PERCEPTIONS OF NURSES ON INTEGRATING MENTAL HEALTH INTO PRIMARY HEALTH CARE IN THE O.R. TAMBO DISTRICT

By

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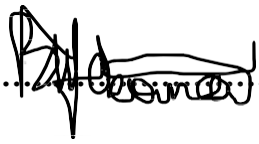
DECLARATION

I, BUSISIWE M FEBANA (2025678240), declare that "Perceptions of nurses on integrating mental health into primary Health care in the OR Tambo District". I herewith submit for the master's degree qualification in Public Health at the University of the Free State is my independent work, and this research has never been submitted anywhere nor to any other institution. I declare that any idea that is not mine is correctly referenced, and this research has been submitted to Turn-it-in as a plagiarism check.

Signature……  …… **Date: 28th November 2024**

DEDICATION

This research is dedicated to family members, children in particular, and colleagues, who are the Professional nurses of O.R Tambo, who were willing participants in this study, and whose unwavering support and encouragement enabled me to pursue my academic endeavours with passion and dedication. Their selflessness, guidance and trust in my abilities have inspired me throughout my journey.

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ABBREVIATIONS AND ACRONYMS

GHD: Global Health Data GMH: Global Mental Health

HSREC Health Sciences Research Ethics Committee HCW: Health Care Worker

IAPT: Improving Access to Psychological Therapies NCDs: Non-Communicable Diseases:

NGOs: Non-Governmental Organisations PHC: Primary Health Care

PRIME-SA: Programme for Improving Mental Health Treatment in South Africa PRISMA:

UFS: University of the Free State UN: United Nations

WFMH: World Federation for Mental Health, WHO: World Health Organization

DEFINITION OF KEY TERMS

Mental health

"Mental health is a state of well-being in which individuals realise their abilities, can cope with the everyday stresses of life, can work productively and successfully, and can contribute to their community" (WHO, 2022).

Primary health care

According to WHO (2010), primary health care is based on scientifically, logically sound, and socially acceptable approaches and technology made commonly accessible to people and families in the community, through their full involvement and at a cost that the public and country can afford, to preserve at every stage of their development the spirit of self-reliance and self-determination.

Public Health System: Jarvis, Scott, El-Jardali and Alvarez (2020) define public health systems as health care services at all levels of governmental and non-governmental organisations intending to provide a healthy social and physical environment and include different organisations that contribute to the main purposes of public health to protect and improve health within the community.

Professional Nurse: A professional nurse in this study refers to an individual with a four-year diploma or degree in Nursing Science, specializing in Psychiatry, with at least three years of experience in mental health care.

Integration: In the context of this study, integration refers to the systematic inclusion of mental health services into primary health care systems to ensure holistic care and improve accessibility for patients.

Stigma: Stigma is defined as the negative attitudes and stereotypes associated with mental illness, which hinder individuals from seeking mental health care services (Rodger, 2019).

Private health system: WHO (2019) describes the private health sector as health care services controlled by organisations and individuals but not by the government.

ABSTRACT

A majority of the population in South Africa depends on public health care due to an unequal health system. The most accessible and affordable health care services are through primary health care, which are often public institutions and therefore closer to the people that need them. Integrating mental health care into the primary health care system has been shown to significantly improve mental health care accessibility in the Global North. This research aimed to explore nurses' perceptions of integrating mental health into primary health care in a Global South setting in South Africa at the OR Tambo District Health. The research followed a qualitative research approach to gain more insight into the nurses' perceptions on integrating mental health into the primary health system. The study followed a phenomenological design within a social constructivist paradigm. The research was conducted in four primary health care facilities in the district, involving 12 professional nurses who met the inclusion criteria. Inclusion criteria required participants to be registered professional nurses with a major in psychiatry, possessing at least three years of experience in mental health service delivery within a PHC setting. The selected nurses were directly responsible for assessing, managing, and providing mental health care services to patients within PHC facilities, including screening for mental health conditions, offering basic counselling, administering psychiatric medication, and referring patients to specialized mental health services when necessary. Nurses without psychiatric training or not actively involved in providing mental health care within PHC facilities were excluded. Purposive sampling was used to select participants. Data collection involved in-depth, semi-structured interviews, transcribed verbatim and analyzed using thematic analysis to uncover shared meanings. Measures to ensure trustworthiness included credibility, dependability, conformability, and transferability. Ethical principles, such as informed consent, confidentiality, and beneficence, were strictly adhered to throughout the study. The study's key findings indicated that the integration of mental health into primary health is beneficial as it increases mental health care accessibility, mental health early detection and fosters comprehensive treatment. However, issues such as stigma, lack of trained professionals, and lack of specialists or other health practitioners make it challenging to implement effective integration of mental health into primary health. The study recommends a collaborative effort between the private and public health sectors for effective mental health care services and a follow-up study with a larger sample focusing on more than two Districts.

Keywords: integration, mental health, public health care, primary health care, health system

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CHAPTER ONE
INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Across the world, there is a growing number of mental health care issues. People find it difficult to access mental health care services as these services are often located far away. Primary health care services are often closer to people and make it easier for people to have health care-seeking behaviour (Kim, Nyengerai & Mendenhall, 2022). Chapter One introduces the topic, study context and background. The problem statement that the research sought to address, together with the study aim, objectives, and research questions, have been outlined. The rationale of the study, the study's significance, and contribution are provided. The study budget and structure are also outlined.

According to the World Health Organization (2022), half of the world's population resides in low- or middle-income countries, where there is typically one psychiatrist per 200,000 or more patients and a very small number of general and specialised healthcare professionals who deal with mental health interventions. The World Health Organization (WHO, 2022) defines mental health as “Mental health is a state of well-being in which individuals realise their abilities, can cope with the everyday stresses of life, can work productively and successfully, and can contribute to their community”. In relation to the WHO mental health definition, Aremu, Ibrahim and Adewoye (2021) state that globally, mental health issues are worsened by the use of unsafe products and poor dietary adherence that are not met by some people, which significantly affects their health and wellbeing. Another international study by Achoki, Sartorius and Watkins (2022) alluded that poor health care education in mental health is a challenge to health care communication. Furthermore, there is poor investment and access to health care in many developing countries.

Worldwide, roughly 970 million people are impacted by mental health problems; the most prevalent of these are anxiety and depression (WHO, 2022). Nearly three quarters of people in low- and middle-income nations do not get the help they need for mental health issues, even though this is an increasing problem (Siedner et al., 2020). As a major factor affecting healthcare systems worldwide, mental disorders account about fourteen percent of all diseases (Chukwuere, 2021). Ezeruigbo (2022) estimates that 30% of South Africans may suffer from a

mental health issue at some point in their lives, but many still struggle to get the help they need. according to SADAG, One-third of South Africans have a mental health issue, yet only 10% get the help they need (Oberholzer, 2023). More than 80% of the population uses public healthcare, which makes things worse because mental health services are mostly located in secondary hospitals, which makes it hard for people, particularly in rural areas, to get the help they need (Docrat et al., 2019). In response to these issues, the government of South Africa presented the National Mental Health Policy Framework and Strategic Plan (2023–2030) in March 2023. The plan aims to increase availability, decrease stigma, and include mental health services into primary healthcare (South African Department of Health, 2023). To combat the severe scarcity of mental health workers, the policy prioritises decentralisation, public education, and collaborative problem-solving (Matlakala & Chipps, 2023). Mental health conditions, including depression and anxiety disorders, remain a growing concern in South Africa, with approximately 75% of individuals who need mental health services unable to access them (Lund et al., 2022). The lack of integration between mental health and primary healthcare continues to result in delayed diagnosis and treatment, exacerbating the burden of disease (Sorsdahl et al., 2021). Task-sharing models, where primary healthcare nurses and community healthcare workers are trained to provide basic mental health services, have shown promise in addressing gaps in access (Hanlon et al., 2022). In order to improve overall health outcomes, reduce stigma, and ensure early detection in underprivileged areas like the OR Tambo District, it is critical to integrate mental health services into primary healthcare, especially in light of these troubling numbers and discrepancies in mental healthcare access.

There is a growing movement in mental health policy and practice toward an integrated healthcare system because of the enormous burden of mental illness, particularly in low- and middle-income countries (Madikizela, 2017). The WHO worked together with United for Global Mental Health and the World Federation for Mental Health in a mental health movement and encouraged more countries to join in support of the call for mental health investment. “The #MoveforMentalHealth challenge is asking people around the world to post videos showing what they do in support of their mental well-being–whether it be dancing, walking, doing yoga, cooking, painting or something else entirely, on their favourite social media platforms, using the hashtag #MoveForMentalHealth” (WHO, 2020). The WHO notes that it is one of the major global burdens of disease (Chukwuere, 2021). Despite the fact that mental health issues have a considerable negative impact on public health, many countries globally have limited resources and access to mental health care facilities and services (Kigozi-Male, Heunis & Engelbrecht,

2023). To tackle these complex health problems, a comprehensive strategy is needed that combines preventive measures, equal access to healthcare and socioeconomic empowerment to enhance the health and well-being of all South Africans. This study sought to explore the perceptions of nurses on integrating mental health into primary health care in the OR Tambo District, South Africa.

1.2 PROBLEM STATEMENT

According to the World Health Organization (2022), half of the world's population resides in low- or middle-income countries, where there is typically one psychiatrist per 200,000 and a very small number of general and specialised healthcare professionals who deal with mental health interventions. The World Health Organization (WHO) reports that the prevalence of mental disease is rising internationally and that around 75% of people who have mental health disorders do not obtain the appropriate care (Siedner et al., 2020). In order to increase access to mental health care services, lessen the stigma attached to mental illness, and enhance overall health outcomes, it has become crucial to integrate mental health into PHC.

The goal of the 2013-2020 South African National Mental Health Policy Framework and Strategic Plan was to incorporate mental health into all facets of general healthcare, especially those that were prioritised (Stanton, 2021). The South African government has worked to incorporate mental health services into routine medical care. Several initiatives have been developed to carry out these objectives, such as the strategy of including mental health within PHC (World Health Organization, 2018). For instance, the Programme for Improving Mental Health treatment in South Africa (PRIME-SA) has put integration and task-sharing into practice with projects to improve mental health treatment in Africa (Mtshengu, 2020). The literature demonstrates that this process is characterised by both triumphs and obstacles, which necessitate additional research as well as ongoing improvement and refining of such efforts. According to estimates, 30% of the population in the nation will experience a mental health condition at some point in their lifetime (Ezeruigbo, 2022). However, there are still large gaps in the delivery of mental health services, particularly in rural regions like the OR Tambo District. This is despite the government's efforts to incorporate mental health into PHC.

With a population of more than 1.4 million, the OR Tambo District is situated in the Eastern Cape province of South Africa (O.R. Tambo District Municipality, 2022). Due to inadequate

access to mental health services, a shortage of medical professionals and a lack of resources, mental health remains a serious issue in the district (Mduba, 2020). As frontline employees, nurses are essential to the OR Tambo District's PHC service delivery. When a patient, particularly one with a mental illness, seeks medical attention, primary healthcare professional nurses are usually the first point of contact, but mental healthcare patients are referred straight to a district hospital for a 72-hour assessment and are not seen at clinics until a formal diagnosis is made by a medical professional, and thereafter referred to clinics for further management or continuity of care. Therefore, their perceptions towards the integration of mental health into PHC are critical to the success of such initiatives. It is against this backdrop that this study aims to explore the perceptions of nurses on the significance of integrating mental health into primary health care in the OR Tambo District.

Since the integration of mental health services into primary health care, it has been acknowledged as a crucial step towards ensuring that mental health patients receive adequate care, and understanding the nurse's perception of its implementation can offer useful insights into the opportunities and challenges that must be effectively addressed during implementation (Hallas, 2024). Without integration, individuals with mental health issues may continue to face stigmatisation and discrimination, leading to reluctance to seek help, thus exacerbating their conditions. Individuals with mental health issues may experience poorer health outcomes due to delayed or inadequate treatment, impacting their overall well-being and potentially leading to more severe health complications (Wilie, 2022). Therefore, this research focuses on the perception of nurses regarding the significance of integrating mental health into primary health care in the OR Tambo District.

1.3 RATIONALE AND SIGNIFICANCE OF THE STUDY

This study's justification is based on the growing prevalence of mental health illnesses worldwide. Despite being the first point of contact for patients with mental health needs, primary health care facilities are usually insufficient, under-resourced, and unable to effectively manage mental health illnesses (Mitchell, Wormith & Tafrate, 2016). According to Whiteford, Ferrari and Degenhardt (2016), nurses have a key role in providing primary health care services, including mental health care, and their perceptions of the need to integrate mental health into primary care are vital for enhancing mental health care services. Therefore, by understanding nurses' perceptions of the integration of mental health care into primary health

care, this study is of significance. This study could serve to inform the implementation of effective strategies for improving mental health care services and managing the increasing burden of mental health disorders.

This study is of significance to policymakers as it will help design and put into practice policies and initiatives that strengthen the integration of mental health services into primary healthcare, thereby addressing the current gap in mental health care. This study will also shed light on the attitudes and beliefs that nurses have about mental health, which can be used to create training and educational initiatives that will enhance the provision of mental health services. This study is further of significance to the field of Health Services as it will advance knowledge of how nurses play a crucial role in providing mental health treatments, a topic that has received scant attention in the literature, particularly as it relates to the Global South. Furthermore, this research study will offer critical insights into the opportunities and challenges of providing quality mental health care in primary care settings in the OR Tambo District, South Africa, and other similar contexts, by identifying nurses' perceptions of integrating mental health into primary care. For the community, this study is particularly significant as it highlights the need to improve access to mental health services at the primary health care level, especially in underserved and rural areas like the OR Tambo District. By identifying barriers to integration, such as stigma and resource constraints, the findings can inform strategies that empower communities, reduce mental health stigma, and foster a supportive environment for individuals living with mental health conditions. Ultimately, this research has the potential to enhance community well-being by ensuring more equitable and effective mental health care delivery.

1.4 RESEARCH AIM

The aim of this study was to determine the perceptions of nurses on integrating mental health into primary health care in the OR Tambo District, South Africa.

1.5 RESEARCH OBJECTIVES

- To examine the nurses' perceptions of the current state of mental health services in the OR Tambo District.

- To explore nurses' perceptions of the importance of integrating mental health services within primary healthcare in OR Tambo District.
- To explore nurses' perceptions of the perceived challenges of integrating mental health into primary healthcare in OR Tambo District.

1.6 RESEARCH QUESTIONS

- What are the perceptions of nurses regarding the current state of mental health services in the OR Tambo District?
- What are the perceptions of nurses concerning the importance of integrating mental health into primary healthcare?
- What are the perceived challenges of integrating mental health into primary healthcare?

1.7 METHODOLOGY SUMMARY

The research was conducted following a qualitative approach to gain more insight and knowledge of the experiences and views of nurses in OR Tambo in terms of integrating the mental health system into primary health care. The social constructivism paradigm and case study design were adopted to ensure the aim and objectives of the study were met. In-depth interviews were conducted with the nurses who met the inclusion criteria. Interviews were then analysed following thematic analysis. More detailed information of the methodology and methods is provided in Chapter Three.

1.8 SCOPE OF THE STUDY

The study was conducted in the Eastern Cape province under OR Tambo District municipality involving nurses with experience and background of mental health knowledge or education. Twelve (12) nurses, who work within the OR Tambo Primary health facilities and Community health care centres, were interviewed. The conducted study best fits within the division of Public Health, as it addresses one of the major public health issues, mental health, and aims at improving access to mental health care services through integration of mental health care into primary health care. The research also recommended several strategies to improve the public health care system of South African and within the Eastern Cape province.

1.9 SCHEMATIC STUDY OVERVIEW

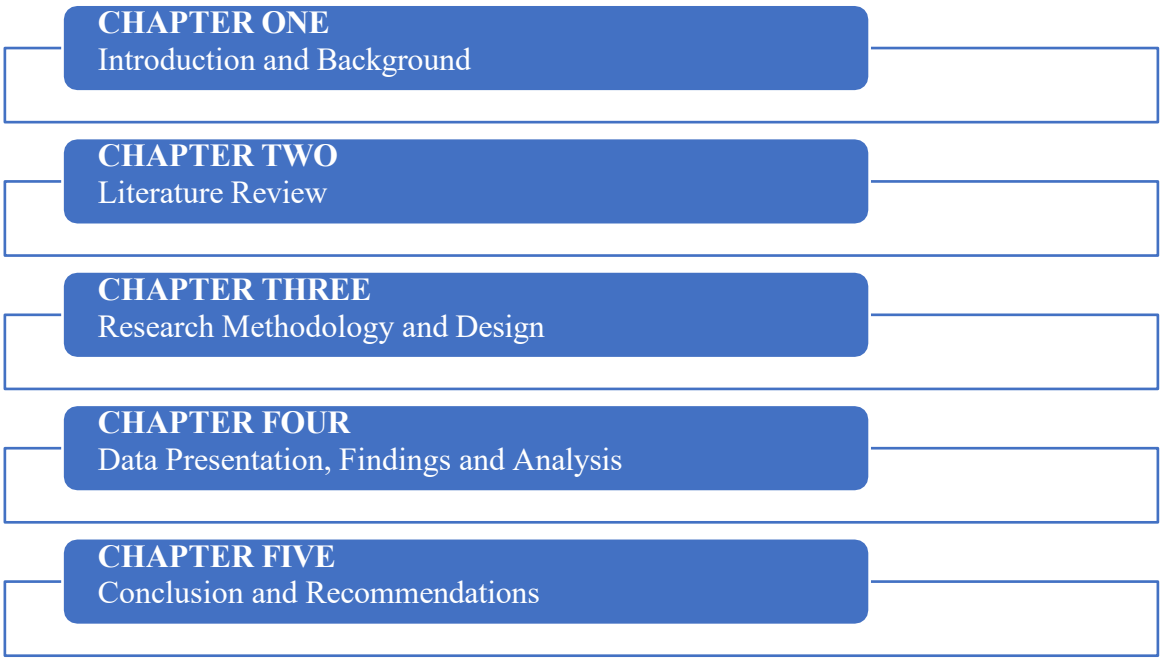

Figure 1: schematic study overview

Author (2024)

1.10 DISSEMINATION OF RESEARCH FINDINGS

The research findings will be published in peer-reviewed journals of nursing, mental health, or primary healthcare. These publications will be used to communicate the study's findings. To reach a larger audience, including medical professionals, decision-makers, patients and their families, the research findings will be presented and disseminated at pertinent academic conferences and on appropriate social media channels. The local health authorities in OR Tambo District, who oversee primary healthcare, will be informed of the study's findings. This will inform policy design and initiatives to enhance the integration of mental health into primary healthcare.

1.11 STUDY CONTRIBUTION

The research findings will guide initiatives and policies aimed at enhancing mental health care in the OR Tambo District and other similar contexts. Further, the knowledge gained from this study aims to help close the current gap between mental health and physical health treatment. As a result, this study has the potential to change how mental health services are delivered and viewed.

1.12 CHAPTER SUMMARY

Chapter One introduced the topic, study context and background. The problem statement that the research sought to address, together with the study aim, objectives and research questions, have been outlined. The rationale, the study's significance and contribution are provided. The study budget and structure are also outlined. Chapter Two will focus on an extensive review and discussion of the relevant literature.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

Chapter One focused on providing the study background and purpose. Chapter Two focuses on the literature related to the integration of mental health into the primary health care system. Different studies have been reviewed and discussed in relation to the phenomenon of this study.

2.2 OVERVIEW OF MENTAL HEALTH INTEGRATION INTO PRIMARY HEALTHCARE GLOBALLY

PHC is viewed as a whole-of-society approach to health that focuses on people's needs along the continuum, from health promotion and disease prevention to treatment, rehabilitation and palliative care (Tilahun, 2018). The goal of primary health care is to ensure the highest possible level of health and well-being and their equitable distribution (World Health Organization, 2021). PHC establishes the required framework for the prevention, diagnosis and treatment of illnesses affecting both physical and mental health (Maconick Jenkins, Fisher, Petrie, Boon & Reuter, 2018). To address common mental health concerns, numerous studies argue that PHC must incorporate mental health so that people with mental health issues are quickly diagnosed and treated. Not only does this keep issues from getting worse, but it also makes treatment work better (Brown, Moore, MacGregor & Lucey, 2021). One such area that encounters several difficulties in providing mental health care services is the OR Tambo District, which is situated in the Eastern Cape province of South Africa (Adekeye, 2023).

Globally, some of the 192 WHO member states such as Brazil, Spain, Botswana, South Sudan, Somalia, Sweden and Sudan, have implemented health strategies that aim to prevent mental health issues and improve people’s health and overall wellbeing (WHO, 2022; WHO, 2023). As stated by WHO (2022), its member states have adopted the comprehensive mental health strategy of 2013 to 2030 which aims to address mental health issues by focusing on improving leadership, governance, community-based care, promotion and prevention. The 17 Sustainable Development Goals (SDGs) are one mechanism aimed at improving people’s lives and wellbeing. Patel, Saxena, Lund, Thornicroft et al. (2018) consider the SDGs an historic strategy, particularly SDG 3, which concerns good health and good wellbeing and aims to

develop and implement the global mental health agenda. SDG 3 prioritises and addresses mental health issues of the individual, families and communities through the implementation of relevant mental health policies. SDG 3 suggests operative strategies in which the integration of mental health is the main focus. This is because there are a number of benefits for integrating mental health into primary health care as it favours early detection, assessment of mental health illness, and offers reliable pre-treatment services by the PHC personnel (Mugisha *et al,* 2017). SDG 3 aligns with South Africa's Bill of Rights section 2 of chapter 2, which specifies that everyone has a right to access quality health care (RSA, 1996). The PHC personnel include PHC nurses, health workers, social workers and primary care physicians (WHO, 2023). PHC health workers normally have specialist staff training and referral in order to offer reliable treatment services in PHC (WHO, 2023).

2.3 UNDERSTANDING MENTAL HEALTH AND INTEGRATION OF MENTAL HEALTH INTO THE PRIMARY HEALTH SYSTEM IN SOUTH AFRICA

There are many views on the definition of mental health. However, this study considers the WHO mental health definition, which describes mental health as the ability of every person to cope with life stress, realise their potential, have a productive life, and contribute to society. Mental health is not the absence of illness (Le Blanc, 2015; Docrat et al., 2019). Mental health has received attention across the globe and is clearly shown in the Sustainable Development Goals by the United Nations (UN).

South Africa's public health sector is the biggest healthcare system, serving more than 84% of the population compared to the private sector, which mostly serves the working- class minority (Docrat, Besada, Cleary, Daviau & Lund, 2019). The mental health care

services in South Africa are concentrated in secondary hospitals and specialist services (Sorsdahl, Petersen, Myers, Zingela, Lund & van der Westhuizen, 2023). At most, there are a lack of human resources and most HCWs do not want to work in rural areas (Mohammadiaghdam, Doshmangir, Babaie, Khabiri & Ponnet, 2020). South Africa is one of the most unequal countries in the world, which also includes its healthcare access (Rensburg, 2021). Due to limited resources at a community level, people are challenged and overburdened with mental health issues, and they have difficulties accessing mental health care services and treatment.

About 75% of the population in South Africa struggle with mental health conditions. These mental health issues include depression, anxiety, or substance abuse. The majority of these people are without mental health services or treatment (Sorsdahl et al., 2023). More than 80% of the people depend on the public healthcare system (Statistics South Africa, 2022). Similar findings by the South African Depression and Anxiety Group (SADAG) indicate that one in three South Africans experience mental health illnesses in their lives and only one in 10 South Africans with a mental health disorder can access treatment (Oberholzer, 2023).

In South Africa, there is a Mental Health Policy Framework and Strategic Plan 2023- 2030 which was introduced on 30 March 2023 by the Department of Health, with the aim of improving mental health care services and access (National Mental Health Policy Framework and Strategic Plan 2023 – 2030). The framework stresses that mental health awareness and prevention initiatives are imperative when intending to reduce issues of mental health conditions. It intends to integrate mental health care into primary health care, and this can be achieved through implementing different approaches, which include adding decentralised primary mental health care, growing awareness in communities about mental health, encouraging mental health, allowing the local societies to contribute to encouraging mental health and recovery within the community, and guaranteeing that the preparation and delivery of health services are evidence-based.

A study by Meyer et al. (2019) reveals that integrating mental health into primary health care, as alluded to in the South African National Mental Health Policy Framework and Strategic Plan 2013–2020, aims to ensure that mental health services are available in PHC clinic and district hospital-level. This framework has prioritised accessibility of health care through integration of mental health in PHC; however, the framework has lapsed, and a new one was introduced in 2023. Integration of mental health needs a high level of ideas, enough commitment, distribution of resources, including support and assistance of the provinces in the execution of mental health care. The goal is evident in the South African Mental Health Policy and Strategy Plan. However, the execution of this framework is the problem that now lies ahead (Maconick, Jenkins, Fisher, Petrie, Boon & Reuter, 2018). The New National Health framework (2023-2030) is in its early stage, and it is difficult to assess its effectiveness as there is not much written about it as yet. The 2013 to 2020 period aimed to provide training for mental health

workers but due to budget challenges, it failed to do so. Even on a national and provincial level, the training of mental health professionals was not conducted (Docrat *et al,* 2019).

Regardless of the cumulative need for mental care services, issues in incorporating mental health services in the primary health care system remain, and this leaves the majority of the country's population who experience mental health issues or illnesses being excluded (Docrat et al., 2019; Mtshengu,2020). This exclusion has adverse effects as people have no access to treatment, and having untreated mental health conditions often causes loss of health relations, disabilities that could have been avoided, and income loss for mentally ill people and their families and friends (Layard *et al,* 2017). Disability may be caused by not receiving treatment for mental health disorders and some of the disabilities can be adverse, as some people may lose their physical abilities and at times lose their employment, leading to a loss of income (New South Wales Ministry of Health, 2022). For example, a study by Mtshengu (2020) in the Gauteng province shares the challenges that people who seek mental health services and their families face, such as stress caused due to the challenge in accessing mental care services and long queues to access services which leads to them foregoing the treatment.

2.4 BARRIERS INTO INTEGRATION OF MENTAL HEALTH INTO THE PRIMARY HEALTH CARE

In the past 20 years, South Africa's mental health services have undergone numerous stages of modification and development due to the growing academic and policy attention given to mental health, both locally and internationally (Dube, 2016). Thom (2000) undertook a thorough analysis of the literature on mental health services in South Africa between 1967 and 1999 and emphasised the shortcomings of the centralised care systems that were developed during the apartheid era. Apartheid was a governmental strategy that regulated interactions between the white minority and non-white majority in South Africa over a significant portion of the second half of the 20th century (Makdisi, 2018). It involved the enforcement of racial separation and the implementation of discriminatory practices in politics and economics against non-whites (Dubow, 2017).

Integrating mental health care into primary health care (PHC) varies significantly worldwide, as it is impacted by cultural, economic and structural issues (McGorry, Mei, Chanen, Hodges, Alvarez-Jimenez & Killackey, 2022). In terms of cultural barriers, some people may believe

their sickness needs traditional medicine or they have a calling leading to them not seeking health services from HCWs, while some people or communities experience economic issues such as unemployment and being far away from health care facilities (Paternotte et al., 2017).

Although many nurses welcome the chance to tackle mental health issues in primary healthcare (PHC), others feel burdened or ill-equipped due to excessive workloads and inadequate training (Otu, Charles & Yaya, 2020). Structural issues may also affect mental health care seeking behaviour, and these issues include no insurance cover, poor access to equipment and transportation facilities, limited knowledge and transparency issues (Matin et al., 2021). Several nations have acknowledged the significance of integrating mental health within primary healthcare (PHC) to enhance accessibility and diminish stigma (Javed et al., 2021). Integration typically includes coordinating with primary health care clinicians in the recognition and treatment of prevalent mental health disorders, implementing collaborative care models that involve mental health specialists working in conjunction with primary care teams, and developing referral pathways for

more intricate cases (Kim, Nyengerai & Mendenhall, 2022). In South African rural areas, some other obstacles include scarcity of resources, insufficient training and the presence of stigma. Nurses, as primary healthcare professionals, have a vital part in the process of integrating different aspects.

Moreover, the presence of social disapproval and discrimination such as cultural beliefs, can significantly shape the attitudes and perceptions of nurses, hence affecting their capacity to deliver comprehensive and integrated care (Mongelli, Georgakopoulos & Pato, 2020). Given the fact that most of the South African population primarily access their health care services at primary health care facilities, the thought-through integration of mental health into primary health care will improve accessibility of mental health care services and patients' well-being (Sorsdahl et al., 2023).

2.4.1 Stigma

One of the issues that hinders access to mental health-seeking behaviour is the stigma and stereotypes that mentally ill people face. Stigma, stereotypes, prejudice and discrimination are well-known barriers in psychiatric care, discouraging the appropriate provision of mental

health care and hampering ideal health results. Rodger (2019) also notes that patients encounter stigma and restricted access to mental health therapies when they navigate the healthcare system. For example, stigma causes delayed treatment services, increased illness and reduced quality of life for those living with mental illnesses (Ahad, Sanchez-Gonzalez & Junquera, 2023).

Due to poor awareness of mental health illnesses, factors such as stigma, poor mental health-seeking behaviour, and long travels the patients have to undertake, inhibit their ability to seek treatment (Rathebe, 2019). For example, young people who know that they may experience stigma and discrimination because of their mental health issues and conditions choose to visit more formal and specialised mental care services away from where they are known, as they fear being discriminated against and judged by family and friends (Cheng et al., 2018).

2.4.2 Stereotypes around integration of mental health into primary health care

There are different stereotypical beliefs held by people and communities, for example, in some communities, they believe that people with mental illnesses are weak and cannot cope with their daily life challenges, and some have an ancestral calling that they need to accept (Lynch, Long & Moorhead, 2016). Another study conducted on mental health issues in the Eastern Cape by Booysen, Mahe-Poyo and Grant (2021) see stereotypes as a hard and worrying experience and a barrier to the inclusion of people with mental illnesses in community activities, healthcare services, workplaces and education access. Because of the misconceptions, beliefs and stereotypes, people are reluctant to seek help and support and may believe they will be rejected (Schnyder et al., 2017). Additionally, primary health care workers have a vital contribution to make regarding mental health awareness and fighting stigma linked with mental health illnesses (Meyer et al., 2023). In China, people with mental health disorders believe that they are inferior to others and usually distance themselves from people (Livingston & Boyd, 2010). Some individuals also perceive mentally ill people as crazy and violent (Eboh, 2023)

2.4.3 Insufficient training and its impact on mental health care services

A major challenge in the integration of mental health services into primary healthcare (PHC) is the lack of adequate training for healthcare professionals, particularly nurses and general practitioners. In many low- and middle-income countries, including South Africa, the shortage of specialized mental health professionals places an increased burden on primary healthcare workers, who often lack the necessary knowledge and skills to provide effective mental health care (Petersen et al., 2021). Without proper training, healthcare workers may struggle to diagnose and manage mental health conditions, leading to misdiagnosis, underdiagnosis, or delayed treatment (Hanlon et al., 2022). Insufficient training also contributes to negative attitudes and stigma toward mental illness among healthcare providers. Research suggests that healthcare professionals with limited mental health training often share misconceptions about mental illness, viewing patients as difficult to manage or even dangerous (Sorsdahl et al., 2021). This can result in poor patient-provider relationships, where individuals with mental health conditions feel disregarded, judged, or hesitant to seek care due to the dismissive attitudes of healthcare workers (Lund et al., 2022).

Additionally, the lack of structured mental health training in PHC settings affects treatment accessibility and continuity of care. Many nurses and general practitioners receive minimal exposure to psychiatric conditions during their formal education, and ongoing professional development programs in mental health are limited (Matlakala & Chipps, 2023). This results in inconsistent treatment approaches, where healthcare workers may rely on outdated or ineffective methods, reducing the overall quality of care. Patients may receive inappropriate medication or be referred unnecessarily to distant psychiatric facilities, creating further barriers to access (Hanlon et al., 2022). A further impact of inadequate training is the overburdening of tertiary psychiatric facilities. Since primary healthcare professionals are not fully equipped to handle mental health cases, they often refer even mild to moderate mental health conditions to specialized services, which are already overstretched (Sorsdahl et al., 2021). This contributes to longer waiting times, overcrowding in psychiatric hospitals, and a lack of early intervention, all of which worsen patient outcomes. To bridge the training gap, there is a growing emphasis on task-sharing models, where PHC nurses and community healthcare workers are trained to provide basic mental health care (Hanlon et al., 2022). The National Mental Health Policy Framework and Strategic Plan (2023-2030) also highlights the need for comprehensive training programs that integrate mental health into existing PHC education and continuous professional

development (South African Department of Health, 2023). By equipping healthcare professionals with the right skills and knowledge, mental health care services can become more accessible, efficient, and patient-centered, ultimately improving health outcomes, particularly in rural and underserved communities.

2.5 FACILITATORS FOR INTEGRATION OF MENTAL HEALTH INTO PRIMARY HEALTH CARE

To improve the integration of mental health services in primary healthcare, it is crucial to solve the obstacles mentioned and give priority to providing extensive training and support to nurses. This will enable them to successfully cater to the mental health requirements of their patients. In the Global North, there is a rising acknowledgement of the need to integrate mental health within primary healthcare (Tol, 2020). This acknowledgment is driven by mounting evidence of the increased occurrence of mental health disorders and their influence on overall health results (Santana, 2016).

Moreover, Mwape et al.'s (2010) findings reveal that incorporating mental health into primary health care may lead to the decrease of stigma and also promote the rights of persons with mental health illnesses. Since primary health care services are not linked with any definite health conditions, stigma is lessened when mental health care services are integrated into primary health care, making mental health care acceptable, and therefore, accessible (WHO, 2007; Mauer-Vakil, 2021).

Several nations are actively transitioning from the conventional approach of maintaining distinct mental health services to incorporating mental health services within primary care settings. An instance of such integration can be observed in the United Kingdom with the implementation of the Improving Access to Psychological Therapies (IAPT) programme (Clark, 2017). The fundamental objective of the IAPT programme is to offer prompt availability of scientifically supported psychological treatments for prevalent mental health conditions, such as anxiety and depression, in the primary healthcare environment (Scott et al., 2018). According to Scott et al. (2018), this programme has showed encouraging results in terms of greater access to care and improved outcomes for patients.

In Africa, the incorporation of mental health services into primary healthcare is still in its nascent phase; however, there are a few noteworthy endeavours underway (Winnie & Euphemia, 2021). For instance, Zimbabwe has launched the Friendship Bench programme to tackle the significant prevalence of mental health disorders (Stanton, 2021). The programme educates lay health workers to deliver concise psychological therapies for prevalent mental diseases in primary care settings (Kigozi-Male, Heunis & Engelbrecht, 2023). These interventions are administered through a bench-based talk therapy method, where patients are encouraged to communicate their issues and challenges.

The incorporation of mental health services into primary healthcare in South Africa lags behind that of the Global North and even other African nations (Stanton, 2021). The OR Tambo District, located in the Eastern Cape province, presents several issues in terms of mental health care. There is a shortage of mental health experts, with only a few psychiatrists serving the district (Shan, 2017). However, attempts have been undertaken to strengthen the integration of mental health into primary healthcare in the OR Tambo District. Community-based mental health services have been implemented, wherein community health workers are educated to deliver fundamental mental health treatments at the primary care level (Shan, 2017). These workers have a vital function in identifying and referring individuals with mental health needs to suitable services.

Partnerships have been established among the Department of Health, non-governmental organizations (NGOs), and academic institutions to enhance mental health services and facilitate the integration process (Wright, 2013). This encompasses capacity enhancement programmes aimed at instructing primary healthcare personnel in the areas of mental health screening, evaluation and treatment (Selamu & Singhe, 2018). Sustained investment in the training of healthcare professionals, expanding the availability of mental health services, and diminishing social stigma are crucial strategies for achieving successful integration and enhancing mental health outcomes (Kigozi-Male, Heunis and Engelbrecht, 2023).

Task-shifting makes use of non-specialists and other resources in the healthcare industry in order to deliver mental healthcare services more successfully (Ezeruigbo, 2022). The participation of nurses and community health workers who are the core of such systems, is crucial to the success of any comprehensive mental health treatment that incorporates mental health into primary health care. Thus, determining their role, experiences and opinions towards

the integration of mental health care into primary healthcare is crucial. There is a growing movement in mental health policy and practice toward a more complete and integrated health care system because of the enormous burden of mental illness, particularly in low- and middle-income countries (Madikizela, 2017).

Despite the abolition of the legislation that established apartheid in the early 1990s, the social and economic consequences of this discriminatory policy continue to exist in the 21st century (Bond, 2023). These continuing consequences not only highlight the shortcomings of mental health services at the time, but they also make up a sizeable number of the problems that later research on mental health care services examines and aims to resolve. Therefore, mental health care, provided in primary health care situations, is easily reachable, financially affordable, and suitable for people. Fruitful integration is likely to lessen stigma, stereotypes and enhance the treatment of comorbidities, while also improving access to care (Mauer-Vakil, 2021).

2.6 STATE OF MENTAL HEALTH CARE AND ISSUES OF INTEGRATING MENTAL HEALTH TO PRIMARY HEALTH CARE IN SOUTH AFRICA

According to Schierenbeck, Johansson, Andersson and van Rooyen (2013), one of the issues that hinders effective primary health care and mental health care service is the issue of the facilities being understaffed; there are limited physicians and psychiatrists. Due to human resources shortages, nurses often operate in primary health facilities with no expertise from physicians. The shortage of physicians prompts the subject of the hierarchical order in medicine and healthcare facilities, where specialised doctors are the only health practitioners with the right to agree on several matters concerning patients' health treatment (Booysen et al., 2021). Therefore, the shortage of staff, especially specialists, challenges access to mental health services. Integrating mental health care into primary health care, while having inadequate human resources, may result in barriers to effective mental health care services for patients, and the lives of those who require mental health care may be at risk, as they may be wrongfully treated or diagnosed (Schierenbeck et al., 2013). For example, Van Rensburg et al. (2022:493) state, “of the total number of psychiatrists in the South African Society of Psychiatrists dataset (n = 793), close to 80% (n = 625) were working full time in the private sector, while only about 20% (n = 168) were working full time in the public sector.” This indicates the inaccessibility of these services in the public sector.

2.7 CHAPTER SUMMARY

Considering the background, the goal of this study is to ascertain how primary health care (PHC) nurses in the OR Tambo District view the move towards integrating mental health services within PHC. More generally, the study seeks to comprehend the nurses' level of familiarity with mental health illnesses, their experiences working with patients who have mental health issues, and any difficulties they have encountered. Chapter Three will identify the different methods and strategies used in this research to address the research aim and objectives.

CHAPTER THREE
RESEARCH METHODOLOGY AND DESIGN

3.1 INTRODUCTION

This chapter discusses the research methodology, methods and strategies that the researcher followed in addressing the study aim, objectives and questions. It also discusses health theories, appropriate research paradigm, design, data collection methods, analyses, as well as research ethics and trustworthiness.

3.2 THEORETICAL FRAMEWORK

The study made use of two mental health care theories namely the Behavioural and Social Cognitive theories.

3.2.1 Behavioural Theory

The Behavioural theory was introduced by Ronald Andersen in 1960s (Andersen, 1968). The theory focuses on three elements of population features as predictors of health service use and subsequent outcomes, namely: predisposing, enabling, and need factors (Andersen, 1995). Other factors that affect behaviour and health care service access include age, sex and race/ethnicity. These socio-demographic factors determine an individual's ability to access the required resources to cope with health issues. There are numerous predisposing issues related to cultural, economic and generational factors which affect behavioural health beliefs. For example, some people may believe that seeking mental health care services is a sign of weakness. The access to resources may encourage or challenge health care access such as their income level, education level and health insurance coverage (Mwape et al., 2010). Ryvicker (2019) states that access to health care is affected by the external environment which impacts health seeking behaviour, such as fear of stereotypes and stigma within the community and the patients'

satisfaction for health care services. These factors were discussed in detail in the previous chapter.

3.2.2 Social Cognitive theory

The Social Cognitive theory is one of the health care theories introduced by Bandura in 1986. The Social Cognitive theory (SCT) aims for a sustainable framework to encourage and motivate people's behaviour in terms of health care access. SCT states personal, environmental and cognitive dimensions or factors affect human behaviour (Manjarres- Posada, Onofre-Rodríguez & Benavides-Torres, 2020). SCT is concerned with the influence of personal experiences, actions of others and the environment that surrounds the individuals as issues that influence people's behaviours. SCT offers social support by enforcing expectations, self-efficacy, and making use of observational learning and other factors to foster behaviour change (Stajkovic & Luthans, 1999). According to this theory, there are different factors that can influence access to health care; these factors include self-efficacy, which is about individuals' beliefs in terms of their ability to undertake specific actions which are necessary for health care access, and which leads to their achieving the desired health outcome (Luszczynska & Schwarzer, 2015). Secondly, the influence of health outcome expectations is the belief that people have about the results of their actions. Thirdly, environmental factors influence personal behaviour and play a role in the individual's health behavioural change (Manjarres-Posada et al., 2020).

3.3 RESEARCH METHODOLOGY

According to Pandey and Pandey (2019), research methodology is a systematic strategy used to direct how a study is to be conducted. Mishra and Alok (2017) concur that the processes utilised to analyse and evaluate the gathered data are often included in the study methodology. This section covers the following topics: the research methodology, the research paradigm, the study population, recruitment and sampling, the research setting, data collection, primary data collection, secondary data collection, data collection technique, data analysis, data management, ensuring rigour, study limitations, ethics, the study budget, the study/work plan, the schematic study overview, the scope of the study, dissemination of the research findings, and the implications of the findings for policy.

3.3.1 Research Approach

The phenomenon explored, nurses' perceptions, and the ontological and epistemological orientation of the research goals and objectives, all point to a qualitative approach as the most appropriate research methodology. This is so that the lived experiences of people can be described and interpreted within a qualitative framework (Ugwu & Eze, 2023). The qualitative approach aims to gather in-depth data and understanding of attitudes, behaviours, and the ways that people interpret and make sense of their experiences, life, and how they view the world (Mulisa, 2022).

3.3.2 Research Paradigm

Research paradigms are the worldviews that are applied to structure research and direct examination of a particular problem (Rehman, 2016). This study adopted the interpretivist research paradigm. The interpretivist paradigm aims to gather participants' experiences through extensive fieldwork and understanding that there are no single truths or realities (Pervin & Mokhtar, 2022). According to Berryman (2019), interpretivist paradigm is more focused on gaining in-depth experiences and rich data to find answers in a qualitative manner and it focuses on the how and why questions. Through the interpretivist paradigm, the researcher gathers different experiences and perceptions from participants and, after gaining the different views and experiences, the researcher is able to deeply comprehend the findings within participants' socio-cultural contexts. Moreover, the interpretivist paradigm allows the use of different methods such as phenomenological design, ethnography narrative study, case study, and all these methods contribute to deep knowledge of experiences and views (Pervin & Mokhtar, 2022). Furthermore, the researcher is able to ask probing questions to deepen understanding of participants' thoughts and views through following the key approach of interactive interview, which enables the researcher to analyse in-depth data.

By employing Social Constructivism, the researcher gained insight into how the social and cultural environment of the OR Tambo District affects nurses' perceptions of incorporating mental health into primary care. This paradigm recognises that individuals' views and attitudes are influenced by their interactions with others and the wider cultural norms (Birks & Mills, 2022). Interpretivist paradigm is the use of qualitative research methods, such as interviews and observations, to obtain a detailed and profound understanding of nurses' subjective

experiences and interpretations related to the integration of mental health. This is consistent with the investigative nature of the study (Pfadenhauer & Knoblauch, 2018). The study aimed to gain insight into how nurses create their perceptions of mental health integration, which can be beneficial for establishing policies and treatments that are culturally sensitive and contextually relevant in the OR Tambo District.

3.3.3 Study Design

This study followed a Phenomenological design. Phenomenology design is qualitative in nature and focuses on people's real-life experiences. Therefore, the researcher was able to interpret the meaning of the professional nurses' experience and detail how they have experienced the integration of mental health into PHC (Teherani et al., 2015). Through exploring lived experiences and challenges associated with integration of mental health into PHC, different themes emerge from the experiences collected, and the themes are paired based on interpretation (Pietkiewicz & Smith, 2014). To gain rich data, the researcher collects data in the professional nurses' natural environment and health facilities where they work. This ensures that the participants are comfortable and able to share their experiences extensively. In-depth, one-on-one interviews allow a researcher to delve deeper into participants' experiences and perceptions.

3.3.4 Study population, recruitment and sampling

3.3.4.1 Target Population and Recruitment

The recruitment process was respectful and considerate of patients' time and privacy, transparent about the study's purpose, procedures, and potential risks and benefits. Purposive Sampling where identify and recruit participants who meet specific criteria, such as Professional Nurse with at least three years and above experience in nursing a psychiatric patient.

The "target population" of a study is the group of people who are the subject of the investigation and ensuing findings (Wilie, 2022). Thomas, Li and Pencina (2020) observe that choosing people to focus on is advantageous for researchers as they are more likely to possess pertinent experiences that align with the study's objectives. In this study, the researcher focused on the inclusion criteria identified in 3.3.4.3 below. From the OR Tambo District, 3 professional

nurses from each of the four PHCs (Qumbu Community Centre, Mbekweni Health Centre, Libode and Lusikisiki village clinic) in the OR Tambo District were interviewed.

3.3.4.2 Sampling Strategy

A sampling methodology, according to Taherdoost (2016), is the process the researcher uses to choose the sample. The sampling strategy is what determines the sample approach's classification (Datta, 2018). Non-probability Purposive sampling was used to choose study participants based on their availability and willingness to give informed permission. This can be characterised as a non-random tactic used in qualitative research to identify and choose individuals who are knowledgeable and skilled in a certain subject of interest (Etikan, 2016). This strategy helped in ensuring that the researcher selects participants who can provide in-depth insights, making data collection more manageable and resource efficient.

3.3.4.3 Inclusion and exclusion criteria for participation

The inclusion criteria mandated that participants be registered professional nurses specialising in psychiatry, with a minimum of three years of experience in mental health service delivery in a primary health care setting. The chosen nurses were tasked with the assessment, management, and provision of mental health care services to patients in primary health care facilities. This included screening for mental health conditions, delivering basic counselling, administering psychiatric medications, and referring patients to specialised mental health services as needed. Nurses lacking psychiatric training or not engaged in mental health care within primary health care facilities were excluded from participation.

3.3.4 Research Setting

Figure 2: Map of the OR Tambo District in the Eastern Cape
(Nzewi, Ijeom, Sibanda & Sambumbu, 2016).

The OR Tambo District in South Africa's Eastern Cape Province served as the study's research setting. This district has 1.4 million residents, most of them living in rural areas and in poverty (Statistics South Africa, 2022). A system of community health facilities and clinics that are staffed by nurses and other medical professionals delivers the primary healthcare in this district. Although there are few mental health treatments available in this district, mental health issues like depression, anxiety and drug misuse are very common (Meyer & Chigome, 2019).

This study was conducted in the OR Tambo District of the Eastern Cape Province, South Africa, which is one of the largest and predominantly rural districts in the country, with a population of over 1.4 million people. The district comprises 11 community health centers (CHCs) and 49 primary healthcare clinics. However, for this study, participants were sampled from four specific primary health care facilities:

Qumbu Community Health Centre (CHC): Located in the Mhlontlo Local Municipality, this facility offers a wide range of services, including maternal and child health, HIV/AIDS treatment, and tuberculosis management.

Mbekweni Health Centre: Situated in the King Sabata Dalindyebo Local Municipality, this health centre provides emergency medical services, community-based care, and other primary healthcare services.

Libode Clinic: Located in the Nyandeni Local Municipality, this clinic delivers services such as family planning, maternal and child healthcare, and HIV/AIDS treatment.

Lusikisiki Village Clinic: Found in Nqquza Hill sub-district in Port St Johns, this facility offers mental health services, community-based care, and other primary health care services.

The study focused on primary healthcare facilities (level one) as they are the first point of contact for most patients and form the foundation of healthcare service delivery in the district. These facilities were selected because they provide essential mental health services and are staffed with professional nurses who directly interact with psychiatric patients.

Participants were sampled from these four facilities based on their experience in providing mental health care, ensuring the data collected reflected the specific context and challenges of mental health integration in rural primary healthcare settings.

3.3.5 Data Collection

The data collection phase is when the researcher collects data from the population from which they aim to address their most pressing research issues (Taherdoost, 2016). Any study should aim to gather enough data to allow for in-depth analysis and, ultimately, reliable conclusions about the phenomenon being studied (Kabir, 2016).

This will include the collection of "primary data" which is information that the researcher collected from first-hand sources but has not yet been published. According to Ajayi (2017), primary data can offer more reliable, honest and objective data findings with higher validity. In-depth interviews will be used to collect the bulk of the data for this inquiry.

3.3.6 Pilot Study

Before the main data collection phase, a small-scale exploratory pilot study was conducted to assess the feasibility, clarity, and reliability of the interview guide and overall data collection process. This pilot study served to fine-tune the research instruments, ensuring that they effectively captured the intended information and that the probing techniques were appropriate.

Study Design and Setting

The pilot study was conducted in two primary health care clinics within the OR Tambo District, settings comparable to those intended for the main study. These clinics were selected based on convenience and accessibility, considering time and resource limitations, yet remained suitable for testing the study instruments.

Participants and Sampling Justification

A total of four professional nurses participated in the pilot study, two from each clinic. These participants were selected using purposive sampling based on their relevance to the study's population, having over three years of experience in primary health care. While the sample size may appear small, it is consistent with best practices for pilot studies, which often involve fewer participants to identify potential issues with the research instruments without expending extensive resources.

Duration and Data Collection

The pilot interviews were conducted in one-on-one sessions, each lasting approximately 20–30 minutes, during the nurses' lunchtime to ensure minimal disruption to their clinical responsibilities. This flexible arrangement confirmed the practicality of the planned data collection process and helped assess participant willingness and engagement in the study.

Outcomes and Lessons Learned

Feedback from participants revealed minor ambiguities in the phrasing of some questions, which were subsequently revised for clarity and cultural appropriateness. The pilot study also allowed the researcher to refine probing techniques and improve the sequencing of questions for better flow and comprehension. Importantly, the setting and time frame proved effective, indicating that the methodology was sound and suitable for scaling up.

This pilot study provided valuable insights that enhanced the quality and reliability of the final data collection instruments. Moreover, it confirmed the feasibility of conducting interviews in clinical settings during non-peak hours, a strategy to be retained for the main study.

3.3.7 Data collection technique

In-depth semi-structured interviews were used in this study as the interviews allowed the researcher to thoroughly examine nurses' perceptions and gather comprehensive data. The researcher delved deeper into each participant's response to better grasp their viewpoints (Gill & Baillie, 2018). Since in-depth interviews are adaptable, the researcher was able to follow up on pertinent information raised by participants (Kabir, 2016). This made it possible for the researchers to gather more useful data from participants. Interviews on nurses' opinions about the integration of mental health into primary healthcare were conducted using an interview guide. These interviews took approximately 45-60 minutes per participant.

3.3.7.1 Data Collection- Step-by-step

1. **Identify potential participants and obtain informed consent:** The first step in data collection was to identify potential participants for the study. Once potential participants were identified, the researcher obtained informed consent from each individual, explaining the purpose of the study, the potential risks and benefits involved, and the individual's right to refuse participation or withdraw at any time without penalty.
2. **Conduct in-depth interviews with participants using a semi-structured interview guide:** The next step was to conduct in-depth interviews with the selected participants. The researcher designed a semi-structured interview guide with open-ended questions that allowed participants to express their opinions and experiences related to the study topic. The interviews were conducted in person, in a quiet and private space in the primary health care facility where the participants worked.
3. **Probing:** During data collection, the researcher employed probing techniques to obtain deeper insights and clarify participant responses. Probing was used to encourage respondents to elaborate on their initial answers, ensuring a comprehensive understanding of their perspectives. This was achieved through follow-up questions, requests for examples, and paraphrasing to confirm understanding. Additionally, the researcher utilized non-verbal cues such as nodding and pauses to prompt further discussion without leading the participants. This approach allowed for richer data collection, uncovering nuanced experiences and perceptions that might not have emerged through direct questioning alone.
4. **Record the interviews and transcribe them verbatim:** To ensure the accuracy of the data collected, the researcher voice-recorded the interviews and transcribed them verbatim. This

step involved using appropriate recording equipment, such as digital audio recorders, and ensuring that the individual being interviewed provided verbal and informed consent to the recording.

5. **Analyse the data using thematic analysis:** Once the interviews had been transcribed, the data were analysed using thematic analysis, which involved identifying patterns and themes in the data. This step involved reading through the transcripts to identify common topics and issues related to the study topic, and then coding the data in order to group similar responses together. The researcher analysed the coded data to identify key themes and patterns, which were reported in the study findings.

The interviews were conducted during the participants' lunch times to avoid disrupting the rendering of services. The researcher-maintained field notes during and after interviews to document contextual observations and reflections that supplemented the recorded data. This method ensured a comprehensive understanding of the participants' perspectives and the setting. Each interview lasted between 45 and 60 minutes and was conducted in isiXhosa, the predominant language of the participants. This approach allowed participants to express their views and experiences freely in their native language, ensuring rich, authentic data.

3.3.7.2 Data Analysis

Taherdoost (2016) claims that data analysis aids in the cleaning, transforming and modelling of data to identify pertinent information so that decisions may be made using the data analysis. Thematic analysis was used in this study to identify and comprehend shared or collective meanings and experiences. Braun and Clarke (2012) define thematic analysis as a qualitative research methodology that offers mechanics for methodically categorising and analysing qualitative data, which may then be tied to more significant theoretical and conceptual issues. This study followed Colizzi's Seven Steps in Data Analysis, and these steps are outlined below:

1. **Problem Definition:** The researcher precisely articulated the aims and inquiries that necessitate resolution through data analysis.
2. **Data Collection:** The researcher collected pertinent data from multiple sources, assuring its precision and comprehensiveness.
3. **Data Processing**: The researcher conducted data cleaning and pre-processing on the acquired data to prepare it for analysis. This involved addressing missing values and outliers.

4. **Data Exploration:** The researcher formulated themes from the codes.
5. **Data Modelling:** The themes and categories were tabulated.
6. **Analysis interpretation**: The researcher analysed the emerged themes and categories.
7. **Communication:** The researcher then sought to convey effectively the findings and insights to stakeholders in a manner that is easily comprehensible.

3.3.7.3 Data Management

The transcripts and audio recordings were kept private and securely archived. To maintain anonymity, all identifying information has been taken out of the transcripts. To prevent data loss, the researcher used Figshare as a storage platform. The data figshare is a platform often used by universities to store anonymised research data.

3.4 TRUSTWORTHINESS

Finding out whether a study is credible, reliable, confirmable, transferable and authentic is what it means to be trustworthy (Kyngäs, Kääriäinen & Elo, 2020).

3.4.1 Credibility

Credibility is guaranteed through member verification, the elimination of inaccuracies, and the maintenance of the results' clarity. Participants felt at ease answering the questions because of the continued maintenance of a relationship built on trust during data collection. All information was confirmed as true throughout the interview process. Additionally, participants' feedback was actively incorporated, ensuring the findings represented their perspectives accurately.

3.4.2 Reliability

Reliability is demonstrated by the study's consistency in producing stable and repeatable results across similar contexts. By using a standardised procedure for data collection and analysis, the study minimised potential biases and ensured that findings were not influenced by external variables. A standardised procedure ensures consistent data collection and analysis across all participants, applying the same questions and procedures uniformly to avoid variability. This

approach enhances the reliability of the findings by reducing subjective influences and supporting stable, repeatable results (Kyngäs, Kääriäinen & Elo, 2020).

3.4.3 Dependability

Dependability was guaranteed through the thorough conceptualisation of the study, data collection, analysis, interpretation, and reporting of findings (Stahl & King, 2020). To further support dependability, an audit trail was maintained, documenting all research decisions and procedural details to allow future researchers to understand and, if necessary, replicate the study.

3.4.4 Confirmability

Confirmability was guaranteed by meticulously recording in-depth interviews, transcribing verbatim the raw data, carefully coding the data, and carefully interpreting the data. Researcher biases were minimised through reflective journaling and regular debriefing with the study supervisor to confirm that the findings accurately represented participants' perspectives without undue influence from the researcher.

3.4.5 Transferability

Transferability was achieved through a thorough explanation of the context, target population, sampling strategy, data collection, and analytic methodologies (Adler, 2022). Detailed contextual descriptions allow other researchers to judge if findings may be applicable to similar settings or populations, facilitating potential comparisons and applicability to other contexts.

3.4.6 Authenticity

Authenticity was maintained by paying close attention to participants and asking incisive questions to elicit detailed answers. Additionally, participants were encouraged to freely share their experiences, providing diverse insights that accurately represented the rang of perspectives within the study's context.

3.5 ETHICAL CONSIDERATIONS

3.5.1 Evaluation Committee

The University of Free State's Evaluation Committee reviewed the study to ensure that it respects the rights and well-being of the participants. The evaluation committee plays a crucial role in ensuring that the research adheres to ethical standards.

3.5.2 Ethics approval

The primary responsibility of the Health Sciences Research Ethics Committee is to assess and authorise the study protocol, ensuring its compliance with ethical principles (Joubert, Steinberg & Van der Merwe, 2019). The researcher was granted ethics approval from the Health Sciences Research Ethics Committee (HSREC) of the University of the Free State prior to commencing the study.
To obtain permission to access health facilities for research purposes, the researcher followed these steps:

Preparation of Research Protocol: The researcher prepared a detailed research protocol that outlines the study's objectives, methodology, and ethical considerations. This includes ensuring compliance with relevant ethical guidelines and obtaining informed consent from participants. The proposal was first submitted to the Evaluation Committee of the Faculty of Health Sciences which includes panelists that fit the expertise of the study. The panelists then provide the candidate with comments on how to improve every aspect of the study including the methodology. Once the Evaluation Committee grants approval, the chairperson of the Evaluation Committee- which is the senior member of the Faculty Management Committee- then compiles a report recommending the study to proceed. Once Faculty Management Committee approves, the candidate is then permitted to submit to the Ethics Committee.

Submission to the Health Sciences Research Ethics Committee (HSREC): The researcher submitted the research protocol to the HSREC for review. The committee evaluated the ethical aspects of the study, including potential risks to participants, confidentiality measures, and the overall integrity of the research.

Initial Ethics Approval: The ethical considerations for this study were rigorously adhered to in accordance with the University of the Free State (UFS) research ethics guidelines. The UFS Research Ethics Committee initially granted conditional ethical clearance pending letters of approval from all the sampled clinics. These approvals ensured that the participating healthcare institutions acknowledged and consented to the research, allowing for data collection in a manner that upheld ethical integrity, participant confidentiality, and institutional protocols.

Application to Health Facilities: With the conditional ethics approval in hand, the researcher applied for permission to access specific health facilities where the study will be conducted. This application is typically directed to the management of the health facility, along with a copy of the ethics approval.

Permission from Health Facility: The management of the health facility reviewed the request, considering the study's impact on patients, staff, and operations. Once reviewed, the researcher was granted access to conduct the study within the premises and provided approval letters.

Final Ethics Approval: After receiving approval letters from the sampled clinics, the HSREC approved the study and granted the researcher with final ethics approval on September 2024, which is required before proceeding with data collection. The approval ensures that the study adheres to ethical principles such as respect for participants, justice, and beneficence.

Informed Consent and Participant Recruitment: After the permission was granted, the researcher proceeded to recruit participants from the health facilities, ensuring that each participant provides informed consent. This process ensures that participants understand the nature of the study and their rights.

3.5.3 Informed Consent

The researcher provided participants with the informed consent form, which entails details regarding the study, its objectives, potential hazards, advantages, as well as the researcher's contact details. Participants were informed that they had the freedom to withdraw from the study at any time.

3.5.4 Principle of Beneficence

The researcher ensured that the study optimised advantages and minimised negative consequences to the participants. This encompasses safeguarding their welfare, ensuring their privacy, and maintaining the confidentiality of their information.

3.5.5 Principle of Justice

The notion of fairness necessitates equitable treatment and allocation of the advantages and disadvantages of the research (Okereke & Dooley, 2010). The researcher ensured that the process of selecting participants and conducting the study was impartial and just. The conduct of research necessitates adherence to appropriate ethical standards of conduct, which are crucial for maintaining the validity of the study and safeguarding research participants. Responsible research conduct is a condition of ethics, according to Flemming (2020). This entails preventing harm to research participants, showing care for their well-being, avoiding misrepresenting the subject or the field of study, and being transparent and truthful. The research population's values, self-worth and dignity were protected and respected, and they were treated fairly and honestly. Participants in this study received complete information, understanding that participation is optional and that they had the option to leave the study at any time. The participants' privacy was protected by the researcher through ensuring that they remained anonymous, and pseudonyms were used instead of their names. The raw data can only be accessed through the researcher and the supervisor since the data will be used only for this project. The interpretation was conducted with the knowledge of the study context and reflexively engaged with the research process, the data, and the experiences of participants.

3.6 CHAPTER SUMMARY

The chapter provided an overview of the study methodology, including the study design, sampling strategy, data collection methods, and data analysis procedures. The chapter also outlines the ethical considerations that were considered during the design and implementation of the study. Chapter Four presents the study's results and findings.

CHAPTER FOUR
STUDY RESULTS

4.1 INTRODUCTION

This chapter focuses on presenting and interpreting the data that were collected on nurses' perceptions on integrating mental health into the primary healthcare system. In this study, 12 nurses were interviewed from the OR Tambo District in the Eastern Cape Province. Each of the nurses included met the inclusion criteria as they had completed a nursing degree with a major in Psychiatry, and each had at least three years of working experience with psychiatric patients.

4.2 SOCIO-DEMOGRAPHIC INFORMATION OF PARTICIPANTS

From the OR Tambo District, 3 professional nurses from each of the four PHCs (Qumbu Community Centre, Mbekweni Health Centre, Libode and Lusikisiki village clinic) in the OR Tambo District were interviewed. The interviews were one-on-one and were audio-recorded with the participants' permission. The interview recordings were then transcribed and categorised according to the research themes and categories that emerged.

4.2.1 OR Tambo District Municipality Overview of PHCs

The study was conducted in OR Tambo District, which is the largest district in the Eastern Cape, and it is comprised of 11 Community Health Centres, and 49 clinics. The study focused on four specific primary health centres: Qumbu Community Centre, Mbekweni Health Centre, Libode Clinic, and Lusikisiki village clinic. These PHCs are the only ones that offer mental health services and counseling services for patients. Therefore, other PHCs in the OR Tambo district did not meet the inclusion criteria. Qumbu Community Centre is located in the Mhlontlo local municipality, and it provides basic health services, including maternal and child healthcare, HIV/AIDS treatment, and tuberculosis management. Mbekweni Health Centre: Situated in the King Sabata Dalindyebo local municipality, this health centre offers a range of services, including primary health care, emergency medical services, and community-based care. Libode is located in the Nyandeni local municipality, and it provides primary healthcare services, including maternal and child health care, family planning, and HIV/AIDS treatment.

Lusikisiki Village Clinic in Ngquza Hill Sub-District is situated in Port St Johns; this community health centre offers a range of services, including primary health care, community-based care, and emergency medical services. The table below shows the Socio-demographic information of the participants

PARTICIPANTS' CODE	AGE	GENDER	SUB-DISTRICT OF OR TAMBO	OCCUPATI-ON	LANGUAGE	PHC/CLINIC WORKED	YEARS OF SERVICE
1.	40	Female	Mhlontlo Local Municipality	Professional Nurse	IsiXhosa	Qumbu Community Health Centre	12
2.	35	Male	Mhlontlo Local Municipality	Professional nurse	English	Qumbu Community Health Centre	09
3.	45	Female	Nyandeni local municipality	Professional nurse	IsiXhosa	Libode Clinic	16
4.	38	Female	King Sabata Dalidyebo	Professional nurse	IsiXhosa	Mbekweni Health Centre	13
5.	28	Female	Nyandeni Local municipality	Professional nurse	IsiXhosa	Libode Clinic	07
6.	38	Female	Mhlontlo local municipality	Professional nurse	Zulu	Qumbu Community Health Centre	06
7.	38	Female	Nyandeni Sub-district	Professional nurse	IsiXhosa	Libode Clinic	12
8.	31	Female	King Sabata Dalidyebo	Professional nurses	IsiXhosa	Mbekweni Health centre	05
9.	45	Female	Nqquza Hill Sub-District	Professional nurse	IsiXhosa	Lusikisiki village clinic	20
10.	45	Female	Nqquza Hill Sub-District	Professional nurse	IsiXhosa	Lusikisiki village Clinic	10
11.	50	Male	Nqquza Hill Sub-district	Professional nurse	Isizulu	Lusikisiki village clinic	16

12.	39	Male	King Sabata Dalidyebo	Professional nurse	IsiXhosa	Mbekweni Health Centre	13

Table 1: Socio-demographic information of the participants

All the 12 interviewed participants had backgrounds and knowledge of mental health care and psychiatric patients. The majority of the participants were females, who were nine (75%), compared to males, who were three (25%). All the participants were above the age of 25; the youngest participant was a 28-year-old female, the eldest was a 50-year- old male, and the majority were in their 30s. The age was significant as it allowed the researcher to understand whether each facility is made up of youth or adult professionals. Two (16%) out of 12 falls under the youth age category and 10 (83.333%) out of 12 are adults as they are over the age of 35. Of the participants, three (25%) were from Mhlontlo local municipality under the Qumbu community Health Care centre; one spoke isiZulu, the other isiXhosa, and the last one spoke English. The language is important when serving rural communities such as OR Tambo as the majority of its population speaks isiXhosa and most of the elderly do not understand English. All participants had more than 5years of service experience. The participants with service experience from 5- 10years were five out of 12 (41.666%); 11-15yrs were Four out of 12 (33.333%); 16- 20yrs were Three out of 12 (25%)

4.2.2 Educational background of the participants

QUALIFICATION NAME	NUMBER OF PARTICIPANTS HOLDING THE QUALIFICATION
Diploma in Nursing Science	4
Bachelor's degree in nursing science	8

Table 2: Participants educational background

The participants interviewed all hold a nursing qualification for Professional Nurses. As depicted by Table 4.2.2, four participants hold Diplomas in nursing Science, and Eight hold bachelor's degrees in nursing science. All the 12 participants have knowledge and experience in Psychiatry.

4.3 RESULTS THEMES

THEMES	SUB-THEMES
Current state and experiences in mental health services	1. Lack of resources 2. Understaffed and burnout/fatigue 3. High level of Stigmatisation 4. Lack of community-based mental health support 5. Limited training
Benefits of integrating mental health into primary health care	1. Patients' well-being 2. Reduction of stigma 3. Improving holistic care
Barriers to integration of mental health into primary health care	1. Lack of Resources 2. Referral issues 3. Training issues 4. Lack of support for nurses 5. Issues with cultural competency 6. Poor mental health guidelines
Facilitators for effective mental health integration into primary health care	1. Human resources 2. Multi-sectorial Collaboration 3. Better support for nurses and patients

Table 3: Table of themes that emerged

The study themes emerged from the transcribed raw data, each with several sub-themes derived from the participants' perspectives. The different themes and sub-themes are presented and interpreted.

4.4 RESULTS FROM CONDUCTED INTERVIEWS BASED ON THEMES

The following are the main themes that have emerged from the interviews. The interviews conducted for this study were audio-recorded, ensuring accuracy and reliability of the collected

data. All respondents provided consent for the recordings. It is important to note that the interviews were conducted primarily in isiXhosa, which is the preferred and commonly spoken language of the participants in the OR Tambo District. The recorded responses were subsequently transcribed verbatim and translated into English for analysis. This approach ensured that the participants could express their views and experiences freely in their native language, thereby capturing rich and authentic insights.

THEME 1: CURRENT STATE AND EXPERIENCES IN MENTAL HEALTH SERVICES

The participants revealed that several challenges and issues persist that hinder effective mental health services across OR Tambo District Municipality. They mentioned various issues, such as that the health care facilities lack essential and required resources to foster effective mental health services. Some of the resources lacking include poor infrastructure or roads leading to the health care facilities in OR Tambo. This often leads to patients not being able to access healthcare services and facilities. In addition to this, the participants revealed that even the mental health services are inadequate within OR Tambo District. The mobile clinics and the vehicles for mental health services are often not available and not well established.

Sub-theme 1.1: Lack of Resources

Participants emphasized that insufficient resources, including poor infrastructure and a lack of mental health facilities, affect the provision of quality mental health services. Additionally, participants shared that, due to limited consulting rooms or office spaces and sharing of the office space, there are situations where all the nurses are providing services to different patients in the office, which leaves the office overcrowded. For example, some participant stated:

"Wow, there is inadequate infrastructure and facilities for mental health patients."

"Lack of resources and funding hinders our ability to deliver quality mental health services."

Participants also mentioned that, due to limited resources such as office space, the patient's confidentiality is often compromised. For example, the nurses share an office space or work in

an open-plan office. This makes patients hesitant to come to the facilities and consult as they fear that it may not be possible to maintain confidentiality. A concerned participant explained:

"*Mhh!! There are challenges in maintaining patient confidentiality."*

Sub-theme 1.2: Understaffed and Burnout/Fatigue

The shortage of trained personnel and high patient loads lead to burnout among nurses, reducing their ability to provide quality care. Additionally, participants shared that, due to limited consulting rooms or office spaces and sharing of the office space, there are situations where all the nurses are providing services to different patients in the office, which leaves the office overcrowded.

"We have inadequate infrastructure and facilities for mental health patients."

Participants further revealed that, due to limited mental health facilities in OR Tambo District, patients were forced to wait long hours in queues, and the available mental health care facilities become overcrowded, which often leads to health care professionals being overworked, thus facing burnout and fatigue. The burnout and fatigue of nurses are exacerbated by the fact that the facilities are understaffed. The available nurses become overwhelmed, leading to them not offering effective, professional mental health services to patients. One participant stated:

"Overwhelmed and understaffed, we can't provide the care our patients deserve."

"Long waiting periods and high patient loads lead to burnout and compassion"

Sub-theme 1.3: High level of Stigmatisation

The high level of stigmatisation for mental health patients leads to patients' reluctance to seek mental health services as they fear discrimination and stigma. A majority of the participants agreed that mentally ill patients fail to come for mental health services because they are scared of being victimised by health professionals, community members, and even friends and family. Some participants stated:

"Stigma and lack of awareness in the community make it difficult for people to seek help."

"Stigma and bias among healthcare providers and patients make it difficult to come to health care facilities and seek help."

Sub-theme 1.4: Lack of Community-Based Mental Health Support

Community engagement and mental health awareness programs are limited, leading to lower treatment adherence and support for patients. Participants believed that the issues around stigma and discrimination are caused by a lack of community-based mental health support and awareness initiatives across communities. Community-based mental health support and awareness initiatives provide a crucial contribution to advocating for mental health services. Awareness initiatives help in identifying the risk factors associated with mental health, provide solutions for mental health challenges, and help refer communities to mental health service providers and facilities. However, in the Eastern Cape, specifically in the OR Tambo District, the participants highlighted that these community-based health care services and awareness initiatives were lacking, with limited specialised mental health referral facilities.

"Lack of community-based mental health initiatives and support." (Participant 10)

"High demand for services, but limited availability of specialised care."
"Difficulty in referring patients to specialised services due to limited access."

Sub-theme 1.5: Limited Training

Many nurses expressed concerns over inadequate mental health training, which affects their ability to provide proper care. The nurses who work in mental health care believe they are not well supported by the Department in terms of capacitation training around mental health. Furthermore, there is little collaboration, support or involvement by friends and families in patient care, which demoralises the eagerness of the patients to continue with treatment. Some participants explained:

"Inadequate training and support for nurses handling complex mental health cases."

“Insufficient involvement of family and community in patient care and support.”

"We need more training on psychiatric care to improve our service delivery."

Therefore, majority of nurses interviewed perceived the current status of mental health services as deteriorating and the integration to be challenging. Furthermore, participants believed that the integration of mental health into primary health care has been given very little attention and priority compared to other healthcare systems. Some mental health patients become impatient with the nurses due to the long waiting periods. Patients therefore decide to forego the services that they require, which impacts their overall well-being.

THEME 2: BENEFITS OF INTEGRATING MENTAL HEALTH INTO PRIMARY HEALTH CARE

One of the key benefits the participants shared regarding the importance and the effectiveness of integrating mental health into primary health is that integration can play a crucial role in communities, as individuals can easily access mental health services without encountering challenges. The integration of treatment in primary health facilities can facilitate early detection of mental health illnesses and fast-track treatment of mental health illnesses.The integration of mental health into primary healthcare presents numerous advantages, improving patient outcomes and service accessibility.

Sub-theme 2.1: Patients’ Well-Being

Participants acknowledged that integration would promote patient recovery and holistic care. The majority of the nurses interviewed encouraged the integration of mental health services into primary health care as they believe that this will foster and prompt early detection of mental health illnesses and prevent complications.

“The mental health integration is essential for early detection and treatment of mental health issues.”

“Integration of mental health to primary health will improve patient outcomes and overall well-being.”

Sub-theme 2.2: Reduction of stigma

Stigma and lack of awareness are some of the issues that hinder and limit the accessibility of mental health services in many communities. Through the integration of mental health care into primary health services, participants in this study believe that patients would overcome stigma and there would be improved mental health awareness. This would benefit the patients as they do not have to hide or fail to seek health services because of fear. This would further improve the management of chronic conditions and other comorbidities.

"Reduces stigma and promotes mental health awareness."

"Improves management of chronic conditions and comorbidities."

Sub-theme 2.3: Improving Holistic Care

A unified healthcare approach ensures that mental and physical health are treated together, benefiting patients. The interviews showed that the fact that individuals who require mental health services, or individuals who may need continued care and support, will have access to their family and friends and continue to live with them, also means that they will maintain strong bonds with society and improve their social welfare for conducive recovery. The participants also state that the integration of mental health into primary health care will not only foster treatment continuity but also foster a comprehensive and holistic understanding of the patient's health and support needs.

"Develops a more comprehensive understanding of patients' needs."

"Reduces fragmentation and siloed care (divisions in health care systems), promoting continuity."

"Encourages preventive care and early intervention.".

THEME 3: BARRIERS TO INTEGRATION OF MENTAL HEALTH INTO PRIMARY HEALTH CARE

Despite the importance of the integration of mental health into primary health care services, the participants also stressed several issues and challenges that may negatively affect this smooth integration. According to the majority of the participants, there are fewer health professionals with specialised mental health, psychiatric training or qualifications.

Sub-theme 3.1: Lack of Resources

The participants acknowledged that they were not adequately supported in terms of improving their knowledge and skills, as very few of the health care providers are trained, and this is also caused by the budget constraints within the Department of Health. The findings indicate a lack of understanding and knowledge of mental health as many health practitioners understand mental illness only as severe forms which are characterised by psychotic episodes. When participants were asked to identify barriers that hinder integrating mental health with primary health care, they stated:

"Lack of training and expertise in mental health care."

"Insufficient resources and funding for mental health services."

This then leads to health practitioners being challenged when it comes to identifying and offering mental health services to patients with mental health issues, as some patients do not necessarily show obvious psychiatric or mental illness symptoms, leading to fewer cases being identified.

Sub-theme 3.2: Referral Issues

One of the most common challenges raised by participants was the prolonged waiting time for the patients to be referred to specialized mental health services. Due to limited psychiatric professionals and high demand, patients often wait weeks or months before receiving proper care. Delays in referring patients to specialized mental health professionals result in poor service continuity.

"Limited access to specialised mental health services."

Therefore, this implies that referral issues significantly impact the effectiveness of mental health integration into primary healthcare.

Sub-theme 3.3: Issues with cultural competency

One participant commented that mental health disorders might be understood differently due to patients' different cultural backgrounds and environments. Some cultures, communities and people may perceive and understand mental health illnesses as an indication of being too soft or weak. Moreover, in some communities, mental health conditions are perceived through a supernatural lens rather than a medical health lens. This commonly held belief can affect mental healthcare service strategies and treatment plans and potentially hinder the provision of evidence-based mental health care.

"There is inadequate cultural competency in mental health care."

Cultural issues tend to determine the patient's health care-seeking behaviour and the health care professionals must be culture aware. Findings revealed that that there are still negative perceptions in understanding of mental health and mental illnesses and disorders in most rural areas, which needs to be prioritised and addressed before integrating mental health into primary health care. At times, trained and qualified medical or health practitioners who majored in or studied mental health-related qualifications do not develop an interest later and even discontinue such training or studies.

THEME 4: FACILITATORS FOR EFFECTIVE MENTAL HEALTH INTEGRATION INTO PRIMARY HEALTH CARE

Sub-theme 4.1: Multi-sectorial Collaboration

Working with different stakeholders, including NGOs and traditional leaders, can enhance mental health service delivery. Some of the participants shared that the collaboration between nurses, other health care practitioners and departments can enhance the holistic care and

support of patients and the accessibility of mental health care services. This is because nurses have a responsibility to offer equitable and holistic services to all patients.

“Enhanced holistic care and patient-centered approach.”

"Increased accessibility and equity in mental health services.”

From the above quotations, it is evident that stigma is not only experienced in communities but within health care facilities as well. Therefore, it is important to train the health care professionals in terms of non-discriminatory behaviour and the importance of integrity, and to treat patients as individuals.

Sub-theme 4.2: Better support for nurses and patients

Participants suggested that short courses and training in mental health may encourage more people to specialise within the mental health care field. The short courses may also help in assisting those without funding for undergraduate or postgraduate qualifications, as there is usually a lack of funding opportunities for mental health-related services and studies. The Findings revealed that integrating mental health into primary healthcare can serve as a significant solution for the staff shortages in the healthcare system. The findings from participants also revealed that the South African healthcare system has a significant need for primary healthcare workers, which include general practitioners, general nurses, midwives, nursing assistants and community health workers. Furthermore, these findings revealed that healthcare workers need adequate support with the required skills and knowledge to identify mental illnesses, offer basic treatment and psychosocial support, assume crisis interventions, refer to the experts of mental health services when required, and offer psychoeducation and support to patients and their families.

4.5 CHAPTER SUMMARY

This chapter has presented the findings in relation to the perceptions of nurses on integrating mental health into primary health care in the OR Tambo District. Chapter Five will discuss the findings and provide study conclusions and recommendations.

CHAPTER FIVE
DISCUSSION, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

Chapter five focuses on drawing conclusions from the study's main findings, summarising how the objectives were addressed, providing an overview of the study chapters, making recommendations based on findings, and proposing recommendations for future research. Additionally, the chapter will outline the limitations of this research and how the researcher dealt with ensuring that those limitations did not hinder the progress of this research and impact the trustworthiness of the findings.

5.2 DISCUSSIONS

The study chapter one outlined the main study objectives that the study sought to address. These objectives are as follows:

- To examine the nurses' perceptions of the current state of mental health services in the OR Tambo District
- To explore nurses' perceptions of the importance of integrating mental health services within primary healthcare in OR Tambo District
- To determine the perceived challenges and benefits of integrating mental health into primary healthcare, from the nurses' perceptions in OR Tambo District.

The findings affirm the study by Strümpher et al. (2014) and Willie and Maqboo (2023), who concurred those limited resources, such as socio-economic statuses of people, challenge or hinder them in accessing equal and sustainable mental health services. The lack of family support also makes it difficult for them to visit the facilities. The lack of support is caused by the lack of mental health awareness and knowledge among communities and families. The improved knowledge and support may play a big role in encouraging patients to seek mental health services and not fear any stigma. Additionally, similar findings by the Substance Abuse and Mental Health Services Administration (2016) and Mohatt et al. (2020) indicate that people residing in deep rural communities are confronted with stigma which leads to patients not

disclosing their mental health issues. This, therefore, prevents them from seeking care, support and treatment as they fear discrimination, judgement and stigmatisation. The findings also revealed issues around cultural sensitivity (Torous and Roberts. 2017).

The improvement in the management of chronic conditions concurs with the WHO Report (2007) that states that mental health often affects many health conditions such as physical health, and which include cancer, HIV/AIDS, diabetes and tuberculosis. These comorbidities have critical implications for the detection, treatment and recovery of mentally ill individuals. It is thus important that sufficient training is offered to primary healthcare practitioners. The training in mental health services could assist practitioners in dealing with the physical health needs of people with mental illnesses, as well as the mental health requirements of those with infectious and chronic illnesses; in doing so, patients are likely to receive improved health outcomes.

According to the findings, if mental healthcare services and treatment are made available in various primary healthcare facilities, the treatment and diagnosis of mental illnesses would be easily accessible. For example, the patients can receive treatment and services nearer their homes, families and communities. This implies that they can also receive support within their neighbourhood and maintain their support systems. According to the participants, support from friends and family is critical in mental health treatment, and through this integration, the patients will not be obliged to travel to big cities for specialised mental health treatment and care. Willie and Maqboo (2023) state that the treatment of mental health illnesses in primary health care facilities enables the continuity of mental care services and treatment beyond consultation, to the sustainable ongoing and undisrupted follow-up of mental health illnesses, which improves treatment adherence.

Similar findings by Funk, Saraceno, Drew and Faydi (2008) and Mwape et al. (2010) confirm that through this integration, more patients can seek health services without fear. Participants in this study agreed that many patients are afraid to seek mental health treatment in main mental health clinics or hospitals as these facilities are associated with stigma and discrimination. Therefore, patients are more willing to visit primary health care facilities to obtain treatment and services for their mental health, as these facilities are not connected to a high level of stigma and they do not offer specialised mental health care (Willie & Maqboo, 2023).

On the contrary, a study by Schierenbeck, Johansson, Andersson and van Rooyen (2013), conducted in the Eastern Cape province of South Africa, rejects the integration of mental health services into primary health care due to a lack of specialised staff or health professionals in primary health clinics, which may result in incorrect referrals or diagnoses of patients. As noted by Mugisha, Ssebunnya and Kigozi (2016) and Mduba (2020), experienced and trained health practitioners, who are the backbone of human resources, are an essential resource in the implementation of health plans. This is because their vital role is around supporting the incorporation of mental health services at the primary health care level.

However, the lack of medical or health care practitioners who offer mental health care services leads to fatigue and burnout as they are overworked (Shan, 2017). Furthermore, this issue is worsened by the heavy workloads at the health facilities, which also impacts or contributes to mental health issues of the health practitioners themselves. Limited human resources cause a blockage to the integration of mental health treatment plans into primary health care (Senkubuge, Modisenyane & Bishaw, 2014).

According to the participants and findings from Ogundare (2020) and Ahad, Sanchez-Gonzalez and Junquera (2023), cultural incompetence from mental health practitioners is an added challenge. Mental health care practitioners treat multicultural patients, which necessitates a need of their awareness of the influence of cultural dynamics in

comprehending the patient's expression of suffering, assigning symptoms to a diagnostic group, and planning treatment which is culturally appropriate.

5.3 STUDY LIMITATIONS

The study focused solely on the professional nurse's perceptions of mental health integration into the primary health care system in OR Tambo District. Therefore, the study recommends a follow-up or more studies to be conducted that focus on all mental health care professions such as nurses, doctors, social workers, psychologists, and psychiatrists' perceptions, in terms of the effectiveness of mental health integration of mental health into primary health care system, and that further studies focused on other District municipalities across the country. Moreover, a study with a large sample size, where a mixed method approach is employed, is recommended.

5.4 CONCLUSION

The integration of mental health into primary healthcare remains a critical strategy for improving mental healthcare accessibility and service delivery in the OR Tambo District. This study explored the perspectives of professional nurses regarding the benefits and challenges associated with this integration. The findings reveal that integrating mental health services within primary healthcare facilities would improve accessibility, reduce stigma, and enhance patient-centered care. However, challenges such as inadequate infrastructure, shortages of trained mental health professionals, and cultural barriers continue to hinder effective implementation. The study highlights the need for ongoing training and support for healthcare practitioners to ensure that they can effectively diagnose, manage, and refer mental health patients within the primary healthcare system. Additionally, community-based mental health awareness programs are crucial for reducing stigma and encouraging early intervention. While some scholars argue against integration due to concerns about misdiagnosis and inadequate resources, this study affirms that, with proper training, collaboration, and resource allocation, mental health integration into primary healthcare is a viable and beneficial strategy. The findings underscore the need for government intervention and policy adjustments to support this initiative, ensuring that all patients, especially those in rural communities, receive the mental healthcare they require.

5.5 RECOMMENDATIONS

Based on the study findings, recommendations are proposed to enhance the effective integration of mental health into primary healthcare. First, there is a need for Department of Health to improve accessibility by ensuring that primary healthcare facilities are adequately equipped with mental health resources, including psychotropic medications and consultation rooms. Strengthening infrastructure will ensure that patients can receive timely and appropriate care. Secondly, the Department of Health should prioritize staff training by providing continuous professional development programs focused on mental health diagnosis, treatment, and referrals. Nurses and other healthcare providers must be equipped with the necessary skills to manage mental health cases effectively.

Moreover, collaboration between healthcare facilities and external stakeholders, such as private clinics and pharmacies, should be enhanced to ensure seamless referrals and improve service

delivery. The study also recommends increased mental health awareness campaigns at the community level to reduce stigma and encourage individuals to seek care without fear of discrimination. Lastly, future research should expand the focus beyond professional nurses to include other key stakeholders, such as doctors, psychologists, social workers, and policymakers, to gain a broader understanding of mental health integration challenges and opportunities. Additionally, studies using larger sample sizes and mixed-method approaches could provide more comprehensive insights into how mental health services can be effectively integrated into primary healthcare.

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APPENDICES

Appendix A: Initial and Final Ethical Clearance

Health Sciences Research Ethics Committee

11-Jul-2024

Dear **Busisiwe Febana**

Ethics Clearance: **PERCEPTIONS OF NURSES ON INTEGRATING MENTAL HEALTH INTO PRIMARY HEALTH CARE IN THE OR TAMBO DISTRICT**

Principal Investigator: **Busisiwe Febana**

Department: **Office of the Dean: Health Sci Department (UFS Main Campus)**

Submission Page

MODIFICATIONS REQUIRED

With reference to your application for ethical clearance with the Faculty of Health Sciences, your research proposal has been considered by the Health Sciences Research Ethics Committee. However, the HSREC will only be able to approve this research once a revised application or supplementary documentation is received as per the following provisions:

Requested changes are not highlighted in the protocol or any other documents uploaded. Please amend.

Administrative matters:

- The request to obtain permission from UFS branding to use UFS logos was replied with: "UFS logos have been removed", yet the newly uploaded Appendix 10 - Advertisement/Recruitment Material still has an UFS logo.

Permission required:

- Permission letters form the head of the Clinics in OR Tambo district is required.
- Additional permission form the Eastern Cape DoH is also required

The HSREC is committed to the protection of all research participants, however it remains the responsibility of the PI to meet and to ensure that all foreign legal and ethical requirements are met in a proposed cross-border study. Furthermore, it is the responsibility of the PI to inform the HSREC of all foreign legal and ethical requirements and to provide proof to the HSREC that these requirements have been met prior to conducting any research procedure(s).

Upon receipt of the above documentation/other requests from the HSREC, the project will be reconsidered.

No research activity may commence until a final HSREC approval letter has been received. Any research activity without appropriate approval is unethical behavior.

Please note:

• Any and all changes made to documents in this application must be highlighted before resubmission. Please include a summary of changes. Failure to comply to this request might result in this project being withdrawn from further consideration.

• You have 60 calendar days from date of issuance to respond to this letter. If no response has been received by HSREC Administration within this time, this application will be withdrawn from further consideration and you will have to reapply.

Your ethical clearance number will be issued as soon as the HSREC has reviewed and approved your response to the above mentioned stipulations. For the time being, please use the following RIMS reference number in all correspondence: **UFS-HSD2024/0234**

For any questions or concerns, please feel free to contact HSREC Administration: 051-401 2650/9860 or email EthicsFHS@ufs.ac.za.

Thank you for submitting this proposal for ethical clearance. We look forward to receiving your response.

Yours Sincerely

Dr. C. Armour (Barrett)
Chairperson : Health Sciences Research Ethics Committee

Health Sciences Research Ethics Committee
T: +27 (0)51 401 2650/9860 | E: ethicsfhs@ufs.ac.za
IRB 00011992; REC 230408-011; IORG 0010096; FWA 00027947
Block D, Dean's Division, Room D104 | P.O. Box 339 (Internal Post Box G40) | Bloemfontein 9300 | South Africa
www.ufs.ac.za

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YUNIVESITHI YA FREISTATA

UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

Health Sciences Research Ethics Committee

11-Sep-2024

Dear **Busisiwe Febana**

Ethics Clearance: **PERCEPTIONS OF NURSES ON THE SIGNIFICANCE OF INTEGRATING MENTAL HEALTH INTO PRIMARY HEALTH CARE IN THE OR TAMBO DISTRICT**

Principal Investigator: **Busisiwe Febana**

Department: **Office of the Dean: Health Sci Department (UFS Main Campus)**

Submission Page

APPLICATION APPROVED

Please ensure that you read the whole document

With reference to your application for ethical clearance with the Faculty of Health Sciences, I am pleased to inform you on behalf of the Health Sciences Research Ethics Committee that you have been granted ethical clearance for your project.

Your ethical clearance number, to be used in all correspondence is:**UFS-HSD2024/0234/0110**

The ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension.

We request that any changes that may take place during the course of your research project be submitted to the HSREC for approval to ensure we are kept up to date with your progress and any ethical implications that may arise. This includes any serious adverse events and/or termination of the study.

A progress report should be submitted within one year of approval, and annually for long term studies. A final report should be submitted at the completion of the study.

Research conducted in any Department of Health facility: Researchers are required to sign and return the HSREC approval letters to the provincial Department of Health where they applied. It is also a requirement for researchers to submit electronic copies of their final research findings, and/or make a presentation of their findings and recommendations at departmental research days when and where indicated.

The HSREC functions in compliance with, but not limited to, the following documents and guidelines: The SA National Health Act. No. 61 of 2003; Ethics in Health Research: Principles, Structures and Processes (2015); SA GCP(2020); Declaration of Helsinki; The Belmont Report; The US Office of Human Research Protections 45 CFR 461 (for non-exempt research with human participants conducted or supported by the US Department of Health and Human Services- (HHS), 21 CFR 50, 21 CFR 56; CIOMS; ICH-GCP-E6 Sections 1-4; International Council for Harmonisation (ICH) Harmonised Guideline, Integrated Addendum to ICH E6(R1), Guideline for Good Clinical Practice (GCP) E6(R2), 2016, SAHPRA Guidelines as well as Laws and Regulations with regard to the Control of Medicines, Constitution of the HSREC of the Faculty of Health Sciences.

The Principal Investigator (PI) bears final responsibility for the RIMS application. In the event of any misconduct or improper activities perpetuated by a third party, the PI will be held vicariously liable. The HSREC will bear no responsibility or liability for any actions of a PI and/or third party or breach of confidentiality caused by the PI and/or third party.

For any questions or concerns, please feel free to contact HSREC Administration: 051-4012650/9860 or email EthicsFHS@ufs.ac.za.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours Sincerely

Prof. Walter Janse van Rensburg
Vice-chairperson: Health Sciences Research Ethics Committee

Health Sciences Research Ethics Committee
T: +27 (0)51 401 2650/9860 | E: ethicsfhs@ufs.ac.za
IRB 00011992; REC 230408-011; IORG 0010096; FWA 00027947

Appendix B: Request letter-Lusikisiki Village

Lusikisiki
16/08/2024

The Operational Manager
Lusikisiki Village Clinic
INGQUZA Sub- District
O.R. Tambo district
Lusikisiki
Eastern Cape

Dear sir/madam

RE: Permission to conduct Research at O.R. Tambo District.

I Busisiwe Monica Febana id no: 7706090567087 a Master student at University of Free State, student no: 2025678240. Working at Nelson Mandela Academic Hospital, at Mental Health Unit and a deputy President of OR, Tambo Mental Health Forum, would like to be provided an opportunity to conduct research at your facility

- Lusikisiki Village Clinic

The title of this study is Perceptions of Nurses on Integrating Mental Health into Primary
Health Care in the O. R. Tambo District.

Hopefully this will reach your consideration.

Yours
faithfully Ms.
B.M Febana

Appendix C: Lusikisiki Village Approval Letter

Province of the
EASTERN CAPE
HEALTH

LUSIKISIKI VILLAGE CLINIC. PRIVATE BAG X 1052. INQUZA SUB-DISTRICT*.
REPUBLIC OF SOUTH AFRICA

TEL NO: 0392537514 Mail: fezeka.ngwaja75@gmail.com, website: www.ecdh.gov.za

23/08/2024

Dear Sir /Madam

Acceptance of Ms. B.M Febana's request to conduct Research at Lusikisiki Village clinic

This serves as an acknowledgment that the above master's Student from the University of Free State, presented to us her request to research the perceptions of nurses on integrating mental health into primary health care in the OR Tambo district.

Having noted prior, to the approval for the proposed research from EC DOH Provincial and District Ethics Committees, we in consultation with **Inquza Hill Sub-District** Management, also approve the request.

We trust that findings from this Research will be shared with us for value/quality improvement purposes.

Kind Regard

Ms. F Ngwaja (Operational Manager)

Village Clinic

Appendix D: Approval Letter-Department of Health, Eastern Cape

Province of the
EASTERN CAPE
HEALTH

Room 31 • 1st Floor • Grosvenor Lodge • 31 Taylor Street • King Williams Town• Eastern Cape
Private Bag X0038 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)43 605 4535• 043 6054518 •Email: ncebagixela22@gmail.com

Date: 12 August 2024

PERCEPTIONS OF NURSES ON INTEGRATING MENTAL HEALTH INTO PRIMARY HEALTH CARE IN THE OR TAMBO DISTRICT (EC_202408_005)

Dear Ms. Busisiwe Monica Febana

The department would like to inform you that your application for the research mentioned above topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having written approval from the Research Ethics Committee.

2. You are advised to ensure, observe, and respect the rights and culture of your research participants, maintain confidentiality of their identities, and remove or not collect any information that can be used to link the participants.

3. The Department of Health expects you to provide a progress update on your study every 3 months (from the date you received this letter) in writing.

4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Eastern Cape Health Research Committee secretariat. You may also be invited to the department to come and present your research findings with your implementable recommendations.

5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

Appendix E: Letter of Approval-OR Tambo District

Province of the
EASTERN CAPE
HEALTH

DISTRICT MANAGER'S OFFICE
Room 41 • 9th Floor • Botha Sigcau Building • Cnr Owen & Leeds Streets • Mthatha • Eastern Cape
Private Bag X5005 • Mthatha • 5099 • REPUBLIC OF SOUTH AFRICA
Tel: 047 502 9083. Fax +27 (0)47 532 3995 •Website: www.ecdoh.gov.za

INTERNAL MEMORANDUM

TO:	**SUB DISTRICT MANAGERS**
FROM:	**DISTRICT MANAGER: O. R TAMBO**
SUBJECT:	**PERMISSION TO CONDUCT RESEARCH STUDY: MS. B.M. FEBANA**
DATE:	**21/08/2024**

Purpose

The purpose of this memorandum is to inform the Sub District Managers, and Staff about the permission granted to conduct research study by Ms. Febana.

Background

The aim of the research is to study the Perceptions of Nurses on Integrating Mental Health into Primary Health Care in the O.R. Tambo District . Ms. Febana has submitted all the required documents for the research study in the Eastern Cape Department of Health Head Office and as such permission has been granted to her by the Research unit to conduct the study in terms of research protocol and methodology.

SUBJECT:	**PERMISSION TO CONDUCT RESEARCH STUDY: B.M. FEBANA**

Approval by the district

Kindly note that this memorandum serves as an approval at district level for Ms. Febana to conduct the research study in terms of the approved research protocol, ethical clearance and permission letter from the research unit.

APPROVED

2024/08/21

---------- .....

N.S Ntshanga **Date**

District Manager O.R Tambo

SUBJECT:	**PERMISSION TO CONDUCT RESEARCH STUDY: B.M. FEBANA**

Appendix F: Request Letter-Libode Clinic

Libode
16/08/2024

The Operational Manager
Libode Clinic
O.R. Tambo district
Libode
Eastern Cape

Dear sir/madam

RE: Permission to conduct Research at O.R. Tambo District.

I Busisiwe Monica Febana id no: 7706090567087 a Master student at University of Free State, student no: 2025678240. Working at Nelson Mandela Academic Hospital, at Mental Health Unit and a deputy President of OR, Tambo Mental Health Forum, would like to be provided an opportunity to conduct research at your facility

- Libode Clinic

The title of this study is Perceptions of Nurses on Integrating Mental Health into Primary
Health Care in the O. R. Tambo District.

Hopefully this will reach your consideration.

Yours
faithfully Ms.
B.M Febana

Appendix G: Approval letter-Libode Clinic

Province of the EASTERN CAPE HEALTH

ISEBE LEZEMPILO /DEPARTMENT OF HEALTH/ DEPARTMENT VAN GESONDHID
LIBODE CLINIC BOX 208 LIBODE 5160 TEL NO: 047 555 8947

Dear Sir/Madam

Letter of acceptance to conduct a study at Nyandeni Sub-district- Libode clinic for Ms BM Febana

This communique serves to confirm that **Busisiwe Monica Febana with ID No. 7706090567087**, studying master's degree at the University of Free State has been granted permission to conduct research on the Perception of Nurses on Integrating Mental Health into Primary Health care in our facility Libode Clinic. We, t~~he~~ogether with the **Nyandeni Sub-District Office**, hereby grant permission for the researcher to conduct the study at **Libode Clinic**, situated within our sub-district.
We acknowledge that your study aims to explore the perceptions of nurses on the significance of integrating mental health into primary health care in the OR Tambo District. Your research aligns with our sub-district priorities and may contribute valuable insights to improve healthcare service delivery.

Terms and Conditions:

1. This permission is granted for one year.
2. You shall ensure confidentiality and anonymity of participants and clinic staff.
3. You shall obtain informed consent from participants.
4. You shall provide regular progress updates to our office.
5. You shall share the study's findings with our office upon completion.

Yours faithfully
T.V.Zono
Operational manager

Together, moving the health system forward

Fraud prevention line: 0800 701 701
24-hour Call Centre: 0800 032 364
Website: www.echealth.gov.za

Appendix H: Request Letter- Mbekweni

Viedgesville
Umtata
5102
16/08/2024

The Nursing service Manager
Mbekweni PHC
O.R. Tambo district
Viedgesville
Eastern Cape

Dear sir/madam

RE: Permission to conduct Research at O.R. Tambo District.

I Busisiwe Monica Febana id no: 7706090567087 a Master student at University of Free State, student no: 2025678240. Working at Nelson Mandela Academic Hospital, at Mental Health Unit and a deputy President of O.R, Tambo Mental Health Forum, would like to be provided an opportunity to conduct research at your facility

- **Mbekweni PHC**

The title of this study is Perceptions of Nurses on Integrating Mental Health into Primary Health Care in the O. R. Tambo District.

Hopefully this will reach your consideration.

Yours faithfully
Ms. B.M Febana
bmfebna

Appendix I: Approval letter Mbekweni

Province of the
EASTERN CAPE
HEALTH

KING SABATA DALINDYEBO SUB-DISTRIC* •Republic of South Africa• Mbekweni PHC
•O. R Tambo District Municipality •TEL No: 047 538 0061

16/08/2024

Dear Sir/Madam

RE-Acceptance of Ms. B.M Febana's request to conduct Research at Mbekweni Health Centre

This is an acknowledgement that Busisiswe Febana ID NO:7706090567087 a student at University of Free State. Presented to us her request to conduct research about perceptions of nurses on integrating Mental Health into Primary Health Care in the O.R Tambo District.

We noted the approval from the proposed research from EC DOH Province and District Ethics committees and with consultation with King Sabata Dalindyebo Sub-District Management, also approve your request.

We appreciate your contribution to improving healthcare in our sub-district and took forward to your study's outcomes as it is of value to Mental health for the entire district.

Yours in service

Mr. H SITELO (Operational Manager

Mbekweni PHC

Appendix J: Request Letter: Qumbu

Viedgesville
Umtata
5102
16/08/2024

The Nursing service Manager
Qumbu PHC
Eastern Cape

Dear sir/madam

RE: Permission to conduct Research at O.R. Tambo District.

I Busisiwe Monica Febana id no: 7706090567087 a Master student at University of Free State, student no: 2025678240. Working at Nelson Mandela Academic Hospital, at Mental Health Unit and a deputy President of O.R, Tambo Mental Health Forum, would like to be provided an opportunity to conduct research at your facility

- **Qumbu PHC**

The title of this study is Perceptions of Nurses on Integrating Mental Health into Primary Health Care in the O. R. Tambo District.

Hopefully this will reach your consideration.

Yours faithfully
Ms. B.M Febana
bmfebna

Appendix K: Approval Letter Qumbu

Province of the
EASTERN CAPE
HEALTH

QUMBU HEALTH CENTRE • QUMBU • Eastern Cape
N2 ROAD • QUMBU • 5180 • REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)87 310 8367 • • Website: www.ecdoh.gov.za
Enquires: X. Mzindle
Contact: 083 280 6653 /072 161 8762

Dear Sir/ Madam

Acceptance of Ms. BM. Febana's request to conduct Research at Qumbu CHC

This serves as an acknowledgement that the above Master student from UFS presented to us her request to conduct Research on: Perceptions of Nurses on Integrating Mental Health into Primary Health Care in the OR Tambo District.

Having noted the prior approval for the proposed Research by the EC DOH Provincial and District Ethics Committees, we in consultation with Mhlontlo Sub-district Management, also approved her request.

We trust that findings from this Research will be shared with us for value/ quality improvement purposes.

Kind regards

Nohe S. Mr. (Operational Manager)

Qumbu CHC 0475536101

PROVINCE OF THE EASTERN CAPE
MHLONTLO QUMBU CHC
MANAGERS OFFICE
22 AUG 2024
SIGN: .....
DEPARTMENT OF HEALTH
P BAG X 421 - QUMBU 5180

Appendix L: Consent Form-English

ANNEXURE A: INFORMED CONSENT FORM

Title: Perceptions of Nurses on the Significance of Integrating Mental Health into Primary Health Care in the OR Tambo District

Researcher: Busisiwe Monica Febana

Dear Participant,

You are being invited to participate in a research study titled "Perceptions of Nurses on the Significance of Integrating Mental Health into Primary Health Care in the OR Tambo District." The purpose of this study is to explore your perceptions as a registered nurse regarding the importance of integrating mental health services into primary healthcare settings within the OR Tambo District of South Africa's Eastern Cape Province. The interviews will take approximately 15-30 minutes.

Benefits and Risks:

- Participation may contribute to understanding the importance of mental health integration in primary healthcare, potentially improving patient care.
- There are minimal risks associated with participation, such as discomfort in discussing sensitive topics.

Dissemination of Findings:

- The findings will be shared with participants.
- Results may be published in an accredited academic journal or presented at a conference, ensuring participant anonymity.

Confidentiality and Data Storage:

- Your identity will remain confidential throughout the study.
- All identifying information will be removed from transcripts to ensure anonymity.
- Raw data will be electronically stored with a password and will only be accessible to the researcher and supervisor.
- Transcripts and audio recordings will be securely archived for three years.

Contact Information:

- If you have any questions or concerns about the study, please contact the researcher, Busisiwe Monica Febana, at busisiwemf@gmail.com or 0731456981.

VOLUNTARY PARTICIPATION:

Participation in this study is completely voluntary. If you decide not to participate there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form, you acknowledge that you have read and understood the information provided above and agree to participate in the study voluntarily.

Participant's Signature: _____
Date: _____

Researcher's Signature: _____
Date: _____

Appendix M: Consent Form-IsiXhosa

ANNEXURE B: INFORMED CONSENT FORM (XHOSA VERSION)

IFOMU YEMVUME YOKUTHATHA INXAXHEBA KUPHANDO

Isihloko: Iimbono zabongikazi ngokubaluleka kokuDityaniswa kweMpilo yeNgqondo kuNonophelo lweMpilo esisiseko kwiSithili sase-OR Tambo

Umphandi: Busisiwe Monica Febana

Mthathi-nxaxheba othadekayo,

Uyamenywa ukuba uthathe inxaxheba kwisifundo sophando esinesihloko esithi "Iimbono zabongikazi ngokubaluleka kokuDityaniswa kweMpilo yeNgqondo kuNonophelo lweMpilo oluPhambili kwiSithili sase-OR Tambo." Injongo yolu phononongo kukuphononongo iimbono zakho njengomongikazi obhalisiweyo malunga nokubaluleka kokudibanisa iinkonzo zempilo yengqondo kwiindawo zokhathalelo lwempilo olusisiseko kwiSithili sase-OR Tambo eMzantsi Afrika kwiPhondo leMpuma Koloni. Udliwano-ndlebe luya kuthatha malunga nemizuzu eyi-15-30.

Izibonelelo kunye nemingcipheko:

• Ukuthatha inxaxheba kunokufaka isandla ekuqondeni ukubaluleka kokudityaniswa kwempilo yengqondo kukhathalelo lwempilo olusisiseko, okunokuphucula ukhathalelo lwesigulane.

• Kukho imingcipheko encinci enxulumene nokuthatha inxaxheba, njengokungakhululeki ekuxoxeni ngezihloko ezinobuzaza.

Ukusasazwa kweziphumo:

• Iziphumo ziya kwabelwana ngazo nabathathi-nxaxheba.

• Iziphumo zinokupapashwa kwijenali yezemfundo evunyiweyo okanye zithiwe thaca kwinkomfa, kuqinisekiswe ukuba umthathi-nxaxheba akachazwa ngamagama.

IMfihlo kunye noGcino lweDatha:

• Ubuni bakho buya kuhlala buyimfihlo kulo lonke uphononongo.

• Lonke ulwazi oluchongiweyo luya kususwa kwimibhalo ebhaliweyo ukuqinisekisa ukungaziwa.

• Idatha ekrwada iya kugcinwa ngekhompuyutha ngegama eliyimfihlo kwaye iya kufumaneka kuphela kumphandi kunye nomphathi.

• Imibhalo kunye noshicilelo lweaudio luya kugcinwa ngokukhuselekileyo iminyaka emithathu.

Iinkcukacha zoqhakamshelwano:

• Ukuba unayo nayiphi na imibuzo okanye iinkxalabo malunga nophononongo, nceda uqhagamshelane nomphandi, Busisiwe Monica Febana, ku-busisiwemf@gmail.com okanye 0731456981.

INXAXHEBA NGOKUZITHANDELA:

Ukuthatha inxaxheba kolu phononongo kungokuzithandela ngokupheleleyo. Ukuba uthatha isigqibo sokungathathi nxaxheba akusayi kubakho ziphumo zibi. Nceda uqaphele ukuba xa uthatha isigqibo sokuthatha inxaxheba, unokuyeka ukuthatha inxaxheba nangaliphi na ixesha kwaye usenokugqiba ekubeni ungaphenduli nawuphi na umbuzo othile.

Ngokusayina le fomu, uyavuma ukuba ulufundile kwaye waluqonda ulwazi olunikelwe ngasentla kwaye uyavuma ukuthatha inxaxheba kolu phando ngokuzithandela.

Utyikityo lomthathi-nxaxheba: _____

Umhla: _____

Utyikityo lomphandi: _____

Umhla: _____

Appendix M: Interview Guide

IN-DEPTH INTERVIEW GUIDE (PROFESSIONAL NURSES)

Dear participants,

Thank you for participating in this interview. The purpose of this study is to explore nurses' perceptions of the significance of integrating mental health services into primary healthcare in the OR Tambo District. Your experiences and perspectives as a registered nurse working within this district are crucial for understanding the current state of mental health services and identifying potential areas for improvement.

Your participation in this interview is entirely voluntary, and you have the right to withdraw at any time without any consequences. Your confidentiality and anonymity will be strictly maintained throughout the study. This interview is expected to take approximately 15-30 minutes. Please feel free to ask any questions or seek clarification at any point during the interview.

Interview questions

- ✓ Can you share your thoughts on the importance of integrating mental health services into primary healthcare settings within the OR Tambo District?
- ✓ In your opinion, what are the main challenges faced by patients with mental health issues in accessing healthcare services within the OR Tambo District?
- ✓ What do you perceive to be the benefits of integrating mental health services into primary healthcare settings?
- ✓ Have you received any specific training or support in managing mental health issues among patients within your primary healthcare clinic?
- ✓ What are the barriers, if any, to integrating mental health services into primary healthcare within the OR Tambo District?
- ✓ In your experience, what role do nurses play in promoting mental health awareness and support within the community served by your primary healthcare clinic?

Thank you for participating in this study.