***The interview was conducted among 4 participants who are part of the MDT.***

**Researcher**: What is your understanding of public health? *Silence S*o even if we don't do it with rounds, anyone can just say.

**MDT1**: My understanding of public health is health services which are being offered to the public and the community at large just all services from mental health services to clinical services like your family medicine obstetrics, gynaecology all of that. So, all the services that are offered to people at a large scale.

**MDT2**: Yes, that is also my understanding is that public health services are free compared to private health uhm or the access to it is not as expensive as private health care services. So, public would be local clinics, hospitals primary health care services, mobile clinics, just what the sister was saying that its open to the general public, your midwifery, general surgery that is accessible by the general public of the country.

**Researcher;** No problem. Thank you for sharing that. Uhm because you guys have already mentioned some of the services that are being provided, do you have any more that you would like to add?

**Participants:** Nothing

**Researcher:** Nothing. Okay because you are different professionals here now, uhm what are the unique services that you provide individually. So, as an occupational therapist what services do you guys provide in the hospital.

**MDT3: S**pecifically in the hospital, with OT its divided, we have different areas that we work in. We have Mental health, we have physical, we have peds (Paediatrics), we have pens and OPDs. So, in peds, they see all the children in the clinic. We do have like screenings, screen all the children those that are in need of OT services. We book them so that they can come, we screen them especially after giving birth so that we can see how their development is. Uhm we also see different conditions or diagnosis of peds, we have CPs, we have ADHD, we have quite a lot. Then we also have c burns in peds as well, ortho also in peds. Then also we see adults, can be also ortho and also those that experience mental health as I said that its different sections. We also see hands therapy.

**Researcher**: So, it's quite a lot?

**MDT3**: Its quite a lot. It's broad. For example, in mental health we assess the patient, we do groups with them, we see individual patients then we also see patients in groups depending on their symptoms, depending on their level of functioning as well. And also, outpatients after they are being discharged in the ward.

**MDT4**: Uh so you said we should think about the role, the services that I provide. The services that I provide are very vast so I will stick to what I do in my ward, in my mental health ward. So, I assist patients with activities of daily living if they are unable to bath, unable to feed themselves, I assist with that in the morning. From there I give medication after giving medication, I attend MDT, or I go to Doctors’ rounds and from there carry out doctors’ orders, you know that could be anything from doing an ECG after that injecting a patient with anti-psychotics uhm and facilitate admissions and discharges. So if here is an admission I would fill out the paper work check if all the forms are correct and send them to the relevant places and upon discharge, make sure that the patient is discharged with all their belongings and uhm knows when their follow up dates are, know how to take the medication and explain the medication to them, explaining when they need to be back for follow-up. Also just monitoring the patients in the ward, especially in the ward that I work in uh in the insight and the judgement is poor, so I make sure that they don't injure themselves, making sure that all the unsafe objects are kept from the patient, establishing a nurse-patient rapport so that I can be able to help with their problems like aggression, problems like hallucination and delusions because you need to have that rapport, they need to trust you. And then uhm also having therapeutic groups with patients, most of the therapeutic groups that we have with patients most of the time are about the clients’ medication, how to manage side effects to medication. So, it's that and a lot of other paperwork making sure that you update because in nursing there is that rule that if it is not written, it's not done, so keeping proper records, record keeping is also part of the job, part of the services that you do. There are a lot of other things that I do also, working in clinics on some days, we’ve got OPD on some days, so we come to the clinic follow-up on patients that are outpatients, so make sure that they are taking their medication, giving them their anti-psychotics medication and yeah...

**MDT1**: As a \*\*\* [*Professional*] in the mental health care unit uh the services I render will start with screening patients to determine whether they are appropriate for psychology or not. Assessing them, so if a patient for example comes from casualty into our ward, they have been admitted and the forms are correct then I would get a history of the patient, clinical interview history from the file, collateral from the family to find out what the complaint is and then deduce a diagnosis for the patient which would inform my treatment for the patient. So assessment can also include assessment tools uhm that are standardised, so we would use the thematic apperception test, we do use draw a person, kinetic family drawing uhm brief neuropsychological cognitive exam, the mock up, just to assist the patient’s neurological or cognitive functioning, personality functioning, emotionality and how we can help the patient with treatment. So, our treatment would be psychotherapy depending on the patient’s cognitive ability, some would benefit more from a low functioning group which would be based on psychoeducation on medication adherence and just to educate them on the mental illness. Uhm we also tend ward rounds, we also screen patients with the whole team sort of give feedback what you’ve been doing with the patient in the ward and how best you think from a psychological perspective the patient can benefit, attend family meetings with regards to the specific patient that I'm seeing in the ward also have discharge plan for the patient whether they will follow-up with me or will down refer to a local clinic based on their residential address. I also see patients that are discharged or even referrals from the local clinics that come as out-patients. We also do the same screen, assess, diagnose and treatment. Uhm we also see kiddies, but also with the kids the problem that we have in the mental health assessment tools for the children so often the treatment or the support is given to the parent or caregivers. The children will then be referred to the psychiatrist or the paediatrician who would then treat them medically. Then from my side I will give support to the parent on how to treat and cope with the child special needs like autism or ADHD or any mental health disorder. We also do record keeping is also part of our job, your admin your stats making sure that if in 2 years’ time the same child is referred back to me, I am able to say these are things that I did with the child and the adult, and these are my recommendations.

**Researcher**: Alright, do you want to add?

**MDT2**: I would say in occupational therapy we see patients who have any condition that affects a person’s functioning, mental health affects a person’s mental health and daily living. So, in mental health ward, we screen patients to find if the patient needs occupational services and also assist the doctors to refer appropriately and once the patient, we will assess the patient, we will check for the time factors affecting the patient’s functioning. For example, you get that the patient has mood problems, maybe they have process problems, maybe they have perceptual problems and many other problems that I would identify. Then identify how those time factors affect their functioning, daily living for example patients that are hallucinating, they will just sit and hallucinate so as an occupational therapist I come in provide treatment that will then organise the thought of the patient and bring relief to the patient so that it somehow takes them away from that the problem that is affecting their functioning. So the treatment will be in the form of individual or group therapy where you address the problem that you identified during the assessment and also the important thing with OT, the moment you start to see the patient, discharge planning is very important because our main aim is to make sure our patients are as independent as possible so discharge planning is important because you get to know after your treatment the patient are you discharging them back into the community, will they need further treatment while they are in the community and where will they get the services if you have to refer, if for example if you refer to skills centre then you do so. If you have to refer to organisations or placements, then will work with the social worker to help with that case that's basically what we do and then it's also important that we continue to make sure that the patient receives treatment.

**Researcher**: Alright okay so in terms of your operations uhm in the hospital in the public sector what are the legislative frameworks that you know that regulate your services, it could be individually or just as a whole public health sector

**MDT1**: For us it's the Mental Health Care Act and for psychology is the Health Professions Council for South Africa that gives us Code of Ethics and scope of practice that governs on how I should practice ethically and specifically in the mental health unit we use the Mental Health care act that stipulates how patients should be admitted, treated, their rights and how we can advocate and empower them and how we should treat them.

**MDT3**: I also think as a health care worker the most important one that I think is the head of all of them is the human rights, very important so especially when looking at the mental health care user it's very easy to step on their human rights so I think that's one of the thing that is important to always consider that even if they have a mental illness they have human rights, they still have right to autonomy, to informed consent irrespective of mental illness, they still have a right to be treated with dignity and respect and all of that

**MDT4:** So mental health care Act, yes, I am regulated by the south African nursing council so they have given me the regulation r2595 so that is about the scope of practise, what I am allowed to and what I am not allowed to do. Uhm and Batho Pele principles are also there for us and the patient's rights charter and the constitution overall.

**Researcher:** Do you guys have anything else to add?

***Participants No***

**Researcher**: Okay I understand that a public practitioner can be a psychologist, a social worker or a nurse. You are also flexible to work in private as well. So, I just want to find our if any of you has worked in a private before or you are currently working in a private.

**MDT1**: Yes, I am.

**Researcher**: So, I just want to do like a quick comparison between your private practice and now in the hospital. How is your experience compared to your private can be with patients or with your scope of practice. How does it differ in terms of services?

**MDT1**: Well, the biggest difference would be in private I work mostly with outpatients like I do have some inpatient admissions at some private clinics like *Zwavelstream* and uhm *Vista clinic*. So, no one is admitted as an inpatient then I will see them at my office which is an outpatient. Ehm outside of that the services that I render are the same, so it is treating patients uh diagnosing, providing therapeutic services. So, some patients might not require long-term psychotherapy. It could be well that the family system is where the issue stems from, so I do family therapy. So, the services that I provide are quite similar. I think the difference with the outpatient at the \*\*\* [*Name* *of the health facility*] is that they are acutely psychotic so often they will then be seen by the OT for more long-term treatment whilst in the ward and often with me it would be screening and to just help with the management in terms of diagnosis of the patient in the ward. But yeah, outpatients in private would have been on more long-term treatment, have seen a psychiatrist privately and were often compliant to medication and because they adhere to medication it makes therapy much easier versus acutely psychotic patients.

**Researcher**: And do you, again with comparisons, any challenges, I know like in the public sector, things like resources can be an issue compared to private, how does that affect your work here in the public

**MDT1**: Definitely, there is a big gap when it comes to resources in public. Something simple as electricity or water it really does affect one’s day. And often you’d have a patient that is booked for an assessment as an outpatient they don't arrive, in private if you don't arrive, I bill you so you going to make sure you come. With public you will so be lenient that even though they come on the wrong date they still provided with services... (*Inaudible due to cough)*

**Researcher**: Alright now we going to move to the main topic right. Uhm you are all in MDT right, which I would also assume that a social worker is involved in that?

**MDT**: Yes

**Researcher:** Right, so the first question would be how many social workers do you have within the MDT?

**MDT2**: One

**Researcher**: And how long has this social worker been in the team?

**MDT2**: Three years. Or a little bit longer than that because we found her here.

**Researcher**: And previously where you worked, did you have any social workers that you were working with?

**MDT2**: Yes, but they were never part of the MDT, we just know that if we need social worker services then we send the patient there.

**Researcher**: Uhm based on your 3-year observation and working relationship with the social worker, what the specific services they provide to the team, contributing to patient care of course

**MDT4**: Uhm I think I have seen the social worker working a lot with family I think with us as a \*\*\* [*Professional*] I deal most of the time with the actual user and if there are any other social problems it's difficult for me to sort of attend to them cause my focus is the actual user in the ward. And I have seen the social worker going in just dealing with other social problems that are contributing to the patient at hospital, other family, they actually have a direct influence to actually bringing the patient to the ward. There are some family conflicts and that family conflict is causing the patient to relapse and come to the hospital all the time. So, the social worker speaks with the family about how to help and how to support the patient, I have seen that a lot. I have also seen the social worker assist with placing the patient because sometimes they don't need to actually be in the ward all the time but they can't exactly go home because they don't have the support structure so they need to the placed somewhere, I have seen the social worker coming in to help with that as well.

**MDT3**: I have also seen the social worker assisting in the ward in terms of patients especially that are unknown, they really do assist so in terms of finding uhm their families, tracing them and also maybe assisting the grants and yeah...social things that most patients are struggling with.

**MDT2:** Also, I have seen they also do a lot of home visits I think that assist them maybe to assess the home of our users to find out how is the social situation at home and how can they assist or how the patient can be assisted or integrated into the family and the community

**MDT1**: The way I have experienced social services is to conduct health talks, to do groups with patients whether it be a substance group depending on our population, based on our population we see a lot of substance disorder, so we sort of do health talks on that. In going back to your previous question uhm in the workplaces that I have worked at, there has always been a social worker within the MDT because I have worked in inpatient facilities, so yeah, we have always had a social worker in the ward rounds or in the ward.

**Researcher**: Okay so how is your line of communication with the social worker. Let's say for example you are an OT, and you would like to communicate with a social worker about a certain patient, how does that go about?

**MDT3**: ehm I think here in the ward its very simple because the social worker is within the team always available, so you just speak directly when you want to consult or talk about the patient we do talk directly. I think also during the ward rounds, that's the platform that you can use. Yeah

**MDT4**: We also created the WhatsApp group for like the mental health ward, so yeah at times we use it also to communicate with the social worker.

**MDT1**: There is an actual formal referral form that we have to complete indicating to the social worker that social services are required for patient X, or the social worker has to assess and whatever treatment she deems necessary she will then implement.

**Researcher:** Okay. Great stuff we have spoken about the services that social workers provide within the teams. Now what are the roles that you have seen the social worker play?

**MDT2**: Advocate, family mediator, counsellor, therapist, expertise, because she offers her expertise in what she does. Ehm teacher I think a social worker wears a lot of different hats.

**MDT3**: Community member also...

**Researcher**: Okay. On day to day what are the most roles that are being played by this person? Looking the type of patients that you mostly have. Like its mostly substance users so what are the specific roles that she plays in that context.

**MDT3**: She does groups, and she will psycho educate them on the medication that they need to take and also like the diagnosis.

**Researcher**: So mostly like an educator

**MDT3**: Yes

**Researcher**: and

**MDT1**: service provider, yes because now we don't know exactly the role that the social worker plays but I think like the OT was saying, like to educate but within educating she is providing a service we don't know what it is, we refer to it as social services.

**Researcher**: Alright. Again, based on your observation do you think social workers in general, they have the capacity to play out the roles that they do, or do you think that some of them need to be trained, or they just learn on the job.

**MDT3**: Uhm I realise that social workers go to school and they study they come up with a qualification in social work and uhm we have all studied in our different fields but there are certain things like emotional intelligence where certain things like your personality traits that I don't think you can study for, I think you just need to interact with users, you need to come into situations through your experience, you learn okay when I deal with families, because I have dealt with this family I have learnt that for instance, I don't give out my number, I know that I try to maintain professionalism as much. Those are the things that you study them on paper but experience, the longer you are a social worker, the more you equipped you will be in your role as a social worker. So, and if the social worker is new, she won't be as someone who have been in the field for five years, because of the experience. I don't know if I have answered the question correctly/

**Researcher**: Yes and no.

**MDT1**: I think also every profession would benefit from continuous professional development which is what a lot of the bodies that we register with require from us professionally. Sometimes life gets in the way, you might patients differently, but the fact that you still go for training, learning people skills, new theories and studies based on your profession, equips you better to deal with the next situation differently. So, I think from my side all professions including social workers could benefit from continuous professional development.

**MDT2**: Uhm can you repeat that, the question.

**Researcher**: Okay, I'm asking if based on your observation, or your working relationship with social workers, do you think they have the capacity to play some of these roles that they play or do you think that in as much as the person has studied in school, some of these skills or whatever they do, they have learned it here on the job, or its oh no that social worker I don't think is capacitated to do that?

**MDT2**: from my observation I can definitely say they are capacitated. One thing I have observed, it seems like social it's a complex profession because deals with a lot of social issues and sometimes it might, it seems like it's difficult also for social workers to separate themselves from the patient’s problem sometimes like the experience would play a bigger role but you find out that you get situations where you, like identification, where there is difficulties in separating yourself from the problem and sometimes you get attached and that sometimes may...you find out the same situation is not treated the same because of the emotions I think also because people are different the situation might be similar but people are different so I think it could be difficult for them like that. I don't know if I make sense.

**Researcher**: You totally do make sense. Is there anything you wanna add?

**MDT4**: I don't know but I think the capacity it's a big word because we are also not social workers, we didn't go to the universities and study social work so we don't know exactly all the full roles that you guys do, yes we might know here and there but we can't say t if the person has the full capacity so but looking in the mental health ward, the social workers, she does the work, she gets the work done, I think we are all happy with how she is working in the ward.

**Researcher**: Thank you. No problem. Now uhm in everything that you have shared about the social worker in your team, do you think her roles are crucial towards patient care?

**MDT1**: 100%

**Researcher:** Please elaborate how so

**MDT1**: We often get transfers from other hospitals with patients with problems that warrant them the mental health care ward, but the bigger issue is that they are either homeless or the family doesn't want them or they have been discharged from the centre that they were previously at or they took and LOA that was too long when they were discharged from that centre and they need a place to stay so often we see those kind of patients. So, without the social services in the ward we will be sitting with a ward overflowing patients who are apsychotic or don't need mental health care services but rather that are social issues uh. And I think she also helps with rehab she facilitates rehab applications, she is able to inform patients where to go, for relevant rehabilitation. So, without that, you would have that sort of relationship with rehabilitation centres sort of outpatient services like *SANCA, COSUP, Thandanani* through a social worker, so her role in the ward is essential.

**Researcher:** Uhm thank you everyone for sharing that. Uhm now with the challenges, have you guys experienced any challenges with the social workers within your teams.

MDT: For me I think it's a bit too early to say because I don't even have 6 months but so far, I haven't experienced any challenges with the social worker.

**Researcher**: None?

**MDT1**: I think the challenges are not necessarily with the social worker, I think it's more at a different level, it's not at our level so for example, take placements in Tshwane they are fully full so we find that we are stuck with a patient even though the social worker has rendered social services, but there is no room available at a certain placement so the patient has to stay in the ward longer or others arrangements have to be made, even the patient has to be to a different province because that is where there is available placement. So, the challenges I think is more the facilities that we need to make use of, or the social worker needs to make use of and probably ehm maybe management of those facilities, I think the resources and facilities that's where the challenge is from the social services side.

**MDT2**: I think I can add neh, uhm I think it also goes to how crucial the role of the social worker is. So the challenge, I think like we could use more of the social workers because the role is very important and I think it becomes overwhelming for one person especially for the kind of ward that we have, because with all these roles or things that we have seen them doing , the definitely need more than one person because you find out that she has to attend MDT, screen patients and identify patients that need her services, and at the same times she needs to do some home visits somewhere at the same time she probably needs to escort the patient to a placement or maybe be dealing with the processes of placement and all that. So, I think the challenges will be that the shortage, I think we need more social workers in the ward.

**Researcher**: Do you guys have anything that you would like to add?

**MDT participants**: No

**Researcher:** Because you have covered almost most of my upcoming questions...

**MDT4**: Oh, sorry I know it's going back, way back, talking about the roles of social work in our ward she also as much as she is educating and advocating for her skills and for her patients to the MDT. so, we often have academic presentations where she often reminds us of her services her limitations as well because sometimes, they will refer a grant patient then she say no you can get the SASSA forms, the doctor fills it in.*(Inaudible due to coughing)*..so educating us as a multidisciplinary team she also plays that role

**Researcher:** Thank you uhm okay. Do you think that she receives adequate support can be from the team, the MDT or the head of the department, social work department that will be.

**MDT2:** I think we keep going back to... because we are not social workers, we don't know exactly the kind of support the HOD needs to give her, so it's a bit challenging.

**Researcher**: But within your team?

**MDT2:** Within the MDT team, I think we try to support each other as a team.

**MDT1:** Obviously she does receive support, let's take with placements for example, a patient needs blood results, she can go to the doctor, the doctor gives the results for her, if she refers the patient to any other discipline, the referral is attended to. If she has any other issues, she is able to address them with the team and the team is able to support her. It can be a meeting with family or home visitations to conduct, we are able to stay behind and help with OPD patients that come or any other community member that needs feedback from the social worker we are able to explain to them her whereabouts. I think there is sufficient support from the team.

**Researcher:** Okay. Thank you so much for sharing everything that you have shared today. Uhm but if you have anything that I have not asked in relation to the study of course uhm that you would like to add, now that is the chance that you can do that.

*\*Researcher scans around the room. No one has anything to add\**

**Researcher:** Now in closing do you have any recommendations or strategies that can help social workers to improve their roles or services in the public sector in general, not necessarily in this ward or in the clinic, but within the health sector.

MDT2: Definitely I would say that uhm talking from our present social worker, I personally think social worker is a very underrated profession because I feel like a lot of social workers don't really market themselves and inform people about their services cause I can tell you a lot of things that I know about social workers I only started knowing one once I started working here , before then I have very like small knowledge about social work. I literally thought social workers are for just taking grants and removing children taken care of, that's what I thought the role of the social worker is. So, I think more social workers can start marketing themselves because they are very important professionals in the community. A lot of people are not aware of the social worker services so I think marketing the profession would really help and also grow the profession.

**Researcher**: Great. Do you guys want to add more to that.

**MDT4:** Yes, we need more social workers, because our communities can benefit from having a whole lot more. Also, we do really need more visibility from social workers on the ground. I don't remember any child saying oh I want to be a social worker, I think they don't really know what social workers do, they don't see the importance but definitely we need them.

**MDT1:** I think resources we do need a lot of resources which would help with the number of social workers that we get as well. I think financially they are also underpaid, so we they be compensated sufficiently I think that would boost their morale a lot. So, I think we need more social workers and more resources for them, a lot of visibility like marketing of social services especially targeting the area that it is needed at. At community level, let the community know what social work services are, at tertiary level you know, speak about it, the relevance of social work, because everyone thinks social workers only remove children that's not the case, is anything that is the last option, you know.

**Researcher:** That is everything for today guys however, if it may happen that I miss somethings I might come back. But thank you so much for today, for the recommendations I promise you that it’s going to contribute a lot to the larger research project within the field of social work and other fields as well.