lady was saying something different from what I went for in but I felt I had to go with the flow because she is the professional and I'm not, leaving would mean that she cannot give me a letter for my lecture to confirm that I attended therapy.

This teaches us that students do not feel that professionals fully understand their challenges. The comment also indicate that students are particularly uncomfortable with therapist of a different race. Being aware of the race discourse within therapy is important because racialized subjects do not enjoy the same benefits. Being aware of the both racial and power dynamics can lead to students seeing themselves as a problem (Du Bois, 1903:2006). Power dynamics are hidden in many ways including the relationships between a client and a therapist. Boyd (1996) points out that when therapists use power to dominate therapy session or devalue the views of a client or when they view clients as incapable of solving own problems, they disempower clients.

5.3.6 Inclusion of social fields in mental health issues.

5.3.6.1 Microstructure

Speaking about whether families and communities should play a role in finding solutions to student's mental health challenges, the responses show that some students consider mental health as a phenomenon that is individual and that professionals are better equipped to handle any challenges this is demonstrated in by participant 4 and 10 when they shared her view:

> I think society should not be too much involved when it comes to mental health. I think mental health should be left to people who are trained for that.

> like I don't know hey, a part of me thinks that I am able to handle my situation, but I know I can't on my own…I mean that's how I ended up in therapy in the first place.

This shows that participants believe that mental health is a private and personal. The above responses also suggests that students trust professionals with help. Here we learn it is not easy to deal with mental health, as at times one is able to face their challenges and overcome them, other times they are overcome by the challenges. The comment above also suggests that there is no one strategy suitable for the entire community of student therefore, a diverse treatment methods might serve students better. Canham (2017) argues that when individuals are empowered, they can make informed decisions and come up with solutions to challenges they face on a daily basis. The student went on to highlight experiences unique to students from rural areas go through by adding the following statement by participant 1 and 10:

> It was a huge and difficult transition, from staying at home with family to sharing a room with two strangers, from learning at a school with approximately 500 learners in a classroom of only 38 to studying at an institution with +37 000 students, coming from a small town to staying at a big noisy city, from speaking my mother tongue almost every day even at school to having to speak English because of the diversity at campus, from living a simple rural life to having financial and academic stress, things I never had in high school. I felt lost whilst everyone around me seemed okay.

> But as a person I find Wits different, it's like a prison of sort…it's like I am not good enough for Wits, yet I am part of Wits so, I belong. Firstly, I wouldn't be here if my results were low, we know that. At the same time, I still struggle to fit in…I mean I'm doing my post grad now, yet I still feel like I must behave a certain way for me to completely fit here. It's almost like who you see on campus or res is a completely different person at home.

The students highlight that Wits is a shared space that produces contrasting realities for students from urban and students from rural areas, this create unique experiences for each student. Those who come are familiar with the English culture enjoy benefits that those who do not do not experience. Being able to assimilate to the English culture makes it easier for one to be accepted.

We know from a critical discourse's point of view that the dominating culture turns to prioritize the need of those belonging to an elite group. Furthermore, we learn that Wits is a space that proves to be difficult to navigate where 'self 'is in an ongoing process of 'self-civilians' where one questions their sense of belonging because the 'self' is constantly engaged with the world around it. This demonstrate Smart (2002) who borrows from Foucault and argues that Subjects exists in relation to objects of knowledge thus, our actions and who we become are determined by what we know. Therefore, when we talk about the subject of knowledge, we also need to add the object of knowledge because knowledge available to the subject influences how they identify themselves.

We also see politics of in group' and 'out group' where because the students are at Wits and have survived up to post grad, they gain a sense of belonging. However, there are times when the students feel like they are the 'out group' because they are not part of the elite group of students therefore, do not feel like they completely belong. Sullivan (2001) argue that when discussing issues of discursive representation of embodiment, we should include a critique of how agency play out. The two turn to playout at an individual level where one gets to decide what they engage in and when to engage. Wendell (1996) adds that we should not only end on discursive embodiment, instead we should also include every day lived experiences in order to understand the processes an individual goes through when attempting to understand mental health and mental health treatment.

Kiguwa (2015) argue that when participants consider themselves as 'out group' they see themselves as invisible subjects on campus. The opposite of this invisibility is when one 'takes up the space' and finds a way of being themselves and recognize that they belong, and as such express a form of resistance or governmentality as demonstrated by participant 1 when asked whether the process was efficient and effective:

> the process ended up working out well for me because after asking for a Xhosa speaking therapist, I was finally contacted by a lady who could speak IsiXhosa and she

> understood my background as a student form the rural areas. The fact that we could communicate freely with each other made it easy for us to find a working solution to my problem. 3 years after seeing that lady I am still here when initially I was thinking of dropping out.

Here we see that the students recognize that he holds power as much as the therapist does as such was able to request a language that he finds comfortable. This demonstrates that the therapist is not the only one with power in therapy. Furthermore, participation's request demonstrates what Fanon (1968) claims as love of self occurs when an individual sees themselves as human as a result refuses the dominance.

In engaging with participant 10 she also went on to highlight how the Wits culture only portrays and produces a particular habitus when she said:

> It's almost like who you see on campus or residence is a completely different person at home. At home I can be me, all the time. I don't feel I need to sound like a coconut to be welcomed, yet at Wits I almost need to speak a certain way and do what's being done in order to fit in and this you see everywhere on campus where people sound and look different from what they are at. But what's interesting is that you see the rich kids with their nice cars acting like they own the place. You see them when you go through the parking lot where they play their music loud, smoke their hubbly…I mean you can see that these people are happy, they are comfortable it's like they are home. Personally, I feel completely different from them in fact possibly the total opposite of what they feel

Here we see that class discourse influences the individual's outlook where one's economic position determines their comfort on campus. Those who are privileged to come from families with economic powers feel 'at home', they are visible, whilst students from rural areas will need to

assimilate the same behaviour in order to share the same. This demonstrates inequalities and segregations as a result of economic resources. The opposite reality for the students is that they feel free when they are at home thus, they remove the mask that makes them acceptable on campus, therefore students feel alienated from 'self 'on campus (Fanon, 1967). Speaking of intersectionalities Parker (1992) challenges us to engage with historic, political, social and cultural background of the individual as well as consider how the individual is constructed. Thus, the intersectionalities reinforce each other and sometimes naturalize one another. McCall (2005) defines intersectionality as a means that a researcher uses to study interactions between people using multiple lenses, paying attention to behaviours that continue to conserve oppression.

5.3.6.2 The role of Social Fields

Though students indicated that mental health is mostly an individual issue, they also expressed a need for families, communities, NGO's and government to be involved as support structures to any struggling student. This is what participant 2 had to say:

> "I think black families don't understand mental health concept. They think you've been possessed by demons when you commit suicide or when you tell them that you are not coping. They will remind you that you have everything you need, what could be stressing you, so stop being spoilt and focus… I felt like the mother made this whole thing about her and the dad and the siblings and left this guy out completely, and I don't think it's intentional but it's just that our parents do not understand the concept of mental illness. It does not exist according to them. So, if it were possible, I'd say the government or institutions that have money like Wits should consider educating families and the rest of society about mental health matters. I think this can change the way parents handle their kids

The comment by participant 2 reveals that students believe that black families lack knowledge and understanding of mental health. The concepts are considered as foreign to their families, as a result

are unable to assist students needing help. It is the student's belief that families can be better equipped through the education process. Here we learn that students envision family empowerment as tool that could help reduce misinformation and that families will be able to help when they gain better understanding of mental health. Cramer & Kapusta (2017) add that relationships play a role in shaping anyone's sense of security and belonging. More importantly, when friends and family are on the watch, they can call for early intervention, preventing the situation from becoming worse. The theorist adds that early intervention can help minimize mental health issues such as depression and suicide ideation. An interview conducted by Peter (2018) indicates that when students feel that their families and friends support them, thrive at university particularly for first year students.

The students also believe that there is space for community members to also take part in the mental health issues, this was suggested by both participant 5 and 9 when she said the following:

> I honestly believe that the entire community needs to be educated about mental health, especially black communities because we have no concept of mental health…In my village we have a ward counsellor who usually attend to the needs of the community… I'm sure the government can add this as part of the grand system somehow and have the community health care workers do the follow up with us as part of their work and give feedback to your family just like they do with the elderly.

> Definitely. I am of a principle that people parish sometimes because the lack of knowledge. Getting involved for me entails having dialogues around mental health. These can be conversations sparked at home, in school settings and throughout communities. This allows people to know which services to seek when they enter doors of primary health care facilities and also empower them that people who utilises health facilities are not only the sick, but also those whose cups are running short.

Here we learn that students not only believe that families should be involved in treatment, but they also believe communities can play a significant role too. Student's alternatives to the traditional ways of treating mental health are key role players in communities act as source of support as well as maintain connections between students and their families. The students comment also implies a lack of financial resources that keep families and students apart as they are unable to afford airtime. Campbell and Burgess (2012) view engagement of communities with metal health as a relationship of partnership between community members and professionals, where community members are actively participants in promoting mental health education, prevention, treatment and advocacy. They argue that it is important that community members are able to identify symptoms of mental illness and know where to seek help in case they encounter someone who needs mental health treatment. The theorist emphasises the importance of knowledge, space and partnership as important dimensions. *Knowledge* refers to the distribution of information amongst community members as well as enabling the integration of often unfamiliar medical knowledge with local frames of reference and access to safe spaces" (Campbell and Burgess, 2012 p. 389). When Campbell and Burgess (2012) speak of space they refer to the social space where communities can apply Freire's (1973) critical thinking about factors relating to social and cultural practices that contribute to one's mental-wellness.

The ability for community members to form alliances with professionals creates a sense of local solidarity around collective efforts and can be used to optimise mental health treatment as well as encourage homogenised relations between community members (Campbell and Burgess, 2012). The third feature of a health-competent community is that of *partnerships* where individuals, families, communities collaborate with NPO's, government and mental health professionals. Bourdieu (1986) reminds us that a key driver of health inequalities is peoples' lack of access to social networks that can help them advance their social capital investment. The above indicates the need for alternative methods to address mental health within contexts as current methods do not accommodate diverse needs brought forward by students in relations to education and understanding of mental health.

5.4 Conclusion

The above chapter discussed findings from interviews conducted with black students from rural areas regarding their perception of the effectiveness of mental health facilities on campus. The chapter analysed both mental health policy and gave an analysis of student's lived experiences. The themes highlighted by policies include a critical look on policy. The analysis of student's lived experiences analysed themes such as the understanding of mental health by black students, bodies out of space, a need for transformation, racialized experiences, language and power dynamics, as well as inclusion of social fields in mental health issues. The next chapter will discuss research findings, researchers' reflections and recommendations.

6 Discussion, Reflections and Recommendations

6.1 Introduction

The above study is a critical analysis of how mental health facilities on campus are perceived by students from rural areas. Using both written text and narratives by students, I was able to explore how the dynamics of race, class, language, and geographic location interact and the specific points where the discourses intersect with each other and continue to marginalize a specific group on Wits campuses. In order to truly capture whether the existing mental health facilities accommodate students from rural backgrounds I analysed the discourses and social categorisations individually as well as their points of intersections as it was sometimes impossible to separate their effects. I also included an analysis about how Wits culture shapes and produces students as subjects. This is important as subjects are produced in specific ways in space and this influences how students interpreted mental health help. I also managed to discover how nuances of power divide and separate the student body into habitus and privilege. Those in a privileged position are a product of economic powers and are chosen as privileged based on the colour of their skin, as such enjoy privileges reserved for the elite.

6.2 Discussion

The analysis highlighted the intersections of racialization, socio-political history, and economic backgrounds as influential in the interaction between students (subject) and the mental health facilities (microstructure). Using a critical approach, I was able to analyse nuances of discourses on race, language, class and geographic background to better understand how an oppressive culture is maintained and reproduced in therapy. The analysis of themes and discourse in general illustrate the multiple, contradicting discourses and help reveal how oppression naturalizes and reproduces itself in treatment spaces as well as Wits as a whole. Furthermore, students are constructed and positioned by those who hold power. The students construct and perform their subjectivities on the basis of desiring visibility as the university recognizes only specific bodies.

African theorist wa Thiong'o (2013) warns that language use in any social space is attached to power and as such is used as a weapon. CDL adds that language discourse not only qualifies or disqualifies subjects in a space, but it is also used to keep the oppressive culture intact. Through language, we make meaning of who we are, and we are able to interact with each other by using language. The analysis of the research indicates that the use of language is significant in the way students understand mental health and mental health treatment. The narratives focused on their personal journeys as students who experience a degree of exclusion in mental health treatment facilities through the use of a particular language. As a country previously dominated, post-colonial South Africa introduced diversity in language use by acknowledging African languages as official languages. Wits and student support structures form a part of the institution that opened its doors to black students, subsequently 'welcoming' new languages as the new students represented a range of languages previously marginalized.

However, the narratives of students indicate limited access to mental health and lectures due to language. Black students stated that they continue to experience exclusion thus, it is important that we use a critical approach when analysing language discourses because language carries power and renders us as rightful citizens in any social context. The process of therapy tends to silence the voices of black students, consequently students experience discomfort when visiting mental health treatment facilities. Language further positions us as part of a culture or excluded us from it, thus one can be separated from own culture through positioning. The analysis also indicates that students deem the exposure to mental health services on campus as helpful in improving both knowledge about mental health and processing mental health challenges.

Race and racialized subjectivities are linked with the subjects' identity and practices of knowledge production. Therefore, the role that support structures such as CCDU take in defining a subject becomes critical in addressing language inequalities. Through the narratives of students, we learn that students adopt performance subjectivity in order to be accepted both in therapy and outside of therapy. The limitation of the performance is that it limit students from fully benefiting from

therapy. We also learned from the analysis that some students demonstrate language resistance by insisting that their see someone who is able to speak a language that the students understand better. However, these actions of governmentality are complicated by how institutions of higher learning define and interpret students' subject positions (Kiguwa, 2015). It was evident in students' narratives that they consider Wits as a network of different parts that feed off each, this was evident when students therapists and lecturers. Judge (2018) peaks of how one embodies power therefore when we study language, we want to understand how it intersects with other discourses and as an important factor in how we enter and occupy space. Students experience symbolic violence when therapists or even lecturers use language that continues to excludes black students. Here we see how the oppressive culture plays itself out. The result of not conforming to the prescribed process could result in punishment for the students with punishment taking a non-physical punishment such as the therapists refuse to write a letter that confirms that the student attended therapy.

The analysis of race and body revealed that the two are closely intertwined, compelling the researcher to engage both concepts under one umbrella. The process of racialization takes place both at an individual and structural levels. The relationship between these two levels complicates how one navigates space as processes of racialization occur at both macro and micro levels of interaction and navigation of space because their subjectivity is directly influenced by the macro structure. Our rural categorization determines our engagement with space; thus we connect to spaces as raced subjects and these spaces in turn shape and produce us in particular ways, and as such we find our sense of belonging in these spaces. Therefore, one argues that racial encounters are intricately connected to subject production and how the constructed subject engage with the space. Oppression produces space that divides spaces of existence to according to 'white' spaces or 'black' spaces, creating societal inequalities on the basis of race (Wilson, 2009). According to the students, the division of spaces creates a sense of visibility and invisibility, with the race with power considered visible (whites) whilst the race with no power is rendered invisible. Whites therefore get to enjoy privileges that come with being visible on campus and outside of campus. This is due to the reality that they are also located in geographic locations and spaces that make it

easy for them to be. Black students from rural areas, on the other hand find themselves at a disadvantage in the way they are located (geographically) as well as their racial location which renders their bodies as invisible or bodies out of space.

We learn from the analysis that being positioned as a problem requires a constant shift between 'self' and self-in-relation-to-others thus, black people live through the veil (Du Bois, 1903:2006). The analysis also indicates that students experience two contradicting realities, subjectification, and resistance in students' academic enculturation processes. Students' embodied performances of race are rooted in the desire to challenge the normative discursive contexts that insists on reinforcing racial normative order. However, these performances tend to reproduce the same oppressive norms students attempt to escape. We learn from students' narratives that the veil produces anxious and fearful subjects on the one hand. On the other hand, students demonstrate resistance and challenge oppressive practices thus, fighting for visibility both in therapy and on campus as a whole. This resistance occurs because students recognize that the culture of the university does not allow them to engage with the space freely due to the way they are positioned before they even make it to mental health treatment facilities. Therefore, students enter these facilities with identities and positions already assigned. In Bourdieu's (1989) terms, habitus is therefore produced to fit a certain narrative, demonstrating power dynamics at play. The power dynamics play a part in producing a disempowered and subjected habitus. How the subject experiences the space is determined by their race and power. From the literature, we see Fanon (1967) & Du Bois (1903:2006) illuminate the nuances of racialization that include aspects of the lived experiential and psychic aspects of subject formation. A critical contribution by Bourdieu's (1989) social phenomenology and Fanon's (1977) and Du Bios (1903:2006) psychosocial approaches to subjectivity elaborate on the complexities and nuances of how a habitus is objectified in space.

The lack of transformation in institutions of higher education in the newfound democratic South Africa requires that we scrutinize aspects of institutional culture that exist as setbacks to the desired

transformation in order to create conditions that make it possible for us to achieve social change. We learn from Kiguwa that the complexities in the South African academic landscape are a result of the differences in sociohistorical, classed, racialized historic backgrounds. The transformation project is therefore both an individual as well as a structural issue. In the analysis we see that students battle a stubborn culture of exclusion and oppression based on their race. The current efforts towards visible transformation exist within invisible nuances that serve to maintain the marginalization of certain groups within the academic and therapy space. Thus, one can argue that students exist within institutional practices that make it impossible for all institutional agents to fully experience what it means to live in a fully transformed therapeutic space. Literature tells us that a transformative academic space will need to recognize black bodies as both legal and valuable citizens of the academic space (Gatsheni-Ndlovu, 2018). Part of the transformative plan should therefore explore how students experience living in spaces that continue to marginalize them, from this point it could be possible for universities to establish effective methods that can produce tangible results that lead to transformation. Mental health facilities as part of the supporting structures meant to enhance the experiences of students can play a part in this process by establishing race sensitive therapeutic processes. The analysis also reveals that prior experiences of race, class, language, and geographical location discourses influence the students overall experience on campus. As such, efforts seeking to bring change must consider how these discourses manifest themselves on campus and in therapy. Literature shows that both Mbembe (2016) and Gatsheni-Ndlovu (2018) argue that the transformation of universities needs to start with questioning the epistemologies and ontologies. This will allow us to find ways to include African knowledge in our campuses.

The epistemology of psychology engages with a subject in a manner that focuses on the internal psychological processes that the individual experiences. This analysis reveals that internal processes are not only dependent on the subjects, rather they are interlinked to the positioning of the subject. Therefore, the narrative of any habitus reflects the social field they operate in and this becomes part of the embodiment. We learn from the analysis that a subject position reflects the

politics of power, hence theorists such as Wendell (1996) advise us to look beyond an individual's psychological state and instead incorporate lived experiences, where power dynamics play out. The narratives also focused on positive impacts that the social fields have on the shaping of the subject. The analysis indicates that history influences how students experience and navigate mental health facilities as a social field, highlighting the complexities between attempting to move freely in spaces that make it possible for oppression to thrive, as well as the complex relation between this prior enculturation of habitus and dispositions within the new field. The data highlights that while the subject navigates the social filed, they do so in spaces dominated by power politics complicating their experiences. The process is not straightforward or individualistic for that matter. Here we learn from Cramer & Kapusta (2017) that a form of solidarity between subject and social structures can assist with a better understanding of mental health and mental health treatment. Campbell and Burgess (2012) also add that knowledge distribution, resistance and partnership homogeneity can emerge resulting in the diffusion of power-centred interventions. Thus, the subject can exist as a victim of exclusion.

6.3 Reflections

Theorists such as Ahmed (2007) and Judge (2018) highlight the importance of the researcher paying attention to how they are positioned themselves during the research process. As a critical researcher who uses qualitative methods, I am presented with an opportunity to interact with participants and capture their narratives. Therefore, self-reflection is important. By reflecting, I am able to interrogate issues of ethics and methodology used for the study. Following ethical standards helped me create healthy boundaries between myself and participants. As someone who comes from a rural area, I was mindful of not allowing my personal story to cloud my interpretation of student's narratives. I achieved this by following ethical guidelines proposed and approved by the University's Ethics Committee as well as Faculty. I was also mindful of the power dynamics between myself and participants. I was aware that as a post-graduate student I could be perceived as someone who comes into each interview with much more knowledge than the participant.

However, I diffused this perception by emphasizing the importance of hearing students' voices and placing them at the centre of the research.

I also shared parts of my personal story to encourage open engagement and demonstrate to students that I do not come in with an all-knowing attitude. During our conversations, I mentioned my rural background, and this often facilitated a better conversation, as students felt they were speaking to someone they can relate with as I have had my own fair share of the challenges the participants experienced. I have also used to the mental health facilities at the University and encountered similar language barriers. This was the material benefit my position afforded me (Ahmed, 2007). However, I was cautious not to overshare. On the other hand, this awareness of a shared history was useful in creating a sense of trust and comfort on the part of the respondents that allowed them to share some personal stories of their own processes of existing in this social field. De Lyser (2001) cautions that awareness of a shared spatial history with one's participants may inadvertently lead to the misperception on the part of the respondents that the researcher is already familiar with their experiences and interpretations. Therefore, I did find balancing the two areas challenging at times.

Reflecting on my methodological and epistemological approach, I found the method fit perfectly with the study's theoretical framework as well as data analysis. I, however, was challenged by the time I was allocated to complete the project by the University. Though we were granted extensions, I felt pressure to work within this deadline, even when my own physical and mental health was affected by events that occurred over the course of the project. The logistics of conducting a project that requires face-to-face conversation during the COVID-19 pandemic, meant that I needed to take on the data costs associated with each video call. I was fortunate that I was awarded funding that I could draw from to buy the necessary data for all participants. To avoid any misconduct, I closely followed ethical guidelines stipulated by the university and gave each participant the same amount. The absence of funding could have affected my data collection instrument which would have impacted the narrative framework I used for the study.

6.4 Recommendations

The researcher hopes that the project contributes to the improvement of mental health facilities and how mental health is produced, and as such has the following recommendations for the mental health facilities operating on Wits campuses, Firstly, to achieve more effective results when treating mental health issues, the researcher recommends that mental health facilities on campus use diversity as a tool for greater inclusion. As a unit concerned with creating maximum benefits for students, the CCDU should consider using more than one official language when treating mental health patients; this will help create inclusion. The researcher also calls for a thorough review and revision of policy concerning both Wits and mental health facilities, to avoid the continued use of policies that promote a culture of marginalization. The university could also partner with families, communities, NPO's and the government by playing the role of educator and creating access to mental health research. Furthermore, the researcher recommends pro-active mental health strategies over reactive ones. This can be achieved by hosting mental health activations throughout the year. To meet the desired objectives, the CCDU needs to work on improving their turnover time. Finally, this raises many questions hence the researcher recommends a follow up to fill out the issues fully.

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8 Appendixes

APPENDIX A

Interview Questionnaire

1. Demographic Information

Please answer the following.

Date:	
Age:	
Gender:	
Ethnicity:	
Geographic location:	
Socio-economic background:	
Home language:	

2. What is your understanding of mental health wellness?

3. What made you decide to go for therapy? academic, finding new friends, fitting in?

4. Before coming to Wits have you ever been to therapy?

5. How would you describe your experience of moving from your home to Wits?

6. Do you feel factors such as racial, place of origin and economic class played a role in your understanding of mental health?

7. Speaking about accessibility, did you find it easy for you to access mental health facilities on campus?
8. How comfortable/uncomfortable are you expressing yourself in English?

9. How long did you have to wait before seeing a therapist?

10. Did you find the process effective and efficient?

11. Between one-on-one therapy and group therapy which one do you prefer?

12. Do you think society (including families/lecturers/friends) should be a part of help when it comes to mental health? If yes, how do you think they can be involved?

13. What recommendations do you have for the current mental health care service or the university to minimise mental health issues for students from rural areas?

APPEDIX B

Participant Information Sheet

Title of the study: Examine the effectiveness of existing mental health treatment facilities at the University of the Witwatersrand.

Name of researcher: Nyameka Mbonambi

Good day

My name is Nyameka Mbonambi and I am a master's student in Critical Diversity Studies at the University of the Witwatersrand, Johannesburg. As part of my studies, I have to undertake a research project, and I am investigating the perceptions amongst students from rural areas who have received treatment at the mental health treatment facilities at the University of the Witwatersrand, of the effectiveness of their treatment? Under the supervision of Prof Melissa Steyn. The aim of this research project is to examine the effectiveness of existing mental health treatment facilities at the University of the Witwatersrand.

As part of this project, I would like you to take part in an interview this activity will involve you answering questions related to the study and will take around 45 minutes. With your permission, I would also like to record the interview using a digital device.

There will be no personal costs to you if you participate in this project, You will not receive any direct benefits from participation but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The interview will be completely confidential and anonymous as I will not be asking for your name or any identifying information, and the information you give to me will be held securely and not disclosed to anyone else. I will be using a pseudonym (false name) to represent your participation in my final research report. If you experience any distress or discomfort at any point in this process, we will stop the interview or resume another time. If you need some support or counselling services following the interview please let me know or contact Caroline Phofi caroline.phofi1@wits.ac.za 011 717-9127 or Felicity July felicity.july@wits.ac.za 011 717 9140 at Counselling & Careers Development Unit (CCDU) these are available free of charge.

If you have any questions during or afterwards about this research, feel free to contact me on the details listed below. If you wish to receive a summary of this report, I will be happy to send it to you. The data collected from this research project will be stored in a password protected laptop and will be kept for 5 years. With your permission the data collected from this research project may be used by other researchers. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrec-medical.researchoffice@wits.ac.za

Yours sincerely,
Nyameka Mbonambi

Researcher:
Nyameka Mbonambi, 1203496@students.wits.ac.za or nkosikazim@gmail.com, 063 631 6608

Supervisor:
Prof Melissa Steyn, Melissa.steyn@wits.ac.za, 011 717 4418

APPENDIX C



Consent Form

Title of project: Examine the effectiveness of existing mental health treatment facilities at the University of the Witwatersrand.

Name of researcher: Nyameka Mbonambi

I, ……..., agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain anonymous	YES	NO
I agree that the researcher may use anonymous quotes in his / her research report	YES	NO

I agree that the interview may be audio recorded	YES	NO
I agree that the information I provide may be used anonymously after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	YES	NO

Name of participant…….

Signature……..

Date…….

Name of researcher…….

Signature……..

Date…….

APPENDIX D

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF SOCIAL SCIENCES ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: DIV2010121**
PROJECT TITLE	Examining the effectiveness of existing mental health treatment facilities at the University of the Witwatersrand: Perspective of students from rural areas
INVESTIGATOR	Nyameka Mbonambi
SCHOOL/DEPARTMENT OF INVESTIGATOR	Centre for Diversity Studies
DATE CONSIDERED	24 November 2020
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Low RISK
EXPIRY DATE	30 March 2021

ISSUE DATE OF CERTIFICATE 25 November 2020 **CHAIRPERSON** _____
(DR C. Tagwirei)

cc: Supervisor: Prof. Melissa Steyn

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

_____ _____
Signature **Date** **25/11/2020**

APPENDIX E

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

OFFICE OF THE DEPUTY REGISTRAR

26 November 2020

Nyameka Mbonambi
Student number (1203496)
MA Critical Diversity Studies
Wits Centre for Diversity Studies

TO WHOM IT MAY CONCERN

"Examining the effectiveness of existing mental health treatment facilities at the University of the Witwatersrand: Perspective of students from rural areas "

This letter serves to confirm that the above project has received permission to be conducted on University premises, and/or involving staff and/or students of the University as research participants. In undertaking this research, you agree to abide by all University regulations for conducting research on campus and to respect participants' rights to withdraw from participation at any time.

If you are conducting research on certain student cohorts, year groups or courses within specific Schools and within the teaching term, permission must be sought from Heads of School or individual academics.

Ethical clearance has been obtained. (Protocol number: **DIV2010121**)

Research Expiration: (30 March 2021)

Nicoleen Potgieter
University Deputy Registrar