***TRANSCRIPTS 5***

**Researcher:** Okay, so now we're going to start on your knowledge and understanding in public health or of public health, right? So just the first question, what is your general understanding of public health? How would you define or describe public health in your understanding?

**Participant:** It's providing health services to the immediate community or to the communities, which we can start with prevention, interventions, and also management of our patients within the community. Okay. So, with regards to diseases that are out here, we can speak of substance abuse, mental health just to mention a few.

Researcher: Okay. So already you have mentioned some of the services, right? You spoke about substance. Is there any more services that you know that are being provided within the public health?

**Participant**: Yes, there are. Let me just start back with mental health. I'm a social worker working in the, I'm a CCPT social worker. CCPT stands for community psychiatric, community clinical psychiatric teams. Okay. So, meaning that I'm a social worker who is assigned to deal with psychiatric patients. So, when we're still speaking of psychiatric patients, we are also speaking of substance abuse in that case. These two are always sisters. They always go hand in hand. And then also as a health social worker, I was requested to also deal with other health related social work issues, which can be issues of abuse and neglect of children, which we report under the section 110 of the Children's Act 32 of 2005. So, under that Act, our only role is to report to the SAPS and also report to the Department of Social Development. Did I say section? Children's Act. Section 110 of the Children's Act. The 8th of 2005, not 32, the 8th of 2005. So in that regard, our job is only to report to the SAPS and also to report to Department of Social Development for further intervention and management.

We are speaking of these cases with regards to neglect. We can speak of it's winter or we are moving away from winter. Children are falling inside buckets, boiling water, they are getting burned. That's a health issue. We are talking about adherence to treatment for children living with chronic illnesses and also general health conditions that children are living with and are being neglected by their immediate supervisors or parents, guardians or parents. So those are the kind of cases that we intervene or we have to deal with in the health sector. And also with regards, we also deal with HIV-related and HIV cases, HIV-related and TB-related cases, of which it's not only limited to children. We are also dealing with it with regards to older patients as well, like everyone in general that walks into the clinic with those kind of cases. We are looking at the psychosocial aspects in those cases. We are looking at the adherence to treatment with regards to that case because there's a lot of reasons why people are not adhering to treatment. Some of the reasons could be lack of understanding with regards to the diagnosis. It is my job as a social worker to sit and conduct education with regards to that issue. Also to encourage the issue of adherence to treatment, make people understand why they need to adhere to treatment. Also, we are looking at socioeconomic factors, which could be sometimes I am not taking treatment because I do not have food at home. So, we advocate for those people with regards to working with other organizations. In my case, I'm speaking of Department of Social Development and Food Bank to say I have this particular patient who is not adhering to treatment. And the reason they are not adhering to treatment is because they do not have food to eat before they could take their medication. Some complain to say it's difficult for them to take treatment in an empty stomach. You can also imagine that some have the side effects that you cannot really take the medication in an empty stomach. So, it is our job to deal with those kinds of patients. Also, we see cancer patients. Previously we used to see patients with COVID-related cases. You know COVID is not as it used to be back in the days. The cases are very much limited or it's very much rare to receive a COVID-related case. But if there's one, we do see them. Yes, like I've said, cancer.

We also deal with patients diagnosed with cancer and any other illness. Which is education, like I've said. Intervention in terms of therapy, psychosocial support, psychoeducation. And then also prevention in the form of going out to the community to do awareness campaigns with regards to these diseases that are there. Let me just say current trends. According to the health calendar, we recently had an event on drug awareness and also on mental illnesses. Because July is regarded as Mental Illness Awareness Month. So we're hosting awareness campaigns and health talks within the clinics to educate the community about those services.

**Researcher**: Okay. Thank you so much for sharing that. Because I heard you spoke about community awareness. Yes. So in your approach or as social workers when you're doing that, I'm assuming that you're working with the community members. Yes. Right?

**Participant**: Yes.

**Researcher**: So, you have specific organizations that you approach or do you have specific gatekeepers that you need to approach? You could be counselors. It could be church leaders.

**Participant:** Yeah. Should I say social work is more of a community kind of profession. It requires you to work very well with other stakeholders in the community. So, my answer is yes. We have a lot of organizations that we are working with when it comes to running awareness campaigns. If you don't mind, I can list some of those that I'm working with. First of all, we are working with SAPS. Their involvement, especially with mental health, is very much important in our interventions in the clinic level.

For example, the Section 40 of the Mental Health Care Act requires their interventions when we are dealing with difficult patients within the community. And then secondly, we HAVE North Gauteng mental health society. Already they are dealing with mental health. So, we're working with them, referral in, referral out to them. And then we have substance abuse-related NGOs that are within the community. We are working with *Thandanani Dropping Center, Second Chance Recovery Center, SANCA Thusong, and also COSUP within the community.*

So, we refer to each other. They refer to me for health-related substance abuse issues. I refer to them to facilitate the process of placement into rehabilitation centers. Also, I do have access to, or should I say, I'm also able to refer to rehabilitation centers on my own, especially with patients who have dual diagnosis. I feel like it's not fair for me to refer those people out to people who are only working with substance abuse. But with my understanding of mental health, I feel like it's only fair for me to refer those patients directly to the centers myself.

**Researcher:** All right. So, you're speaking about mental health, substance use. I heard chronic there. I'm assuming acute is also there. In you guys working with such patients or clients, which approaches are most profound in your cases that you utilize in your interventions?

**Participant:** Patient-centered therapy, and then also family therapy is always applicable. Let me go back to the issue of adherence to treatment, and also speak of other chronic illnesses.

Let me speak of mental health issues. The involvement of families is very much important. Everyone, or should I say most patients, requires their family support for them to cope with whatever the issue might be, the health issue could be. Mental health, to be more specific, for somebody who is diagnosed with a mental health illness requires a caregiver. Most, most of them requires a caregiver. Therefore, it is my role as a social worker to understand and also work within the family unit for me to be able to assist with this patient.

I'm not only dealing with this patient as a unit, as an individual, but I deal with the whole family so that they would be able to understand what they are dealing with, the diagnosis of the patient, and also to be able to support this patient. This support could be in a form of accompanying the patient to the clinic to conduct their treatment, assisting them with taking treatment on a daily basis, assisting with administration of their disability grant as well. And also, let me take it back to HIV as well.

Adherence, I think it requires somebody in the family to understand what is this person dealing with for them to be able to support them. And also, as mentioned as a person-centered, cases are different. Everyone is, the people could be coming here, presenting with literally the same case, but the intervention will be different. This could be guided by the psychosocial circumstances, the socioeconomic issues, and everything else that you can ever think of to say, we are different. I can come to you to say, I'm diagnosed with schizophrenia, and at home I don't have support. But when we go to the intervention, what kind of support are you looking for? What are we talking about when it comes to support in this case? For somebody, support could be somebody to assist me with treatment.

But for somebody, support could mean you need to guide my life on a daily basis to say, am I eating? Assist me with eating, assist me with cooking, assist me with this, assist me with that. Almost my entire life is dependent on you. If you're not there, I'm unable to function.

And then for somebody, it's just I need you to only administer my finances, and then make sure that I pay this and this and this that I need. But other than that, I'm able to function on my own without your supervision and everything else. And also, somebody to encourage you to take, you need to take your medication, remind me to take my medication. Support is different as much as the case could be presented literally the same way. However, the circumstances that I have mentioned could guide on how the intervention should be.

**Researcher**: All right. Thank you so much for that. Because like you said, with persons with AIDS, I'm assuming that as a social worker, you would rely heavily on the individualism principle. Because people are different, like you said. All right. So, going back to public health, how has your experience been like? Not specifically with your colleagues or your services, but then generally public health, if you were to compare it with an NGO, for instance? It could be in terms of resources?

**Participant**: It's not a complaint, but I feel like in the public sector, people have come already having expectations and how they want you to assist them without looking at the policies or the, should I say, protocols that are guiding you to intervene. Somebody's coming into the public sector. For example, today I had somebody who wanted me to assist them with a protection order. The expectation that I am obliged to assist them, but it is not my role as a social worker to assist you with a protection order. There's somebody where you got the document to assist you specifically with that part of their job. It is not my role, but they don't understand.

They come here with expectations already. So I think one thing with the public sector is for us to go outside and educate the community about our services more often so that they know where to go for specific services because we have, should I say, people, the community members coming to the clinic with wrong referrals. I could say from our sister organisations or other NGOs referred to the clinic without maybe consulting or understanding what role as a social worker are you playing inside the clinic or inside the public health sector.

Number two, the patients themselves coming in to say, no, my grandmother is being abused. I know as a social worker I can intervene, but there's an organisation that is specifically working on that. And when you redirect the patient to say, you can go to this organisation, they will assist you. They feel like you do not want to assist them. So they have higher expectations on what services we should render to them. They want us to render the service to them as per their expectations.

And then secondly, yes, resources. Resources are a bit of a struggle. However, I can say our department is fighting. They are really fighting. Maybe I should say we have a manager who's hands on to trying to provide us with the resources that we need. I recently got a phone that I've been in the department for the past three years and I recently got a phone. A month? Yeah, this month. Or if not last month. So, you see it's been long and I've been using my own personal phone to contact patients where in any case that we sit with them, discuss on why you shouldn't call me after hours or for you to respect my privacy and my personal life.

I'm saying to you, I'm working between half past seven and four o'clock. Please call me between those working hours. But in the middle of the night, you are having an emergency with regards to the patient that I have been seeing in the clinic and you feel entitled that I need to respond to your call at that particular moment in time. Nine o'clock in the evening, you want me to intervene, you want advices, whereas I've advised. I am a professional, I am a social worker. I understand that. But I'm also a human being outside of this office and I have my own life that I need to live. And without, I feel like without a patient interfering or invading my privacy in any way.

Yes, but within the private sector, I've worked in NGOs before. I've been in an NGO before I came into this department. And I can say that side, the issue is the workload. You work. You work. Not that there's no workload in the department. There is. We work even here. But that side, we work in chasing the targets because we are looking at the issues of funding and stuff. Yeah, so we had to run when we work.

But other than that, I think it's more challenging and there's a lot to learn when you're in the private sector than when you are in the department. I think in the department, if you are lazy, it can provide the room for you to drag your feet as much as you want. It requires somebody who is determined to know what they are here for, do their job diligently and provide the service to their people, you know.

Yeah, I think that's one thing for sure. That side, you are being guided. There's somebody who's looking at you. You're not at work at this particular time and you are not supposed to do so. But in the public sector, we work and we go home. Yeah, we work and we go home. We work in our place. However, we are providing the service that is required. One thing for sure about me, I can never leave a clinic knowing that there's a patient that is waiting for me to see them, you know.

We wait and provide the service. We attend to everyone as they work. Even if I know that this case that you are bringing to me is not mine, I will sit and listen and redirect you to the relevant person that will assist you. I don't know if I've answered the question.

**Researcher**: That's wonderful. You did. Thank you so much. Okay, so now you're working within the clinic, not in isolation.

**Participant**: Yes. I work within the MDT.

**Researcher**: Great stuff. And you've been in the MDT also for three years?

**Participant**: Yes.

**Researcher**: Okay, that's great. And who's involved in the MDT?

**Participant**: I can start with, we are working with mental health nurses, occupational therapists, psychiatrists, psychologists, registered counsellors. And then that's within the mental health sector.

However, we also work with the PHC staff, which are their nurses and their doctors in the PHC for referrals. We refer patients that side. And also, most of the time, we're receiving patients through the PHC. Somebody walking out from the community straight into the clinic and having social work issues, they will refer. Then the PHC will refer to me. Yes.

So those are the people that we are working with. And also, the general staff on their own, the admin officers and everyone else, we are literally working together. Because a patient walks into the admin, wants to see a social worker, that patient needs to have a file. So, we are literally indirectly working with them. We are working together, but it's not a direct kind of a relationship because the client can go on, open the file, go to PHC and come to me. But there's a patient that is walking directly to the clinic to say, I want to see a social worker. And they have to start at the admin. So the admin can send through the patient to me. Hence, I'm saying that we are kind of indirectly working with them because there's no intervention, clinical intervention that they are doing.

But they are assisting with regards to the filing. And sometimes we need to liaise with them to say, no, I need to see this patient. I have bookings of these patients today. Can you assist me with 1, 2, 3, 4, 5 patient files?

**Researcher:** Yeah. Yes. So, at the end of the day, you're coming together towards the patient's care.

**Participant:** Yes.

**Researcher:** That's wonderful. So, let's take the one.

**Participant**: Oh, before you move on, I forgot to mention that we have in our midst Wits RHI, that we are working with, with regards to HIV patient, patient diagnosed with HIV. So we work together with those people. Those people refer patients to me, especially with regards to adherence.

And also, lately we are also working on disclosure to children because there are children who are diagnosed with HIV. And should I say the families are not well-capacitated with regards to what to do with this patient and poor adherence of treatment when it comes to these children. So we are working together with Wits and this family to say, how can we best assist? The PSS, psychosocial services unit that is dealing with HIV.

So we work together with them as well. Mother and child unit, the nurses in the PHC, we work together with regards to the children. Every other children that requires a social work-related intervention.

**Researcher**: That's wonderful. That's really wonderful. We'll come back to that one. Let's take the mental health team. What specific services, you as a social worker, do you provide within this team?

**Participant**: Okay. Let me start with substance abuse. I've already mentioned this before. It is my job to facilitate their placement processes to the rehabilitation centers or to other NGOs that we are working with that I have mentioned before. To say that we are working with the specific NGOs to refer this patient. It's actually my job to facilitate the process. To say, I'm referring you to SANCA, I'm referring you to Second Chance. For them to refer you to an NGO, to a rehab. Also, like I've said, I also refer myself to the rehab myself. It's literally to facilitate the process to rehabilitation centers.

Number two, also to bring in families together for family preservations with regards to family, to cases of substance abuse. Because at most, the family structure or the relationships within the families has been affected because of the use of substance within the family. The issues of, they're stealing for us, we don't want them. We don't want this person in the home anymore. It is my role as a social worker to do family preservation in those cases. And also to do psychoeducation for the family to understand what are we dealing with. Substance-induced psychotic disorders and other substance use disorders that we can think of. And sometimes, there are drug diagnoses in this. It is my role as a social worker to intervene and conduct psychoeducation. Obviously, working together with the MDT.

Number two, referring to mental health NGOs. Facilitating the placement to mental health NGOs. It is my role to call the NGOs to find the space for this people. And then to facilitate the entire placement to working together with the MDT. Because I cannot place the patient on my own. I need to work with the MDT in order for us to place. And also working with the family to say that, we say, for example, we got this specific NGOs. For example, Bophelong or Chifobo. Those are some of the ones that we are working with. To say, this is the organizations that I have identified. Please go look into the NGO. Are you comfortable with your family member being placed in that NGO? And then we take it from there. So, it is my job to do that. And then, I have mentioned psychoeducation as well. The role of a social worker is to advocate for mental health care users. So, it is my role to advocate for those who are being exploited. To advocate for those with poor family support. To advocate for those whom their social grant is being eaten somewhere by someone and them not being taken care of. So, it is my role to generally advocate for mental health care users in all the aspects that I have mentioned.

**Researche**r: Okay Thank you so much for sharing that. Do you have more that you want to add?

**Participant**: I think that is mostly what I do. Also, we conduct home visits to assess the home circumstances of these patients.

**Researcher**: Now, for the past three years, you have been within an MDT. This is generally in MDT. How do you think your roles, the roles and the services that you just discussed now or mentioned, how do you think they are perceived by other members within your team?

**Participant:** I can say in this setting, I am appreciated. I am appreciated. I am appreciated in a form that I do receive referrals. And some who do not understand what my role is in the clinic. take their time to come and ask me what is your role in the clinic. And also, in the clinic, the management is very much hand on. Also, with regards to understanding what am I doing. Am I receiving patients? They themselves refer patients to me. Because at the moment, we have acting managers. We don't have a manager. Those who are in management now, they are only acting, so they are also still seeing patients within the PAT. They are also referring to me without undermining my role as a social worker.

I would say I am respected. I am appreciated as much as sometimes I receive wrong referrals. And I am receiving patients who are not supposed to come to me to say, No, we are just referring because we thought maybe you would figure something out. But when we sit down and think of it, was it my patient? No, it wasn't. They were just referred because we are believed to be, should I say, we know it all or we are able to figure things out. We are problem solvers as social workers.

So, I do receive those kinds of referrals. But other than that, we have a very good working relationship. They refer the patients to me respectfully. And they do write the referrals themselves. Because somebody would say, go see the social worker. But in this clinic, we have an SW1, That's a referral to social work form. They do refer in that form. And for children-related cases where there's a need for a Form 22 to be completed, they do complete the Form 22. They do call me to understand or for clarity-seeking questions, they call me to say, Is it your case? Should we refer to you? So that they can be able to refer the correct cases to me. So, the working relationship is good. We respect each other. We are able to refer to one another. When we are not, we are able to clarify.

**Researcher**: That's beautiful. We hope it remains like that. Yeah. Okay. So now we're going to go to the training. The social worker, you go to school for four years. And then you graduate with your bachelor's degree in social work. After getting that degree, if it was then, if it wasn't for your experience in the NGOs, do you believe that that four-year training would be adequate for you to function in this environment?

**Participant**: I think, should I say, it's very much, I feel like it's very much important for us to do at least an internship before coming into practice because they teach us things in general, without going into the details I can speak of my experience with the Department of Social Development where I was doing foster care, I knew that this is foster care but I didn’t really have so much information with regards to foster care like now im doing mental health I didn’t really have much information when it come to the DSM-V for example we never had anyone training us on the DSM v in the University level and then the mental health care act on its own, its something that you see when you get to the practice level to say this is what we can do, yes our practicals and stuff were not as deep, or not as deep as the job market is, there is more in the market than there is in the education level.

So I think if they can rope in things like mental health. Mental health in social work you do it when you have majored in psychology I think and it was just touch and go for me, it was more of basic things than the things that we are dealing with in the market. So I think if they can have a specific programme like mental health in social work, when it comes to training in the university level, that would do. And also we do practicals but I feel like the time we have for practicals is not enough hence I believe that it it’s important for us to at least go and internship immediately after and also I think this thing of specialization is also important to say let’s specialize in our social work setting, because I feel like if they can take me back to practice in the statutory section I wouldn’t survive as much as…social work is social work everywhere but the processes are not the same, the theoretical framework could be the same, but there are those that are specific to that particular organisation like I was saying that Children’s act is for the Department of Social development ,we do work on the children’ act in the department of health but its touch and go, its specific sections so hence I just think that specialization in social work is very important.

I think the issue with health social worker not being statutory is okay but it kinds of limits us as to what we can do an example is of a mental health care user is walking into the clinic, me as a clinical social worker I am a non-statutory social worker, cases of administration of social work grant, the curators and administrators for these people, I am very limited as to what my intervention could be. I have had cases of patients who came to me requiring that service, I did not know what to do with that case, I had to go and study and research and ask my supervisors to say what is our role in this case and also consult the mental health care act you know.so they are more of a hospital setting than they are of clinic setting, however, I feel like the Department is really trying in providing us with the training we need for us to be able to adjust and work within the MDT or work within the health setting

**Researche**r: Alright. I’m glad that you mention of Training because I was coming to that because enow you just have the BSW which is 4 years within the Health department they provide workshops, trainings?

**Participant**: Yes, a lot of them. Every now and then we are attending training and I think they are very much beneficial when it comes to our intervention on a daily basis

**Researcher**: So are they specific to mental health or ?

**Participant**: Some are specific to mental health, we recently had mental health gap and then u we have also Child protection training and then human trafficking as well. As health social workers we do sometimes have victims of human trafficking pass by our faces without us knowing that this could be a victim of human trafficking, in one of the trainings they made me see that it could be possible that I could be seeing a victim of human trafficking without me understanding or even knowing that this could be a case of human trafficking case. For example, someone who is being accompanied by some, for example a foreigner, no passport, no nothing accompanied by someone who is claiming to be their sister but the sister has limited information about the person they are claiming to be a family member. So, the training us to be able to identify those questionable things when you are seeing a patient. And then we have also received training on working with children with special needs the referral system and understanding the family support. So, there is a lot of trainings that we get, I think this month alone I have attended 3 or 4 trainings and I’m still to attend 2 more trainings before end of this month. And also these trainings can also come on request, when we do our workplan beginning of the financial year, we identify gaps, so for example you as a social worker you are lacking in this specific issue, for example I feel the need to go for training for substance abuse, you can suggest that training, and the supervisors are able to arrange that , when that training comes they are able to submit your name.

**Researcher:** Now already you have mentioned some of the roles that you play within the hospital as health social worker medication, you are involved with patients and families what other roles do you play on daily basis on top of the ones that you have mentioned

**Participant**: Okay gender based violence cases, uh for us we do see cases of gender base violence however, in this specific clinic we see assess and redirect to organisations that are working specifically with gender based violence unless they are psycho social issues that require me as a health social worker to attend to them and also if there are other health related issues that this patient needs to be attended to for example psychology issues, because the NGO that we are referring to, *Moses Mabida Foundation* does not have a psychologists so if it’s a psychology related issue, they refer the client to the clinic for the psychologist, we have a psychologists and a registered counsellor in the clinic that we are working with. We also see cases of older persons and with regards to older persons, they are enduring a lot of abuse in the community and as a social worker it is our role to intervene in those cases, we actually have a specific report for older persons to say I have seen so and so in this regard and this was my intervention, That could be abuse in relation to physical abuse emotional abuse, also mostly its financial abuse, I have had cases of granmommies coming to me to say I’m staying with my grandchild who is taking substances and this person takes my money by month end, and I don’t have anything to survive on. I have to rely on debts for me to survive throughout the month so we intervene with regards to those cases and also, we liaise with our sister departments, department of social development in this case and the organisation called Centre for the aged that we are working with within the communities, when we have cases involving older persons direct, we can redirect to them.

But if I’m struggling to intervene in that regard mostly if they are statutory, us as health care social workers we are non-statutory, so we liaise with those other organisations when the cases are statutory so that they can intervene further. And also, for us to be able to focus on the workload that is more health related we redirect to them because we know they will do a good job to the case, more that we will do because we are mostly focused on health-related issues.

**Researcher**: Okay within your interventions and approaches when dealing with patients what skills do you think a social worker must have, it could be communication, there is a lot of them.

**Participant**: Conflict management is very much important because now you are working with a specific family where there is a lot of conflict you need to be a mediator in that specific setup so if you are not good in negotiating and good in conflict management and also communication skills you are likely to walk out of that household without providing the intervention that you would have intended to provide to the family so you need to be a good negotiator, you need to be able to convince people based on facts so that you can be able to win their hearts and also for you to be able to provide intervention .

So, I think I have mentioned quite a few. I have mentioned negotiation, conflict management, conflict management can go hand in hand with problem solving, those are the few that I can mention. And be a good team player. I think being a good team player it’s a very good skill, because doing home visits for example, you don’t go there alone, you go there with the MDT I need to be able to go to my team and say lets conduct the home visit together so that we can work , because we are providing the service to the community you never know what challenges you can encounter when you go to the home visit alone and as per our home visit policy, you are not supposed to go to a home visit alone, you need to go there with somebody else incase something happens

**Researcher:** Alright so you as the social worker, you are providing all these services, for the past 3 years, what form of support is readily available to you it could be from our supervisor

**Participant:** Number 1 is supervision, uh we have what we call group supervision, where we meet in our subdistrict once quarterly, we meet to discuss the challenges and areas of improvement, discuss specific cases and assist each other and also to remind each other of the policies that are guiding us within the department. And also one on one supervision, if I have difficulties with regard to cases I have access to my supervisor, fulltime as much as she is not based in the same facility as me because she is also rendering services wherever she is, she is still on the supervisors posts so telephonically I have access to my supervisor to say, suer can you assist me with this and if she is not available other supervisors within the department are able to come to my assistance.

Secondly, I can say the clinic management is currently there even the manager who recently went for pension, they are very supportive like I said before they want to know what we are doing so that they can help us. And also, some training in the clinic to say can you attend this training you that is the support that we have. We have our mental health coordinators in the district who are assisting with mental health related that we cannot, for me, challenges that I might be encountering in my practice with mental health care users I know that I can contact the district coordinators. Also, that goes hand in hand with management we have what we call dual reporting, for us its actually triple, I’m reporting to the facility, I’m reporting to the mental health coordinator I’m reporting to the immediate supervisor in social work so its quite a lot but it also helpful to say if person is not available, another person can assist in this regard.

**Researcher:** So, this it sounds more like an administrative, more of educational because you say they would guide you but when it comes to your interpersonal challenges.

**Participant:** In social work we have social work social committee, I’m part of that whereby we facilitate issues of team building, those work as part of debriefing. So, its team building, year end functions and also, we have bereavement, where if a family member passes on we contribute for each other we support, when you are hospitalized the social committee facilitate for you at least to receive a gift in hospital. And also outside workplace I have made it a priority to take care of my mental health through uh going for therapy because dealing with other people’s challenges is not child’s play we also need therapy because I have seen this particular person with their case and I’m struggling to digest it to say lets move on, it still affects me on a personal level, its just one or 2 cases once in a very long while. So I have made it a point to have a psychologist outside of work so that you take care of your wellbeing, also the work load is too much, you get burnout, so in that manner we are able to use the committee to say lets do something for ourself. I also have a team of colleagues that we support each other in this regard, we recently went hiking this past week and it was good. It’s not organized from the work side we did it personally, but it also addresses the work aspect.

**Researcher**: That’s great okay thank you so much for sharing that you gave me a lot of ideas now on how I should be coping in life. Now just a bit of challenges within the sector, what challenges have you identified that you wish the government or whoever is responsible can try to address.

**Participant:** I love substance abuse I think the issue of substances abuse, in a manner that one person is in and out of the clinic and the rehab on one issue whilst they in voluntary substance abuse treatment is a thing implemented because eon my side am struggling, I have never referred anyone from section 32 of the Substance abuse act voluntary treatment, I have never placed anyone I so wish the department can put more money and resources in the treatment of substance abuse patients, be it whether you want to go to rehab or not there will still be service for you because substances does not only affect you as a person, it affects entire family structure and the community as a whole because if the family member comes here crying about the same thing it means that they are affected, they come here to get diagnosed with mental health issues due to taking care of you as an individual so how can the department really come into picture and assist use in dealing with this specific patient, do we have state funded rehabilitation centres to assist us in this regard can the department come up with something to these centres to help us with the patients.

And also, mental health NGOs we do facilitate placement, if I can tell you I have a patient who has been waiting since December, I am struggling to find space for this person in a Mental health Ngo and the community is not really conducive for this person. Can the department at least have a NGO that are funded, to deal with the issue of placement when it comes to mental health patients, we do have them but the competition is very high it’s not only this clinic but all other we are looking at one or two or three that we need to place and it’s not us in the sub district there is another sub district to place here so there us always a long list when we need to place our patients. And also transport issues, transport is a challenge where me as a social worker I need to see a patient in a disadvantaged family and place the patient themselves to the NGO. Can we have more cars for us and also can we have authority for us to be able to transport our people to mental health NGOOs, recently this is more of an internal thing but recently we had a cases of where not supposed to drive patients in a state vehicle, how are we supposed to render services to these people if I need to take this patient to SASSA, If I need to take this patient to an NGO, how am I supposed to take the patient there but it has already been clarified and I am very happy about that at least now we can complete form, the indemnity form to transport the people for the specific services

**Researcher**: I’m glad that was clarified. So, in addition to the government putting more funding in NGOs what other recommendations would you give to the public health sector

**Participant:** Employ more social workers we are short staffed. I am lucky, I’m only working in this clinic however, there are social workers in the department who are working in three clinics so that’s very right to say that we are short staffed if they can employ more social workers at least one social worker per clinic so that we can be able to address the workload an also to also be able to cover other issues that do not require us to wait for people to come, more of community work, we need to go out and render the service but the moment I leave the clinic no one will attend to my patients in the clinic therefore, it opens a gap, meaning that we then have to work on appointment to say I give you this appointment to come and see me if I render services outside the clinic it means that whoever is walking into the clinic and I’m not there, it means that there wont be anyone who will be rendering services.

My workload then piles up and the service is slow. It appears as if the social workers in the clinic are lazy, they are not doing their job, without considering I don’t have a car, we share a car, at this moment I can say I don’t have a car to do home visits I have to wait for a specific period for me to get a car and render a service. Let’s us have our cars, let us have more social workers so that we don’t feel the pressure having already to say guys I don’t have a printer in the clinic for me to print the SW forms it’s a struggle, luckily in my clinic they do provide, but sometimes they do run out unable to print, therefore, how do I work.

**Researcher**: Alright let’s hope someone hears this. You have covered a lot and more of what I waned from you. The information that you have provided will lead to greater changes, not only in social work but in the public sector. Thank you so much for today.

**Participant:** Thank you.