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Child and Adolescent Mental Health in South Africa: Experiences of Black Psychologists

By

Kanelo Seboka

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Supervisor: Prof. Zaytoon Amod

DEDICATION

To my beloved parents,

Without your endless love and unwavering support, none of this would have been possible. I am incredibly grateful for all you have sacrificed for me and allowing me to pursue my passions. Thank you for instilling the value of education in me and for your constant encouragement. Your belief in me is what drives me to experience the highest version of myself. You are my biggest blessing and I look forward to continuing to make you proud. I love you both so much.

Mama le Papa, this is dedicated to you.

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To my extended family, friends and peers, thank you for the light you were able to bring me throughout this journey. Your words of kindness and support strengthened me in ways you may never understand. My world is an incredible place with you in it!

DECLARATION

I declare that this is my own unaided work. It is being submitted in partial fulfilment of the Masters in Education (Educational Psychology) to the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree of examination to any other University.

Kanelo Seboka

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ABSTRACT

This study explored the experiences of Black psychologists working with children and adolescents within the South African context. The purpose of this investigation was to shed light on these experiences, whose insights could contribute to teaching and training as well as to policy developments in relation to child and adolescent mental health in this country. A descriptive qualitative approach was employed for this study. Individual, semi-structured interviews with ten Black psychologists who are registered with the Health Professions Council of South Africa (HPCSA) was the primary data collection method, analysed using thematic data analysis. Eight themes were identified: Perceptions of Psychology and Mental Health; Systemic Influence and Understanding; Parent/Caregiver Psychoeducation; Inter-Professional Collaboration; Professional Competence; The 'Black Culture' and Context; Indigenous Knowledge and Practices and Mental Health Resources and Policies in South Africa. Findings indicated the need for promotion of the following aspects: mental health psychoeducation to eliminate negative health-seeking behaviours, professional inter-collaboration and overall child and adolescent mental health. Findings further indicated the need for more cultural diversity in psychology training programmes as well as the prioritisation of child and adolescent mental health in government policies. Based on this, it is recommended that schools/clinics be reliable sources of mental health information; inter-professional training that has cultural relevance be offered at tertiary level; and for promotive and intervention programmes to be implemented in schools as a form of psychosocial support for the learners, teachers and the broader community.

Keywords: mental health, child and adolescent mental health, Black psychologists' experiences, Black culture, qualitative research

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CHAPTER 1

RATIONALE AND OVERVIEW OF STUDY

1.1 INTRODUCTION

Since the inception of democracy in South Africa, there has been a rapid rise in the number of Black professionals entering the profession of psychology (Cooper & Nicholas, 2012). Because this is still a relatively new phenomenon, there is limited literature that captures the experiences of Black psychologists working with children and adolescents in the South African context (Long, 2017). The inclusion of mental health in the Sustainable Developmental Goals (SDG) is indicative of a global commitment to prioritise it, including the low- and middle-income countries (LMICs) such as South Africa (Docrat et al., 2019). Moreover, various studies have shown how child and adolescent mental health specifically has not been a national priority, and this is evidenced in the limited resources that are available in South Africa (Mokitimi et al., 2018; Flisher et al., 2012). Child and adolescent mental healthcare can be easily overlooked in the context of disasters and emergencies, resulting in children and adolescents being disproportionately affected (Danese et al., 2020).

Psychologists working within the context of children and adolescents would therefore be presumed to be significant work. Given how, historically, there was discord between the Black culture and psychology as a profession, the journey to make mental health resources available and accessible to the broader South African society has been a relatively long one. With a growth in the number of Black mental health professionals entering the psychology space, there has been a simultaneous rise in the use of mental health resources and services by Black South Africans. Thus, highlighting the experiences of Black psychologists would have implications for promotion and intervention programmes. Their insight would furthermore contribute to psychology training programmes in relation to child and adolescent mental health.

1.2 THE RESEARCH PROBLEM

Psychology has historically been a White-dominated profession. Moreover, its Euro-American roots asserted that human psychological phenomena should be analysed through the lens of race, gender and class (Cooper & Nicholas, 2012). As a result, access to the profession was reserved for the 'dominant race', and this was also evident in the South African apartheid context. However, over the past two decades or so, there has been astonishing growth in scholarly work and research in South African psychology (Pillay, 2013), which in turn has contributed to the rise in the number of South African Black psychologists entering the professional space. This is a significant change, as it contributes to the promotion of mental health care inclusivity and accessibility. Thus, this study was

aimed at exploring the experiences of Black psychologists working with children and adolescents within the South African context.

1.3 RATIONALE FOR THE STUDY

A study such as the current one is of value as research has indicated that it is relatively understudied within the South African context (Das-Munshi et al., 2016). Psychology as a discipline in South Africa has historically been dominated by White professionals, specifically White women. In recent years, Black professionals have emerged in the professional psychology space and their experiences may be considerably different from that of their White counterparts. Indigenous African mental health perspectives constitute a rapidly growing field within psychology (Kpobi & Swartz, 2019), and some Black psychologists subscribe to the indigenous African way of thinking as it relates to mental health. There are debates that psychology as a profession is highly Westernized and thus unable to address and treat mental illness that might be interpreted differently in traditional African contexts (Menze et al., 2018). These debates highlight cultural and/or race-based challenges within the discipline and in this context, it is of value to explore the experiences of Black psychologists in South Africa. These challenges also speak to the socio-economic inequalities and how mental illness can be understood in this regard. This study will shed light on the experiences of Black psychologists within the South African context, which has implications for child and adolescent mental healthcare promotion and intervention programmes. Insights provided by the psychologists in the current study could also make a contribution to psychology teaching and training programmes, as well as to policy development in relation to child and adolescent mental health in South Africa.

1.4 AIM OF THE STUDY

The aim of the research study was to explore the experiences of Black psychologists whose work includes the mental health care of children and adolescents within the South African context.

1.5 RESEARCH OBJECTIVES

- To explore the main issues Black psychologists deal with in their work with children and adolescents in the South African context.
- To explore possible cultural influences on training and practice.
- To explore training implications on policy and practice.

1.6 RESEARCH QUESTION

What are the experiences of Black psychologists working with children and adolescents' mental health within the South African context?

1.6.1 Research Questions

1. What are the participants' experiences of working in child and adolescent mental health in South Africa as Black practitioners?

2. What are the child and adolescent mental health issues that they deal with in their work?

3. What issues do they think are important to consider for mental health care work with children and adolescents in South Africa?

4. What cultural considerations, if any, do the Black Psychologists consider as being important in their work with children and adolescents?

5. What factors do these psychologists think can assist in promoting child and adolescent mental health in the South African context?

1.7 CLARIFICATION OF CONCEPTS

The primary concepts that are relevant to this study are described below:

Mental health refers to emotional, social as well as psychological well-being. An individual's mental health affects thinking, feelings and behaviour, and it also impacts how an individual handles stress and relates to other people. Additionally, mental health is crucial to personal, socio-economic as well as community development (WHO, 2022). Throughout an individual's life, there are various determinants that function at individual, social and structural levels that interact either to undermine or protect an individual's mental health, which exists on a continuum (WHO, 2022). In this study, this definition of mental health will be applicable to all ages, including children and adolescents.

Black is a racial classification of people, characterised by a mid to dark brown complexion, and is also a political category. However, not all people who are racially categorised as 'Black' have dark skin and arguments have been made that race is a social construct (Guo et al., 2014; Morning, 2014; Bryant et al., 2022). During the apartheid era, the South African government introduced various legislations that were based on racial classification, informed by the Population Registration Act No. 30 of 1950 (South African History Online, 2015). This Act divided the country's population into four racial categories: Whites, Natives (Black) as well as Indian and Coloured people (people of mixed race). Racial determination was based on a variety of aspects, including appearance, genetic testing, familial background and cultural aspects (Tewolde, 2021). However, at the end of the apartheid period, racial identity became hotly contested and as a result, the Broad-Based Black Economic Empowerment (B-BBEE) was legislated with the aim to address historical injustices, specifically economic injustices. Currently, the B-BBEE considers 'Black' to be inclusive of Africans, Coloureds and

Indians (Musabayana &Mutambara, 2022). Despite this, the apartheid era racial categories continue to classify the South African population to this day (Tewolde, 2021) and this study will use the classification 'Black' as separate from populations within the racial categories White, Indian and Coloured.

Child, as defined in the Children's Act 38 of 2005, is a person below the age of eighteen years (Children's Act 38 of 2005), and this definition is applied to this study.

Adolescent refers to a person between the ages of ten and nineteen (Ross et al., 2020) and in this study, both *children* and *adolescents* are used interchangeably.

Caregiver refers to a person other than a parent, who objectively looks after a child (Children's Act 38 of 2005). This can include a foster parent, a head of a children's shelter or youth care centre or a head in a child-headed household, according to the Children's Act 38 of 2005.

Parent in relation to a child, according to the Children's Act 38 of 2005, is understood to be a biological or adoptive parent, and excludes the biological father of a child who was conceived through incest or rape; any person biologically related to a child by means of only being a sperm donor and a parent whose parental rights have been legally terminated.

Psychologist refers to a psychologist registered or regarded as such in terms of the Health Professions Act 56 of 1974 (Children's Act 38 of 2005). In the study, the Health Professions Council of South Africa (HPCSA) psychologist categories (Educational, Clinical and Counselling) are not specifically indicated. Rather, participants in this study are psychologists with child and adolescent mental health care experience.

1.8 OUTLINE OF RESEARCH METHODOLOGY

The following description of the research methodology is an outline of the approach used, and it will be further discussed in Chapter 3. This study was conducted as primary qualitative research, to explore the Black psychologists' experiences. Therefore, this study's foundations were to encourage personal accounts of people's experiences, with their beliefs and values being highlighted and expressed in the participants' own words. As a result of this, ideas, topics, and patterns of meaning are closely examined to answer the current study's research question.

1.8.1 Research Design

Since the aim of this research was to gain an in-depth understanding of Black psychologists' experiences of working with children and adolescents within the South African context, a qualitative approach with the use of Thematic analysis (TA) was chosen as the most applicable. Thematic

analysis is a useful research tool that has the ability to closely examine the data to identify common ideas and patterns (Braun & Clarke, 2012) and as a result, valuable insights from the lived experiences and rich narratives of the Black psychologists were provided.

1.8.2 Participant Selection

For this study, the purposive sampling technique was employed whereby psychologists who identify as Black, with experience of working with children and adolescents within the South African context, were invited to participate via various social communication platforms, mainly email and LinkedIn. A total of ten Black psychologists expressed interest in participating in the study without the involvement of coercion or compensation.

1.8.3 Data Gathering

Data for this study was collected through open-ended, semi-structured interviews with Black psychologists registered with the Health Professions Council of South Africa (HPCSA) at the time of data collection. As a result of the research study being conceptualised and conducted during the COVID-19 pandemic, online interviews were conducted. This method of gathering data was the most appropriate as the pliability of this type of interview permits participants to express their experiences and explore their perceptions, granting the researcher data that is rich and detailed to be analysed (Cassell & Bishop, 2021). Throughout the research process, accounts of personal reflections by the researcher were kept on understanding the participants' experiences.

1.8.4 Data Analysis and Interpretation

Data analysis is considered to be the most crucial part of the research process, where the researcher makes sense of raw data collected, in a meaningful way (Graue, 2015). Thematic analysis was used by the researcher to identify, analyse and interpret significant patterns within this qualitative data. The issues, themes and patterns identified were revealed through the participants' experiences (Sutton & Austin, 2015). This kind of analysis furthermore allowed for a detailed analysis and interpretation of the participant's subjective experiences as Black psychologists working in the child and adolescent mental health care space.

1.9 QUALITATIVE RIGOUR

Quality evaluation of research is crucial if findings are to contribute meaningfully in practice. Qualitative research is usually criticised for justifying methods used poorly, lack of transparency in the analytical process as well as findings being merely a collection of opinions, thus negatively impacting their scientific rigour (Noble & Smith, 2015). However, the quality of qualitative research

can be ensured through the application of various criteria. The researcher remained conscious of her own subjectivity during the data collection and analysis processes, and constant reflection was done to avoid research being compromised. Therefore, this research used four key criteria as outlined by Noble and Smith (2015) to ensure that results have truth value, they are consistent, neutral and applicable.

Truth value is the recognition that multiple realities exist, and the assurance that all participants' experiences were accurately captured (Noble & Smith, 2015). Ensuring that the findings are reflective of participants' feelings and opinions also reflects data credibility. This was done throughout the interview processes as participants had the opportunity to respond to questions freely and openly, without the researcher imposing personal views and opinions.

Consistency relates to trustworthiness by which research methods have been undertaken (Vaismoradi et al., 2013). In this study, this depended on taking note of every decision in the process in ensuring that each decision taken is transparent and clear. By relying on rich and detailed exploration of the research through the use of the qualitative framework, the difficulty of applicability of the data to other studies with similar interests could be possibly mitigated (Vinokur, 2019).

Neutrality or confirmability ensures objectivity throughout the analytical process, and this can only be achieved when trustworthiness, applicability and consistency have been ensured (Noble & Smith, 2015), and this additionally involved the elimination of the researcher's subjectivity. In this study, the researcher ensured confirmability through audio-recording the interviews for the progression of themes and findings to remain consistent. Furthermore, the researcher kept a reflexive journal to maintain non-bias.

Lastly, applicability in qualitative studies is often considered to be problematic as the generalisation of data results to a larger population is seldomly accomplished successfully (Vinokur, 2019). However, the qualitative framework allows for in-depth data to be obtained, ensuring that every detail of experiences shared is explored. The researcher strove for applicability by again recording all relevant ideas and thoughts so that research findings and themes could be developed systematically, establishing consistency.

1.10 ETHICAL CONSIDERATIONS

Ethical adherence is a significant aspect of the research process (Ogletree & Kawulich, 2012). Ethical guidelines and principles as set out by the ethics committee must be followed by the researcher, which mainly highlight the importance of protecting participants as well as respecting their integrity

and privacy. In this study, the researcher was conscious of own subjectivity during the data collection and analysis stages of the process through constant reflection, and this ensured that the research would not be compromised.

The researcher meticulously adhered to the ethical guidelines provided by the Ethics Committee of the Faculty of Humanities at the University of the Witwatersrand. Participants were given invitations to take part in the study voluntarily, together with all the relevant information needed for them to make an informed decision. This included the Participant Information Sheet (see Appendix B) that contained research procedures and goals. They were later on provided with Informed Consent forms (see Appendix C) to confirm their participation in the study as well as grant permission to be audio-recorded during interviews. Furthermore, anonymity and confidentiality were guaranteed with the aim of achieving comfortable and candid engagement.

1.11 OUTLINE OF THE STUDY

Chapter 1 gives a background to the study and informs the reader about the research topic to be explicated throughout the rest of the report.

Chapter 2 locates the study within the biopsychosocial framework and within current literature.

Chapter 3 provides clarification for the study design and methodology used to respond to the research question. It furthermore outlines measures used to ensure adherence to ethical considerations.

Chapter 4 provides a presentation of themes derived from the data, with the subjective and qualitative responses shared by the participants.

Chapter 5 endeavours to provide a response to the research questions, by highlighting the findings from the research study. It also discusses the applicability of the findings to obtainable literature.

Chapter 6 presents a summary of the research study and provides an outline of its strengths and limitations. It further considers the contribution that the study could potentially have, as well as recommendations for further research.

1.12 CONCLUSION

This chapter provided an overview of the current study which explores the experiences of Black psychologists working with children and adolescents within the South African context. This is followed by the problem statement, which is that since the psychology profession started opening up to more Black professionals at a rapid pace in post-apartheid South Africa, their experiences have not been significantly recorded in the literature. If recorded, these experiences could potentially make a

contribution to child and adolescent mental health policies in the country. This was the aim of the study, to explore these experiences by Black psychologists in the child and adolescent mental health care space. With the rationale of the study being determined, it was possible to make clear why a qualitative methodology for data collection and analysis would be better suited to allow the researcher to gain profound insight into the Black professionals' psychological world. The next chapter will focus on a review of the background literature.

CHAPTER 2

BACKGROUND LITERATURE

2.1 INTRODUCTION

The aim of this chapter is to conceptualise information that is relevant to this research study and the questions related to it. This conceptualisation will be achieved within Engel's (1977) Biopsychosocial theory whilst consulting the relevant academic literature for a more holistic understanding of the research problem. To explore the experiences of the Black psychologists in this study, other studies were investigated, specifically those related to child and adolescent mental health in South Africa.

2.2 THEORETICAL FRAMEWORK: BIOPSYCHOSOCIAL THEORY

The Biopsychosocial model was conceptualised by George Engel in 1997, with the aim of suggesting that an individual's medical condition does not have solely biological factors to be considered, but social and psychological ones as well (Engel, 1977). The biological considerations capture the physical factors of an individual's body that affect health. Research has shown that the body's immune system not only functions to deter disease, but also interacts with environmental and psychological factors (Lehman et al., 2017). Psychological considerations include thoughts, emotions, attitudes, motivations and behaviours that affect health, whilst social factors are related socio-economic, environmental and cultural aspects including but not limited to work and family circumstances (Borsboom, 2017).

However, subsequent research added the spiritual dimension as well, taking into consideration that for health care to be holistic and effective, the patients' relational existence must be addressed in totality (Hefti, 2013). Consequently, the World Health Organisation (WHO) in the last decades highlighted the significance of the spiritual dimension in clinical practice (Saad et al., 2017). 'Spirituality' today is a fluid concept and can be interpreted differently, given societal cultural diversity. For the purposes of the current study, spirituality will be conceptualised in relation to health according to Saad and others (2017), which is "the search for ultimate meaning, purpose and significance, in relation to oneself, family, others, community, nature and the sacred, expressed through beliefs, values, traditions and practices" (Saad et al, 2017, pg. 2).

In this study, the Biopsychosocial model served to provide insight and understanding into child and adolescent mental health and its various contributing factors. Furthermore, insight into how the Black psychologists experience these biological, psychological, social and spiritual interactions in children and adolescents is generated.

2.2.1 The Fundamental Value of the Biopsychosocial Model

Engel's (1977) model facilitates an understanding that an individual develops within a context where there is constant interaction between biological, psychological and social factors and as a result, mental illness cannot be solely conceptualised at a cellular or molecular level, which is the reductionistic view that the biomedical approach holds (Gask, 2018). Engel argued that if the aim of psychiatry was to generate an inclusive and fully scientific explanation of a mental disorder, then the reductionist accounts should be replaced by a model that adhered to the basis of the General Systems Theory, first proposed by Ludwig von Bertalanffy in 1937. This theory employed a scientific approach that studied whole systems and their component parts (Gask, 2018).

Engel further proposed that the knowledge, flexibility and ability to explore a patient through the lenses of biology, psychology and the social sciences is paramount to providing health care (Gask, 2018). With this approach, the model can be conceptualised as a dynamic system where the biological, psychological, social/interpersonal and now spiritual contextual factors interact with each other to shape an individual's health over their life span. The term 'dynamic' indicates that these health influences are not fixed, but rather there is a constant evolution and interaction over time (Lehman et al., 2017). Considering the complexities of the contextual interrelationships between the children/adolescents and the systems they find themselves in (including psychologists), this model acknowledges that health/wellbeing is impacted by a series of systemic influences that are ever changing over time (Gliedt et al., 2017).

2.2.2 The Biopsychosocial Model and Child/Adolescent Mental Health in South Africa

Engel's (1977) Biopsychosocial model provides insight that enhances the understanding of the dynamics between children/adolescents, their biological makeup, their environments and how these interact to influence their mental health. This understanding will further give insight into some of the common issues experienced by Black psychologists working with children/adolescents, which is the purpose of this study.

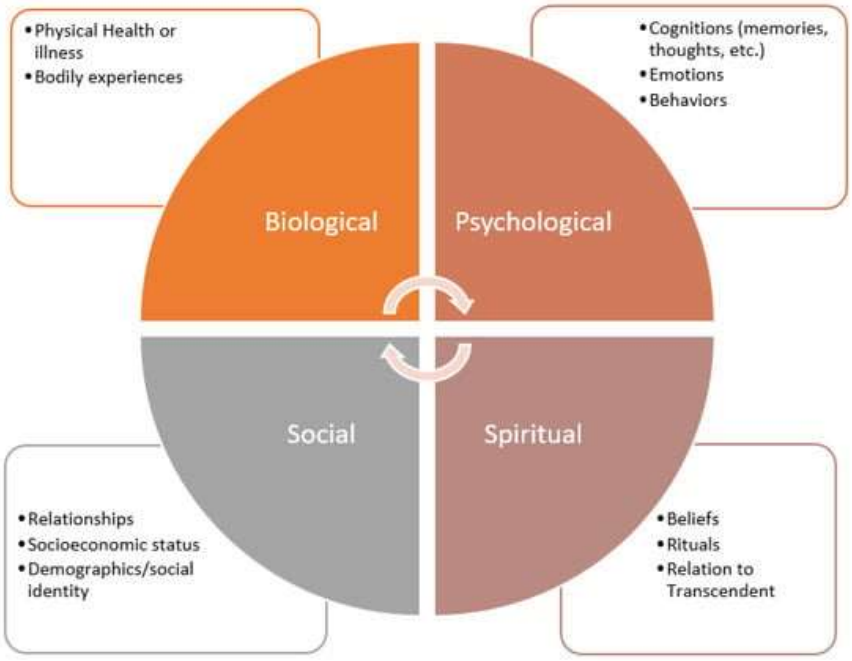
2.2.3 The Biopsychosocial Perspective as a Suitable Theoretical Framework

Engel's (1977) dynamic structure of the Biopsychosocial model, which was later reframed by further research to include the spiritual aspect, highlights the interconnected and reciprocal nature of the biological, psychological and social factors that influence a child/adolescent's mental health. It stands to reason that not just children/adolescents, but also their families, larger communities, teachers, media, culture, religion, health sector in various social systems within which diverse events and situations are experienced that affect mental health. Figure 1 demonstrates the interconnectedness

and reciprocal nature of the biological, psychological, social and spiritual factors that contribute to mental well-being as proposed by the Biopsychosocial model.

2.2.4 Figure 1

Facets of an Individual in Health Care



Note. Reprinted from "Spirituality in Primary Care Settings: Addressing the Whole Person through Christian Mindfulness" by Z. Cooper, 2022, *Religions*, 13(4), 346. Copyright 2022 by Zach Cooper.

As illustrated in Figure 1, the interaction of the biological, psychological, social and spiritual aspects will influence how mental health is perceived, as this will be dependent on various factors that are social, cultural, educational and economic (Cooper, 2022). There have been, however, arguments that Western psychological theories are often limited in their applicability to the African context (Nsamenang, 1995; Oppong, 2019). This stance is derived from a viewpoint that Western interpretations of mental health/illness and subsequently, human behaviour, are significantly different from those held by the indigenous, African perspective. Although there might be variations of understanding, Makhubela (2016) argued that Western knowledge is not rigid and the disqualification of it as useful for the African context would be to dismiss Africa's contribution to its creation – Western knowledge is not the sole property of the West. From this perspective, the Biopsychosocial model can be argued to be a suitable framework for the current study.

2.3 EXPERIENCES OF BLACK PSYCHOLOGISTS WORKING WITH CHILDREN AND ADOLESCENTS WITHIN THE SOUTH AFRICAN CONTEXT

2.3.1 Definition of Mental Health

According to the World Health Organization (WHO), mental health is defined 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" (WHO, 2001, p.1). With this definition, WHO acknowledges that mental health should be treated like any other illness, and most mental illnesses are influenced by a combination of psychological, biological, social and spiritual factors as the theory suggests (Galderisi et al., 2015). Socioeconomic and environmental factors such as poverty and lack of appropriate support systems have also been shown to determine mental health; and effective public health interventions can enhance mental health (Galderisi et al., 2015). South Africa's Mental Health Care Act (no.17, 2002) defines mental health as "…the level of mental well-being of an individual as affected by physical, social and psychological factors and which may result in a psychiatric diagnosis" (Mental Health Care Act 2002 (Act no.17 of 2002, p.6).

Physical factors that can contribute to mental illness include birth trauma, drug abuse and brain injury; the social factors include social class, gender, race, household patterns and social security systems; and psychological factors that can affect mental health include neglect, severe psychological trauma suffered as a child such as physical, sexual or emotional abuse (Galderisi, 2015). A mental illness diagnosis is made by an authorised practitioner and mental health services should be provided as part of the primary, secondary, and tertiary health services. These services also apply to children, and the South African Children's Act, which is an act that governs all laws that relate to the protection and care of children, states that a child is any person who is below the age of 18 years. Risks to mental health can manifest themselves at different life stages, and those that develop during sensitive developmental periods can be detrimental, particularly during early childhood (WHO, 2022). Similarly, protective factors occur throughout an individual's life, resulting in strengthened resilience. These include but are not limited to factors such as positive social interactions, quality education, safe physical environments and community cohesion (Layous et al., 2014). Scientific research has made it possible to apply the Biopsychosocial approach to the study of human resilience. Immune responses, stress response systems and the neural circuitry function in interaction with genetic factors have been shown to be biological processes that contribute to human resilience (Feder et al., 2019).

However, illness is one part of mental health and well-being is another, as acknowledged in the South African Mental Health Care Act 2002. This state of mental well-being enables individuals to cope with the stresses of life, become aware of their abilities, learn well and make a meaningful contribution to society (WHO, 2022). This perspective highlights that mental health is much more than the absence of mental disorders.

Prevention and promotion interventions are made effective by the identification of individual and structural determinants of health, reducing risks, building resilience and establishing environments that support mental health. These interventions can be designed for individuals or population groups. Often, these processes of reshaping mental health determinants go beyond the health sector, and involve collaborative contributions for other sectors such as education, labour, housing, justice, welfare etc (WHO, 2022).

Child and adolescent mental health promotion can be achieved through the implementation of laws and policies that provide support to caregivers, improving the quality of both the physical and online environment as well as implementing school-based programmes (O'Mara & Lind, 2013). This is highlighted in the *social* dynamic in the form of establishing meaningful and supportive interpersonal relationships that will generate the financial means needed to implement these programmes.

Research shows significant associations between well-being and religiosity/spirituality (Park & Slattery, 2013; Weber & Pargament, 2014). Spirituality has become an increasingly significant consideration in the mental health profession, and this has also come with the emphasis that spirituality should be included in the therapeutic process (Kao et al., 2020). This is based on the acknowledgement that religion and spirituality are foundational aspects of many individuals' lives and their well-being, and therefore consider them central to their overall healing and well-being. From a mental health perspective, spirituality and religion may play a crucial role in how individuals make decisions, cope with everyday life stressors and solve problems (Brown et al., 2013).

Definitions of religion and spirituality have been debated in the literature (Senreich, 2013; Jastrzebski, 2022). For the purposes of the current study, these terms will be defined according to Brown and colleagues (2013), which will provide valuable insight into how these psychological/social ideas influence mental well-being. In this study, spirituality is defined as "a sense of connectedness to a higher power and openness to the infinite beyond human existence and experience" (Brown et al., 2013, pg. 110). Additionally, religion (or religiosity) is defined as "an institutionalized set of beliefs and practices by which groups and individuals relate to the ultimate" (Brown et al., 2013, pg.

111). Furthermore, there is an acknowledgement of the complexities of spirituality, and how individuals' experiences of it can influence how mental health services are perceived and received.

The number of youth suicide attempters is on a steady rise due to various mental health-related issues, and unfortunately many have mental health disorders that go untreated (Bullock et al., 2013). Religion often displays a double-edged role when it comes to suicide, where empathy is expressed for the attempter on the one side, and the idea of self-inflicted actions that lead to death is condemned on the other. Although there is evidence that religion positively influences general well-being (Cohen & Johnson, 2017), not much attention has been given to the role it plays in recovery, specifically suicide attempt. Osafo and colleagues (2023) explored how religion/spirituality played a significant role in recovery among survivors of suicide attempt. Through interviews of ten participants, most of them found solace in their religion to cope with the stress that is present in the aftermath of a suicide attempt. Furthermore, religion provided meaning for their lives, with one participant in the study expressing that knowing that he is forgiven by God made the recovery process bearable, acknowledging that suicidal behaviour is not pleasing to God (Osafo et al., 2023). Additionally, religious leaders in Ghana believe that religious implications are significant for mental health interventions and programmes, and therefore see themselves as frontline workers necessary to improve Ghana's mental health services (Osafo et al., 2023).

2.3.2 Child and Adolescent Mental Health in South Africa

Most children and adolescents in South Africa with mental disorders remain undiagnosed and untreated, and psychological services remain fragmented (Paruk & Karim, 2016). There are various factors that are associated with child and adolescent mental illness, and these include teenage pregnancy, substance abuse, violence, poor academic achievement, and suicide – all of which are a systemic part of the Biopsychosocial model. Mental illness in adolescents can be a result of biological factors including genetic vulnerability, head trauma, substance abuse and exposure to toxins in the womb. There are also psychosocial factors that can put children and adolescents at risk for the development of mental disorders, including family conflict, bullying, bereavement, abuse, and neglect (Paruk & Karim, 2016). Distinguishing between significant emotional and behavioural changes (typical development) that come with adolescence and psychiatric illness can be very challenging.

Research has shown that in low- and middle-income countries, the population that is more at risk of the development of mental health problems is women and children (Bain, 2020). South Africa falls within this bracket where its research has further shown that rates of depression among pregnant women are approximately 37% and among women who have recently given birth, 31%; this is three

times higher than the global average (Bain, 2020). These statistics can be attributed to factors such as food insecurity, limited access to healthcare, crowded living conditions, high rates of infection and interpersonal violence that affect women and influence the development of perinatal depression (Davies, 2016). Seeing how women in South Africa and their experience of living at the intersection of multiple levels of oppression can influence infant mental health, it can be argued that Infant Mental Health (IMH) is not a priority within the South African context. According to Bain (2020), Infant Mental Health (IMH) is "an interdisciplinary field that is concerned with the prevention and treatment of problems that pose risk to the cognitive, emotional and social development of young children" (Bain, 2020, pg. 208).

With mental health already not being a priority on the public health agenda as a whole in Africa (Lund, 2018), mental health services for children and adolescents are even less of a priority. The argument is also posed that not only should mental health services be prioritised for children and adolescents, but for also parents, especially mothers, as their predisposition to the factors mentioned above could influence infant mental health as well.

2.3.3 Socio-economic Inequalities

South Africa is one of the most unequal societies in the world, and apartheid has resulted in socio-economic inequalities that are interwoven with ethnic/racial inequalities; and adolescence is a time during which mental health intervention can lead to its improvement and reduced social problems later (Das-Munshi et al., 2016). This is a social factor that is usually not at close proximity with the child/adolescent, but one that has a significant influence nonetheless. A study by Das-Munshi and colleagues (2016) conducted in the city of Cape Town with adolescents aged 14-15 years found that Black and Coloured participants experienced a higher prevalence of depression, anxiety, and post-traumatic stress disorder (which are classified as Common Mental Disorders) compared with White participants. Relative risk was elevated for Coloured adolescents when factoring putative factors such as violence, social support, racially motivated bullying and self-esteem (Das-Munshi et al., 2016). The aim of this study was to show that adolescent mental health inequalities in the city of Cape Town are associated with material disadvantage and how historically disadvantaged groups perceive themselves in their environment.

It is worth acknowledging that most mental disorders have their onset before the age of 18 (Paruk & Karim, 2016), and early intervention is always recommended. Poverty is one of the significant socio-economic factors that can lead to the development of a mental disorder in children and adolescents. Poor social support and economic inequalities could lead to common mental health disorders such as depression, post-traumatic stress disorder, acute stress disorder, adjustment disorder, social

anxiety disorder, generalised anxiety disorder and substance abuse (Paruk & Karim, 2016). HIV/Aids is an epidemic that affects many South African children and adolescents, and stresses associated with living in a household that is affected by it are at risk for developing common psychological disorders such as depression, substance use and anxiety. HIV in children can also result in neuropsychiatric disorders (Flisher et al., 2012).

Research has also shown that in the year 2016, most children between the ages of 0 and 6 years lived in a single-parent household, of which 45.6% lived with their mothers only (Statistics SA, 2018). Rates of up to 25% of disorganised attachment among infants have been found in households where fathers are absent, which is higher than the global prevalence of approximately 10%, resulting in these children being placed at risk of psychopathology (Bain, 2020). This indicates one of the significant environmental factors that contribute to the prevalence of mental health issues among children and adolescents.

2.3.4 Childhood Sexual Abuse and Teenage Pregnancy

Childhood sexual abuse is another notable factor that places children and adolescence at risk for common mental disorders. Children who are sexually abused tend to get withdrawn, anxious, depressed and experience post-traumatic stress disorder (Noll et al., 2017). The behaviour of the child can change, and most often than not, result in lower educational achievement. Access to mental health screening and intervention services such as therapy, together with social support, will be most helpful for the child/adolescent.

Furthermore, research has shown that pregnant and postnatal adolescent women are at risk of suffering from common mental disorders. Adolescents who fall pregnant at this stage of their lives are prone to be judged and ostracised by their peers and other significant members of the community, are at risk of being single mothers and are also at risk of experiencing socio-economic difficulties. All these factors exacerbate the risk of mental health problems (Corcoran, 2016). A study by Field and colleagues (2020) aimed to explore the barriers to mental health service access in low-resource settings. Adolescents aged 15-19 from low-resource environments in Cape Town who had previously been engaged with mental health services were interviewed and results showed that stigma around teenage pregnancy and mental illness was one of the barriers that prevented these young mothers from seeking help in local clinics, where they are afraid of being judged by the workers there and by community members. This highlights a challenge of lack of mental health awareness and education in communities. Other barriers included the lack of confidentiality, as the teenage mothers were concerned about the psychologist or counsellor taking confidential information to other people in the community, before the therapy was experienced.

Also, logistical obstacles were found to be a barrier as some participants stated that they had to travel a distance to access these resources. This highlights the issue of access to child and adolescent mental health services; they should be easily accessible and within reach of all communities for them to be utilised effectively.

Because teenage pregnancy and mental health are so closely related, Field and colleagues (2020) suggest that obstetric services and mental health screening should be integrated as a way of making use of the limited resources; and sensitising the care providers to the emotional needs of adolescents so that they can make use of these services without feeling like they are being judged will result in successful interactions between clients and counsellors.

2.3.5 Intergenerational Transmission of Mental Illness

Mental disorders have been shown to be possibly intergenerational, and this is in relation to the experiences of socio-economic challenges across generations. Research has shown that child support grants can play a significant role in alleviating intergenerational transmission of depressive symptoms (Eyal et al., 2018). This research indicated that there is a decrease in mental illness in families that receive child service grants, especially if these contribute meaningfully to the household income. This, in turn, increases the advantage for children and adolescents as their social position amongst their peers improves. It also decreases risks for social alienation (Eyal et al., 2018). The child support grants appear to play a crucial role in supporting mental health outcomes.

Depression and anxiety are two of the most common mental illnesses, and often co-occur and cluster within families (Jorm et al., 2017). Depression and anxiety in a parent are significantly common and increase the risk for the biological offspring to develop those illnesses and other functional difficulties. Because parental depression and anxiety affect a great number of offspring, a health records study from England estimated that 26% of children/adolescents between the ages of 0-16 had a mother who was clinically diagnosed with major depressive disorder or anxiety (Rice, 2022). A separate study from the United Kingdom focusing on biological offspring aged 0-30 showed a higher prevalence with 34.5% and 18.0% of mothers and fathers being affected by depression respectively (Rice, 2022). This research study has further indicated that in the transmission of these common mental illnesses from parents to offspring, 70% was due to genes and 30% to environmental contributions. This suggests that this is largely due to biological factors compared with the psychological/social ones, although there are also other influences.

2.3.6 Adolescent Mental Disorders and Adult Functioning

When childhood and adolescent disorders are not managed and treated from their onset, which is mostly during adolescence, they can have a significant impact during adulthood (Dalton et al., 2013). Brannlund and colleagues (2017) aimed to examine the relationship between adolescent mental health and academic achievement in Sweden. Children and adolescents on psycholeptic or psycho-analeptic drugs were followed from birth to age 20, and results indicated a negative relationship between mental health issues and academic outcomes. This study concluded that poor mental health in childhood/adolescence negatively affects educational success, subsequently affecting adult life (Brannlund et al., 2017).

Furthermore, a study by Copeland and colleagues (2021) revealed that early depression, mostly continuing childhood/adolescent depressive symptoms, have vigorous associations with adult functioning. In this study, the Child and Adolescent Psychiatric Assessment Interview was used to assess participants up to eight times in childhood (with participants aged 9-16 years). They were then assessed with the structured Young Adult Psychiatric Assessment Interview for functional and psychiatric outcomes (with participants aged 19, 21, 25 and 30 years). Results showed that, in all, 7.7% of participants met criteria for a depressive disorder in childhood/adolescence. However, the timing of depression was noteworthy, with participants with adolescent-onset depression having far worse outcomes than those with child-onset depression (Copeland et al., 2021).

2.3.7 Collaborative Approach to Diagnosing and Treating Mental Disorders

In a culturally diverse society like South Africa, different perspectives on causes and treatments of child and adolescent mental disorders need to be acknowledged. Traditional healers play a significant role in many communities across South Africa. Traditional healers operate in communities to heal physical ailments and they can also explain some mental illnesses and even offer treatment. In some cases, mental illness can be regarded as a calling for the individual affected to undergo the process of initiation to become a *sangoma* or to perform some kind of traditional ritual. There is some evidence that suggests that effective psychosocial intervention can be provided by traditional healers, but little research exists to suggest that they can change the cause of mental illnesses that are severe, such as psychotic disorders and bipolar (Nortjie et al., 2016).

Menze and colleagues (2018) acknowledge that there is a significant knowledge gap in traditional healers' practices that needs to be addressed to develop a mental health system that is more collaborative. Whilst there were traditional healers in this study who were optimistic about collaborative work, some revealed tensions in working with Western practitioners. In another study

by Campbell-Hall and others (2010), traditional healers expressed a lack of appreciation from health care practitioners who are Western-trained but were open to learning and receiving training on their biomedical approaches, whereas Western biomedically-trained practitioners expressed less interest in such an arrangement. This highlights the need for practitioners to broaden their mental health knowledges and perspectives to be more inclusive of people's cultures and beliefs. This will furthermore create a medium to facilitate a respectful negotiation and collaboration between the two systems in the interest of improved patient care.

2.3.8 Government's Response to Child and Adolescent Mental Health

Child and adolescent mental health is an important area in governments' health systems, or at least it should be (Docrat et al., 2019). An estimation has been made that in order to match the most comprehensive mental health systems in the world, countries should allocate a minimum of 10% to the total health budget. South Africa's mental health expenditure in the 2016/17 financial year was 5% and provincial expenditure was between 7.1% and 7.7% with most provinces spending less than 5% (Docrat et al., 2019). These findings question whether child and adolescent mental health is prioritised in the country. South Africa being one of the Low-Middle Income Countries (LMICs), a global scoping review found that not only are resources in these countries limited, but they are also unequally distributed and misused (Docrat et al., 2019).

South Africa is one of the 14 out of 191 countries recognised by the United Nations that has a clearly presented Child and Adolescent Mental Health (CAMH) policy (Mokitimi et al., 2018). This policy was created as the government recognised that children and adolescents are exposed to all forms of violence in schools, their homes and the broader community; and South African studies suggest that exposure to such violence is associated with psychological disorders in children and adolescents (Shields, et al., 2013; North et al., 2020). In the years 2001 and 2003, the government released policy guidelines for child and adolescent mental health. The five general intervention strategies that were proposed were namely 1) promotion of culturally sensitive and supportive environments; 2) provision of credible information; 3) development of skills; 4) provision of therapeutic services and 5) ensuring access to mental services (Flisher et al., 2012). Notably, these guidelines are also a matter of justice.

It is important to note, however, that ever since the Child and Adolescent Mental Health (CAMH) policy was adopted in South Africa, none of the nine provinces had a current CAMH plan or policy (Mokitimi et al., 2018). The lack of easily identifiable evidence of the inclusion of CAMH in the provincial health policies raises concerns about the mental health policy implementation in the country and, in particular, child and adolescent mental health.

There is an acknowledgement that there may be policy development and implementation barriers in Low-Middle Income Countries (LMICs), and some of the identified barriers include limited capacity of staff, inadequate finance and the overall burden of child and adolescent mental disorders considering that nearly 40% of all South Africans are under the age of 18 years (Mokitimi et al., 2018). Lund (2018) suggests that for implementation to be successful, it will be crucial for the laws and policies that are drawn up to be translated into programmes and operational plans that are usually delivered in health facilities, preschools, schools that are both in the public and private sectors, as well as by Non-Governmental Organisations (NGOs). This will be made possible through the allocation of both human and financial resources.

In a study that examined mental health policy and services in four African countries (South Africa, Ghana, Zambia and Uganda) using qualitative and quantitative methods, it was found that the needs of children and adolescents were only mentioned in the South African and Ugandan policy documents, even though all four countries had a mental health policy (Lund, 2018). Furthermore, only South Africa had outpatient facilities for child and adolescent mental health, but such services are provided in only 1.4% of healthcare facilities. South Africa was also the only country which had mental health professionals in schools, with the number being unknown.

For the achievement of a better and more sustainable future for the world, the Sustainable Development Goals (SDG) were developed as a blueprint. These aim to address the challenges that are faced globally, including but not limited to climate change, inequality, peace, justice and poverty (Sachs et al., 2019). There are commitments taken note of with regards to mental health in the Sustainable Development Goals (SDGs). SDG 3 makes a specific commitment to 'good health and well-being': "By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being", and "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol" (Lund, 2018, pg. 31). However, despite the compelling arguments and research that child and adolescent mental health in Africa is a significant challenge, there is no specific mention of child and adolescent mental health in the Sustainable Development Goals (SDGs).

2.3.9 Psychology Training in South African Institutions of Higher Learning

Psychology in South Africa was a professional academic instrument used to justify racism and segregation during apartheid (Manganyi, 2013). In an article that chronicled some of the hurdles that had to be overcome as a Black psychologist in training during the apartheid era, Manganyi (2013) highlighted how unusual it was for him as a Black man to actively express interest in psychology and to possess the zeal to pursue his master's degree. Study/practice opportunities were

not readily available for Black people, and he was only able to obtain them through a "back door" (Manganyi, 2013, pg. 278). Psychology was a White-dominated profession and the post-1994 era came with structural changes to include more Black professionals in the space. Equity considerations are put in place when student selection processes are conducted in different universities, and more Black students are accepted into the psychology programmes - no less than 50% (Pillay et al., 2013). Even though there are aspects of the professional psychology training which have been criticised as being Eurocentric, it is worth acknowledging that the South African psychology training's standard is generally high as professionals in this context are internationally recognised (Pillay et al., 2013). Community psychology emerged from the mainstream profession as a response to the inequalities that made up South African society pre-1994, and numerous training programmes in higher learning institutions integrated it as a critical-community training course, even though theoretical orientations of institutions differ.

Psychology in many post-graduate programmes can be seen as a very competitive space as there are very limited spaces that can be occupied, with many applications being received each year. This, however, can be an advantage in that students are given close and intense supervision, which greatly contributes to the quality of the training. Pillay and colleagues (2013) assert that racial exclusion is compounded by class exclusion with regards to entry into psychology training institutions. Historically disadvantaged groups (i.e., Black students) still do not have access to quality primary and high school education, which affects their chances of being accepted into tertiary institutions; especially those from the rural areas (Pillay et al., 2013). This results in the majority of the professional registrations still being White dominated.

Furthermore, very little attention is given to African or indigenous psychology and an African philosophy is not present in the training – this can pose a challenge in practice as South Africa is such a culturally diverse society, and students need to be trained from both the Western and African perspectives (Pillay et al., 2013).

There are challenges that pertain to the training of psychologists in South Africa that should be addressed in order to produce effective and competent professionals. Viewing psychology as serving the rich and a separate critical-community psychology as serving the poor poses a danger to the profession. Secondly, poverty, inequity and inequality still remain South Africa's significant challenges, even in the post-apartheid era – this contributes to the issue of access to these professional spaces by historically disadvantaged groups. Thirdly, the issue of cultural competency is central to relevant training, especially in a multi-cultural society like South Africa; and psychology is

based on Eurocentric knowledge. Not including indigenous perspectives into mainstream training results in the production of culturally non-competent professionals (Pillay et al., 2013).

2.4 CONCLUSION

Reviewed literature in this chapter provides a lens through which the social, economic and political contributors to child and adolescent mental health in South Africa can be understood. Furthermore, through reviewing relevant policies and research studies, insight into the experiences of all stakeholders involved in the treatment and promotion of child and adolescent mental health was provided. It is evident that currently, focused attention in relation to the mental health of children and adolescents is not the country's priority, and that negatively impacts health-seeking behaviour and mental health resources accessibility.

From this chapter, it is also evident that psychology was historically weaponised to justify racism under the apartheid regime, contributing significantly to the reason why the experiences of Black psychologists in the post-apartheid era are relatively understudied. With the current study's attempt to contribute to literature on Black psychologists in South Africa, the next chapter will outline and discuss in detail the research design and methods used as the basis of this study.

CHAPTER 3

RESEARCH METHODS

3.1 INTRODUCTION

The aim of this chapter is to present the research methodology and reasons for its election for the current study. Furthermore, a critical discussion of the research design choice regarding its prospective to provide a valuable answer to the research question is contained, which is: 'What are the experiences of Black psychologists working with children and adolescents' mental health in the South African context?' Strengths and weaknesses of the research design and methodology of the research are discussed in this chapter, and ethical considerations are addressed in their applicability to this study's research methods.

3.2 RESEARCH DESIGN

The research design of a study can be understood as a resourceful framework that provides guidance to the research process through critical analysis, and allows for systemic observation (Babbie, 2016). At length, the purpose of the research design is for the best-suited structure to guide research to results that are thorough and comprehensive to be developed. Furthermore, the potential of validity in findings is maximised (Siedlecki, 2020).

The research study was conducted using a qualitative research design. This approach was used because of its ability to obtain data that is inherently rich. Qualitative research designs grant the researcher the opportunity to obtain first-hand accounts of the participants (Legard et al., 2013). Qualitative research designs are furthermore concerned with constructing in-depth investigations and understanding beliefs and experiences from the participants' subjective points of view within a given context (Babbie, 2016). As this study explored subjective experiences, the choice of a qualitative design allowed for methods such as interviews to be used for the experiences of the Black psychologists to be captured accurately.

Specifically, this study employed an exploratory, descriptive qualitative design using an interpretative paradigm. This paradigm is based on the assumption that social reality is shaped by subjective human experiences, and is not objective or singular (Lambert & Lambert, 2012). This framework allowed the researcher to fully explore the perspectives of the Black psychologists and how they make sense of their experiences of working in the field of child and adolescent mental health care. This approach was best suited for this study as it aimed to understand the participants' psychological world (Honer & Hitzler, 2015), and this contributed to the richness of the data as it was interpreted through a 'sense-making' process.

The qualitative research design, through the interpretative paradigm, also allowed the researcher to understand how participants interpreted their lived experiences; how they made sense of their environment; the social construction that the participants formed around their experiences; and how those factors interacted with each other (Legard et al., 2013). In its nature, qualitative research requires a careful and extensive approach to understand the complexity of participants' experiences. It also allowed the researcher to examine factors or issues, which may not have been potentially highlighted in the existing literature, that focus on Black professionals within child and adolescent mental health care.

3.3 RESEARCH OBJECTIVES

- To explore the main issues Black psychologists deal with in their work with children and adolescents in the South African context.
- To explore possible cultural influences on training and practice.
- To explore training implications on policy and practice.

3.3.1 Research Questions

1. What are the participants' experiences of working in child and adolescent mental health in South Africa as Black practitioners?
2. What are the child and adolescent mental health issues that they deal with in their work?
3. What issues do they think are important to consider for mental healthcare work with children and adolescents in South Africa?
4. What cultural considerations, if any, do the Black psychologists consider as being important in their work with children and adolescents?
5. What factors do these psychologists think can assist in promoting child and adolescent mental health in the South African context?

3.4 SAMPLING AND SAMPLE

Sampling is the process of selecting individuals to be participants in a study (Staller, 2021), and it is commonly used in qualitative research. For this study, purposive sampling was employed, and this refers to a non-probability group sampling in which participants are selected because they have specific characteristics needed in a research sample (Etikan et al., 2016). Specifically, the purposive sampling technique was determined as appropriate for producing in-depth data that brings about great insight into the research phenomenon. Participants in this study were ten Black psychologists who work clinically with children and adolescents within the South African context. They participated

in the study by way of referral and were invited via email and the professional social platform, LinkedIn, and participated voluntarily without compensation. The Black psychologists were able to sign the required consent forms (see Appendix B) to grant the researcher permission to have them as participants in the study.

Given that the nature of qualitative research suggests that a smaller sample is more beneficial to the research study when using the exploratory, descriptive approach, ten Black psychologists participated in the study. Typically, a smaller sample size will encourage careful data analysis of the participants' experiences; and this small sample size further facilitated critical engagement with the research participants, which yielded in-depth results.

3.4.1 Data Saturation

Data saturation in qualitative studies occurs when the researcher, through the process of data collection, notices the repetition of findings and subsequent themes emerge from the raw data (Mwita, 2022). Fusch and Ness (2015) assert that data saturation will be reached more rapidly in smaller studies compared with larger ones, and failure to reach data saturation will have negative impacts on the validity of the study. Thus, the researcher reached this point once there was enough information obtained and coding was no longer feasible.

3.4.2 Descriptions of Research Participants

The brief individual background of each participant was collected through the interview questions used to collect the data for this study. Each participant was a psychologist identifying as Black, registered with the Health Professions Council of South Africa (HPCSA). As such, pseudonyms were used for each participant to maintain anonymity. As presented in Table 1, most of the participants were trained within the last two years, during the global COVID-19 pandemic outbreak, and there was no targeted duration of work experience in the sample. Half of them completed their training in Gauteng-based institutions, three of them in the Kwa-Zulu Natal province, and only one from Limpopo and the Western Cape respectively. The participants indicated training in varying approaches, with the psychodynamic approach being the dominant as half of the participants expressed it to be the one they trained in and still use in their respective clinical practices. Three of the participants were trained in the Cognitive Behavioural Therapy (CBT) approach, all in institutions located in the Gauteng province. The humanistic and eclectic therapeutic approaches were indicated to be employed by one participant each. Table 1 further reflects that the majority of the participants were female, with eight of them being represented in the sample and only two being male. All

participants have experience of working with children and adolescents in the public sector, and three of them are independent practitioners in private practice.

3.4.3 Table 1

Descriptions of Black Psychologists in the Study

Participant	Description
Langa Ndlovu	Qualified as an Educational Psychologist in 2019 with a strong psycho-dynamic training. She completed her internship in a school setting where she did therapy and assessments with children from Grade 1 to Grade 12. She is currently working in private practice in Johannesburg, Gauteng, where she works therapeutically with children and adolescents.
Londeka Kubeka	Qualified as an Educational Psychologist in 2018 with a psycho-dynamic training foundation. She currently works therapeutically with children and also does psycho-educational assessments in the public sector, in the Limpopo province. With adolescents, she mostly does career-related work.
Lerato Zwane	Qualified as a Clinical Psychologist in 2014. She currently works in the public health sector (hospital) in Durban, Kwa-Zulu Natal, where she mostly works with adults as opposed to children and adolescents. She uses a person-centred, humanistic approach in her therapeutic work.
Melissa Nkosi	Qualified as a Counselling Psychologist in 2020 in Cape Town, Western Cape. She currently works at a therapeutic centre with children and adolescents, as well as conducting assessments. She considers herself an eclectic therapist.
Amanda Mkhize	Qualified as an Educational Psychologist in 2022 with a strong CBT background influenced by her training in Pretoria, Gauteng, and applies it in her clinical work with children and adolescents where she completed her internship.
Thabo Moloi	Qualified as a Psychologist in 2021 in the Kwa-Zulu Natal province. He was psychodynamically trained and applies this approach in his work with children and adolescents. He also works as a locum psychologist at a college.
Thandi Tshabalala	Qualified as an Educational Psychologist in 2022 in Kwa-Zulu Natal where she was psychodynamically trained. She was practising as a registered counsellor before she enrolled for her Psychology Master's degree. She worked therapeutically with children and adolescents and also completed assessments during her internship.

Sindi Sibeko	Qualified as a Clinical Psychologist in 2018 and went into independent practice. She has experience working in the public sector as well, where she worked with children and adolescents in hospitals. She was trained from a CBT perspective in Johannesburg, Gauteng.
Busi Mabena	Qualified as an Educational Psychologist in 2022 after completing her internship in a school setting, where she currently works. She was trained in Pretoria, Gauteng from a CBT perspective, which she employs in her therapeutic work with children and adolescents. She also conducts assessments.
Bongani Mokwena	Worked as a lay counsellor for children and adolescents in a school setting before qualifying as a Clinical Psychologist in 2022. He worked therapeutically in a hospital setting during his internship, and currently works in private practice conducting assessments as well. He was trained psychodynamically in Johannesburg, Gauteng.

Note. Data collected by author between January 2022 and May 2023.

3.5 DATA COLLECTION AND PROCEDURE

Data collection is considered the central and most significant step in the research process, and it is a step where information from all the relevant participants is gathered and critically analysed. To answer the research question, the information is further assessed to generate themes (Barrett & Twycross, 2018). For the current study, online, semi-structured interviews with participants were used to capture data (see Appendix D). Interviews are regarded as the most straightforward method of gathering detailed data regarding a specific phenomenon. As the primary source of data collection, the interview was especially useful because of its ability to allow for an in-depth investigation of the participants' experiences, and to also make meaning and interpretation out of them (Adeoye-Olatunde & Olenik, 2021). The interview questions in the current study aimed to explore participants' understanding of mental health and their subjective experiences in the field of child and adolescent mental health (see Appendix D).

Interviews were conducted online as this investigation was undertaken during the COVID-19 pandemic, and platforms such as Zoom, Microsoft Teams and WhatsApp Video Call were utilised. Online interviews are useful in that they allow for convenience for both the interviewer and the interviewee. Participants and the researcher could decide on the time and place best suited for them to have the interview. They further allowed for schedule flexibility for both participants and the researcher (de Villiers et al., 2022). However, there are limitations to collecting data through online interviews. Non-verbal cues are reduced, resulting in less information being available for interpretation, particularly if there are technical disruptions (de Villiers et al., 2022). Reliance on strong connectivity amid fluctuating loadshedding schedules proved to be a strong limitation in the current study.

All the interviews were video-/audio-recorded (see Appendix C) and transcribed, and this allowed participants' expressions not to have restrictions. Furthermore, this method of collecting information allowed the researcher to engage with participants, and to obtain raw content as a result. Transparency and accuracy were ensured by the recordings, which were used for later analysis. The questions in the interview schedule were carefully structured and chosen, aiming to unfold the experiences of the Black psychologists. The interviews provided the researcher with rich data that was integrated into themes that addressed the research question.

3.6 DATA ANALYSIS

Data analysis refers to critical scrutiny of data that has been collected, and breaking it down with the aim of developing relevant insights (Kambatla et al., 2014). Data analysis has been regarded as the

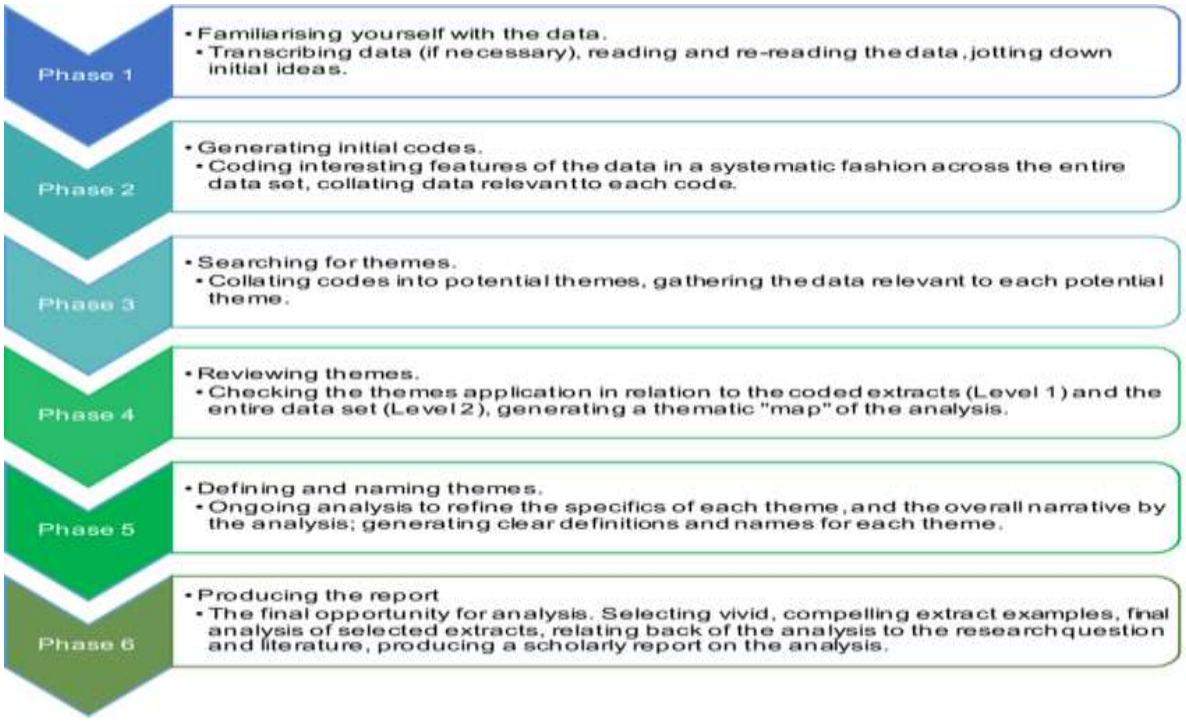
most complex step in qualitative research as it is required that the researcher successfully captures the meaning of data in writing, and show an in-depth understanding of the data material by holding fast to the held idea that the most significant part of data analysis is to capture the participants' true narratives (Graue, 2015).

Thematic analysis (TA) was used to analyse the data. Thematic analysis provides a useful research tool that can potentially provide data that is meaningful (Braun & Clarke, 2012). It is a method of identifying, analysing and reporting of patterns (or themes) that are found in a data set. A theme can be understood as an idea that communicates something important about the data, and that can be related to the research question. Coding in thematic analysis employs either a deductive or inductive approach (Graue, 2015), and this study required predominantly an inductive approach wherein themes and codes were generated by data from the participants themselves. Furthermore, thematic analysis aims to offer a comprehensive account of the data through the interpretation of pertinent information and making meaning of the experiences that are shared by the participants, reflected in the research. This method allows the researcher to present the participants' lived reality accurately by highlighting differences and similarities with the intention of generating unexpected insights and knowledge (Braun & Clarke, 2012).

Once data was transcribed, the six stages were followed in the process of thematic analysis as outlined in Figure 2. Accuracy was then ensured by comparing the transcribed interviews with the video- and audio-recordings. This approach to data analysis allowed for themes to emerge from the data material because of consistent and critical engagement with it (de Wet & Koekmoer, 2016). Data codes were then labelled after consistent simplification with the aim of pinpointing specific components as significant for labelling.

3.6.1 Figure 2

Steps in Thematic Analysis



Note. Reprinted from "The Increased Use of Information and Communication Technology (CT) Among Employees: Implications for Work-Life Interaction" by W. de Wet & E. Koekmoer, 2016, *SAJEMS*, 19(2), 264-281 Copyright 2016 by Wihan de Wet and Eileen Koekmoer.

From this activity of analysing data thematically, eight themes were identified:

- Perceptions of Psychology and Mental Health.
- Systemic Influence and Understanding.
- Parent/Caregiver Involvement and Psychoeducation.
- Inter-Professional Collaboration.
- Professional Competence.
- The 'Black Culture' and Context.
- Indigenous Knowledge and Practices.
- Mental Health Resources and Policies in South Africa.

The coded extracts for each identified theme were evaluated to establish if a well-reasoned pattern was evident, followed by a written analysis that is detailed for each theme. At the same time, how each theme fitted into the overall story that each participant told was considered. The final analysis of themes that emerged served as a means of exploring the research findings.

3.7 QUALITATIVE RIGOUR

If qualitative research is trustworthy and persuasive, then it can be said to be valid and reliable (Babbie, 2016). However, it has been debated if validity and reliability can be determined for qualitative studies, as these terms are mostly associated with quantitative methodologies (Cypress, 2017). However, there are qualitative-aligned tools that that can ensure that a qualitative research design, methods and conclusions are free of bias, open to critique, replicable and explicit. The researcher relied on Noble and Smith's (2015) four criteria to ensure value and trustworthiness in this study, which meant that research findings had to have truth value, consistency, neutrality and applicability.

Truth value suggests that the participants' lived experiences are successfully reflected and results established are sincere, directly from the participants themselves (Noble & Smith, 2015). Because qualitative studies explore the perceptions, feelings, beliefs and experiences of participants, it is believed that the participants themselves would be the necessary people to judge and determine whether or not their feelings and opinions are reflected clearly and accurately (Vinokur, 2019). Ensuring that the experiences of the participants are accurately captured reflects data credibility. Reference to video- and audio-recordings during thematic analysis and accurately capturing the participants' responses was what assisted the researcher in maintaining participants' true experiences.

Consistency in qualitative research can be understood as its ability to be dependable: that is, if the research were to be conducted by another researcher, similar results would be yielded. However, it is challenging to achieve this in qualitative studies because of its dynamic nature, contextual emphasis and participants' subjective experiences (Gray, 2017). The consistency of findings in qualitative studies is reflected in a research process that has a logical sequence, is traceable and has been properly documented. To ensure this, the researcher video- and audio-recorded as well as transcribed the interviews for reference during the theme development process. Furthermore, consistency refers to the trustworthiness by which research methods have been undertaken. Taking note of every decision in the research process and ensuring transparency were what this study depended on to maintain consistency (Noble & Smith, 2015).

Neutrality or confirmability refers to the elimination of the researcher's subjectivity in the analytical process to ensure trustworthiness, consistency and applicability (Vinokur, 2019). It also refers to the extent to which others involved in the process can confirm the research findings, which suggests the importance of impartiality in data analysis. In this study, the researcher ensured confirmability

through audio- and video-recording the interviews for the progression of themes and findings to remain consistent. Furthermore, the researcher kept a reflexive journal to maintain non-bias.

Lastly, applicability refers to the practicability of applying the qualitative data's results to different settings in which there are various people, concerning case-to-case transfer (Nowell et al., 2017). Applicability in qualitative research is also increased through the method of purposive sampling, where research participants are selected based on distinctive characteristics they possess (Babbie, 2016). The possibility of using rich data facilitates the foundations for other similar research.

3.8 REFLEXIVITY

Reflexivity in research is significant and is affected by whether the researcher is part of the population that is being studied and shares the same experiences with the participants of the study (Berger, 2015). The researcher needed to be mindful of how personal beliefs and experiences would influence the research. As a qualitative researcher, it is probable that personal biases might affect the study and its outcomes in some way, and it was therefore important to acknowledge how these might possibly influence the study conducted. This challenges the belief that knowledge production is independent of personal influences (Berger, 2015).

Reflexivity was ensured by keeping a journal which was used to note the feelings that came up for the researcher during the research process, and this ensured that only the participants' subjective views and opinions were reflected. At points where the researcher's subjective feelings about a particular phenomenon came up, transparency through consistent journaling ensured that the truth value of the results is maintained. The researcher's identification with the participants posed a possible risk to the study's neutrality. To eliminate this risk, the researcher's actions to account for personal beliefs, knowledge and biases ensured the study's trustworthiness.

3.9 ETHICAL CONSIDERATIONS

High ethical standards hold a particular significance in research psychology because they involve in-depth and often sensitive investigation of individuals' psychological worlds (Babbie, 2016). In any interaction between the environment and its individuals, there is potential for conflict of interest to exist, especially when matters investigated could potentially lead to human dignity and privacy being compromised. Therefore, it is important for the researcher to take full responsibility for ensuring that participants' rights are not infringed in any way.

Before the research was conducted by the researcher, ethical clearance by the Ethics Committee of the Faculty of Humanities at the University of the Witwatersrand was granted (see Ethics Protocol Number: MEDPSYC/21/07 in Appendix A). Additionally, the Participant Information Sheet (see

Appendix B) and the Consent Form (see Appendix C) containing all the relevant details pertaining to participants' ethical obligations were provided to all participants; and this ensured that all these ethical obligations were considered and met. This information included guaranteeing participants of anonymity and confidentiality, as well as their right to freely withdraw from the study at any time without negative consequences. Protection of the participants was ensured by the following measures:

Welfare: A Participant Information Sheet (see Appendix B) was sent to the participants as a way to guarantee them of their rights throughout the research process. The participants were also encouraged to contact the researcher for any possible questions or concerns relating to participation. A risk assessment was conducted by the researcher to protect participants from possible stress or danger surfacing from the investigation. The research questions were classified as having minimal to no risk, therefore not posing psychological harm to the participants. Feedback was also made available upon request from the supervisor or researcher, whose contact details were provided in the information sheet.

Voluntary Participation: Participants took part in the study voluntarily, with no compensation offered to them. Participants were also guaranteed that the study is free of deception, and they are free to express their personal views and opinions without any restriction (Rosnow & Rosenthal, 2014). Participants were made aware that they could choose to withdraw from the study at any point of the research process, with no negative consequences.

Informed Consent: Before participation in the study commenced, the researcher acquainted potential participants with the nature of the study, the aims and objectives and the responsibilities for both researcher and participants (Rosnow & Rosenthal, 2014). Upon agreeing to be part of the study, participants signed a Consent Form (see Appendix C) consenting to being interviewed online and to be video- and/or audio-recorded.

Confidentiality and Anonymity: To avoid personal identifying information and thus ensuring anonymity, pseudonyms were used in the interview transcripts. The researcher being the only person aware of the participants' identities, these principles of confidentiality and anonymity were respected throughout the whole research process (Babbie, 2016). These measures to protect the privacy of participants were outlined in the information sheet that the participants read through before consenting to take part in the study.

Data Storage: Data collected throughout the study was stored securely in a password-protected computer, with only the researcher and supervisor having access to it. The data collected will be

kept in a secured storage facility at the University of the Witwatersrand for a period between three to five years, after which it will be destroyed.

3.10 CONCLUSION

This chapter discussed the relevant processes and principles important in ensuring that the research study is fair and appropriate, including ethical considerations on which the investigation was based. The value of employing a qualitative approach to the study was critically explored, simultaneously explaining the motivation for participant selection, data, and findings for the study. Furthermore, the main features of the research design as used particularly in this study were outlined. The next chapter's focus will be on the themes and findings that emerged from the data and were constructed in response to the research question. These themes emerged as a result of in-depth analysis and interpretation of the raw data from the participant interviews.

CHAPTER 4

RESULTS

4.1 INTRODUCTION

In this chapter, a presentation of themes that emerged from the raw data obtained from participant interviews is provided. These findings are in response to the research question: 'What are the experiences of Black psychologists working with children and adolescents' mental health within the context of South Africa?' To form a response to this question, research participants who fit the sample criteria were selected to share their perspectives and experiences. Their experiences were explored in reference to various circumstances that influence their work within child and adolescent mental health care. An understanding of these Black psychologists' experiences has implications for child and adolescent mental health care promotion and intervention programmes in South Africa.

Thematic analysis (TA) formed the foundation for the findings in this chapter, and the themes developed were carefully examined to ensure that data was free of bias and accuracy was maintained as much as possible. Participants' experiences were analysed in-depth through each theme that was explained and illustrated (Braun & Clarke, 2012). Verbal accounts from the participants are presented together with the themes to support their relevance.

4.2 PRESENTATION OF THEMES

The raw data was extracted from semi-structured interviews conducted with Black psychologists who work with children and adolescents within the South African context. Following a critical examination and re-examination of the data, eight themes were generated, which are explored in this chapter:

**Unless stated otherwise, the issues raised support the majority of the participants' views.*

- Perceptions of Psychology and Mental Health.
- Systemic Influence and Understanding.
- Parent/Caregiver Psychoeducation.
- Inter-Professional Collaboration.
- Professional Competence.
- The 'Black Culture' and Context.
- Indigenous Knowledge and Practice.
- Mental Health Resources and Policies in South Africa.

**In this section, 'client' or 'patient' refers to the child and/or adolescent, unless stated otherwise.*

4.2.1 Perceptions of Psychology and Mental Health

Mental health, and specifically in relation to children and adolescents, holds different meanings for different people, and the perception is also context-dependent. This is also true for the psychologists who participated in this study. Several psychologists expressed that child/adolescent mental health is quite broad and therefore can be fundamentally complex. Amanda Mkhize defined it as "optimal functioning…in terms of emotions, how to handle them, how to regulate them." Langa Ndlovu further went on to express the complexity of child/adolescent mental health by including the other layers that will contribute to this understanding of optimal functioning. She expressed, "…I perceive it as a day-to-day coping, really that goes beyond just the physical health, but also rather health like spiritual health, mental health, psychological health altogether." Bongani Mokwena went on to elaborate further on the point that mental health can be defined in comparison with physical health, which is mostly indicated by the absence of illness:

> I think it's so hard to say exactly what mental health is like broadly, but I imagine if we were to…and I'm so inclined to compare it with physical health where if someone or like a child we would consider to be healthy, we would say like this child is physically healthy and does not have any ailments or illnesses. And when they are physically unwell there would be physical manifestations after. Whereas in our case and our profession, the word 'health' is so grey.

Thabo Moloi expressed that child and adolescent mental health can be defined simply, as "ensuring that children are happy" whilst Busi Mabena related child/adolescent mental health to healing:

> For me mental health is quite broad, but I always like saying that mental health is a part of you that needs healing, you know? It's the part of you that you feel needs some sort of healing and needs a safe space to heal. So, for me mental health is the process that you go through in order to find that healing, in order to create let's say those safe spaces around you in order to heal from whatever that's troubling you.

Additionally, Thandi Tshabalala says that understanding child/adolescent mental health is with reference to parents/caregivers, as a child's mental health is fundamentally connected to them: "And with children, children often don't have their own problems, but it's usually because of what has happened. So, they respond to what has happened. So, it's anger issues, rape…divorce, etc".

Several psychologists expressed the challenge of working in spaces where the role of a psychologist is not fully understood. This is true for other professionals from other fields who are involved in the treatment/intervention process of a child/adolescent in question: "You'll actually be surprised…the

interns, the medical interns that work in our institution, they still ask what a psychologist does" (Lerato Zwane). As a result, the efficiency of their work becomes affected as she further went on to express:

> So, it's unfortunate that sometimes things are not as easy as we would think they would be because of…lack of understanding of the roles that we need to play, managing it and respecting the role that the other professional plays (Lerato Zwane).

Another psychologist expressed the same challenge with regards to the parents/caregivers of the children and/or adolescents that are seeing a psychologist. She indicated that there is often a limited understanding of the role that a psychologist plays in the treatment of the client: "A lot of the times they put the onus on you that you must work it out…But it's like, I can't really do that" (Melissa Nkosi). This suggests that psychoeducation about the profession with professionals from other disciplines as well as parents/caregivers is necessary.

Londeka Kubeka additionally reflected on her experience of working collaboratively with other professionals on how psychologists and the work that they do is often unclear in these workspaces. Although collaboration with these various professions is necessary for the promotion of the client's well-being, the perception that is held about psychology as a profession can be problematic:

> This is something that is not really said but definitely in the small nuances…most of the time when professionals cannot exactly pinpoint an issue in their area of expertise, then automatically it must be a psychological issue because it is such a mystery, you know? And of course, how…the client then ends up thinking that there is something wrong with them and there's mental profiling.

This reflection also suggests that not only do other professionals have perceptions about psychology that can be controversial, but clients themselves who are referred to psychologists can hold the perception that seeing a mental health professional is indicative of them having "something wrong" with them. Lerato Zwane supported this reflection by expressing that "…there's this problem of people not thinking things through and if immediately it doesn't make sense according to your profession…immediately it must be a psychological problem."

4.2.2 Systemic Influence and Understanding

The second theme that emerged from the data is that of the 'whole child' and how different social systems interact with and affect the child/adolescent. These constant interactions affect the mental and emotional well-being of the client, as Melissa Nkosi expressed "…there's a lot of things that interact in the social spaces, the family space, you know…things are all interlinked, they are relating

somehow. So that's why I prefer to look at the child as a whole…" The school setting, which psychologists made reference to, has a significant impact on the child/adolescent's emotional and mental wellbeing. Referrals are often made where children/adolescents are understood to experience educational and/or behavioural challenges which require psychological intervention. Melissa Nkosi expressed:

> But let's look at what is happening as a whole…what is happening socially outside of the classroom…in the school…in the school grounds…for me it has always been about looking at the different contexts before making a decision or a diagnosis or recommendation or way forward.

Adolescence is a complex developmental phase that is impacted by various factors that contribute to mental health. These factors can be related to different levels of the ecosystem such as family, peers, socio-economic status and even on a macrosystemic level such as the broader culture and religion, and attitudes towards these systems. Lerato Zwane supported this theme by acknowledging that "…your moods, a lot of substance stuff, relationship and social stresses and issues affect mental health". Langa Ndlovu further supported this theme by expressing that, "…recently I've been getting a lot of clients around, uhhm separated parents or parents who are separating."

There is an acknowledgment from the psychologists that an understanding of child and adolescent mental health is informed by the systems that a child/adolescent interacts with in their day-to-day life. Additionally, how a child/adolescent functions in these different environments provides a holistic and more comprehensive understanding of them. As Melissa Nkosi mentioned:

> So, at school, let's look at what is happening, is this the same behaviour that is also exhibited at home? You know? So that's why I also always prefer to get collateral information when it comes to children and teens from other sources.

Londeka Kubeka added: "We can never talk about mental health and neglect the child or adolescent's upbringing and the environment." Overall, this theme indicates the significance of a holistic interpretation of a child/adolescent as Lerato Zwane expressed that, "…a system-based approach because I still highly believe that the children and adolescents cannot separate themselves from the system as of yet…"

Psychologists in this study expressed that the common issues that they have experienced in their respective practices are a symptom of the systemic interactions that children/adolescents experience in their environments, both internal and external. These include but are not limited to conduct and mood disorders, parental divorce or separation, stress and anxiety, grief, neglect as well

as self-esteem and confidence issues. Additionally, the mental health care space for children and adolescents is useful for them to be able to have access to tools that will equip them with the ability to regulate these various emotions that are a result of the systemic interactions. These tools are necessary not only for children/adolescents, but also for the adults in their worlds as well.

4.2.3 Parent/Caregiver Involvement and Psychoeducation

The third theme that emerged from the data is one concerning the need for parent/caregiver involvement in the child/adolescent intervention plan and the psychoeducation that needs to be incorporated in the process. Several psychologists revealed the significance of parents/caregivers in the process of working with children and/or adolescents, as they hold important information for collateral and there is a reliance on them to be invested in the overall process. As Bongani Mokwena expressed it:

> The work that we do with maybe adolescents much less, but with kids particularly, is that you're not just seeing the child in therapy. Uhhm yes you are conducting play therapy with the child, but it also feels to me as though you're holding the whole system in mind because the parents are always involved from the get-go.

However, the psychologists additionally acknowledged how the parents/caregivers are potentially also in a position to interfere with the intervention/treatment plan as a result of perceived power dynamics, their limited understanding of mental health and minimal investment in the treatment process. Several psychologists in this study highlighted this point:

> Their therapy is dependent on the parents around them to bring them in for sessions to deem the sessions as worthy…if you're like six sessions in and you've had feedback with them and they're still doing the same thing, they don't see the value and things can evaporate after that (Amanda Mkhize).

Thandi Tshabalala further supported this point by expressing:

> …and as an Educational Psychologist and working mostly with children and having to depend mostly on the parent, so it's very challenging because they can't make their own decisions, they can't bring themselves, but it's only the parent who can make it happen.

Furthermore, a factor that the psychologists highlighted that contributes to the interference with child/adolescent mental health is the limited understanding that parents/caregivers hold regarding mental health services. As Busi Mabena elaborated:

> …they don't know what this is, especially Black parents, they'll tell you, "No we don't know what therapy is so you're asking my child to tell you *iindaba zasekhaya"* (translated to 'our family business'). No, my child is fine.

The psychologists highlighted the significance of providing psychoeducation as part of the system when working in the space of child/adolescent mental health. As several psychologists expressed, this is applicable to clients (i.e., children/adolescents, parents/caregivers) as well as other professionals involved in the intervention/treatment process of children and adolescents, and a component of the work that is significant but can potentially be overlooked. Melissa Nkosi shared her experience of adolescents tending to expect their psychologist to do the majority of the work in therapy, and how this is often the case because most of them do not easily grasp the purpose of therapeutic work: "They often think you just come and fix them". She further suggests that this could be influenced by the language that is used in the professional spaces, that can possibly result in the young clients feeling like they can't identify themselves with the process:

> …let's have conversations. It's not about using the jargon, the professional big words. Let's talk. And you find that from talking to each other, we are both learning from each other. Everyday things. I'm not talking about giving you examples of things that are far-fetched and don't exist. This is real life things. Let's talk about it and you find that the solution may be within your reach (Melissa Nkosi).

Several psychologists shared the same sentiments about the importance of demystifying some of the false perceptions that adolescents hold about psychology and therapeutic work as this will increase the effectiveness of the process.

Not only is psychoeducation important for the children/adolescents in therapy, but also for the parents/caregivers. A few psychologists revealed that it is often the case where parents/caregivers bring in their children/adolescents for either therapy or assessment only for the psychologists to realise in clinical interviews that significant challenges lie with the adults themselves. Melissa Nkosi elaborated on this: "…you get to look at them in that wholeness, then you get to sit with the thing that, you know I think I'm sitting with the wrong patient because the actual patient might be the parent." Lerato Zwane supported this by reflecting on her own experience: "…the reason why children are there is because the adults are problematic themselves, you see? So, most of the time you end up doing a lot of psychoeducation for the family system…" She further acknowledged that this is a process that can be overwhelming and frustrating, but is a process that needs time.

Given that the psychologists work collaboratively with other professionals to make the treatment process more efficient, several psychologists expressed that clients (including parents/caregivers) are not knowledgeable about other professionals involved in the process, therefore the psychoeducation that the psychologist provides may have to go beyond their own scope of practice. Lerato Zwane elaborated on this: "…we have a lot of people who ask what an OT does. They think that social workers hand out food hampers and stuff. So unfortunately, sometimes a patient's care gets interfered by our own ignorance…"

She further acknowledged that this challenge is a result of ineffective communication among different professionals. In her view, these professionals involved in the care of the child/adolescent need to provide psychoeducation about their respective roles to clients that go and see them.

4.2.4 Inter-Professional Collaboration

Another theme that emerged from the data collection was one on the psychologists collaborating with professionals from other fields for the promotion of children/adolescents' health. Participants acknowledged that children/adolescents are made up of different facets, and therefore mental/emotional health cannot be considered in isolation to other factors such as physical, spiritual, and social well-being. As Busi Mabena put it, "you get to understand the child beyond what you see". The psychologists highlighted that the overarching advantage of collaborating with other professionals in treatment/intervention processes is the effectiveness that comes as a result. Sindi Sibeko elaborated further on this point:

> Sometimes you can't achieve it just from a psychological point of view, so it really does help children progress a lot when you tell them where else they should go. Sometimes there's…there'll be a need for psychotherapy and then you find that the child actually has epilepsy. So, we can't just do psychotherapy and address emotional problems and not epilepsy, they are not going to make any progress. So, it helps as well for our treatment approaches to be more effective.

Even with this advantage, several psychologists expressed some of the challenges that come with working collaboratively or using the Multi-Disciplinary Team (MDT) approach, including ineffective communication and time consumption. Londeka Kubeka elaborated on these factors:

> …communication isn't always as smooth as you would expect it to be as well. There's either slow communication or no communication at all, and you end up having to do continuous follow-ups with the different professionals, which doesn't make the process any smoother.

Langa Ndlovu also added that, “It’s actually time-consuming to actually give you the time to like send you updates, give you a call or send you an email or whatever”. Furthermore, the context in which the psychologists practise also has an impact on the efficiency of collaborative work. Sindi Sibeko and Langa Ndlovu expressed the challenge of working independently in private practice as opposed to a centre or organisation. Working in private can be isolating, therefore collaborating with other professionals could be a challenge: “…the biggest challenge when you are not working with people in the same centre or same institution is getting people to work with you” (Langa Ndlovu).

Several psychologists expressed the significance of working collaboratively with other professionals additionally because of the limited scope of practice of psychology: “As a psychologist, you find that our scope is very limiting sometimes. It’s not even at home, but maybe at school. As much as I can do school observations, I cannot be going to the school every now and again” (Thabo Moloi). At times, this limitation of practice scope can create feelings of helplessness, especially in cases where the psychologist is aware that more help is needed for the promotion of mental and emotional health for children/adolescents. Sindi Sibeko expressed this sentiment:

> …you see these children in the context of home where they come from and understanding that the communities they come from do not help at all. It was emotionally challenging. And to an extent when I was…starting to work with children a lot, it would extend and make the practitioner desperate. But you can’t change, unfortunately you can’t change that…it was very challenging witnessing children go through these types of traumas and being unable to intervene at that level.

At the same time, several psychologists further went on to express that at times, comprehending each professional’s role in the process can be challenging as well. Thabo Moloi recalled an experience he once had:

> …social workers…they have this belief that they can do what we do…of which…I remember I had this other case where I suspected that there was neglect at home, and the social worker wanted to see the child for therapy. And I said, “no, I’ve already done that. But since the environment is not conducive for the child to reach their potential, I think you need to go and do your own visit”. Like it kept on escalating back and forth to a point where I had to find another social worker because I could see that now it was starting to get personal.

Lerato Zwane highlighted the importance of being clear on roles as professionals, as this will ultimately contribute to not doing any harm to the child/adolescent:

> Especially in this setting where there is a lot of us, you need to grow a thick skin, and a thick skin in your knowledge. Otherwise, you will end up seeing anyone and anything. So, in our department, my colleagues and I are very clear on what our roles as clinical psychologists are.

4.2.5 Professional Competence

The psychologists' sense of competence in the professional space is another theme that came from the data collected. Several professionals expressed their experiences with the training that they received from their respective training institutions and how they felt they were prepared for the "real world" of work. The global COVID-19 outbreak had a significant effect on the global community, and the national lockdown implemented by the South African government restricted the health work industry, amongst others, in the country. Some psychologists in the study expressed how the pandemic impacted their training, and consequently their feelings of competence in the professional space of child and adolescent mental health. Thandi Tshabalala expressed, "…first of all I was very unfortunate that I did my M1 in 2020 and within three months, there was COVID, there was lockdown, and it was really hard." Amanda Mkhize also recalled her experience with the pandemic:

> …I did my M1 in 2020 and that was like a difficult COVID year. So, I also say this in consideration that it was a difficult year to be studying online and then switching to…you know, so it was very difficult, and we had to make it physical when switching to practicals…the COVID situation did not help because I went into my internship with no therapeutic experience because I didn't get to see a lot of therapy clients but had a lot of assessments…

Additionally, different training institutions offer different training methods. The psychologists in the study shared the different training approaches they were equipped with and how these are now reflected in the work that they do with children and adolescents. They revealed the different aspects of child and adolescent mental health and which of those they feel most competent dealing with. Furthermore, they expressed areas in which they feel they did not receive adequate training to prepare them for the real world of work. Bongani Mokwena expressed:

> Something about a mismatch about the preparation that goes into the training for us as therapists going into the public sector context where there's a lot of short-term support that's required but then all that I know is psychodynamic, long-term psychotherapy…

Amanda Mkhize also shared the level of incompetence she felt after her training as she entered the professional space:

> …training not always being realistic. Because I think they teach you that in the real world it might be a very grey area. Uhhm so you get taught sort of like standardised instructions…that's how things must go. And then you get situations where you have to assess and then you realise…I mean it's not practical…There's not enough conversation about some of the adapting you sometimes might have to do.

However, there was an acknowledgment of the training strengths that these different institutions possess and how the professionals were able to capitalise on these. As Melissa Nkosi put it:

> I enjoyed my training in terms of it being eclectic, I think it allowed for me to be exposed to different things and I could just sift out what I like and what I don't, what I prefer and what I don't.

Several psychologists made reference to their supervision experience and the limited prioritisation of mental health, seeing with how understaffed government facilities are with psychologists, and specifically those that work with children and adolescents. Sindi Sibeko recalled her training experience and the implications for her professional competence:

> And then working with children…working with children in community clinics was very tricky for me because it was also overlooked for supervision, as if nobody cared about what we did in clinics…. So, we really had to read, we had to read so we educated ourselves when it comes to working with children.

She further expressed her challenge with limited supervision during her training. Supervision is crucial in the training process of psychologists and contributes greatly to their level of competence in the world of work. Therefore, if supervision time is not adequate, limited professional competence could be a possible result.

Time also appeared to be a significant factor when thinking about the psychologists and their competence in the professional space. Several of them expressed how the time period in which they were required to obtain a qualification as a psychologist in traditional training institutions is not sufficient. As Melissa Nkosi expressed, "the two years is not enough, basically. It's not enough to do everything. And the thing is with these universities, they see how people have extended, how people have delayed. Only UCT has three years for Masters". Langa Ndlovu also held this stance: "I thought a year would be enough, but to be honest a year? Practical…I honestly think practicals should be Honours and Masters, you know? Because one year, even if you're full time, is not sufficient."

Even with the position held that time in training is not sufficient, Langa Ndlovu still acknowledged that "…you're supposed to be in training and continuously developing yourself to go deeper and deeper". Additionally, Lerato Zwane also acknowledged that time periods set for training are indeed insufficient. However, she still appreciated the fact that training in the field of child and adolescent mental health is not limited to higher learning institutions. She expressed:

So, with the training, a lot of it comes from you. If you have a genuine interest in the profession…a lot of reading, you can't take everything from your lecturers. So, a lot of things I learnt along the way. And also, being a supervisor, I learn a lot from the interns according to the trainings that they received from their universities. So, you even have to attend different trainings. This field and career are constantly evolving…you will always find different things and learn about different ways of approaching psychology.

4.2.6 The 'Black Culture' and Context

Understandings and perceptions of child and adolescent mental health are context-dependant. As several psychologists have acknowledged, child and adolescent mental health is heavily influenced by parents or caregivers in the child/adolescents' environment. Consequently, the outcomes of the child's mental health will significantly be dependent on the perceptions held by their primary caregivers regarding mental health. As Lerato Zwane put it, "I still highly believe that the children and adolescents cannot separate themselves from the system just as yet…" Several psychologists in this study highlighted the limited knowledge, or knowledge that is different from the Eurocentric understandings of mental health, in the 'Black culture'; and this is as a result of the generational knowledge that is passed down. Lerato Zwane expressed this point: "And most of the parents are like, "but we were not like this, things were not like this", but like circumstances and cultural differences…it's a lot different, both children and adolescents…"

Furthermore, the environment that the child/adolescent is in heavily contributes to their mental health. Because of the living circumstances of some children/adolescents, some mental health conditions become prevalent. These can be evident either in the home or school environment. Sindi Sibeko elaborated on this theme with some cases she has experienced:

> And also having to accept that this is the nature of our world, this is the nature of our communities. People who live within certain socio-economic…or people with poor socio-economic status…because they're also doing what they can. So that puts…it would put me, you know, in a difficult situation because while there's this barrier – parents are not doing much- you also understand that they cannot, at all, do much. This parent would have a

> partner who forces them to do drugs with them just so they can buy groceries for them. And then they would have partners who don't want their children but because this partner is providing for them, then the children remain there and are exposed to abuse. Some children came from child-headed families.

Bongani Mokwena further supported this point, and expressed how the inefficiency of the health care system can also contribute to these feelings of helplessness experienced by professionals because of the environment that the children/adolescents come from. This comes from the awareness that the home environments do not provide adequate safety for the children's and adolescents' mental and emotional health to be prioritised:

> … I can't help but think that when they leave, they're going back to the home environment that is distressing them. Yes, I've referred to social work, the psychiatrist, the medical team to OT, but they may not be able to see the child or adolescent at that point in time. So, it leaves you feeling quite helpless and powerless in those situations especially.

Several psychologists highlighted the main understanding that parents, caregivers, and teachers have of child/adolescent mental illness, which is general misbehaviour. This limited understanding they hold influences their approach towards child/adolescent mental health and makes intervention in such environments challenging. Sindi Sibeko put it this way:

> …you see children in the context of home where they come from and understanding that the communities they come from do not help at all…so it was very challenging witnessing children go through these types of traumas and being unable to intervene at that level.

However, parents/caregivers having a limited understanding of mental health is not necessarily a barrier to appropriate intervention. Langa Ndlovu expressed her appreciation for teachers in the intervention/treatment process of children/adolescents:

> Teachers for me are really really really important. Teachers are important 'cause like they get to see the child on a day-to-day basis, so I prefer to keep relationships with teachers where possible…so therapy I like to keep in touch with teachers from time to time, particularly when the teachers are the ones who would suggest to parents for the child to come to therapy.

This sentiment would appear to be context-dependant as Sindi Sibeko has had seemingly opposing experiences with teachers, where in one context a child would be referred for psychological/emotional treatment by psychologists because a parent was perceiving it as misbehaviour, and in another context where teachers would seemingly hold possibly detrimental

views about a child/adolescent's mental health, therefore ignorantly influencing their overall approach: "…we had a lot of children who were referred to us, but mostly misdiagnosed. Sometimes not even misdiagnosed, but teachers would refer and just say 'autism'. Almost every teacher diagnosed a child with autism" (Sindi Sibeko).

One of the significant elements that sets cultures apart from each other is language. This 'Black culture' would therefore be diverse as South Africa is a multi-lingual society. Several psychologists expressed this to be an important factor when working with children and adolescents within the context of South Africa. Taking into consideration the South African cultural diversity as a whole, Melissa Nkosi expressed the viewpoint that cultural competence should be introduced at training level: "You are training people from different cultures, different backgrounds, different races…I think it's the thing of knowing the little nuances of people's cultures, especially in the spaces where you are training…".

Several psychologists in this study highlighted the importance of being able to communicate to children/adolescents, be it in the therapeutic or assessment space, to communities as well as parents/caregivers. With psychology as a discipline being rooted in the Western culture with psychological/emotional jargon, psychologists expressed the challenges of authentically connecting with the Black people they work with. For example, Busi Mabena expressed the limited accessibility of mental health interventions in certain Black, indigenous societies in certain parts of South Africa:

> …there's a lot of things that get lost with English. Like if you had to explain bipolar to *umama ophuma emakhaya* (translated to a 'mother from the rural areas') for instance, *uyichaza kanjani i-bipolar to umama ophuma emakhaya*? (Translated to 'how do you define bipolar to a mother from the rural areas?') …you want to explain the criteria that the child seems to meet but you can't put it in their language and therefore they can't understand.

Several psychologists also noted how English can be a barrier for children/adolescents in the context of educational assessments. Because various tests have been standardised in English, not only does it become challenging, but also unethical to adapt some of the instruments in the assessment space. For participants who are fluent in other South African languages, they have had to stretch themselves to accommodate the children/adolescents they are working with. Amanda Mkhize put it:

> …I think language is a big thing and especially with us in South Africa, many of our Black kids are second language learners. So, they will learn in English, but you find that they don't have a good understanding of it or they're in schools where the teacher who teaches English is a second language speaker…you have these tests which are very advanced in research but it's

> difficult during assessments for these kids and they have a certain level of understanding of it.

The 'Black culture', as it has been named, also speaks to the similarities in cultural experiences between Black people. These could also be referred to the generic norms that form a significant part of the majority of Black South African communities. These cultural nuances are visible in the therapeutic space with the children/adolescents or with other stakeholders involved in the clinical intervention process of these children/adolescents. Amanda Mkhize continued to touch on this theme:

> One might assume that a certain population of kids are very aggressive and can't speak their minds. But you find it's how we were raised and how it's respectful if you don't speak back to your parents or when sometimes in that essence, you kind of not voice your concerns but you're used to not saying anything out of respect…

Bongani Mokwena also expressed similar sentiments regarding how children in many Black South African households are raised to be seen and not heard, and the unlearning of this by children/adolescents in therapy can at times cause some sort of disruption in the flow of norms, impacting the child/adolescent's therapeutic progress. He recalled an experience he once encountered regarding this:

> …mom started experiencing changes as subtle as they were at home in a way that maybe he related to her, maybe he was becoming a lot more vocal about some of the things that were frustrating him. I'm not sure what was going on there, but the minute that started happening, mom came in and said, "I don't think I want my child to continue with therapy anymore, it's not working". Something about how, again, 'I have the power as the parent to stop and start the process for my child.'

However, the idea that the 'Black culture' is one specific way is also a sentiment that was challenged by several psychologists in the study. There was an appreciation expressed for the diversity within Black South African communities and how different ethnic groups can hold different understandings of the 'Black experience'. Uniformity was challenged:

> The expectation that as a Black person, I am going to understand you as a Black person as well, and not understanding that there are different ethnic groups. Just because we're Tswana-speaking people does not mean that our experience is going to be the same (Bongani Mokwena).

4.2.7 Indigenous Knowledge and Practices

Indigenous ways of healing are a significant part of the essence of the Black heritage in South Africa. Several psychologists in the study alluded to the fact that the inclusion of the knowledge of traditional healing modalities is necessary in training to increase professional competence in a culturally diverse country like South Africa. Melissa Nkosi expressed that the inclusion of African Psychology in the training curriculum could be useful in this regard. It was acknowledged by Lerato Z that the traditional aspect of the training was available at Honours level; however, as her training progressed, it became less.

This theme can furthermore be tied back to professional competence as it speaks to the extent to which the psychologists are knowledgeable about the traditional ways of healing. Several psychologists in the study expressed that they were not knowledgeable enough but could acknowledge the awareness they have regarding the traditional healing space and the mental health perceptions held by traditional healers. Furthermore, there was an acknowledgement by several psychologists that learning is still essential, especially practising in the context of South Africa:

> I do a lot of research because it's important to also have some knowledge as a practitioner and not be ignorant. I also want to know when a client comes to me and expresses that they have a calling, I could very easily understand it as schizophrenia, for example. But because we are centering the client, I have to make space for them. So, I also talk to various people in my personal capacity who I know practise African spirituality as well in order to understand how they perceive certain things (Londeka Kubeka).

Thabo Moloi highlighted that he acknowledges the limited understanding he has of how traditional healers perceive mental health and because of that, he creates space for the client in therapy to choose what mode of healing they would prefer:

> …whenever someone comes in for assessment or therapy and says, 'I think *nginabantu abadala'*, which means that 'maybe I have a calling or an ancestral calling', I always give them the opportunity to say that, 'okay, right now with your approval we can try and look at this challenge using the psychological approach…however, should you feel that maybe you need to go and consult with someone somewhere else, you are free to do so.

Thandi Tshabalala acknowledged her limited knowledge on the perceptions of traditional healers about mental health and expressed her need to work within her personal preferences in her professional role as a Black psychologist: "…I won't lie, I'm not that knowledgeable about them and it's also based on my religious preferences, so I never explore…".

Some psychologists in the study expressed that they are more familiar with traditional healing on a personal level as opposed to a professional one. Additionally, Sindi Sibeko highlighted:

> …I think for them it's never about mental health, they never explain it as mental health. They would always explain it as ancestral things most of the time. Even with depression, someone goes in and they're suicidal, they can relate it to ancestral things.

Furthermore, the opinion of several psychologists is that receiving mental health intervention from traditional healers serves as a kind of support, like how clients would also seek treatment from psychologists and being treated from a psychological perspective. The sentiment was also that the effectiveness of treatment is belief-dependant.

4.2.8 Mental Health Resources and Policies in South Africa

South Africa is an under-resourced country when it comes to mental health accessibility, according to participants in this study, specifically in the child and adolescent mental health space.

> Most people are not interested in working with children, and I think that's what creates these gaps as well because we have a very small percentage of mental healthcare practitioners who want to work with children. But the limitation is universities also don't emphasise teaching on child psychotherapy (Sindi Sibeko).

Some psychologists also expressed the prevalence of limited understanding of mental health in many Black communities. As a result, access is decreased and there is not adequate psychoeducation reaching these communities. This further exacerbates the challenge of Black communities who need mental health care, but are not able to access it. Additionally, several participants expressed how financial circumstances also limit accessibility, which is a challenge that is deeply rooted in South Africa's oppressive history. Busi Mabena expressed:

> Mental health is not known man…people assume when you say mental health, you're just saying therapy and problems, and I think for years mental health has been seen as…what do they call it…the medical approach. It's always fix a problem…

However, there was acknowledgment from other psychologists in the study about the increase of mental health education to previously disadvantaged Black communities and its accessibility. This appeared to be a significant factor given the history that psychology has within the South African context:

> …there's like a huge deficit in terms of like how non-White people in South Africa have access to mental health facilities, right? Not access just in terms of affordability but like of

> the knowledge and usefulness of mental health facilities. So, the fact that there's more Black clients who actually realise the importance of it, for me it's just like amazing, I love it (Langa Ndlovu).

Some participants in the study further alluded to psychology being originally a 'White man's field', and consequently, limited access to mental health care was part of the systemic design: "Psychotherapy, psychology is white and male, and these males' theories continue to be developed and continue to live on…" (Bongani Mokwena). The system affects how policies are drawn and implemented in various contexts in South Africa. These policies can range from the universities' training approaches to the distribution of mental health resources. Government intervention was one of the suggestions put forward to address the challenge of mental healthcare access and the improvement of child and adolescent mental health:

> …I think the most important thing is finding stakeholders that can intervene at different levels in the system, but we also don't have those to be very honest. We don't have those in our country. If we had something in the country that could actually create sort of like that chain of stakeholders where we know we can take this matter to this group of people…the only people we get to rely on to intervene at community levels is the social workers and the teachers (Sindi Sibeko).

4.3 CONCLUSION

The themes that emerged from this study were presented and explored, alongside with verbatim accounts from the participants. These themes were generated from raw data from the interviews, using Interpretative Phenomenological Analysis and following the steps set out by Smith and Osborn (2004) in Chapter 3. The next chapter will provide an interpretation and discussion of these findings within the framework of existing literature.

CHAPTER 5

DISCUSSION

5.1 INTRODUCTION

The aim of this chapter is to provide a comprehensive interpretative explanation of themes and findings that emerged in response to the research question: 'What are the experiences of Black psychologists working with children and adolescents' mental health within the South African context?' The raw data indicated a variety of experiences, most of which are collectively shared by participants, and others which are specific to individual participants. The Biopsychosocial model was used as a framework in conceptualising participants' experiences of working in this field. Acknowledging children/adolescents' mental health as a result of constant interaction of biological, psychological, social and spiritual factors was central to participants' understanding of mental health, and subsequently, their approaches to their work are founded on this principle.

The eight themes: *Perceptions of Psychology and Mental Health, Systemic Influence and Understanding, Parent Involvement and Psychoeducation, Inter-Professional Collaboration, Professional Competence, 'Black Culture' and Context, Indigenous Knowledge and Competence* as well as *Resources and Policies in South Africa* are discussed in relation to the research questions posed in Chapter 2 and framed within academic literature. Main points from these questions are presented as headings and subsequent subheadings as shown in Table 2, and discussed in this chapter.

5.1.1 Table 2

Generated Headings and Subheadings

Heading	**Subheading**
5.2 Common Child and Adolescent Mental Health Factors	5.2.1 Definition Complexities 5.2.2 Holistic Client Conceptualisation 5.2.3 Social Media Influence 5.2.4 Parental/Caregiver Investment
5.3 Professional Considerations	5.3.1 The Multi-Disciplinary Approach to Interventions 5.3.2 Tertiary Training Approaches and Continuous Professional Development
5.4 Cultural Considerations	5.4.1 Intergenerational Pathology

	5.4.2 Mental Health in Black Cultural Contexts 5.4.3 Language Implications 5.4.4 Indigenous, African Perspective
5.5 Child and Adolescent Mental Health Promotion in South Africa	

The research questions are reiterated below:

1. What are the participants' experiences of working in child and adolescent mental health in South Africa as a Black practitioner?
2. What are the child and adolescent mental health issues that they deal with in their work?
3. What issues do they think are important to consider for mental healthcare work with children and adolescents in South Africa?
4. What cultural considerations, if any, do the psychologists consider to be important in their work with children and adolescents?
5. What factors do the psychologists think can assist in promoting child and adolescent mental health in the South African context?

**In this section, 'client' refers to children and adolescents, unless stated otherwise.*

5.2 COMMON CHILD AND ADOLESCENT MENTAL HEALTH FACTORS

Acknowledging the multifaceted nature of children and adolescents was one of the factors central to understanding child and adolescent mental health work, as expressed by participants in the study. Therefore, conceptualising them using this framework is pertinent to doing work effectively. Thus, employing Engel's (1977) Biopsychosocial model was relevant in framing a discussion on the themes that emerged from the study's findings. These themes highlighted the various interconnected factors (i.e., biological, psychological, social and spiritual) that are crucial in conceptualising children/adolescents, and subsequently the Black psychologists' experiences.

5.2.1 Definition Complexities

Participants in the study expressed the complexities of defining mental health, especially in relation to children and adolescents. There appeared to be an understanding of the definition shifting from the medical perspective, which conceptualises it as the presence or absence of an illness. Over the years, the medical model has been criticised for its limitations, specifically in psychotherapy. Elkins (2016) has argued that the medical model has failed for several reasons, including its inability to accurately describe what happens in psychotherapy; its ties with science, medicine and the health

insurance industry, which appears questionable; its inability to recognise that psychotherapy is an interpersonal process rather than a medical procedure; and lastly, its inability to acknowledge that psychotherapy can be used for personal support and growth instead of just mental illness treatment (Elkins, 2016). Based on this, it can be acknowledged now how the landscape of psychology has branched out into various schools of thought. The conceptualisation of health, illness and health care delivery is influenced by constantly evolving systemic interactions.

In many contexts, mental/emotional issues have been acknowledged to have spiritual foundations, with religious groups historically being primary mental healthcare providers. Over time, this has changed due to medical advances and religion/spirituality being framed as a sign of neurosis in Freud's writings (Kao et al., 2020). However, in a culturally diverse society like South Africa, spirituality still plays a crucial role in individuals' lives and subsequently, how they perceive mental health. There was an acknowledgement by participants in this study that healing, which has spiritual aspects, is significant to the conceptualisation of mental health.

Participants highlighted how the definition of mental health and the role that is played by a psychologist are often unclear, whether to clients themselves (including parents/caregivers) or other professionals in a multi-disciplinary team. The range of mental health perceptions could be a contributing factor to this, including the fact that there is no uniform way of interpreting mental health, especially in culturally diverse communities in South Africa.

The definitions provided by the participants seemed to encompass the World Health Organisation's (WHO) definition, which is "a state of wellbeing in which the individual realizes his/he own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community" (Galderisi et al., 2015, pg. 231). However, Galderisi and colleagues (2015) argue that this view of mental health, which is fundamentally based on positive feelings and good functioning, is not inclusive of most children and adolescents, most of whom are shy and at the stage of identity formation which can elicit negative feelings and compromised functioning.

5.2.2 Holistic Client Conceptualisation

When working with children and adolescents, participants in this study expressed the importance of considering all facets of the child/adolescent. This means acknowledging the interactions of the ecological system, both on a micro and macro systemic level. This is because the child/adolescent is constantly influenced by his/her home and school environment, his/her culture and religious systems, and the complexities of adolescence amongst other factors. Research has proven that this

developmental transition to adulthood involves rapid changes in the brain and body, and the time for learning independence and healthy exploration for identity (Andrews et al., 2021). However, it is important to acknowledge that these rapid changes can also be challenging and stressful for teenagers. Participants expressed that the most common issues they have to deal with when working with children and adolescents include anxiety and depression, neglect, parent divorce and/or separation, self-esteem and confidence, concentration problems, grief and limited (or lack of) emotional regulation. This data builds on existing evidence of mental challenges that children and adolescents are faced with, with some global trends evident (Paruk & Karim, 2016; O'Reilly, 2020; Odgers & Jensen, 2020). It can be challenging for children/adolescents to navigate through the emotions that come as a result of these issues. Emotional vocabulary is still limited, especially for children, making it challenging to work through these emotions. Research has indicated a correlation between child/adolescent mental health and academic achievement. O'Connor and colleagues (2019) found a strong association between positive mental health and strong academic achievement in children as young as Grade 3 in Australia, and this supports the interconnectedness of these social systems.

5.2.3 Social Media Influence

Over the years, there has been an exponential social media growth globally, and the impact of it on mental health has been studied (Bhat, 2017; Sadagheyani & Tatari, 2021). Research has shown that social media use has grown dramatically since its inception in the early 2000s, and there has been a further increase since the COVID-19 pandemic (Rouleau et al., 2023). The pandemic forcefully increased device usage for children and adolescents as a way to engage with educational material for school, as well as connecting socially with peers and family during the time of hard national lockdown at different points globally. This further contributed to increased social media exposure and use. Exploring how adolescents themselves perceived social media even before the onset of the pandemic, O'Reilly and colleagues (2018) in a study with adolescents aged 11-18 recruited from schools in the United Kingdom, found that adolescents perceived their mental well-being to be threatened by social media's presence and its activities. Three themes in total were identified: 1) it was believed that the onset of anxiety and depression disorders for some adolescents was impacted by social media, 2) social media was seen as an effective platform for cyber bullying and 3) the use of social media was viewed as a potential 'addiction' (O'Reilly et al., 2018).

Additionally, social media has been regarded as a double-edged sword as it has also been a platform where individuals could express their thoughts and feelings, which impacts mental health positively. However, due to their limited capacity to self-regulate and being vulnerable to peer pressure,

children and adolescents are at a greater risk of not being able to elude the potentially disadvantageous effects of social media and consequently, potentially develop mental disorders (McCrae et al., 2019). It was therefore interesting how none of the participants highlighted the impact social media has on children and adolescents' mental health as the global COVID-19 outbreak and the strict measures imposed by the South African government, including social isolation and distancing, were proven to cause psychological distress in children and adolescents (Deolimi & Pisani, 2020).

5.2.4 Parental/Caregiver Investment

In South Africa, persons below the age of 18 are considered minors, and therefore any clinical intervention for the child/adolescent will need parent/caregivers' consent. Participants in this study work with children and adolescents and inevitably, they work with parents/caregivers as well. The participants expressed the frustration of having to rely totally on parents for the mental and/or emotional treatment process of the child or adolescent concerned. The frustration comes from the sometimes-limited investment that the parents/caregivers have in the intervention process, consequently impacting the prognosis of the child/adolescent. This frustration appears to be a result of limited understanding or a lack of understanding of the work psychologists do with their children. The participants suggested that psychoeducation for parents is crucial to ensure that they are invested in the process in every way necessary, to warrant positive treatment outcomes. In the South African context, it can be argued that parent/caregiver investment can vary in form: it can be equivalent to time, finances, knowledge or understanding and access to mental health resources. Racial differences, socio-economic status, social class and perceived discrimination are some of the determining factors for these various forms of investments. One participant reflected on her experience of White parents being invested financially by means of having access to mental health resources, whilst Black parents are able to invest with their time but lack financial resources.

It can be argued that information is the most important factor to increase investment, hence psychoeducation or "buy-in" as some participants phrased it, was proposed as a way to address this challenge. A study by Coetzee and colleagues (2022) in the Western Cape sought to understand the need for psychoeducational programmes in schools from the perspectives of learners, parents, teachers and counsellors. Data obtained indicated that the stakeholders deem it necessary to have a school-based programme that emphasises self-esteem, problem-solving, building empathy for others as well as instilling hope for the future (Coetzee et al., 2022). Such programmes seem to acknowledge poor parental support at home, which negatively impacts children/adolescents' mental health. However, psychoeducation for parents in the form of information distribution or parent

guidance sessions are needed for parents/caregivers to be better equipped to support their children/adolescents.

5.3 PROFESSIONAL CONSIDERATIONS

Mental health is systemically influenced by a variation of factors. These include factors that can be in an individual's control such as some interpersonal relationships, and others that are not consciously determined by an individual, such as genetics. Within the Biopsychosocial framework, these can be conceptualised as social and biological factors, respectively. Acknowledging the interactive nature of these factors (including psychological and spiritual) and their impact on mental health, a collaborative approach to addressing mental health/wellness seems pertinent.

Furthermore, effective work by psychologists is fundamentally determined by their respective levels of competence, predominantly determined by the kind of professional training received at institutions of higher learning. Cultural competence, specifically, seems to be a significant factor for practice in culturally diverse communities.

5.3.1 The Multi-Disciplinary Approach to Interventions

The increasingly complex mental health needs of children and adolescents in a rapidly changing society can be met by the promotion of inter-professional collaboration (Kutash et al., 2014). Participants in the current study acknowledged the significance of working with professionals from other fields for the well-being promotion of the children/adolescents they work with. As a result of this, the advantages include increased work efficiency, the consideration of the 'whole child' as well as workload sharing. Participants additionally acknowledged the disadvantages or challenges of working collaboratively with other professionals, and these included occasional communication faults and time consumption. Participants noted that the role of a psychologist is at times unclear, and this could be within the multi-disciplinary team or the relevant stakeholders such as parents and teachers. Consequently, professional boundaries are blurred, and this could also be influenced by the environment that the psychologist is working in.

A study by Moolla and Lazarus (2014), where school psychologists in the Western Cape province shared their perceptions of challenges that emerge when they work with other sectors to facilitate school development, supported this point. Data collected showed that school psychologists felt there were misconceptions about the psychology field (amongst other factors) which resulted in roles being misunderstood and boundaries being crossed. This was additionally impacted by the diverse discourses and worldviews held by the different professionals.

5.3.2 Tertiary Training Approaches and Continuous Professional Development

Participants in the study reflected on their competence levels at the time of the data collection. They acknowledged that there are areas in the field where they feel more competent compared with other areas, and this is heavily influenced by the learning institution where they completed their qualification. Different higher learning institutions have different approaches to training, and trainees will consequently be more competent in the approach or modality that the institution considers most effective. Participants also explored the idea of what the institutions teach versus what the psychologists had to face in the real world once they started practising. The data collected suggests that training is significantly different from work experience as many of the cases are not so straightforward, and there are complex issues that come up when working with people. As a result, the participants experienced a gap in the preparation they received from their institutions. The COVID-19 restrictions meant that traditional ways of teaching had to be adapted to fit the global changes. The participants expressed the significant impact this had on them, and the readiness that they felt going into the world of work was negatively impacted.

Relevant to this is the noted rise in the need for telepsychology during the peak of the global COVID-19 pandemic. The psychology profession had to respond to this global pandemic by offering therapy/counselling services with the aim of addressing anxiety management, depression and other mental health issues that arose as a result of the pandemic and the subsequent South African national shutdown (De France et al., 2022). A study that explored the experiences of South African psychologists in offering telepsychology found a number of barriers to offering these, including data access and connectivity issues (Goldschmidt et al., 2021). Furthermore, the psychologists expressed that they were not trained in telepsychology during their university and internship training, which raises the call for the South African government to be responsive to South Africans' mental health needs by increasing access (Goldschmidt et al., 2021).

However, psychology is a profession that requires continuous improvement and development (Elman et al., 2005), and the participants in the study were able to acknowledge that. Time (i.e., the duration of qualification) is also a factor that the participants brought up and how it is not sufficient to be able to provide psychology trainees with all the adequate and holistic training to sufficiently equip them with the professional skills needed for the world of work. As a result of this acknowledgement, investment in continuous professional development workshops through additional learning and research is an important requirement for professional development and competence in the field.

Working with children and adolescents in a culturally diverse context like South Africa would also require cultural competence to be able to effectively work with the broader South African population. Participants in the study expressed that they did not feel that their respective training institutions equipped them with adequate cultural training that would make them culturally competent practitioners. However, Edwards (2015) aimed to discuss the role of South African rural universities, particularly in the development of psychology and its implications in the country's transition from apartheid to democracy. In addition to the advantages and disadvantages of these institutions, special applications and implications such as community psychology, multicultural counselling and indigenous healing were acknowledged (Edwards, 2015). This implies that cultural competence training is not foreign in higher learning institutions, but the issue is that of accessibility and the type of knowledge that is produced in traditional universities. Working with people means being able to connect with them, and culture and context are important aspects of any individual. Therefore, having an understanding of the children/adolescents' cultural factors that have a significant influence on them would be important in the work they do with them.

5.4 CULTURAL CONSIDERATIONS

Context is an integral part of a child's development. Environmental influences and circumstances ultimately shape a child's perception of the world. In South Africa, many children and adolescents are impacted by socio-economic adversity, which increases their vulnerability to negative mental health experiences (Harrison et al., 2021). In the same breath, there are environmental factors that positively impact on the mental health of the child or adolescent, and lead to positive life outcomes. Participants in the study acknowledged the difficult circumstances of many of the Black clients that they see in their spaces of practice. These include children/adolescents who come from abusive homes, children who have experienced neglect, those who are affected by parental divorce or separation and other circumstances that could affect their mental health negatively.

5.4.1 Intergenerational Pathology

Parental mental illness can have a significant impact on families, whether psychologically, socially or economically (Goodyear et al., 2018). These various impacts can affect the children and as a result, mental illness can be experienced intergenerationally. Increased awareness and psychoeducation to parents or caregivers is necessary to address this challenge that impacts both children and parents in the home environment. As research has demonstrated, prevention can reduce mental illness risk up to 40% (Foster, 2015). In most cases, what is considered the cultural norm in homes has a significant impact on the child/adolescent's mental health, and these norms can be perpetuated by lack of knowledge or awareness. Research has shown that children whose parents suffer from mental

illness are at a 55% risk of developing mental problems themselves (Foster, 2015). As mentioned, there is no single factor that determines this, but rather a complex inter-relationship between risk and protective factors of the child, the parent and the larger social community.

As intergenerational mental illness is frequently inevitable, much can be done to mediate the risks and build the protective factors to strengthen the family structure and build resilience in children/adolescents. As a measure to address this challenge, Australia developed a national mental health policy with the key focus on expanding the quantity of the mental health workforce aimed at family-focused practice. Part of this was identifying consumers who are parents to children/adolescents who are dependent on them as they enter mental health services so that necessary mental/emotional support can be given to them (Foster, 2015). Similarly, in response to children/adolescent mental illness exposure, countries such as Norway have developed a national legislation that requires assessment and necessary mental health support to consumers who are parents (Foster, 2015).

South Africa's rates of psychiatric morbidity are found to be among the highest in sub-Saharan Africa, and this is as a result of the long history of socio-political violence during the apartheid era (Kim et al, 2023). Kim and colleagues (2023) explored the effects of prenatal maternal stress on Sowetan mothers (pregnant in 1990 at the ages of 17-18) during the apartheid era, as well as other moderating effects of maternal age, past household adversity and social support. Results showed that maternal prenatal stress did not have a direct association with greater psychiatric morbidity during the ages of 17-18. The effects of intergenerational mental health (i.e., prenatal stress) were moderated by age and maternal past household adversity. Children born to younger mothers experiencing significant household adversity showed worse psychiatric morbidity at ages 17-18 (Kim et al., 2023).

5.4.2 Mental Health in Black Cultural Contexts

The rural parts of South Africa are largely occupied by Black people, and the participants expressed the disadvantage that comes with mental health education being inaccessible in those areas. A rural South African case study that explored factors that prevent the implementation of the global mental health agenda found that poor mental health literacy, limited formal health care, lack of outreach, challenges at the interconnection with indigenous health care as well as lack of follow-up are some of the core issues (Braathen et al., 2013). It is further suggested that a shift from mental health cure to prevention and promotion be employed, using an interdisciplinary team of lay and trained healthcare workers. However, as demonstrated earlier in the paper, social media has been the largest platform for information sharing and education. Even so, studies have shown that social

media use and internet access is limited for residents in South African rural and remote areas (Watkins et al., 2018; Mojapelo, 2020).

5.4.3 Language Implications

There is a wide linguistic and cultural diversity in South Africa, and the participants identified language as a significant challenge when working with children and adolescents, both therapeutically and in the assessment context. The participants explored the difficulties of working with children and/or parents, particularly when having to unpack the 'psychology jargon', which is fundamentally Western in nature. As a result, parents/caregivers are limited in the way they help their children because of their own limited understanding, or even, are resistant to mental health interventions. Recent research shows that South Africa's linguistic diversity is not reflected by the country's speech-language therapists (Khoza-Shangase & Mophosho, 2018). Because there are children/adolescents who are in need of these mental health services, there arises a question of who is better equipped to provide these services to a population that is multilingual. Participants in this study also expressed their views on the limited cultural competence training they received in their respective institutions, and therefore also feel less competent in this regard. There has been a call for the transformation of the profession within South Africa to attract a greater number of psychology students who are fluent in African languages, and this is to ensure that a wider range of the country's population can have access to mental health services (Barratt et al., 2012).

A research study by Southwood and Van Dulm (2015) attempted to answer this question of who might currently be better equipped to provide mental health services to a population that is multicultural and multilingual. This study aimed to explore whether the number of bilingual children/adolescents treated, these children's spoken languages, assessment languages and instruments as well as languages in which therapy material is needed, was influenced by psychologist clinical experience. More experienced speech language therapists (20+ years of experience) were compared with less experienced speech language therapists (5 years maximum), and the results showed that less experienced rather than more experienced respondents could offer remediation in an African language (Southwood & Van Dulm, 2015). Although there is still an absence of context-appropriate assessment and remediation tools for South African languages, the increasing number of Black African languages speakers that are entering the profession may be in a more capable position to offer mental health services to the culturally diverse South African population. The participants in this study, in line with the language challenges they noted, also acknowledged their responsibility as multilingual Black psychologists to provide accessible mental

health care to the children/adolescents as well as parents/caregivers they see in their respective practices.

It appears significant, however, to acknowledge that not all Black psychologists can relate to or identify with the 'Black experience' or culture(s). The Black psychologists come in contact with children/adolescents with their own personal experiences that were shaped by their respective environments. It can therefore be subconsciously assumed that a Black psychologist will be able to automatically stand in the gap of diversity in professional spaces where there is a culturally diverse population. In turn, this can create an expectation that, in reality, not every Black psychologist can meet.

5.4.4 Indigenous, African Perspective

Indigenous ways of healing have been a significant part of the South African culture, dating from centuries back. It has been a cultural practice for many ethnic groups within the African context as a whole, and it is still practised today (Moshabela et al., 2016). Participants in the current study were able to acknowledge this as well, and have experienced traditional ways of healing whether directly or indirectly, and personally or professionally. What was interesting was that most of the participants did not have adequate knowledge of how traditional healers themselves perceived mental health, although they were aware of the fact that individuals do seek traditional healers for mental health care. African psychology is seldom taught in traditional university spaces, and this supports the assertion participants made that they felt that their respective institutions did not adequately prepare them to work with a culturally diverse population such as South African children and adolescents. However, Cokley and Garba (2018) argue that Black/African psychology is a disciplinary field of psychology that has long since challenged the hegemonic paradigms put forward by Western approaches to psychology. They argue that Black psychology students are unaware of both historical and contemporary influences of Black/African psychology, and how these have had an impact on the discipline, particularly on challenging beliefs about Black behaviour and culture (Cokley & Garba, 2018). Given that this is from an American perspective, the question on the linearity of Black culture arises, as the Black experiences can be homogenous but still vary on different levels depending on context.

Mental health issues can sometimes present as symptoms of ancestral calling and vice versa, and people often go to practitioners who either practise in line with their traditional beliefs or that are more easily accessible for treatment and support. In an attempt to explore the beliefs and practices of South African traditional healers, Shange and Ross (2022) conducted a study where traditional healers in an area in Soweto revealed that mental illness could be identified in various ways,

including throwing of bones, observations, and history-intake. Spiritual, socio-cultural, physical and psychosocial factors were ascribed to mental illness, and used methods such as removal of evil spirits through steaming, prescribing herbal remedies, washing and induced vomiting to treat mental illness (Shange & Ross, 2022).

Witchcraft and spirit possession idioms are very common in Northern Uganda and many other parts of Africa. In a psychological lens, these idioms can be interpreted as psycho-social crises and mass traumatic stress (Reis, 2013). A child can exhibit certain behaviours that can be translated into evil spirit possession, and a traditional healer or indigenous community would interpret the meanings of those behaviours differently from how a psychologist would. Reis (2013) examined these children's enactment of spirit possession idioms and witchcraft, including the meanings that are provided as well as the healing resources they use. Findings indicated that such idioms allow children to express their experiences, communicate and reflect upon complex feelings that result from their perilous positions within their families and communities under some spiritual force. Depending on the social context, child and adolescent mental illness can be interpreted differently and, consequently, treated differently.

Furthermore, there might be an unspoken expectation for Black psychologists to have knowledge about indigenous ways of healing because of their racial identity. This could potentially increase empathy and understanding for the client seeking treatment (i.e., Black children/adolescents and parents/caregivers) by Black psychologists. A 2010 study exploring the attitudes and beliefs regarding the use of psychological resources was conducted at Itsoseng Clinic at the University of Pretoria, Mamelodi campus. Participants in this study discussed the issue of the psychologists' race, and expressed how White psychologists lack empathy towards Black communities and are limited in their knowledge about them (Ruane, 2010). It was interesting that participants expressed that Black psychologists were not much different from White psychologists because of the acculturation that takes place during the training of Black psychologists, resulting in the reduction of their cultural sensitivity (Ruane, 2010).

5.5 CHILD AND ADOLESCENT MENTAL HEALTH PROMOTION IN SOUTH AFRICA

The inclusion of mental health in the Sustainable Development Goals (SDG) indicates a global commitment to consider mental health among the highest global priorities (Docrat et al., 2019). Participants in this study expressed the inadequacy of mental health resources that are available in South Africa, and the limited access as well. As mentioned before, there is a disproportionate distribution of child and adolescent mental health resources, especially in the rural parts of the country. Participants further expressed the need for psychoeducation to reach institutions such as

schools and clinics, which will aid in widening access. This will require policy development and implementation on a national level.

Data from participants in this study suggests that government does not prioritise mental health, particularly child and adolescent mental health. Lund (2018) stated that preschools, schools, and health facilities both in the private and public sector are some of the ways that mental health programmes and plans can be delivered. For this to happen in reality, resources in the form of finances and personnel are necessary for implementation. Lund (2018) additionally noted, however, the challenges that face child and adolescent mental health in Africa. These include inadequate priority given by stakeholders for implementation; a level of ignorance amongst these stakeholders regarding the scale of child and adolescent mental illness in Africa; and the stigma that exacerbates this ignorance, which consequently influences the legitimacy of the problem and the response to the problem (Lund, 2018). There have been calls to scale up child and adolescent mental health services in South Africa (Peterson et al., 2010; Flisher et al., 2012; Babatunde et al., 2022).

The participants were able to acknowledge the weaknesses related to government intervention that has been evident thus far. Knowing the strengths, weaknesses, threats and opportunities from the perspectives of senior child and adolescent mental health service providers will be able to provide some guidance as to where national policy amendments can be made, if need be. A study conducted in the Western Cape province explored these perspectives from child and adolescent mental health service providers, and results indicated the comprehensive biopsychosocial approach to child and adolescent mental health as the biggest strength, whilst workload demands, poor implementation of preventative policies, inadequate resource allocation and limited human capacity were identified as weaknesses (Mokitimi et al., 2019). Furthermore, inter-collaboration between various professionals was identified as an opportunity to enhance child and adolescent mental health care and lastly, inadequate infrastructure and other resources and lack of dedicated funding were identified as some of the threats. This analysis appears to reinforce the widespread neglect of child and adolescent mental health in South Africa, and this can be used to inform policy and its implementation (Mokitimi et al., 2019).

5.6 CONCLUSION

Themes that emerged from this research study were integrated with the research questions initially posed in Chapter 2. These were further discussed in this chapter within the framework of existing literature. Chapter 6 will provide an overall summary of the study and critically explore its strengths and limitations. Finally, recommendations for present and future research will be considered.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

In this chapter, an overview of the study is provided. Furthermore, a background for the investigation of the findings in response to the research question is also presented. A summary as well as the reflection of the findings are included. The strengths and limitations of the study are considered, and recommendations for future research are proposed.

6.2 SUMMARY

The aim of the study was to explore the experiences of Black psychologists working with children and adolescents within the South African context. A brief description of the research process will be described below.

6.2.1 Motivation and Rationale

The purpose of this study was to explore Black psychologists' experiences of working with children and adolescents' mental health in the context of South Africa. The rationale behind this research is the lack of sufficient evidence in the literature to account for the growing number of Black professionals entering the psychology space in South Africa. The significance of this lies in the profession's historical association with White supremacy and racial oppression. This study intended to shed light on the experiences of Black psychologists in post-apartheid South Africa, which has implications for child and adolescent mental health promotion and intervention programmes.

6.2.2 Research Design and Methodology

Using the exploratory, qualitative approach, this study strove to investigate ten Black psychologists' subjective experiences of working with children and adolescents in the context of South Africa. As the aim was to explore the participants' lived experiences and gain a holistic understanding of a specific phenomenon, an exploratory, descriptive qualitative approach using an interpretative paradigm was considered the most suitable for the study (Babbie, 2016).

Semi-structured interviews conducted online were the primary method used to collect data, and data was thematically analysed for meaning and interpretation. A purposive sampling technique was deemed appropriate for the current study to answer the research question. The researcher acknowledged her subjectivity throughout the research process, taking into consideration the nature of qualitative research. The study's reliability and credibility were ensured through constant noting of the ethical considerations, trustworthiness and quality of the research.

6.2.3 Summary of Research Findings

Through the use of collection of raw data and thematic analysis, the investigation of the Black psychologists' experiences yielded eight themes, and these were explained and developed in Chapter 4. Participants shared their experiences as Black psychologists working in child and adolescent mental health care, and it was evident that there were shared complexities connected with being a Black mental health care practitioner in South Africa dealing with common issues experienced by children and adolescents in this context. If considered in terms of Engel's (1977) Biopsychosocial model, children and adolescents' mental and emotional health are influenced by their constantly evolving environments as well as by the important roles and responsibilities of several stakeholders such as parents, teachers and community leaders, and these constant interactions influence the work of psychologists.

The first theme of the psychologists' experiences encompassed the different understandings that various stakeholders in the child/adolescent's lives hold about psychology and, subsequently, mental health as a whole. There was a shared reflection that there are various misconceptions held about the work that psychologists do, and thus mental health seeking attitudes are negatively impacted as a result. Furthermore, the varying conceptualisations of mental health by the Black psychologists themselves are indicative of its complexities, and of how personal and professional experiences influence overall understanding. However, participants acknowledged its holistic nature, encompassing the physical, emotional, social and spiritual aspects of mental health.

The second theme interconnected with the first, with participants acknowledging the multi-faceted nature of children and adolescents, and the need for psychologists to acknowledge the constant interaction between the biological, social, psychological and spiritual factors, which subsequently affect a child/adolescent's overall mental well-being. Parental consent needs to be granted before any emotional/mental intervention can be implemented by the psychologist; thus, there is a significant reliance on their cooperation, which is influenced by the level of psychoeducation they possess. Participants shared similar sentiments that more psychoeducation needs to be provided to parents/caregivers to increase the effectiveness of the work they do with the children and adolescents they provide services for.

Provision of holistic treatment for the client was an overarching advantage that participants shared for inter-professional collaboration. Once again, this acknowledges the biopsychosocial facets of a child/adolescent. The effectiveness of the work the psychologists do with their clients is dependent on the level of professional competence they possess. Professional competence is continually developed by psychologists as they shared that tertiary-level education alone could never adequately

equip a professional. As Black psychologists, participants shared the pressure that they experienced to know the 'Black culture'. However, the non-homogenous nature of Blackness, particularly in the South African context, contributes to the complexities of mental health. However, participants acknowledged the significance of familiarising themselves with mental wellness practices that are indigenous to Africans. This will subsequently increase their cultural competence in a culturally diverse society like South Africa.

Lastly, participants expressed the need for the South African government to prioritise child and adolescent mental health awareness and promotion. The shared sentiment was that it would aid in implementing policies that would not only create mental health interventions, but promote well-being as well.

6.3 STRENGTHS OF THE STUDY

The aspects below could be considered strengths that contributed to this study's attempt to explore the research problem. The Black psychologists who participated in the study found the research topic to be interesting and relevant to them and the work they do. They furthermore expressed their enthusiasm to participate in the study as they felt their experiences being highlighted could have positive implications for child and adolescent mental health policies that would inform promotion and intervention programmes. The interviews were conducted at a time most convenient for the participants, which created a space for them to be present in their interviews. The interviews took place online in the comfort of the psychologists' personal spaces due to the COVID-19 pandemic, and this encouraged them to be forthright and open with the researcher. In turn, the researcher was able to be focused and present.

The study's small sample size meant that a specific focus and attention could be maintained by the researcher throughout the data collection process, subsequently yielding distinctive findings during the analysis phase. As a result, similarity and consistency in the data was ensured, and adequate data saturation was facilitated. The qualitative framework was suitable for the study as it allowed the researcher to obtain in-depth information from the participants' experiences, which in turn allowed them to take control of their narrative.

Recommendations for the promotion and implementation of such programmes are considered in section 6.5, later in this chapter. This study could furthermore highlight psychology training methods in institutions of higher education, subsequently informing policies in those spaces.

The researcher and the participants were from a similar cultural context, and this enabled the researcher to have a foundational understanding of many of the issues that were raised that

influenced the psychologists' experiences that they expressed. Furthermore, the researcher has a level of professional understanding as she is also in the psychology profession. Thus, psychological concepts used in the interviews were easy to grasp. There were no significant contradictions or differences reported by the participants, which increased the findings' credibility.

6.4 LIMITATIONS OF THE STUDY

Limiting features of the study can be those that the researcher had no control over, and ones related to the study as an investigation. Qualitative methodology in research fundamentally requires attention to detail in the raw data provided by participants. However, this could be a possible limitation as criticism regarding limited applicability could be potentially invited, with only one researcher collecting data from the interviews. This relates to the typical problem of transferability that characterises qualitative research.

A significant methodological issue involved the video-recording of all the interviews, which is pertinent for accuracy in transcriptions. However, with the South African energy crisis, which was at its peak during the data collection stage of the research process in the form of constant loadshedding, there were frequent connectivity disruptions due to signal loss. As a result, the researcher heavily relied on the audio-recordings of the interviews, and non-verbal cues expressed by the participants were not all captured. Although all pertinent experiences were recorded, body language would have been an additional factor in generating themes.

None of the participants in the study had more than twenty years of work experience, hence a population of Black psychologists with relatively extensive experience in the field was not represented in the study, which could have added an invaluable perspective. Additionally, the majority of the participants were from a particular geographic location of the country, which meant that not many of the South African training institutions were represented. This limited the study's applicability to other contexts. Furthermore, age and gender are factors that can influence one's professional experiences, and the majority of the participants were young and female, which would also limit the applicability of the findings to similar studies whose participants have different biographical information.

6.5 RECOMMENDATIONS

The recommendations in this section can be made in relation to the findings in the study as well as other research findings in the literature.

The eight themes that emerged from this investigation focused on Black psychologists' experiences in child and adolescent mental health care and the biological, psychological, social and spiritual

factors that are in constant interaction, subsequently impacting the work psychologists do. One of the central aims of this study was to consider these experiences from a Biopsychosocial perspective and the intention of these recommendations is not only to apply to this present study, but to other contexts and studies committed to supporting the implementation of child and adolescent mental health promotion and intervention programmes.

6.5.1 Stakeholders and Clients

The psychologists expressed their concerns about the narrow understanding and misconceptions that stakeholders in the child's environment hold about psychologists and mental health. This results in stakeholders such as parents not being fully supportive and invested in the psychological well-being of their children/adolescents. In such a case, the understanding of psychologists' roles becomes pertinent if they are to be effective in collaborative interventions. Mental health has ecosystemic effects, with children/adolescents, their families, teachers and the broader communities being impacted. As a source of promoting knowledge and awareness, schools and local clinics/hospitals could fulfil an important role in providing guidance and counselling. Psychologists could also create online communities where reliable psychoeducation is provided as a means to eradicate misinformation and stigma related to health-seeking behaviours.

Psychologists in this study acknowledged the multi-faceted nature of the children and adolescents they work with, and this makes working within the Biopsychosocial model, when conceptualising clients, appropriate. Therefore, mental health cannot be conceptualised solely from a psychologist's perspective. Biological factors such as age and genetics, and sociological factors such as interpersonal relationships and socioeconomics, and spiritual factors also contribute significantly to a child/adolescent's mental health. The mental health of the child or adolescent highlights the importance of the other relevant professionals in mental health intervention programmes. Thus, there is a need for multidisciplinary teams involved in child and adolescent mental health care to have clear goals and understanding of the shared responsibilities within the structure of the team. To promote effective inter-professional collaboration, training could be offered at tertiary level for professionals to be equipped with the tools necessary for inter-professional teamwork. Tools such as effective communication, time management, boundary-setting and shared responsibility are central to collaborative work. Furthermore, there is a need for a more holistic understanding of mental health, and therefore, other professionals from other health disciplines must become actively involved in mental health promotion programmes.

6.5.2 Institutions of Higher Learning

Professional competence was widely expressed by psychologists in this study as being a significant challenge, impacting their work. More specifically, cultural competence was acknowledged to be central to the level of competence they felt in their various places of work. Participants expressed that the respective tertiary institutions where they received their training inadequately prepared them to practise in culturally diverse communities such as those in South Africa. Thus, professional training that reflects cultural relevance and appropriation is critical for effective child and adolescent mental health care interventions. Tertiary modules that are inclusive of indigenous practice are needed, as culture is inherent to South African communities, specifically Black communities. The significance of this being highlighted in education policies will subsequently have implications for overarching child and adolescent mental health government policies on a national scale. This is particularly of significance as participants voiced the concern around government not prioritising child and adolescent mental health, with academic literature supporting this.

Furthermore, participants expressed linguistic challenges in psychology. Terminology and concepts fundamental to the discipline are not available in many African languages, consequently impacting psychoeducation and health-seeking attitudes amongst the majority of Black South African communities. Thus, African Psychology in traditional universities proves to be a significant component for knowledge production and interpretation that would widen mental health understanding in more African languages within the South African context. Multilingual training would also contribute to professional cultural competence, which would increase mental health access in Black South African communities. Furthermore, linguistic challenges in the assessment context were also expressed by participants in the study. This highlights the need for these assessments to be adapted to fit the South African context, therefore benefitting children/adolescents being assessed and the education sector as a whole.

6.5.3 Policy Makers

The implementation of promotive and intervention programmes in schools can be perceived as a form of psychosocial support whilst increasing mental health accessibility in communities. As such, it is recommended that the South African government must utilise schools within existing education plans and policies to include targeted interventions for children and adolescents around mental health awareness. Creating an enabling learning environment for mental well-being through school-based mental health policies, informed by the learners' capacities and needs, could foster positive mental health seeking behaviours and attitudes. Furthermore, guaranteed access to mental health services and intervention in schools through mental health service providers could contribute to

ensuring both learner and teacher psychoeducation, whilst simultaneously optimising educational outcomes and avoiding early school drop outs. Teachers and learners would have access to reliable guidance, including credible information. Additionally, promotive teacher well-being programmes could consequently impact learner well-being. This would also include ensuring sufficient human resources to reduce the expectation for teachers to take on the role of a mental health practitioner. This would furthermore include ensuring effective collaboration between the school, family and larger community to create a nurturing learning environment.

6.6 RECOMMENDATIONS FOR FURTHER RESEARCH

In light of the study's strengths and limitations defined above, below are the recommendations to be considered.

Through further exploring similar studies, implications for promotive and intervention programmes could be made. Potentially, these would include specific initiatives and strategies that could increase the psychoeducation and mental health resource accessibility.

A research study that is composed by a broader sample size, including psychologists with relatively extensive experience in the field, would increase the amount of comparable data developed. Furthermore, a more countrywide study, inclusive of broader geographical locations could provide valuable insight. Such a study could also focus on exploring whether psychologists from diverse training backgrounds differ in their perceptions and experiences of working with children and adolescents, which could have implications for psychology training programmes. Moreover, this investigation focused pertinently on the experiences of psychologists identifying as 'Black' according to the apartheid racial classifications. Thus, a gap in research is created for the experiences of 'Black' psychologists according to some post-apartheid national policies such as the Broad-Based Black Economic Empowerment (B-BBEE), which includes Indians and Coloureds as well.

Furthermore, it would be recommended to examine the already-existing structures of support and explore how these could be made more accessible particularly to rural communities who have no viable means to access mental health information. Such studies could inform intervention programmes that would subsequently address mental health stigma that is still prevalent in many rural Black communities.

6.7 CONCLUSION

This chapter provided a summary for the research study, followed by a brief discussion on key findings that emerged, including the strengths and limitations of the study. Some of the key points in the findings included the fact that misconceptions about psychology are prevalent even in other

professional spaces, which raises the need for increased psychoeducation. This would relate to understanding various contributions to mental health. Not only is this psychoeducation relevant to stakeholders in the child/adolescent's environment, but other systemic factors of influence as well. If viewed from a Biopsychosocial perspective, this need could be interpreted within the framework of interaction of these three factors as conceptualised by Engel (1977): biological, psychological and sociological. Subsequent research proposed the addition of the spiritual aspect, which is significant to the lives of many Black South Africans.

The Biopsychosocial model emphasises the significance of the interaction of these different factors which could either have a positive (i.e., mental well-being) or negative (i.e., mental illness) impact on the child/adolescent. Ecosystemic factors such as interpersonal relationships, culture, beliefs, national mental health resources and education are some of the factors pertinent to mental health, and it is for this reason that the interaction of these factors featured prominently in the findings that emerged from the current study.

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APPENDICES

APPENDIX A: ETHICAL CONSIDERATIONS AND PERMISSIONS

University of the Witwatersrand Ethics Clearance

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:	**PROTOCOL NUMBER: MEDPSYC/21/07**
PROJECT TITLE:	Child and Adolescent Mental Health in South Africa: Experiences of Black Psychologists.
INVESTIGATOR	Seboka Kanelo (1373534)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	17 May 2021
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Low Risk
EXPIRY DATE	31 December 2023

ISSUE DATE OF CERTIFICATE 11 June 2021 **CHAIRPERSON** Z. AMOD
(Prof. Zaytoon Amod)

Cc Prof. Zaytoon Amod (Supervisor)

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** 29 / 06 / 2021

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX B: Participant Information Sheet

Good day,

My name is Kanelo Seboka, and I am currently enrolled as an Educational Psychology Master's student at the University of the Witwatersrand. As part of the requirements for my degree, I am required to complete a research project. My research is aimed at exploring the experiences of black psychologists on child and adolescent mental health in South Africa. Participants in this research need to identify as African black psychologists who practise in South Africa. I would like to invite you to participate in my research.

Participation will involve taking part in a semi-structured interview with either online or face-to-face, depending on your preference. The broad topic of the interview will be your experiences of child and adolescent mental health in South Africa. The interview will be about 30-40 minutes in length, and it will be conducted either online or a meeting place will be arranged by both the researcher and the participant if face-to-face interview is preferred. The interviews will be audio-recorded with a recording device if you agree. They will then be transcribed by the researcher. The audio recordings will be kept in password protected files. The only other person besides the researcher who will have access to the transcriptions and recordings is my supervisor, Professor Zaytoon Amod (Educational & Clinical Psychologist and Professor at the University of the Witwatersrand).

All identifying information will be kept strictly confidential. Direct quotes may be used in the final report but will not be personally identifiable. Your anonymity will be protected using a pseudonym and all data will be destroyed after a period of 5 years. The data may be used for publication in a journal article and/or for a conference presentation. Your participation in this research is completely voluntary and you are free to withdraw at any stage prior to submission/publication for any reason. You are also free to abstain from answering any question in the interview for any reason. There will be no reward or sanction as a result of participation in this research. Should you wish to receive a summary of the research findings, I will be happy to provide you with this.

If you have any further questions, please contact me via e-mail on 1373534@students.wits.ac.za or you can contact my supervisor, Professor Zaytoon Amod on Zaytoon.Amod@wits.ac.za

If you have any ethical concerns or complaints regarding the research, please feel free to contact the University Human Research Ethics Committee (Nonmedical), telephone +27 11 717 1408, e-mail hrecnon-medical@wits.ac.za

If you agree to participate in this research, please complete the consent form attached to this document.

Yours sincerely,

Kanelo Seboka

Researcher

APPENDIX C: Participant Consent Form

Child and Adolescent Mental Health in South Africa: Experiences of Black Psychologists

I_____, have read the participant information sheet and consent to participation in the proposed study on: Child and Adolescent Mental Health in South Africa: Experiences of Black Psychologist, conducted by Kanelo Seboka. In doing so, I understand that:

o Confidentiality will be guaranteed.

o There are no inherent risks or dangers to me.

o There are no inherent benefits.

o I will use my own data in the case of an online interview.

o I may withdraw from the study at any time without negative consequences.

o I have the right to not answer question(s).

o If direct quotes are used from the responses, no identifying information will accompany that quote.

Signed: _____ Date: _____

Consent to be Audio-Recorded

I _____, consent to have the interview audio- and/or video-recorded. By signing this consent form, I:

o Agree to have the interview audio- and/or video-recorded.

o Understand that the recordings will be kept in a password protected folder on the researcher's computer.

o Understand that the transcripts of the audio/video recordings will be anonymized and will be stored in will be stored in a password protected folder on the researcher's computer.

o Understand that only the researcher and her supervisor will have access to the recordings and the transcripts.

Signed: _____ Date: _____

APPENDIX D: INTERVIEW SCHEDULE

Child and Adolescent Mental Health in South Africa: Experiences of Black Psychologists?

1. When did you qualify as a psychologist?

    a. How long have you been practising in the field of child and adolescent mental health?

2. What is your understanding of mental health in relation to children and adolescents?

    a. What work have you done in this field?

3. What are the most common issues you have had to deal with regarding child and adolescent mental health during the time you have been practising?

4. What approaches do you use when addressing child and adolescent mental health?

5. Could I ask you to share if there are other individuals (such as lay counsellors, professionals, healthcare workers or traditional healers) that you work with?

    a. If yes, what are the advantages and disadvantages of collaborative work?

    b. How knowledgeable are you about traditional healers and how they perceive mental health?

6. What cultural considerations do you think are important to consider when working in child and adolescent mental health in South Africa?

7. What are your views on the training that you received in child and adolescent mental health at university? Policies?

8. What are some of the challenges that you have experienced as a child and adolescent mental health practitioner in South Africa?

    a. How do you think these challenges could be addressed?

Please feel free to add any other comments that you would like to in relation to child and adolescent mental health in South Africa.

APPENDIX E: LANGUAGE EDITING CERTIFICATE

This is to certify that the manuscript entitled

Child and Adolescent Mental Health in South Africa:
Experiences of Black Psychologists

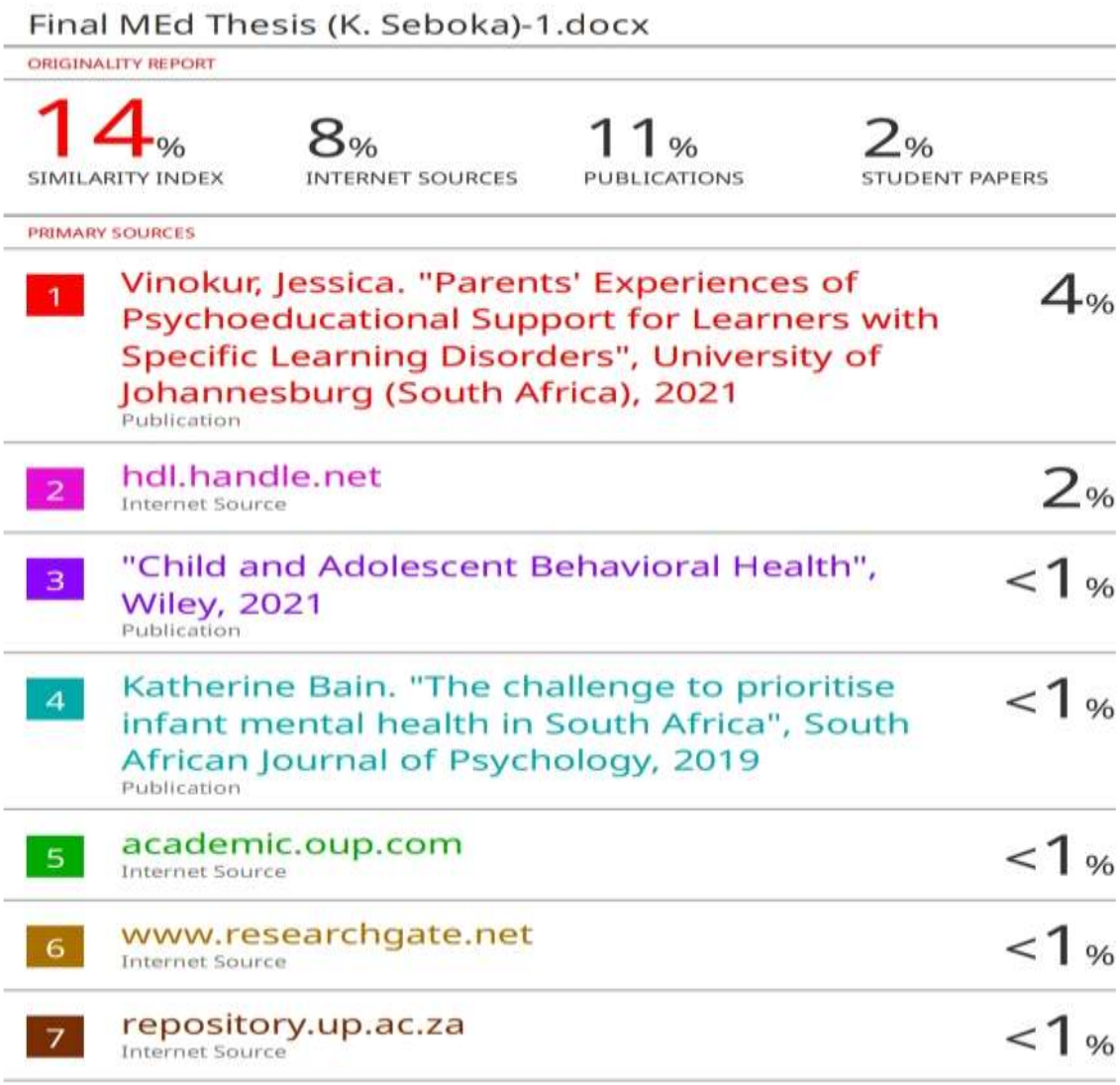
by the author

Kanelo Seboka

has been edited for English language usage by:

Mrs Pippa Marais
082 9222 122 / pmarais@stmarys.pta.school.za
17 October 2023

APPENDIX F: ORIGINALITY REPORT



Final MEd Thesis (K. Seboka)-1.docx

ORIGINALITY REPORT

14%	8%	11%	2%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Vinokur, Jessica. "Parents' Experiences of Psychoeducational Support for Learners with Specific Learning Disorders", University of Johannesburg (South Africa), 2021 Publication	4%
2	hdl.handle.net Internet Source	2%
3	"Child and Adolescent Behavioral Health", Wiley, 2021 Publication	<1%
4	Katherine Bain. "The challenge to prioritise infant mental health in South Africa", South African Journal of Psychology, 2019 Publication	<1%
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