THE CHALLENGES FACED BY SOCIAL WORKERS RENDERING SERVICES TO CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH DISORDERS IN CHILD AND YOUTH CARE CENTRES

by

CANDICE LEE JACOBS

submitted in accordance with the requirements for

the degree of

MASTER OF SOCIAL WORK

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: DR. M.R LEKGANYANE

FEBRUARY 2022

DECLARATION

Name: Candice Lee Jacobs

Student number: 10353542

Degree: Master of Social Work

THE CHALLENGES FACED BY SOCIAL WORKERS RENDERING SERVICES TO CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH DISORDERS IN CHILD AND YOUTH CARE CENTRES

I declare that this dissertation is my own work and that all the sources that I used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

15 January 2022

SIGNATURE DATE

DEDICATION

This study is dedicated to:

My partner, whose encouragement and positivity made the journey easier;

my grandmother, who has always believed in me; and

Charlene Grobler, my friend and colleague, who showed me the heart of social work.

ACKNOWLEDGEMENTS

This study was made possible by the following people, whom I wish to acknowledge:

- My academic supervisor, Dr. Lekganyane, who supported and guided me through this study and taught me the essence of research.

- My partner, Ane de Jongh, who has loudly cheered me on and encouraged me throughout these two years. Thank you for believing in me.

- My grandmother, Ria Marais, who frequently tells me how wonderful I am and how I can do anything. Your encouragement has paved the way for me and I love you.

- My uncle Barry Jacobs, who many years ago saw my potential and paid my university fees. This study would not have happened without your generosity and kindness when I needed it most. Thank you.

- My friend and wonderful supervisor Charlene Grobler, who made me believe in my own skills as a social worker and coloured my life with her positivity.

- My supervisor Ronel Terblanche, whose values and kindness shaped me. I learned so much from you and your impact on my career has been significant.

- All the social workers who dedicate their skills and time to children in CYCCs. You are valuable and your efforts are not going unnoticed.

- All of the participants in this study, thank you for sharing your stories with me. This study wouldn't have materialised without you.

ABSTRACT

Social workers rendering services to children and adolescents with mental health disorders in Child and Youth Care Centres play a significant role in supporting these children. They liaise with various stakeholders and professionals to ensure that the children receive the necessary support and care. Despite their crucial role in these centres, they seem to be confronted with several challenges, of which some are undocumented. Furthermore, this topic has not been adequately researched, which propelled the researcher to conduct a qualitative research study aimed at exploring and describing the challenges experienced by the social workers in Child and Youth Care Centres. The study was conducted in Pretoria, South Africa, in the Tshwane municipal area in Gauteng province. The researcher used the exploratory, contextual, descriptive and phenomenological research designs and viewed and described the phenomenon from the perspective of the ecological systems theory. Throughout the study, the researcher was guided by and upheld the ethical principles of anonymity, confidentiality, debriefing, informed consent, beneficence and management of information. Data was collected through semi-structured online interviews and analysed by means of Braun and Clarke's six steps of qualitative data analysis. Through the analysis, six themes and twenty-two subthemes emerged, which were presented and discussed, supported by findings from existing literature and the adopted theoretical framework. The research findings detailed a variety of challenges that social work participants encountered both internally and externally, followed by the strategies adopted by them and their opinions on what was needed for the betterment of CAMH in CYCCs. The researcher then, through findings derived from the study, compiled a list of recommendations for social work practice, future research and training.

TITLE OF THESIS/DISSERTATION

THE CHALLENGES FACED BY SOCIAL WORKERS RENDERING SERVICES TO CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH DISORDERS IN CHILD AND YOUTH CARE CENTRES

KEY TERMS

Social workers; child and adolescent mental health disorders; child and youth care centres; challenges; ecological systems theory; semi-structured online interviews; experiences.

TABLE OF CONTENTS

DECLARATION ..... **i**
DEDICATION ..... **ii**
ACKNOWLEDGEMENTS ..... **iii**
ABSTRACT ..... **iv**
TITLE OF THESIS/DISSERTATION ..... **v**
KEY TERMS ..... **v**
ACRONYMS AND ABBREVIATIONS ..... **xi**
CHAPTER ONE **1**
GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY **1**
1.1 GENERAL INTRODUCTION 1
1.2 ORIENTATION TO THE STUDY 1
1.3 RESEARCH PROBLEM 2
1.4 RATIONALE FOR THE STUDY 5
1.5 RESEARCH QUESTIONS, GOAL AND OBJECTIVES 7
1.5.1 The research questions 7
1.5.2 Research goal 8
1.5.3 Research objectives 9
1.6 DEFINITION OF KEY CONCEPTS 10
1.6.1 Challenge 10
1.6.2 Experience 10
1.6.3 Social worker 11
1.6.4 Child 11
1.6.5 Adolescent 11
1.6.6 Mental disorder 12
1.6.7 Child and youth care centres 12
1.7 CHAPTER OUTLINE 13
CHAPTER TWO **15**
LITERATURE REVIEW **15**
2.1 INTRODUCTION 15
2.2 THE MEANING OF MENTAL HEALTH 15
2.3 THE EFFECTS OF CAMH DISORDERS ON SOCIETY 16

2.4 FACTORS CONTRIBUTING TO THE DEVELOPMENT OF MENTAL HEALTH DISORDERS 17
2.5 CHALLENGES AND OPPORTUNITIES ASSOCIATED WITH CAMH 18
2.6 STATUS OF CHILD AND MENTAL HEALTH DISORDERS IN AFRICA 19
2.7 STATUS OF CHILD AND MENTAL HEALTH DISORDERS IN SOUTH AFRICA 22
2.8 THE ROLE OF SOCIAL WORKERS IN CHILD AND ADOLESCENT MENTAL HEALTH DISORDERS 24
2.9 CHILD AND ADOLESCENT MENTAL HEALTH FROM THE ECOLOGICAL SYSTEMS THEORY 28
2.10 RATIONALE FOR ECOLOGICAL SYSTEMS THEORY IN THE CURRENT STUDY 31
2.11 CHAPTER SUMMARY 31
CHAPTER THREE 33
RESEARCH METHODOLOGY 33
3.1 INTRODUCTION 33
3.2 RESEARCH PARADIGM 33
3.3 THE RESEARCH APPROACH 34
3.4 RESEARCH DESIGN 38
3.4.1 Descriptive research design 39
3.4.2 Exploratory design 39
3.4.3 Contextual research design 40
3.4.4 Phenomenological research design 40
3.5 RESEARCH METHODOLOGY 41
3.5.1 Population, sampling and sampling methods 42
3.5.2 The sampling processes 44
3.5.3 Sample size 45
3.5.4 Data collection 46
3.5.5 Pilot testing 52
3.5.6 Data analysis method 52
3.6 DATA VERIFICATION 54
3.7 ETHICAL PRINCIPLES 56
3.7.1 Anonymity 57
3.7.2 Confidentiality 57

3.7.3 Debriefing 58
3.7.4 Informed consent 58
3.7.5 Beneficence 59
3.7.6 Management of information 60
3.8 CHAPTER CONCLUSION 61
CHAPTER FOUR 62
THE SOCIAL WORK-RELATED CHALLENGES ASSOCIATED WITH CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH DISORDERS 62
4.1 INTRODUCTION 62
4.2 THE RESEARCH FINDINGS 62
4.2.1 Biographical information of participants 62
4.2.2. Themes and subthemes that emerged from analysis 66
4.2.2.1 Theme 1 The general challenges associated with the field of CAMH 68
a) Subtheme 1.1 Financial and funding-related challenges 68
b) Subtheme 1.2 Lack of information or misconceptions about CAMH disorders ... 69
4.2.2.2 Theme 2 The challenges experienced by social workers working with CAMH disorder cases in CYCCs 70
a) Subtheme 2.1 Limited funds, resources and support to deal with CAMH disorder cases in CYCCs 71
b) Subtheme 2.2 Lack of training, tools, knowledge, experience and skills in the field of CAMH 76
c) Subtheme 2.3 Limited or unsuitable placement options for children and adolescents with mental health disorders 79
4.2.2 3 Theme 3 The challenges experienced with complex CAMH disorder cases 81
a) Subtheme 3.1 The challenges related to the impact of complex cases on house parents 82
b) Subtheme 3.2 The impact of severe CAMH disorder cases on other children 86
c) Subtheme 3.3 The challenges associated with disciplining challenging behaviour of individuals with CAMH disorders 88
d) Subtheme 3.4 The challenges associated with expectations and perceptions of CAMH disorder cases 92
4.2.2 4 Theme 4 The challenges related to resources for CAMH disorder cases in CYCCs 93

a) Subtheme 4.1 The challenges associated with the access to psychological/psychiatric services for CAMH disorder cases in CYCCs 94
b) Subtheme 4.2 The challenges associated with access to medical services for CAMH disorder cases in the CYCCs 95
c) Subtheme 4.3 The challenges associated with access to schools with relevant support programmes for CAMH disorder cases 98
d) Subtheme 4.4 Challenges associated with support by the police services..... 100
e) Subtheme 4.5 Challenges associated with institutions and facilities dealing with CAMH disorder cases 101
4.3 CONCLUSION 103
CHAPTER FIVE 104
MANAGING THE CHALLENGES ASSOCIATED WITH CAMH IN CYCCs AND SUGGESTIONS FOR IMPROVEMENT STRATEGIES 104
5.1 INTRODUCTION 104
5.2. PART TWO OF THE RESEARCH FINDINGS 104
5.2.1. Theme 5 Strategies adopted by social workers working with CAMH disorder cases in CYCCs 104
a) Subtheme 5.1 Use of programmes such as group work or individual work as preventative or preparatory strategies 105
b) Subtheme 5.2 Building relationships and networking as preventative or preparatory strategies 107
c) Subtheme 5.3 Understanding CAMH cases and their conditions to ensure suitable intervention as preventative or preparatory strategies 109
d) Subtheme 5.4 Personal skill and techniques used as preventative or preparatory strategy 110
e) Subtheme 5.5 Immediate response strategies 112
5.3.1 Theme 6 Support, strategies, plans or programmes needed for social workers working with CAMH disorder cases in CYCCs 113
a) Subtheme 6.1 CAMH resources and facilities 113
b) Subtheme 6.2 Social work training and tools for dealing with CAMH disorders 114
c) Subtheme 6.3 Multi-disciplinary collaboration and networking 116
5.4 CONCLUSION 117
CHAPTER SIX 118
SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS 118

6.1 INTRODUCTION 118
6.2 SUMMARY AND CONCLUSIONS OF THE GENERAL INTRODUCTION.. 118
6.3 RECALLING THE RESEARCH QUESTIONS..... 119
6.4 RECALLING THE RESEARCH GOAL AND OBJECTIVES 121
6.5 SUMMARY AND CONCLUSION OF THE RESEARCH METHODOLOGY . 123
6.6 SUMMARY AND CONCLUSION OF THE RESEARCH FINDINGS 125
6.6.1 Summary and conclusion of the biographical information of the participants. 125
6.6.2 Summary and conclusion of the challenges faced by social workers rendering services to children and adolescents with mental health disorders in child and youth care centres. 126
6.6.3 Summary and conclusion of the strategies adopted and recommendations made for support, plans and programmes by social workers rendering services to children and adolescents with mental health disorders in child and youth care centres. 129
6.7 RECOMMENDATIONS 131
6.7.1. Recommendations for social work and related professional practice..... 131
6.7.2. Recommendation for future and further research 132
6.7.3. Recommendations for training..... 132
6.8 LIMITATIONS OF THE STUDY 132
6.9 SUMMARY 133
REFERENCES 134
ADDENDUM A: CONFIDENTIALITY AGREEMENT..... 149
ADDENDUM B: CONSENT FORM..... 150
ADDENDUM C: INTERVIEW QUESTIONS 151
ADDENDUM D: DATA AGREEMENT..... 153
ADDENDUM E: DEBRIEFER'S INFORMATION..... 154

TABLES

TABLE 4.1 Biographical information of participants 63
TABLE 4.2 Themes and subthemes 67

.

ACRONYMS AND ABBREVIATIONS

AACAMH	African Association for Child and Adolescent Mental Health
ADHD	Attention deficit hyperactivity disorder
APA	American Psychological Association
CD	Conduct disorder
CAMH	Child and adolescent mental health
CPD	Continuing professional development
CPOS	Child Protection Organisation
CYCC	Child and youth care centre
DOE	Department of Education
DOH	Department of Health
DSD	Department of Social Development
DSM-5	Diagnostic and Statistical Manual of Mental Disorders
EBP	Evidence based practice
EST	Ecological systems theory
ICD10	International Classification of Diseases
IDP	Individual Development Plan
IFSW	International Federation of Social Workers
LMIC	Low and middle income country
NGO	Nongovernmental organisation
ODD	Oppositional defiance disorder
OT	Occupational therapist
SACSSP	South African Council for Social Service Professions
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

CHAPTER ONE

GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 GENERAL INTRODUCTION

This chapter provides a general introduction and orientation to the study, with specific attention on the general introduction, the problem statement, the rationale for the study and research questions, goals and objectives. The chapter concluded with the definitions of key concepts that were central to this study and an outline of the chapters.

1.2 ORIENTATION TO THE STUDY

Mental health disorders are among the main psychosocial challenges confronting societies in the modern day and, given their natural vulnerability, children and adolescents are more exposed than adults to the impact of mental health disorders. Research evidence suggests that up to 20% of children and adolescents worldwide suffer from mental health disorders (Kieling, Baker-Henningham, Belfer, Conti, Ertem, Omigbodun, Rohde, Srinath, Ulkuer & Rahman 2011:1515; Scarpa & Wilson 2012:467; UNICEF & WHO 2019:5). For children and adolescents who reside in alternative care facilities such as Child and Youth Care Centres (CYCCs), the impact is even more severe. A study by Sawyer, Carbone, Searle and Robinson (2007:183) for instance revealed that adolescents who are in alternative care are more prone to depression, suicidal behaviour, thoughts and fantasies than their counterparts whose biological families take care of them. In a study Hermenau, Hecker, Rufl, Schauer, Elbert and Schauer (2011:7) conducted in Africa, it was found that children residing in CYCCs specifically have a heightened chance of experiencing mental health challenges.

Social workers rendering services to children and adolescents with mental health disorders in CYCCs play a significant role in supporting these children. This statement is supported by the author Zastrow (2017:151-152), who considers social workers' involvement to be instrumental in in a range of services related to mental health. Part of their significant role is that they liaise with various stakeholders and professionals to ensure that these children receive the necessary support and care. Social workers link clients and families to various systems in society that provide a wide spectrum of resources (Lekganyane & Alpaslan 2019:142; Zastrow 2017:48,529).

A unique and important aspect of the social work profession is that social workers understand that persons with mental health disorders experience difficulties in all areas of their lives. Mental disorders can create a great deal of distress and social workers are in the distinctive position of being able to help repair and enhance the functioning of the individuals they work with. They also have an understanding of the intricacies of the relationship between people and their environments and this is ultimately what sets social work apart from other professions when dealing with persons with mental health disorders (Heller & Gitterman 2011:1). Social workers play a major role in supporting both individual children and their respective families (Walker 2003:673).

Although social workers have a crucial role to play in CYCCs, they seem to be confronted by several challenges, of which some are undocumented owing to the lack of research. In responding to the deficit in research about this subject matter, the researcher decided to compose a qualitative research study aimed at exploring and describing the challenges social workers face in working with children and adolescents with mental health disorders in CYCCs.

1.3 RESEARCH PROBLEM

The term research problem refers to a challenge that needs to be addressed, a question that comes to the fore through literature or an advancement that needs to be made, which can only be addressed through a thorough exploration and a study (Kabir 2016:25). The research problem is the basis of a research study and it is deemed important enough to dictate the quality of the study (Kabir 2016:27). According to Steinberg (2015:25), the researcher should consider the research problem as moving down a funnel, where they first pinpoint an extensive area that fascinates them and then moves down into the funnel, where every step depicts further conceptualisation. This involves identifying the overall topic and formulating the viewpoint to be adopted by examining the phenomenon in question (Steinberg 2015:25). Merriam and Tisdell (2016:76) believe that beginning a study without first ascertaining the research problem is a futile exercise.

The phenomenon of Child and Adolescent Mental Health (CAMH) is a global concern. A challenge pertaining to resources generally prevails in Africa, where the situation is worse than in Western countries. Given their roles as frontline workers, social workers

are normally the first line of professional intervention and they are therefore confronted with all the early challenges that are associated with the scourge of CAMH.

When one considers problems in a family or community, it is vital also to comprehend how and when social workers need to get involved. Zastrow (2017:70) explains that families facing issues often necessitate the intervention of social workers, and that there are various types of interventions and support that social workers can render to families in need. The kind of social work services that are rendered at an early stage are called preventative services and they aim to keep families together (Suppes & Wells 2013 2:133; Zastrow 2017:70).

The second type of intervention, which is multifaceted and may include placement of a child in a CYCC, is utilised when the family structure has fallen apart, usually a sign that something has gone completely wrong and will probably have repercussions far beyond the family structure (Zastrow 2017:70). However, it is also important to note that although the family is usually perceived as being at fault, the larger social environment may carry some of the blame. In supporting this viewpoint, the World Health Organisation (WHO) (2014:9) explains how mental well-being is linked with a social environment that is conducive to this state, and that many mental health disorders are caused by the influence of a person's social, economic and physical environment throughout their various life phases. Furthermore, the risk factors relating to mental health disorders are linked to social inequalities and reiterate the need for action to be taken in every life phase to better the everyday living conditions of people. These actions, in every life phase (childhood, adolescence, etc.), may enhance mental health and lower the risk of mental health disorders (WHO 2014:9).

In the context of the study, children and adolescents in CYCCs are in need of care and protection, as provided by section 150 of the Children's Act 38 of 2005 (Republic of South Africa 2005) as amended. A child who is in need of care and protection, according to the Children's Act 38 of 2005 (Republic of South Africa 2005), refers to a child who "has been abandoned, orphaned, displays uncontrollable behaviour, lives or works on the street, is addicted to a substance, has been exploited, lives in harmful circumstances, is at risk in his or her family placement, is in a state of neglect, is being maltreated, abused or degraded by his or her caregivers". Some of these children are absorbed by the criminal justice system owing to their frequent involvement in crime or

having committed serious crimes (Suppes & Wells 2013:137-139). Research conducted by Babatunde, Janse van Rensburg, Bhana and Peterson (2020:9) shows that maladjusted families pose an increased risk of developing mental health problems. The reality is that when a family structure breaks down, it is a strain on the welfare system (Patel & Hochfeld 2013:4).

A study by Atilola (2014:1), which focuses on CAMH risks and vulnerabilities in SubSaharan Africa, from an Ecological Approach, has highlighted the key factors that put children in danger. These are poverty, a lack of the necessary means to take proper care of children, ineffective community and institutionalised safeguarding of children and clear protocols for child protection (Atilola 2014:1). Consequently, CYCCs that are not providing these vulnerable children with the necessary mental health support and resources are putting them at further risk. Regarding poverty and the risk it poses relating to CAMH, Statistics South Africa (2013:ii) reported in 2013 that 64.5% of children were growing up in households that were in the lowest two earning quintiles, which had an average income of lower than R765 per month. Mejia, Calam and Sanders (2012:163-164), in addressing the link between poverty and psychological and behavioural challenges in children, reported that poorer neighbourhoods presented a higher likelihood of violent behaviour and an integration of problems. Yoshikawa, Aber and Beardslee (2012:281) are of the opinion that progress has been made in terms of grasping the consequences of poverty on a child's mental health as well as useful prevention strategies in addressing this issue.

A child in a CYCC usually comes from a difficult background, one with a variety of influencing factors, including poverty, and it is therefore important to understand the risk poverty poses for CAMH disorder cases. However, a large gap remains in understanding the availability of resources to assist these poverty-stricken children. Despite the widely documented impact, CAMH has not received the necessary attention on a global and national scale (UNICEF & WHO 2019:5). Existing literature reveals that there is a lack of studies connected to the challenges faced by social workers who are working with children and adolescents with mental health disorders in CYCCs.

A shortage of research and flawed or inadequate service models places these vulnerable groups of children in an even further disadvantaged position (Tarren-Sweeney & Vetere 2013:43). In a South African study conducted specifically with CAMH in CYCCs

located in Gauteng province, the researchers Heyns and Roestenburg (2017:22) found a complete absence of specific programmes to deal with CAMH needs. This was also found in Babatunde et al's (2020:10) study of stakeholders' perspectives in South Africa, namely that there were no specific procedures and protocols to address CAMH. The implications of the absence of these studies, programmes and protocols suggest that intervention strategies that are currently implemented are not based on any scientific knowledge that has been developed through research.

The burden, owing to the lack of support and resources for children and adolescents with mental health issues in CYCCs, not only became apparent after reviewing the literature but has been a source of concern throughout the researcher's practice period as a social worker in various fields such as mental health and foster care, among others. During this period, she was exposed to various challenges that CYCCs encountered particularly in dealing with mental health disorders such as attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder (CD) and anxiety disorders among children and adolescents who were placed in these centres. Furthermore, the researcher observed that most of these children were suffering from either individual or multiple and complex mental health issues, a problem which has been a notable theme encountered throughout her career as social worker.

Based on the preceding discussion, the problem statement of the study was formulated as follows: It appears as if there is a shortage of studies about the mental health of children and adolescents, specifically in the context of CYCCs and that social workers practicing in this field have to practice without the necessary support informed by clear guidelines derived from theory, research and literature.

1.4 RATIONALE FOR THE STUDY

The rationale for a study needs to be stated explicitly and should ideally contribute to reducing the shortage of information in the literature, explain or resolve a certain issue and enhance the professional growth of the researcher (Dudovskiy 2018: par. 2,6,10). Kumar (2011:96) considers the rationale of the study as a means to reassure others that the planned research will produce effective results and that the rationale of the study can be justified by means of the reviewed literature. In other words, the rationale of the study aims to provide a clear reason for the necessity of the study and what the study

will contribute to the scientific community, the greater community, and organisations and persons who are affected by the problem or phenomenon. Following the literature review and based on the researcher's own professional experience as a social worker who worked with children and adolescents with mental health disorders, the rationale for this study could be described as twofold, as is presented below.

Firstly, the researcher, while working as a frontline social worker, experienced a shortage of resources to assist children in CYCCs who suffered from mental health disorders. In executing responsibilities, which included among others securing appointments with psychiatrists and medical practitioners, finding suitable schools for placement and dealing with day-to-day challenges, the researcher was generally unable to cope. There was no clear and effective framework within which to treat or support these children and their caregivers. The number of young children, those under the age of 10 years, who were residing in CYCCs and were diagnosed with oppositional defiant disorder (ODD) or conduct disorder (CD) was increasing. There was also an increase in placement applications for very young children with an ODD or a CD diagnosis. The CYCCs were becoming the last resort for these children after many failed placements. These aforementioned challenges were commonly encountered by social workers, who were generally frustrated by having to work under such challenging conditions.

Secondly, although studies and literature support the effect of poverty, violence, physical abuse, sexual or emotional abuse (Atilola 2014; Hsiao, Fry, Ward, Ganz, Casey, Zeng & Fang 2018; Mejia et al 2012; Yoshikawa et al 2012; Ward, Artz, Burton & Leoschut 2015; WHO 2014) on many children in South Africa and the impact of these factors on their mental well-being, there was a gap in studies conducted specifically to address the experiences faced by social workers who worked with children and adolescents with mental health disorders who had been placed in CYCCs.

It emerged that limited current social work studies highlighted this phenomenon and showed how it related to the social work profession. WHO (2014:8) report that there is plentiful evidence relating to the occurrence and distribution of mental health problems in high-income countries. They added that while mental health problems were receiving more attention in low- and middle-income countries, a big gap still existed in the field of research, in policy, legislation, plans for dealing with mental health problems and prevention strategies. Therefore, greater priority should be given to the prevention and

enhancement of mental well-being. Researchers such as Fung, Fox and Harris (2014:24) also make an important plea for those in the field of mental health to propel themselves into action to address the needs of children who are at risk of developing serious behavioural and emotional problems. Their reason for doing so is that failure to address these problems early enough might cause them to become entrenched and more difficult to deal with during adulthood.

Central to the current study was the belief that it would highlight the challenges faced by social workers who were working in the field of CAMH and that these challenges would in turn inform the managers of the CYCCs, funders and related stakeholders to make evidence-based decisions that would serve as a basis for planning, designing and implementing their interventions. It was further anticipated that this study would also draw attention to the issues experienced by social workers in this field and therefore provoke discussions and initiate efforts aimed at providing the necessary support for these professionals.

Child and adolescent psychological wellbeing can and should be improved by linking them to the necessary mental health programmes, care and resources (Meier 2017:13). It is therefore crucial to put measures in place that are aimed at developing and strengthening the children's and adolescents' wellbeing. Research can furthermore serve as one of the strategies for providing a foundation upon which such programmes and resources can be built. With the problem for the proposed study formulated and the rationale for the study outlined, the researcher continued by introducing the research questions, goals and objectives of the study.

1.5 RESEARCH QUESTIONS, GOAL AND OBJECTIVES

In the next section, the research questions that were formulated for the study and the research goal and objectives were defined and discussed as they pertained to this study.

1.5.1 The research questions

Research questions are those questions that the researcher seeks to answer in conducting the research study. These questions then become the foundation on which the research objectives are built (Kumar 2011:345-346). As described by Burns and Grove (2014:165), qualitative research questions are restricted in number; they have a wide

focus and contain ideas or perceptions that are multifaceted and intangible. They are without specific direction and use terms such as “discover” or “explore” (Doody & Bailey 2016:20). The following research questions were formulated for this study:

- What challenges do social workers who are rendering services to children and adolescents with mental health disorders in CYCCs face?
- What strategies do social workers who render services to children and adolescents with mental health disorders in CYCCs adopt in managing their challenges?
- What suggestions do social workers rendering services to children and adolescents with mental health disorders in CYCCs have on how to address the challenges faced?

The research questions listed above informed the research goal, which is presented in the section that follows below.

1.5.2 Research goal

The goal of a research study, as described by Maxwell (2012:216), is the reasoning why the study is necessary. What changes does the researcher want to achieve by investigating these problems? Sudheesh, Duggappa and Nethra (2016:632) consider the goal of the study to be instrumental in providing a comprehensive indication of what the researcher wants to accomplish by conducting a research study. Tully (2014:33) posits the goal of a study is a comprehensive statement of intent and ambition or, put simply, it is the broad aim of the research, what the researcher wants to achieve. The phrasing of this comprehensive statement is obtained from the research questions. In view of the aforementioned definitions, the research goal can be considered to be the reasons why the researcher aims to conduct a study. It is the researcher’s anticipations with regard to the outcomes of the study that drive the research.

For the current research study, the goal was to ascertain the challenges faced by social workers who render services to children and adolescents in CYCCs, and their strategies in managing the challenges as well as suggestions how to address the challenges. In the next section, the focus is on the research objectives.

1.5.3 Research objectives

Another way of specifying the goal of a study is by means of objectives (Parahoo 2014:151). The main purpose of the research objectives is to give details of what the study is anticipated to accomplish (Parahoo 2014:151). These objectives should be stated clearly and explicitly (Kumar 2011:62). In defining the objectives, Sudheesh et al (2016:632) refer to the criteria and mechanisms that will be used to accomplish the goal of the research study. Newell and Burnard (2011:19) regard research objectives as a mini-affirmation of the steps that will be taken in conducting the study. Kabir (2016:34) cautions that if the objectives have not been stated explicitly, the study cannot be assessed accurately, and therefore the set objectives should adhere to the following standards:

- They have to be representative of the environmental context;
- They should look at the problem holistically;
- They have to consider causal aspects in a comprehensible and rational way;
- They must take ethics into account; and
- They have to be stated explicitly in working terms.

In summary, the objectives are a simplified and manageable set of activities that are based on the research goal. The research objectives of the study were therefore formulated as follows:

- To describe the challenges faced by social workers who render services to children and adolescents with mental health disorders in CYCCs;
- To describe the strategies adopted by social workers who render services to children and adolescents with mental health disorders in CYCCs in managing the challenges;
- To explore the suggestions made by social workers on how to address the challenges associated with rendering services to children and adolescents with mental health disorders in CYCCs.

In the next section key concepts that were central to this study are defined.

1.6 DEFINITION OF KEY CONCEPTS

The key concepts central to this study were: challenges, experiences, social worker, child, adolescent, mental health disorder and child and youth care centre.

1.6.1 Challenge

According to the American Psychological Association (APA) Dictionary of Psychology (2020), a challenge is an obstacle that can be viewed as an opportunity instead of a hazard. A hazard will change into a challenge when an individual perceives that their resources are sufficient not only to overcome the stress related to the hazard but also to improve the situation in a tangible way. Miley, O'Melia and DuBois (2013:164) opine that challenges and problems are not the same, because challenges make people look to the future instead of at the problem or what is wrong. Zastrow (2017:51) explains a challenge as viewed from the strength perspective and says it entails an occurrence that everyone, individuals, groups and even communities face and concentrates on what resources, skills and strengths individuals, groups and communities have in order to manage these challenges. Challenges are therefore not viewed as unresolvable problems. For the purpose of this study, challenges were understood as being resolvable difficulties that social workers face when they work with children and adolescents with mental health disorders in CYCCs.

1.6.2 Experience

According to the APA's Dictionary of Psychology (2020), an experience is a lived event, in contrast to an event that is imaginary. Related to mental health, an experience can be something that causes emotional distress and hinders future emotional development (Zastrow 2017:132). A negative experience is, for example, abuse, violence or neglect, which usually has a devastating effect on a child as they grow and develop emotionally and might even continue to have an impact on them into adulthood (Ward et al 2015:4). For the purpose of this study, experiences were considered to be any event – positive or negative – that caused an emotional reaction.

1.6.3 Social worker

According to section 1[1] of the Children's Act 38 of 2005 (Republic of South Africa 2005), a social worker is a registered professional in terms of the Social Service Professions Act 110 of 1978 (Republic of South Africa 1978). Suppes and Wells (2013:5-6) describe a social worker as a professional person who works with individuals, families, groups, organisations and communities in an effort to prevent or solve challenges that they might be facing. Social workers are guided by ethics and justice in their efforts to enhance the wellbeing of others (Suppes & Wells 2013:5-6). Therefore, taking the aforementioned into account, the International Federation of Social Workers (IFSW 2021) describes a social worker as someone who engages in a scientific discipline and profession that advances social relief, change, growth, solidarity and empowerment. For the purpose of this study, a social worker means a professional who is registered with the South African Council for Social Services Professions (SACSSP) to render social work services to children and adolescents with mental health disorders in CYCCs.

1.6.4 Child

As defined by section 1 of the Children's Act 38 of 2005 (Republic of South Africa 2005), a child is a person who is younger than the age of 18. The APA Dictionary of Psychology (2020) defines a child as a young male or female between early childhood and adolescence. To the Department of Health (DOH 2013b:4), a child is a person between birth and nine years old. In the context of the study, a child was considered to be a person younger than 10.

1.6.5 Adolescent

The WHO (2018: par. 1-2) regards adolescents as older than 10 and younger than 19 years of age. The APA Dictionary of Psychology (2020) defines adolescence as a time of human development that begins with the commencement of puberty, usually around the ages of 10 to 12 years, and ends when biological maturity is reached at roughly 19 years of age. This means an adolescent, according to the APA, is a person between the ages of 10 and 19 years old. The DOH (2013b:4) describes an adolescent as being

[1] "Chapter 1: Interpretation, Objects, Application and Implementation of Act (ss 1-5)"

between the ages of 12 and 18 years old. For the purpose of this study an adolescent was considered to be a person between the ages of 10 and 19 years old.

1.6.6 Mental disorder

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (2013:20), a mental disorder is known as a clinically substantial disruption in a person's cognitive, emotional and behavioural functioning, which reflects a maladaptation in the psychological, biological or developmental processes essential for mental functioning. Mental disorders usually cause substantial distress or disability in managing important daily activities.

In another definition, the APA (2020) considers mental health disorders as health-related conditions accompanied by alterations in feelings, thinking patterns and actions. These disorders are linked to distress and an inability to perform activities related to one's family, job or social life.

For the purpose of this study, a mental health disorder in a child or adolescent was viewed as a diagnosed disorder that is recorded in the DSM-5. A mental health disorder therefore had to be of such a nature that it caused impairment or disturbance in the child's or adolescents' day-to-day functioning and their ability to perform age-appropriate developmental tasks that were required of them in their specific development stage or at their age.

1.6.7 Child and youth care centres

According to section 191 of the Children's Act 38 of 2005 (Republic of South Africa 2005), a child and youth care centre (CYCC) is a facility that houses and cares for a number of children (six or more) who are unable to reside in their family home. Furthermore, certain programmes conducted by these facilities are in line with the requirements identified for and the specific needs of the children in the facility. Jamieson (2013:9) reiterates that a CYCC provides housing to more than six children and adolescents who are not residing with their families and that these facilities are obliged to provide therapeutic programmes for the children in their care. The Jakaranda Children's Home (2020), a CYCC based in Pretoria, is an example of such a registered CYCC which provides a safe and caring environment for children who are placed in

their care by the Children's Court. They also provide therapeutic, medical and a range of other services to these children as well as impart skills for their optimal functioning. In the context of the current study, a CYCC was defined as any governmental or nongovernmental facility that housed six or more children who had been placed in their care by means of a Court order. Such a facility also provided specific therapeutic programmes according to the needs of the children in their care.

1.7 CHAPTER OUTLINE

This dissertation comprises six chapters. The current chapter (Chapter One) addressed the general introduction, the problem statement, the rationale for the study and its research questions, goals and objectives. The chapter concluded with the definitions of key concepts and an outline of the chapters to follow.

Chapter Two of this dissertation comprises the literature review and the theoretical framework that was adopted for the purpose of this study. In this chapter mental health and child and adolescent mental health were discussed in broad terms. The focus centred on CAMH in Africa, followed by a discussion of CAMH specifically in the South African context. The chapter also contains information on the role of social workers in the area of CAMH and a discussion of CAMH from the ecological systems theory (EST). Lastly, this chapter is concluded with a chapter summary.

Chapter Three dealt with the application of the research methodology. In this chapter the researcher detailed how each part of the plan, from the research approach to the research design and the selected methods, was implemented. The researcher also discussed the sampling process, data collection and the steps taken for data verification. Furthermore, the ethical principles, and how they were actually implemented as the study unfolded, were also discussed. Similar to the other chapters, this chapter was concluded by means of a chapter summary.

In Chapters Four and Five, the focus was on the research findings. These chapters included the findings based on the participants' experiences and challenges associated with working with children and adolescents placed in CYCCs (Chapter Four); and participants' adopted strategies in dealing with CAMH disorder cases as well as their suggestions for the future (Chapter Five). The researcher presented these research findings in the form of a biographical profile of the research participants, followed by

the themes and subthemes, which were then critically evaluated using the theoretical framework that was adopted and compared with the findings of existing literature. Chapter summaries concluded these chapters.

Chapter Six, the final chapter of this dissertation, presented the overall conclusions, summaries, and recommendations. At this point the research process and the findings were summarised and conclusions drawn in view of determining whether the research questions had been answered properly and whether the goal and objectives had been met. Some recommendations pertaining to the research process, social work practice and training were put forward. A chapter summary served as a conclusion of the chapter.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents a literature review on the subject of CAMH disorders and the challenges faced by social workers, especially those who are working with children and adolescents with mental health disorders in CYCCs. The phenomenon of CAMH is viewed and explained on the general spectrum, looking specifically at, among others, the meaning of mental health, its prevalence and the impact of CAMH disorders on general society. The discussion proceeded to the African context, in which the manifestation of mental health disorders on this continent is explained. Specific attention is focused, among others, on the challenges of mental health disorders on the African continent as well as the development of structures that are aimed at responding to the challenges associated with mental health disorders. The discussion was also specifically taken to the South African context, where the focus was on the literature, practice and policy-related challenges of mental health disorders in the country, followed by the role social workers played in addressing the challenges of mental health disorders among children and adolescents. Finally, the phenomenon of CAMH was explained from an ecological systems theory (EST) point of departure and culminated in a motivation for choosing the EST as theory to guide this study.

2.2 THE MEANING OF MENTAL HEALTH

Mental health is defined by WHO (2021: par. 1-3) as the ability of a person to discover their strengths and potential, to manage their challenges, perform labour-related tasks and to be in a position to make an impact on and have input in their immediate environment. This encompasses more than simply being without a mental disorder. Where a mental disorder is present, it is comprehensive in nature and indicative of a deviation from a state of mental wellness, whereby sickness or disease occurs (Golightley 2008:22). Mental health can further be understood from the term “mental disorder” (the opposite of “mental order”), which suggests that there was once some kind of wellness or order in the life of an individual, and therefore the opportunity exists to support the person in reaching that state of wellness once again because mental disorders are often nonpermanent afflictions (Golightley 2008:22). The DSM-5

(2013:20) defines a mental disorder as a clinically substantial disruption in a person's cognitive, emotional and behavioural functioning, which reflects a maladaptation in the psychological, biological or developmental processes that are essential for mental performance and cause substantial anguish about or incapacity in some of the important daily actions of a person.

2.3 THE EFFECTS OF CAMH DISORDERS ON SOCIETY

The prevalence and effects of mental health disorders on society cannot be overlooked. According to WHO (2013:8), between 76% and 85% of individuals with extreme mental health disorders receive no medical care in low- and middle-income countries (LMICs), whereas in high-income countries the figures of people receiving treatment range from 35% to 50%. Given their natural vulnerability, children and adolescents are more prone to feeling the impact of mental health disorders. Research evidence suggests that there is a high number of children worldwide who have mental health disorders (Kieling et al 2011:1515; Scarpa & Wilson 2012:467; UNICEF & WHO 2019:5).

The prevalence in and effect of CAMH disorders on society are unquestionable. Furthermore, UNICEF (2013:25) warns that unfavourable circumstances for child development will directly influence their well-being and that when children are mistreated, abandoned and subjected to tumultuous circumstances; it is detrimental to their development. The long-term impact of the aforementioned is made clear by UNICEF (2013:25) and Shonkoff and Garner (2012:243), who state that even though these influences start in childhood, they often have several consequences for the rest of a person's life. One of these consequences, as stressed by WHO (2014:20), is that harmful life events at a young age are associated with the development of mental disorders. Shonkoff and Garner (2012:243) add that harmful events or circumstances can indelibly alter the assimilation of knowledge and skills, alter how a person acts and can trigger traumatic reactions. Therefore, the best time for action is in the early years of a child's development as it will counter negative results and bring about more advantages for the person and the greater community. It can be deduced from the preceding discussion that adverse experiences and mental health disorders are undeniably linked but it is important to form a picture of all of the interplay between elements in the development of mental disorders.

2.4 FACTORS CONTRIBUTING TO THE DEVELOPMENT OF MENTAL HEALTH DISORDERS

Causes of mental health disorders and their development are considered by WHO (2014:19) through a lifespan approach. A collection of favourable and unfavourable circumstances and events in a person's lifespan have an impact on their physical and mental health. These circumstances are clarified by Fryers and Brugha (2013:2), who suggest that what leads to mental disorders is an intricate and diverse process and that this process encompasses many different elements such as heredity, circumstances in early years, dispositions, important life incidents, the nature of human connections, social and fiscal circumstances, way-of-life decisions and so forth. These researchers add that some of the factors such as deprivation, heredity, stressful and negative circumstances, trauma, and lack of schooling, for example, heighten the probability of developing a mental health disorder and this is most likely to occur in youth. Ambrosino, Heffernan, Shuttlesworth and Ambrosino (2008:215-217) agree regarding the influence of heredity, deprivation, stressful and negative circumstances or occurrences in a young person's life and add social learning to this list of factors. Ambrosino et al (2008:215-217) posit that social learning occurs when a child mimics the actions they observe in their family and then uses it to manage stressors. Undeniably this calls for action. Vostanis (2017:177) indicated that a further challenge is translating what we know about the causes of or risk factors relating to mental health disorders and putting it into tangible action in authentic settings.

Mental health can also be influenced by a variety of socioeconomic factors, which need to be dealt with through all-inclusive strategies for the promotion of mental health and the prevention of mental health disorders, medical care and the recuperation of sufferers in a comprehensive governmental approach (WHO 2013:7).

The World Health Organisation (2014:39-42) also listed factors that should be considered, along with certain actions to take. These factors and actions are equivalent global efforts (there should not only be a focus on groups in need or at risk). Action should take place through and within a variety of structures and settings, programmes and plans suitable for the distinct developmental phases of a person's life. These should be implemented and action should be taken as soon as possible, preferably when children are still very young. Both physical and mental wellness should be considered as

they have a mutual effect on each other and further emphasis and focus should be placed on mental health, while ephemeral interventions should be avoided. Fair mental health policies should be introduced across the board and individuals should have access to facts and knowledge about mental health at grassroots level. A whole country-focused plan to tackle mental health disorders is required. The list of actions and factors, as proposed by WHO (2014:39-42), highlight that some challenges to overcome includes putting these plans into action, but nevertheless offers objectives and opportunities for the future. From what the abovementioned authors have said, it can therefore be surmised that a variety of factors contribute to the development of mental health problems and that mental health programmes and support should be in place for all age groups considering all the different developmental phases. Long-term support and resources are key, as well as information and education about mental health. Lastly, there should be multiple professional and community roleplayers involved in the implementation of these plans and programmes.

2.5 CHALLENGES AND OPPORTUNITIES ASSOCIATED WITH CAMH

While statistics indicate a high prevalence of mental health disorders and the call to action is clear, some challenges remain to be dealt with. A scarcity of research in this area poses a challenge and therefore UNICEF (2021:4) states that an urgent need exists for not only studies but also statistics relating to this subject. A global study of the prevalence of CAMH conducted by Erskine, Baxter, Patton, Moffitt, Patel, Whiteford and Scott (2017:399-400) through universities, institutes and colleges in the USA, Australia, the UK and India found that there is a global shortage of statistics about CAMH, which is essential for social work service delivery and for generating plans and strategies. Erskine et al (2017:399-400) convey that this shortage negatively impacts understanding related to the intricacies of CAMH. In light of the current COVID-19 pandemic and the irrefutable impact of this on CAMH, Courtney, Watson, Battaglia, Mulsant and Szatmari (2020:688) and Fegert, Vitiello, Plener and Clemens (2020:2) state that children are suffering significant losses during these times and that things that previously gave stability and purpose in children’s and adolescents’ daily doings such as school, sport and peer relationships, has fallen away and the COVID-related pressures on young people and their families can accumulate over time and trigger mental health disorders and produce a variety of symptoms.

Despite the enormous impact of COVID-19 on CAMH, there are opportunities, as Fegert et al (2020: 8-9) found, that research studies on the COVID-19 topic can provide an opportunity to view and deal with these challenges. The impact on mental health and how children and adolescents handle stressful situations and also develop new interventions and programmes for CAMH could moreover also be considered (Fegert et al 2020:8-9). Furthermore, Courtney et al (2020:690) state that in the circumstances arising from COVID-19, parents are available to be more hands-on and proactive in noticing mental signals related to depression or anxiety, which might prompt earlier intervention and support.

In the area of CAMH, advances are being made, according to Vostanis (2017:177-178), who posits that this is the case when applied to children from different social backgrounds where comparable programmes or practices have been utilised and commonalities exist in the pervasiveness of mental health disorders. There are now also more similarities in the processes that affect the emergence and prolongation of mental health disorders in a variety of settings. Furthermore, technology allows for the global sharing of expertise that upskill persons in the field of CAMH. More opportunities are presented by WHO (2014:43), that has found early intervention and intervention throughout all the developmental phases provide possibilities for changing the course of mental health disorders. It has also become evident that effective programmes and capacity building all provide opportunities for the enhancement of mental well-being (WHO 2014:43). It can therefore be construed that early intervention and accessible support and information, starting from a young age, could change the outcomes for many children and adolescents who suffer from mental health disorders.

2.6 STATUS OF CHILD AND MENTAL HEALTH DISORDERS IN AFRICA

Africa is one of the continents that usually suffer a serious blow whenever psychosocial problems erupt. This can possibly be ascribed to the continent’s lack of capacity and resources to respond adequately to these issues under discussion. The status of CAMH disorders in Africa is documented by researchers such as Robertson, Omigbodun and Gaddour (2010:329-330), who assert that the provision of services for child and adolescent mental health only commenced in Africa during the 20th century. The African Association for Child and Adolescent Mental Health (AACAMH) was initiated in 2005 and is recognised as the association representing CAMH on the continent

(Robertson et al 2010:329). It is therefore clear that CAMH disorders, which are clearly not a recent or modern-day challenge, have only recently become a focus point in Africa.

With a staggering 47% of children in Africa below the age of 18 and a large number of them exposed to violence and vulnerable circumstances (UNICEF 2014:7-9), the need for proper CAMH services cannot be ignored. A review of the prevalence of child mental health problems in SubSaharan Africa demonstrated that CAMH disorders are a frequently found occurrence as 14.5% of children aged 16 years and younger have one (Cortina, Sodha, Fazel & Ramchandani 2012:279).

A theme which emerged from the literature was a lack of programmes and policies related to CAMH in Africa. In discussing challenges in the field of CAMH, Kumar, Bhat, Unutzer and Saxena (2021:2) opine that indicators of CAMH that take the environment and circumstances into account need to be introduced at national level through strategies and policies and that early detection and action therefore remain imperative. But in reality two separate qualitative studies have identified the same challenges related to policies and programmes. The first study, conducted in Uganda, was to establish the opinions of health managers on CAMH and found that systems, programmes and policies were not up to standard (Akol, Engebretsen, Skylstad, Nalugya, Ndeezi & Tumwine 2015:4-5).

The second study, about child and adolescent mental health in Africa, was conducted by Davids, Tucker, Wambua, Fewster, Schlebusch, Karrim, Attia, Nyoni, Bayouh, Kuteesa, Brahim, Hoogenhout, Kahloul, Jearey-Graham, Gobie and Nalugya (2019:109), who raised concerns with regard to sparse, absent or useless CAMH policies and a lack of awareness regarding CAMH. Similar findings were made by Bird, Omar, Doku, Lund, Nsereko, Mwanza and MHaPP Research Programme Consortium (2010:363), where the three reasons for the lack of programmes and policies in their qualitative study in Ghana, South Africa, Zambia and Uganda were the following: firstly, that these societies were found to question the genuineness of mental health problems; secondly, there was an inability to address the challenges related to mental health; and, lastly, there was insufficient aid to resolve the challenges. In addition, researchers such as Akol et al (2015:5) found that financial constraints in health care contributed to some of the challenges. The preceding research findings point to a

scarcity of programmes and policies, which place children and adolescents with any form of mental health challenge in a highly disadvantaged position. Some suggestions for addressing the issue of sparse policies in Africa were made by Omigbodun and Belfer (2016:1-2), who reiterated that it is imperative to distribute CAMH research results extensively in order to obtain input for policy design and to achieve an improved future for the health and development of the youth in Africa.

Another theme that came to light in the literature was a lack of CAMH research. Sankoh, Sevalie and Weston (2018:954) posit that mental health in Africa is insufficiently researched and reflects the deficiency of mental health resources in Africa. Authors such as Kumar et al (2021:2) warn that there is a need for realistic, in-depth and organised research on the topic of CAMH disorders. Another study conducted in LMICs, Zhou, Ouyang, Nergui, Bangura, Acheampong, Massey and Xiao (2020:6) reports a scarcity of research related to CAMH policy. Their systematic review located just nine publications. They regard research as important for focusing the public's attention on the topic. In addition it would allow local professionals to transfer their knowledge and skills when creating CAMH strategies and policies and putting them into action. It is clear from the aforementioned that research and policy are linked and influence one another. African research studies that inform policy can become an opportunity for the advancement of CAMH services and empirical interventions.

Another theme that emerged was a call for CAMH services to be integrated outside of health services and for these services to work together with different organisations and roleplayers in the community (Akol et al 2015:5). Authors such as Raj, Raykar, Robinson and Islam (2021:9) concur by advocating CAMH training for non-specialist mental health professionals. These researchers believe this training will lighten the load on an overburdened system. However, it is important to remember that CAMH is a complex issue and that even for social workers who are trained professionals it remains a difficult task to grasp the essence of the CAMH disorder phenomenon (Golightley, 2008:76). Capacity building and CAMH training should not be overlooked when integrating services.

2.7 STATUS OF CHILD AND MENTAL HEALTH DISORDERS IN SOUTH AFRICA

The extensiveness of mental health disorders among South African children is not fully comprehensible (Flisher, Dawes, Kafaar, Lund, Sorsdahl, Myers, Thom & Seedat 2012:149). Many children in South Africa are at risk, therefore authors such as Hunt, Skeen, Honikman, Bantjes, Mabaso, Docrat and Tomlinson (2019:132) highlight the elevated levels of hardship endured by children and adolescents in South Africa. For this reason they recommend that a greater effort should be made to alleviate the mental health challenges experienced by these children and adolescents. In an article focusing on violence against children in South Africa, Hsiao et al (2018:6) warn against the effect of adverse childhood experiences on mental and emotional health and consequently opine that when exposure to violence is curbed, a direct decline in mental health disorders and other related problems follow. This statement is also supported by global studies that reached similar conclusions (Shonkoff & Garner 2012:243; UNICEF 2013:25; WHO 2014:20). Furthermore, early intervention is key in CAMH (Hunt et al 2019:131, 136).

A study that Heckler, Taute, Kruger, De Wet, Calitz, Van der Merwe and Raubenheimer (2012:65-66) conducted among child and adolescent patients in South Africa's Free State Psychiatric Complex found a variety of aggravating factors that influenced these children's and adolescents' mental health. These factors were put into groups such as social, emotional, physical and religious.

With regard to social factors, it was found that a variety of challenges in the family and at school contributed to the manifestation of CAMH. Emotional challenges related to selfworth, different forms of maltreatment, molestation, loss and abandonment. Religious factors were associated with the occult and physical factors were related to a variety of medical problems. It was obvious that these children and adolescents who were receiving services at the Free State Psychiatric Complex were burdened by many different obstacles. Even though Heckler et al (2012:65-66) warned that these results were not universal and only present among a number of children and adolescents in South Africa, it was still indicative of the variety of factors in society that young people had to contend with.

Considering the seriousness and effects of CAMH disorders, Hunt et al (2019:13) summarise the importance of taking effective action relating to the following three statements. Firstly, there is a duty on society to develop mental health in children and adolescents. Secondly, many adult-related mental health problems can be traced back to their youth. Thirdly, there is an opportunity to stop history from repeating itself and lighten the load on future society. In South Africa the National Child and Adolescent Mental Health Policy Framework was introduced in 2003. At the core of this framework are the elements necessary for uplifting, protecting and supporting children, adolescents and their families in regard to CAMH. Included are physical, emotional, familial, educational and communal elements (Hunt et al 2019:137, 139). The Child and Adolescent Mental Health Policy Framework has since been added to the National Mental Health Policy Framework and Strategic Plan 2013 – 2020 (DOH 2013:18).

In their article focusing on child and adolescent mental health policy in South Africa, Mokitimi, Schneider and De Vries (2018:7-8) acknowledge the existence of a mental health policy at national level. However, they could not find such a policy in any of the nine provinces, or establish whether any efforts had yet been made to assimilate the national policy into provincial policies. Furthermore, these researchers failed to find any strategic plans to support such integration. In addition, there is a large discrepancy between the demand for mental health support and an overall lack of mental health programmes and policies, which led to the conclusion that families were experiencing distress because of this and that CAMH disorders had serious consequences that often continued into adulthood (Flisher et al 2012:157). In contrast, Hunt et al (2019:139-140) found that there were social, emotional, behavioural and educational plans and programmes that have been informed by evidence and have had a positive impact. These programmes focus on children, adolescents and parents. Furthermore, three programmes are currently being tested, namely the “Perinatal Mental Health Project” and “Flourish”, which are both maternity-focused as well as “Helping Adolescents thrive”, an international effort geared at dealing with adolescent mental health, violence and drug as well as alcohol addiction (Hunt et al 2019:139-140).

Taking the abovementioned into consideration, it is clear that the situation related to CAMH disorders in South Africa poses both challenges and opportunities and various stakeholders seem to be making some efforts in this regard (Mokitimi, Jonas, Schneider

& De Vries 2019:6-7). Furthermore, Mokitimi et al (2019:7) found that a strength in the delivery of CAMH services was that the services were all-encompassing because they had the following components: acting as a deterrent, providing proper treatment and calling for the advancement of CAMH services. Petersen, Bhana and Swartz (2012:414) also showed that some progress had been made in the advancement of mental health programmes and policies in South Africa. Although there are still many obstacles in the CAMH sector in South Africa, advancements are being made through the implementation of programmes, services and policies (Hunt et al 2019:139-140; Mokitimi et al 2019:6-7; Petersen et al 2012:414). It is therefore imperative to consider the role of social workers in CAMH to grasp what is already being done and what future opportunities exist for the advancement of services to children and adolescents with mental health disorders.

2.8 THE ROLE OF SOCIAL WORKERS IN CHILD AND ADOLESCENT MENTAL HEALTH DISORDERS

The International Federation of Social Workers (IFSW) (2021) defines the social work profession as an action-orientated occupation and academic field of study which advances collective transformation, growth, interrelatedness, endorsement and the emancipation of persons. Engaging theories to inform action, social work supports persons and organisations to face and overcome problems and to promote wellness. A social worker is described by Suppes and Wells (2013:5-6) as a professional person who works with individuals, families, groups, organisations and communities to prevent or solve challenges. Social workers are guided by ethics and justice to enhance the well-being of others.

When referring to the term mental health care, there are a variety of services that need to be made available for care to take place. Social work services are some such services. The World Health Organisation (2005:26-27) posits that the establishment of these services can be problematic, even in high-income countries, but that it is possible and therefore they propose a combination of services. For instance, the ideal situation would be that the largest percentage of services should be controlled by the individuals themselves and involve informal care. The next level of services should be primary, community and general hospital care, with keeping the use of mental institutional services at a low percentage.

As regards actions taken by social workers, a variety of roles are prevalent. In generalist social work, social workers deal with a wide range of challenges. Ambrosino et al (2008:34) write that social workers link individuals with support and services in their environments; they provide counselling, statutory support and work towards the development of effective service delivery. Furthermore, Zastrow (2017:70) adds that social workers are called upon to intervene when families face a variety of issues, especially when the family structures have fallen apart. Miley et al (2013:7) have compiled a list of actions that social workers need to apply throughout their delivery of services. The first is to evaluate risk and protective factors in their clients' lives. Secondly, they need to align their clients with support systems and resources. If there aren't any, the social worker should create fresh possibilities. Thirdly, these professionals have to create strategies and initiatives that will guide the actions that need to be undertaken. Fourthly, they have to come up with plans and strategies. Social workers consider all the challenges in their field so that they can bolster change and advance new plans. Lastly, they engage in research to create awareness, understanding and make a contribution to the expertise of the profession.

Another area of social work is the field of mental health. Mental health social workers are described by Ambrosino et al (2008:261) as having a very important part to play in ensuring services for people who suffer from mental health disorders. These counsellors, spokespersons, supervisors, controllers and legislators render important services to their clients (Ambrosino et al 2008:261). Heller and Gitterman (2011:14) state that the role of the mental health social worker should be adaptable and receptive to support persons with mental health challenges. Social workers insert themselves into a person's life and meet the person where they are. It allows for a holistic view and also a chance to build on already existing strengths.

The social worker and client form a partnership and reciprocal working relationship that best meets the needs of the individual. Social workers also play an important part in supporting children and adolescents with mental health disorders to find suitable education and educational support for them. Many social workers are directly or indirectly involved in schools. According to Suppes and Wells (2013:245), a social worker is a major connection between a child's school and their home environment. With the challenge of finding suitable schools for children and adolescents with mental

health disorders, social workers are always the first port of call for parents, caregivers and institutions caring for individuals with CAMH disorders. A study by Babatunde et al (2020:10), which explored South African stakeholders' perspectives on mental health, highlighted not only the impact of CAMH on educational performance, but also the scarcity of special schools, or the difficulty of finding a school that is willing to enrol the student. This leaves many CAMH-affected students without school placements.

Child and Adolescent Mental Health-related challenges, especially those with a severe emotional or behavioural component, pose enormous difficulties for schools and teachers. As Forness, Freeman, Paparella, Kauffman and Walker (2011:10) found in their study related to special education in America, teachers are not qualified to handle the psychological or behavioural challenges experienced by a number of children and adolescents in schools. The significant role that social workers play in child welfare puts them at the epicentre of any efforts that are geared towards addressing the challenges associated with CAMH. Their experience-based input is critical for the success of any programmes or decisions that affect children and adolescents with mental health disorders. They are professionals who work closely with children and adolescents who are removed from family care for a variety of reasons and placed in CYCCs.

These children are likely to present with a variety of mental health, emotional and behavioural challenges. Van IJzendoorn, Palacios, Sonuga-Barke, Gunnar, Vorria, McCall, LeMare, Bakermans-Kranenburg, Dobrova-Krol and Juffer (2011:15) found in their international study of children in institutional care that they present with developmental impediments and dysfunctions. They are also in greater need of professional help to address their emotional and behavioural problems than those who are in the care of their parents (Sawyer et al 2007:183). This is not surprising because most of the children who are in these institutions have been brought in for reasons that could be traumatic, such as abuse or neglect, and have therefore been exposed to numerous psychosocial factors, neurobiological predispositions or prenatal subjection to illicit substances or alcohol (Teska 2017:2).

Furthermore, in a mental health study conducted with young children in America, it was yet again found that there is a strong connection between harmful incidents or life events and mental health disorders, along with physical and relational problems in children (Kerker, Zhang, Nadeem, Stein, Hulburt, Heneghan, Landsverk & McCue

Horwitz et al 2015:9). These children and adolescents may also be from a family with a history of mental health disorders, and the disturbance of removal from families care, adapting to a new placement, numerous foster care placements and, in some cases, inadequate care and the breakdown of placements could exacerbate their condition (Teska 2017:2).

The aforementioned highlights the severity of CAMH, especially for children placed in alternative care who have to contend with a variety of predispositions and impacting factors. Adverse family experiences lead to children and adolescents being placed in CYCCs, where they are exposed to an unknown environment and people. All these factors may assuredly lead to challenges and disrupt the normal development of these children and adolescents (Molepo & Delport 2015:150). Social workers who work in the field of CYCC are at the forefront of delivering support and services to these children and adolescents and they are confronted with a variety of psychosocial challenges.

Apart from dealing with serious cases of CAMH in CYCCs, social workers also face work-related challenges. A South African study by Van der Walt (2018:622), focusing on alternative care in South Africa, highlighted the many issues faced by social workers, specifically relating to high caseloads, backlogs and a lack of resources to deal with pressing problems. In their study of the challenges experienced by CYCC workers in South Africa, Molepo and Delport (2015:157) found the following to be obstacles for CYCC social workers: coping with difficult behaviour, a lack of concrete and noticeable outcomes, a lack of outside support and collaboration, negative working environments, a shortage of professional development opportunities and feeling undervalued and underappreciated, among others. However, in spite of these obstacles, this study also found that social workers in CYCCs were devoted to their profession and roles in doing CYCC social work (Molepo & Delport 2015:157).

Some multidisciplinary collaborative efforts are essential for the improvement of child and adolescent mental health services (Davids et al 2019:101). Bhana, McKay, Mellins, Petersen and Bell (2010:6) note that the positive effects of intervention strategies and viable outcomes are more probable when they are part of a collaborative effort. Bruns, Walker, Bernstein, Daleiden, Pullmann and Chorpita (2014:258) recommend that caregivers and/or family members should be part of these collaborative efforts when

intervention occurs in the lives of children afflicted by mental health concerns. This places the social worker at the very centre of a problem-solving team relating to this phenomenon.

2.9 CHILD AND ADOLESCENT MENTAL HEALTH FROM THE ECOLOGICAL SYSTEMS THEORY

Ecological systems theory is the scientific examination of the continuous and reciprocal relationship between an evolving and participative individual and the dynamic elements of their closest setting whilst this dynamic is also influenced by the interactions between the settings and the greater environment in which these settings occur (Bronfenbrenner 1979:21; Hayes, O'Toole & Halpenny 2017:6). The author Zastrow (2017:47) concurs and defines the EST as a theory that highlights and conceives the maladjusted relationship that people might have in their different environments by looking at the inner workings and outside factors of a person's functioning. He adds that humans are not simply inactive participants in their environments, but play an active role. Furthermore, Langer and Lietz (2015:30) posit the EST proposes that people uphold conducive or harmful relationships with their environments and grasping this will allow for a more holistic view of human development. Lastly, the EST maintains that people also influence their environment as much as they are influenced by it (Langer & Lietz 2015:30).

Ecological systems theory is essential to the social work profession. This perspective shifts the focus from all the obstacles in a person's life to viewing these obstacles in a comprehensive manner, always keeping in mind that the different systems that interplay in a person's life can uphold or even magnify obstacles and challenges. When these societal systems hinder the growth of its people, EST helps to forwardly propel the necessary adjustments to these systems (Langer & Lietz 2015:53). There are three important factors related to the EST, according to Bronfenbrenner (1979:21-22). Firstly, the individual is not merely influenced by their surroundings; each is a developing and effectual being who redesigns their surroundings. Secondly, the individual and their surroundings mutually influence each other and, lastly, not only one single influence exists but different systems that have an impact on one another and are also affected from the outside or by wider-ranging systems.

It is of the utmost importance that CAMH efforts follow the ecological approach and expand into the education sector, community and society (Hunt et al 2019:141). In the context of mental health disorders, Ambrosino et al (2008:218-219) describe how EST views mental health challenges. These authors posit EST shows that mental health disorders develop because of a mixture of different elements that act reciprocally in an intricate manner, also differing according to each person in their distinctive situation. Furthermore, Ambrosino et al (2008:218-219) put forward that EST can help to deal with previous and current influential elements and a person's emotional attributes. This perspective takes into account genetics, race, gender, family, friends, a person's locality in which they operate and also the traditions, heritage, values and supposition placed on them. According to Petersen, Bhana, Lund and Herman (2014:122), an ecological view of mental health disorders looks at the preventative elements and threats to mental health and well-being as well as takes developmental phases into consideration. It is important to remember that childhood and adolescence are life phases with certain key developmental tasks and that there are many outside influences as well as a variety of circumstances or occurrences that influence a child's capabilities into adulthood.

The ecological systems theory comprises four environmental levels, which are the microsystem, the mesosystem, the exosystem, and the macrosystem (Bronfenbrenner 1979:22; Hayes et al 2017:15; Langer & Lietz 2015:33; Onwuegbuzie, Collins & Frels 2013:4). The child or individual is at the core of these systems (Hayes et al 2017:15). The first of the four systems, the microsystem, is described by Bronfenbrenner (1979:22) as an exchange and relationship with distinct and tangible features between an individual and their immediate surroundings. An individual's daily tasks, functions and reciprocal relationships are the most important factors in the microsystem. The microsystem as it relates to a child is described by Hayes et al (2017:15) as elements of their surroundings that directly affect them, such as family members, teachers and friends.

According to Langer and Lietz (2015:33), in order for a social worker to get to the core of EST intervention, they have to determine which structures affect the individuals they are working with. The microsystem in the context of the current study involved a child or adolescent in the CYCC where they had been placed and the relationships that they had there with caregivers and friends, their interactions at school and any other

significant relationships or interactions that they might have had. For the social worker rendering services at the CYCC, the microsystem would logically be the areas where they would be most involved with the child or adolescent. This would be the area of greatest interest to the researcher since it is here that the social workers' experiences, mainly involving the reciprocal influence of the social worker and the child or adolescent on one another as well as the environment, occurred. It was also significant to collect data about the challenges experienced by social workers who worked with children and adolescents who had mental health disorders in CYCCs, with a focus on the environment in which social workers rendered their services.

The mesosystem consists of two or more than two microsystems in which a specific individual functions directly (Bronfenbrenner 1979:25; Hayes et al 2017:15; Onwuegbuzie et al 2013:4). A social worker would, in this system, assess whether the relationships in the individuals systems are conducive or unfavourable (Langer and Lietz 2015:33). For the child in a CYCC, the mesosystem level involves, for example, the interaction between the school and the CYCC. Exploring the different systems that impact on and interact with the child or adolescent as well as the social worker and how the interaction supports or puts stress on the system is of particular importance in this instance.

The exosystem is where the individual is not directly involved but in which incidents happen that influence the individual and their surroundings (Bronfenbrenner 1979:25; Hayes et al 2017:16; Onwuegbuzie et al 2013:5). For a young person, this could be a close family member's place of employment, school management decisions, the internet community or dynamics between friends of their close family members (Bronfenbrenner 1979:25; Hayes et al 2017:16; Onwuegbuzie et al 2013:5). In the context of this study, the exosystem involved activities that happened in the welfare organisation that had an indirect impact on the child or adolescent. An example of this is the high caseload or turnover rate of social workers and the possible impact of this on the child in alternative care.

The macrosystem, according to Bronfenbrenner (1979:26) and Onwuegbuzie et al (2013:5), involves culture, traditions, religion, morals and beliefs. These elements bring regularity to the other systems and influence them indirectly. This was significant for the researcher to understand, namely how different communities and cultures viewed

CAMH and the children who had been placed in alternative care from the perspective of social workers. The greater focus was on the community or cultural challenges that had an impact on CAMH or even policy and legislation as well as the impact of those factors on CAMH.

Onwuegbuzie et al (2013:5) maintain that the four levels of Bronfenbrenner's (1979:2226) EST could be mapped onto the research process to represent qualitative, quantitative, and mixed methods research, and that it is relevant across the social, behavioural and health domains. This suggests that the theory is suitable for any type of research conducted by the social, behavioural and health disciplines.

2.10 RATIONALE FOR ECOLOGICAL SYSTEMS THEORY IN THE CURRENT STUDY

In view of the preceding discussion, the researcher's motivation for choosing EST is considered in the context of the overall aim of this study. Firstly, the reader should be mindful that the researcher was aiming to achieve an in-depth understanding of the CAMH phenomenon. In order to understand this phenomenon in depth, it had to be considered from different angles and contexts to acquire a full understanding of the impact of the different environments on it. Ecological systems theory does exactly that by affording the researcher an opportunity to investigate the phenomenon at different contextual levels. The researcher anticipated that the focus of EST on the person in an environment (Darling 2007:204; Wilmshurst 2014:21) would enhance her ambitions towards reaching a holistic understanding of the challenges experienced by social workers who work with children and adolescents with mental health disorders in CYCCs.

2.11 CHAPTER SUMMARY

This chapter was dedicated to a review of the literature concerning CAMH. The chapter commenced with the meaning of CAMH and a discussion of its state on a global, regional and national scale. It also addressed the factors that contributed to the development or manifestation of mental health disorders among the children and adolescents and highlighted the important role that social workers play in addressing the impact of mental health disorders and their related influence. As demonstrated in this

chapter, in spite of its challenges, the phenomenon of CAMH offered several opportunities for acknowledging the efforts to mitigate its impact. Lastly, the researcher described EST by discussing the dimensions of this approach, how it relates to CAMH and its applicability to the current research study.

In the next chapter the research methodology was introduced and explained in terms of the process and the methods that were followed in conducting this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter presents the research methodology as supported by the steps taken in implementing the research process. The main focus is on the research paradigm that guided the qualitative research approach and how the latter was applied to this study. Specific attention was placed on the way the research design, the research methods and the ethical principles were applied. As with the other chapters, this chapter was concluded by means of a chapter summary which included the main aspects covered in this chapter.

3.2 RESEARCH PARADIGM

When authors define research methodology, they use words such as “methods”, “procedures”, “rules” and “techniques” to describe this concept (Faulkner & Faulkner 2013:222; Grinnell & Unrau 2018:655). All these terms imply an action pointing to a guideline relating to how the research problem would be explained or resolved. Wahyuni (2012:72) refers to research methodology as an exemplar in which to conduct a research study within the framework of a specific paradigm and includes the fundamental sets of beliefs that cause a researcher to make their selection. The research paradigm is the ontological and epistemological aspects of the research study. Jackson (2013:52) explains that credibility is heightened when the researcher reflects on and discusses their ontological context and makes sure that the ontology and methodology match. The researcher also needs to explain the reason for the choice to substantiate the methodology, data collection procedures and exploration of the data.

The word ontology is defined by Cropley (2015:36) as an outlook that every human creates their own reality from their daily encounters it is not the same for every individual and social exchanges influence it. Ontology is described by Al-Saadi (2014:1) as individuals’ thoughts and views about the essence of reality, society and existence.

With regard to the term epistemology, Dudovskiy (2018: par. 1) defines this as having to do with the foundations of knowledge, for example the essence, potentials and

confines of knowledge in a specific area that is being studied. The meaning of epistemology, according to Ormston, Spencer, Barnard and Snape (2014:6), is how we gain knowledge about the world; and places emphasis on how we can educate ourselves about what is real and what the foundation of our knowledge is. In Jackson's (2013:53) view, the pursuit of knowledge is synonymous with research. The advancement of knowledge relies on the research methodology. Sound methodology will heighten the researcher's assertion of knowledge development, as it arises from the research (Jackson 2013:53).

There is a variety of epistemological and ontological viewpoints (Al-Saadi 2014:2) and for the purpose of this study; the researcher decided to adopt interpretivism and constructionism. Ormston et al (2014:13) posit that interpretivism is essential to qualitative research as it places emphasis on interpretation and observation in order to grasp societal features. Constructionism on the other hand argues that individuals create knowledge, and do not simply gain knowledge inertly (Ormston et al 2014:13). Interpretivism and constructionism highlight grasping the lived experiences of individuals because people's lives comprise a variety of interconnected factors that mould their perception and interpretation of their worlds. This can be seen in qualitative research, where methods are used to comprehend research participants' outlook and conduct in their living environments (Ormston et al 2014:13). The current study aimed to interpret and gain knowledge about the experiences of social workers and how they make sense of their own experiences of working with children and adolescents who have CAMH disorders. For this reason, interpretivism and constructionism were deemed suitable epistemological and ontological lenses through which the phenomenon of CAMH could be viewed.

3.3 THE RESEARCH APPROACH

The study was conducted using the qualitative research approach. Qualitative research is described as a field of research which is for the most part investigative but can also include the use of detailed and descriptive techniques (Faulkner & Faulkner 2013:224; Mishra & Alok 2017:3). The researcher wanted to explore the challenges faced by social workers in CYCCs who worked with cases of CAMH disorders, and described these challenges in their own words and from their own perspective. The qualitative approach was deemed suitable for this study because it fits Astalin's (2013:118)

description as a research approach that seeks to depict a social phenomenon in the form of a story and looking at it from many different angles, using observations, consultations and discussions as well as viewing problems or phenomena in their natural environment. In addition, Morse (2012:147) explains, from a qualitative health research perspective, that in this type of research the focus is on the viewpoint of the people studied instead of focusing on the researcher's viewpoint. This route is taken in order to better understand the research participants' views of well-being and sickness and their experiences. Another reason why the qualitative approach was chosen was because, according to Faulkner and Faulkner (2013:224), qualitative research can also be used when there is insufficient, or no information relating to a phenomenon or topic. This made qualitative research a suitable research approach for the study since existing research studies have shown that there is a scarcity of literature about the pursued research topic.

The following are characteristics of qualitative research and how the researcher used them to guide her application of this research approach:

- Qualitative research is humane owing to its focus on the personal, subjective and empirical as well as on understanding and practice (Kielmann, Cataldo & Seeley 2012:9). The researcher ensured that participants were treated with a sense of humanity by adhering strictly to the ethical principles that were adopted for this study (see section 3.6 below for further discussion on ethical principles followed). She treated information provided by participants with the required level of confidentiality, anonymised participants by using pseudonyms and made debriefing services available in case of necessity. She held an information session with all the participants to discuss the details of the study before they could sign the informed consent form, which were in themselves not binding, and guaranteed them freedom to withdraw from the study at any time (see Addendum B for an example of an informed consent form).
- The researcher is a data collection instrument and therefore cannot be separated from the research. The interpretation of the phenomenon is consequently a representation of the researcher, not the participants (Fusch & Ness 2015:1411). The researcher collected the data by herself and also transcribed all of the interviews herself, not only to gain knowledge and experience of the interview

process, but also to familiarise herself with the data for analysis purposes. She made every effort to remain mindful that she was the tool through which the data would be collected and therefore had to work on her interviewing skills throughout and adjust her questioning style, listening skills and techniques. That was a learning experience for the researcher. Therefore, listening to and transcribing the interviews herself, she was able to pick up techniques in her interview style that needed to be adjusted. These adjustments in turn helped her to gain richer information from the participants and enabled her to focus on the right questions.

- Qualitative research is holistic in nature because it views behavioural significances and ways of doing things in a specific environment rather than separating them and studying them in a controlled environment (Kielmann et al 2012:9). The aim of this study was to collect as much data as possible in order to obtain a full picture regarding the phenomenon under investigation. Interview questions (Addendum C) and probes were aimed at generating data that was holistic in nature. The researcher asked questions about many different roleplayers and gained knowledge of the full experiences of social workers in their dealings with CAMH inside and outside the CYCC. She also utilised EST as this theoretical framework considers the whole environment and takes many different interactions into account.
- Qualitative research is flexible because it uses multiple sources of data (Kielmann et al 2012:9; Fusch & Ness 2015:1413). Strict procedures were not imposed. The researcher allowed herself to be guided by the process and, where necessary, amended the initial plans to accommodate any new events that emerged during the study. She also made some time-related amendments and adjusted her initial plans. Examples of these adjustments include amendment of the interviewing method owing to the COVID-19 pandemic. The pandemic prevented the researcher from conducting face-to-face interviews, as initially proposed, and therefore had to replace them with online interviews. The interview phase of the study also took longer than planned. In addition, the researcher had to adjust her time-related expectations as some participants took a long time to respond to the request or to sign the consent forms. She furthermore

had to adjust her expectations in order to stay motivated and to not become despondent about the process.

- The research is interpretive in nature. The purpose is to elucidate rather than to simply depict (Kielmann et al 2012:9). The researcher made a special effort to be detailed in her explanation of events, methods, procedures and the data. In the case of the data, verbatim presentations of the participants' narratives were provided in Chapters Four and Five of the study to support the discussions of the research findings.
- A reflexive approach is often adopted in qualitative research. The researcher clearly evaluated and presented how their personal experiences, such as their biography, shaped the questions posed to the participants (Kielmann et al 2012:9). In the context of the current study the researcher was mindful of the possible impact of her own biography as an individual on her relationship with the participants, which might in some way have influenced the nature of the data that was ultimately collected. She worked in the field of CAMH in CYCCs for a few years prior to conducting the current study and a few of the participants were known to the researcher prior to their involvement. She believed that this familiarity might have contributed to participants' feeling more comfortable with discussing certain aspects. Moreover, because the researcher understood the CYCC culture and processes, it was easier for her to grasp what participants said or expressed they were experiencing.
- Qualitative research is naturalistic. It attempts to study people and occurrences in their natural environments (Kielmann et al 2012:9). All the online interviews for the study were scheduled to take place in natural environments. There were no modifications whatsoever to the research process. Conducting interviews online was nevertheless a limitation, because conducting face-to-face interviews might have been more beneficial for observing signs such as eye contact and body language. The researcher posed questions in such a way that they allowed participants to provide descriptions of their experiences as they happened in their natural environments. For example, the researcher asked Laura: "*On a personal level or a professional level, as a social worker, how do you deal with his behaviour?*" A question posed to Amy was: "*How do you cope as a social*

worker?" These types of questions generated information about how they dealt with challenges in the CYCC and on a personal level in their environments.

- By its nature, qualitative research involves iteration, and therefore repetitive questioning in a study, which is aimed at enabling an in-depth understanding of the phenomenon under investigation (Kielmann et al 2012:9). As part of ensuring the quality of the process, the researcher engaged in reiterative questioning with the aim of verifying her interpretation of the participants' narratives. She also summarised what participants said and asked for their confirmation of such summaries in order to verify and confirm that she had not made her own assumptions or used her prior experience to lend colour to the interviews.

Having explained the manner in which qualitative research was applied, in the section that follows the researcher discussed the research design that was utilised in the study.

3.4 RESEARCH DESIGN

The research design refers to the whole strategy of a research study, which starts at formulating the research problem and ends when the researcher disseminates the results (Grinnell & Unrau 2018:661). According to Delost and Nadder (2014:237), the research design is developed after a research topic has been chosen and comprises the research questions that were created arising from the lack of information, as also suggested in the literature study of the current exploration. Astalin (2013:118) describes the research design as a way of conceptualising how to manage and put the research into action. It describes the aims of the study, the part that the researcher plays in the whole process, the steps and phases of the research and method of data analysis. In qualitative research, the design is not rigid but flexible, with a multitude of accepted methods and structures (Astalin 2013:118). This means that qualitative researchers are allowed to amend the research plans and strategies as the process evolves. In another definition, Mishra and Alok (2017:7-8) refer to research design as the process that the researcher decides to use in order to combine the different elements of the study in a reliable and rational manner by providing a structure for the way that the data will be gathered, measured and analysed. The more flexible the design, the better the chance of viewing the multiple aspects of a research problem and it is therefore deemed to be appropriate if the study has a clear goal (Mishra & Alok 2017:7). Based on the preceding discussion, the

research designs that were adopted to guide this study are introduced and explained below:

3.4.1 Descriptive research design

A descriptive design is "a research design that uses descriptive language (how many, how much, what is the statistical average, how do people view a topic, etc.) to describe a population or phenomenon" (Faulkner & Faulkner 2013:219). It is mostly used by social workers to outline and explain a specific phenomenon in order to inform their service area (Mauldin, 2020:99). There are a multitude of factors to describe, such as the features of a person or situation, groups, a procedure, a challenge, an environment or the different aspects of a relationship (Steinberg 2015:48). The aim is to describe with the purpose of ensuring understanding. In the current study, the researcher implemented this design by allowing the participants to describe their experiences, which were recorded and interpreted for the research community through the research findings presented in Chapters Four and Five of this research report.

3.4.2 Exploratory design

An exploratory design is used to collect data about participants or phenomena for which very little information or knowledge exists (Faulkner & Faulkner 2013:220; Grinnell & Unrau 2018:650). In exploratory research design, the researcher uses three skills: observation, investigation and evaluation in order to formulate provisional theories about a topic (Faulkner & Faulkner 2013:220). Mauldin (2020:99) is of the view that researchers engage in exploratory research most often in the beginning stages of the study. In some cases, there is a scarcity of research on a specific topic, when the researcher might opt to use exploratory research to determine the most suitable data collection method, how to engage with research participants or what types of questions would be best. In order to enable a full exploration of their challenges in rendering services to children and adolescents with mental health disorders in CYCCs, the researcher allowed the participants to respond to the interview questions as openly and freely as they wished.

3.4.3 Contextual research design

Contextual research design is described by Hennink, Hutter and Bailey (2011:288) as one of the most prevalent reasons for conducting qualitative research studies and this design is mostly used to outline the context of the research topic. There are a variety of contexts that must be considered in conducting qualitative research, for example, the subjective or communal context, where the participant resides, the anthropological context of the research study's population, and the wider governmental, historical and economic culture, which have an impact on the research problem that is being studied (Hennink et al 2011:288).

In using the descriptive, exploratory and contextual design, the researcher enabled consideration of the phenomenon by looking at it from all possible angles. The contextual design looks at all possible contexts in which a problem or phenomenon might exist and gives them due consideration in order to form a clear understanding and picture of the prevailing situation.

For the purpose of the current study, the application of contextual research design involved paying attention to various contexts in which participants experienced the challenges associated with rendering services to children and adolescents with mental health disorders in CYCCs. This included devoting attention to the physical or geographical context, which included the physical location in which such services were rendered and their possible role in exacerbating the challenges associated with rendering services to children and adolescents with mental health disorders in CYCCs. Attention was also given to the economic context in a form of availability of resources, particularly funding and its impact on the provision of services to children and adolescents with mental health disorders in CYCCs. The theoretical context of the phenomenon was considered by analysing the challenges shared by the participants by means of some existing literature and the adopted theoretical framework.

3.4.4 Phenomenological research design

Phenomenological research affords the researcher an opportunity to understand the phenomenon under investigation from the subjective viewpoint of the participants themselves (Qutoshi 2018:215). Phenomenological research design is defined as an approach that aims to acquire knowledge and understanding from others' experiences.

(Neubauer, Witkop & Varpio 2019:95). The study adopted phenomenological research design because its main focus was on the experiences of the participants in working with children and adolescents with mental health disorders. Giorgi and Giorgi (cited in Qutoshi et al 2018:219) identified four characteristics of phenomenological research design, which guided the current study, as provided below:

- "Description", which involves an open interpretation. This feature guided the researcher in describing the experiences of the participants, particularly relating to reporting the research findings. Description also involved describing the phenomenon using various literature sources.
- "Reduction", which is the sorting of significant components. Analysis of the research findings was strongly guided by this feature, in which data was reduced by removing or cutting out unnecessary data.
- "Reflecting" on each significant component. The researcher engaged in the exercise of reflection. By compiling this dissertation report, the researcher reflected on each step of the process and how it impacted the study. She also reflected on her own journey throughout the process, which enabled her to learn some valuable lessons for future research. This reflection aided in the enhancement of rigor or trustworthiness.
- "Intentionality". As much as the researcher allowed for flexibility in the process, she deliberately ensured that the study remained focused on the aim, questions and objectives. For example, participants were encouraged to speak freely, but when they veered off topic, she would employ techniques to guide them back to the question put.

On completion of the aforementioned discussion of the design and approach, the researcher proceeded to give information about the methods that were used in the study in the section presented below.

3.5 RESEARCH METHODOLOGY

Research methods equate to all the techniques, ways or approaches in which research is conducted (Mishra & Alok 2017:1; Grinnell & Unrau 2018:661). Cropley (2015:55) states that qualitative research methods are derived from a multifaceted body of theory about the wellspring of knowledge and involve getting access to the knowledge of those who contend with challenging issues in the philosophy of science. Grinnell and Unrau

(2018:661) wrote about the research method as a way to “find out what is true”. For Sutton and Austin (2015:226), qualitative research methods support researchers in grasping how and why certain events occur. Therefore, in view of the abovementioned definitions, the research method of the study can be conceptualised as the steps that the researcher took and the skills that were used to explore and describe the phenomenon under investigation. Some of these steps were practical in nature while others were inspired by approaching and viewing the problem through a theoretical lens.

3.5.1 Population, sampling and sampling methods

The study population is defined as persons, groups, communities, objects or even relevant events from which researchers collect their data (Kumar 2011:58; Grinnell & Unrau 2018:657). It is also referred to as a group from whom the researcher can draw a sample that will help in defining a subgroup (Faulkner & Faulkner 2013:223). In another definition, a research population is considered to be a group of people in whom the researcher has an interest, or whom the researcher wants to be able to talk about at the conclusion of the study (DeCarlo 2018:264). Taking the abovementioned definitions into account, a population is therefore described as the appropriate group of people or individuals from whom the researcher received the information in order to explore and describe the chosen phenomenon.

The population of this study comprised social workers employed in governmental and nongovernmental CYCCs who render services to children and adolescents with mental health disorders who had been placed in CYCCs within the municipal boundaries of the City of Tshwane Metropolitan Municipality. It is important to note that even though governmental and nongovernmental CYCCs were approached, only nongovernmental CYCCs agreed to participate.

The researcher chose this specific population because the area was known to her as she was employed as a social worker in this area before relocating to Vietnam. Owing to time, financial, and geographical constraints as well as the selected data collection method, the researcher was unable to gain access to all the individuals in the population and therefore had to settle for drawing a sample.

A sample is defined as a subgroup of a larger population that has been selected for a research study (Faulkner & Faulkner 2013:225; Grinnell & Unrau 2018:661; Steinberg

2015:94). In another definition a sample refers to persons who have been recruited to participate in research (DeCarlo, 2018:267). Choosing a suitable sample is of the utmost importance and qualitative researchers normally choose individuals who may shed light on the problem being researched (Cropley, 2015:75). Sampling follows a procedure, according to DeCarlo (2018:269), which occurs in a certain order: first, the researcher decides who the population will be, then determines where to find these persons, next compiles a list of people who are suitable and, last, starts recruiting them.

There are two types of sampling: nonprobability and probability sampling. Nonprobability sampling is a subjective, simple, fast and inexpensive method (Mishra & Alok 2017:8). The probability of a person being chosen as a sample participant is not known in nonprobability sampling whereas it is known in probability sampling (DeCarlo 2018:271-278). The researcher chose a purposive sampling method, which falls under nonprobability sampling, which is discussed in the next section.

Purposive sampling refers to a method used when researchers use their own judgement in deciding who is the most suitable and has the best knowledge related to the research topic, therefore someone who will propel the researcher towards achieving the desired research objectives (Kumar 2011:189; Mishra & Alok 2017:9). One of the main features of purposive sampling is that the researcher chooses participants because they have characteristics that the researcher requires for the purpose of the study (DeCarlo 2018:272). It is commonly used in qualitative research (Campbell, Taylor & McGlade 2018:11; Kumar 2011:189). According to Kumar (2011:189), purposive sampling is also used to describe a problem or improve on a topic about which little information is available, as is the case in the current study.

For the purpose of this study, purposive sampling was considered to be a sampling method through which the researcher used her prior knowledge to identify and choose individuals who would participate in the study based on their ability to provide the information required and their knowledge and experience regarding the topic. In this study, the researcher chose social workers who rendered services to children and adolescents with mental health disorders in CYCCs, because they had the required knowledge and experience of working with children and adolescents with mental health disorders and could therefore share valuable information pertaining to the research

study. In order to qualify for inclusion in the study, participants had to meet the following criteria:

- A registered social worker employed either in the governmental or nongovernmental sector;
- Rendering social work services to children and adolescents who are placed in CYCCs and who are suffering from mental health disorders;
- Serving under any organisation that renders services relating to children and adolescents with mental health disorders within the municipality of the City of Tshwane.

The following exclusion criteria applied:

- Anyone who renders social services but are not registered as a social worker with the SACSSP;
- Social workers who have been barred from practicing by the SACSSP;
- Social workers not employed by either governmental and nongovernmental CYCCs to render services to children and adolescents suffering from mental health disorders;
- Child and youth care workers;
- Auxiliary social workers.

From the sampling process, a total of nine participants met the inclusion criteria for the study. The process leading to sampling is explained in the next section that is presented below.

3.5.2 The sampling processes

In commencing the sampling process, the researcher first had to obtain permission from the relevant authorities and gatekeepers in order to obtain access to the sample population. King and Horrocks (2010:31) define a gatekeeper as the person with the power to approve or deny contact with prospective participants. Furthermore, it is advisable for researchers first to find the applicable person who can grant or deny access, and to familiarise themselves with the operations and hierarchies within the organisation. In this study, the researcher explained the entire research plan (goals, anticipated end result of the study, approximate length of contact with participants and

the processes that would be used in gathering the data) to the gatekeeper. She also shared and explained a copy of the informed consent form that was to be used and discussed the ethical aspects of the study (King & Horrocks 2010:31).

For the purpose of this study, the researcher identified probable CYCCs by obtaining a list from the Department of Social Development and through some of her professional networks of colleagues that she had established over the years. Once the organisations had been identified and located, contact was made by email, in which she introduced herself and the study to the gatekeepers (managers and supervisors). She also provided the gatekeepers with written information about the purpose and process of the study, the type of contact and length of intended contact with participants, a copy of the informed consent form, the ethical aspects that would be complied with and steps that would be taken by the researcher to ensure the protection of the participants. Once the researcher had obtained permission to conduct the study, she contacted the social workers by email, introduced herself and invited them to an information session about the study.

3.5.3 Sample size

While studying the literature relating to the qualitative approach, the researcher became aware that sample size was not the important factor in qualitative research but rather the quality of the data that was derived from the group or individuals (Grossoehme 2014:8; Kumar 2011:176). Data saturation is achieved at the stage when the researcher has collected enough data to enable an understanding of the phenomenon (Morris & Burkett 2011:31). Data saturation, in simplified terms, means that there are no new themes that emerge from the data (Morris & Burkett 2011:31). In order to produce high-quality data that will lead to data saturation, Morse (2015:1214) indicates that the researcher needs to focus on the suitability of the participants who are chosen. As argued by Campbell et al (2018:5), the right research participants are a source of abundant data. For the purpose of this study, the researcher relied on the principle of data saturation to end the data collection process. She ensured that the research questions were comprehensive enough so that they generated sufficient information from the participants. Interview techniques (see data collection, section 3.5.4) were also employed to ensure that ample information was generated and recorded.

3.5.4 Data collection

Data collection refers to activities and techniques used by the researcher in collecting information from the research participants (Grinnell & Unrau 2018:648; Maxwell 2012:234). Mohajan (2018:37-38) explains that the researcher is a tool used for data collection, which involves going into the field and getting the information from the participants as it relates to their natural environment. This course of action generates ideas and builds theories rather than tests current theories. Taking the abovementioned definitions into account, the methods used to collect data are therefore understood as being practical steps, skills and techniques that the researcher will employ during the research endeavour. Because the researcher is a data collection instrument in this process, he or she should go out and obtain the necessary data in order to answer the research questions and address the objectives of the study.

There are different methods of data collection. Campbell et al (2018:5) consider data collection methods in qualitative research to come either in the form of individual interviews or as focus group interviews, which are used to collect insights and feelings about services or support and explore uncertainties, viewpoints, expectations and attitudes. These individual and focus group interviews are used to describe concepts narratively but they are also important for the nonverbal aspect of participant responses (Campbell et al 2018:5). For the purpose of this study, the researcher used semi-structured interviews as a means to collect data. Semi-structured interviews can be defined as conversation-type interviews with one participant at a time (Adams 2015:493). They consist of both open- and closed-ended questions and include follow-up probing to allow for clarification or more in-depth information and understanding (Adams 2015:493). Semi-structured interviews are useful tools when the researcher wants to employ a somewhat flexible structure and gain more information from interactive communication with the participants (Pathak & Intratat 2016:4). These interviews are most useful when there is a specific subject about which the researcher wants to obtain more information and, therefore, in this case she used open-ended questions, although they were not put to each participant in exactly the same order (Mauldin 2020:292).

Taking the above-mentioned definitions into account, a semi-structured interview is understood to be a flexible and more casual style of conducting an interview with

research participants as it allows for the flow of information instead of a rigid back and forth between the interviewer and the participant. The researcher believed that this type of interview was best suited to the proposed research. According to Mauldin (2020:293), researchers often use interview guides during the qualitative interview in order to guide the interview discussion with the aim of collecting particular information from the participant. For the purpose of this study, the researcher used an interview guide as a tool in obtaining the relevant information and supporting the interviewer with guiding the interview process. In developing a research guide, Kumar (2011:153) believes that the researcher should write down a list of topics that they would like to talk about during the interview or prepare prompts that they would like to use to elicit information from participants if the information does not emerge naturally during the conversation. Kumar (2011:153) refers to this as an interview guide. An interview guide can also be described as a framework of discussion topics, questions or prompts that the researcher may use during the interview to collect information from the participants as it is not a questionnaire, the latter being too structured and inflexible (Adams 2015:496). The researcher used the interview guide in a flexible way to guide the conversation during the interview. This guide also aided in keeping the interview focused on the topic.

For the purpose of this study, and owing to the COVID-19 pandemic, the researcher used online interviews as a means to collect data. Online interviews, according to Deakin and Wakefield (2014:603), are new ways of communicating through the use of ground-breaking technologies such as Skype and Zoom, which have generated a new way of collecting data in qualitative research by conducting interviews online. Researchers and their participants are now able to communicate despite distances between them that would previously have made participation impossible. Research can now be conducted globally with the use of these technologies. Salmons (2012:21) believes that the semi-structured online interview is suitable and also complementary because of the demonstrative and communicative characteristics that it shares with an in-person interview.

Benefits and possible shortcomings need to be considered when doing online interviews. The following shortcomings became apparent when the researcher consulted literature regarding online interviews. Pitfalls, as listed by Deakin and Wakefield

(2014:613), include that some participants might drop out because they don't know how to use the video conferencing software; show less commitment to the interview process compared with in-person interviews; technical problems (sound, recording, etc.) might arise; ethical issues related to recordings which need to be disclosed to participants could arise; challenges when interviewing more introverted or less forthcoming participants could cause difficulties; and a higher number of last-minute drop-outs or no shows could occur. In order to mitigate these factors, the researcher discussed the use of the Zoom platform with participants during the information sessions. Ethical issues related to confidentiality and the management of data were also discussed with participants. Furthermore, the researcher used interviewing techniques and open-ended questions to elicit more information from less forthcoming participants and to mitigate a lack of descriptiveness, as mentioned by Johnson, Scheitle and Ecklund (2019:15), which these researchers believe is a possible shortcoming related to data collected in online interviews as opposed to face-to-face interviews. Because technology is used, the researcher should always have a plan B in case of technical difficulties (Sullivan 2012:59). The researcher encountered one such technical issue during an interview and an alternative time had to be scheduled. Because technical difficulties were unavoidable, the researcher had to be flexible in this regard.

Benefits, as listed by Deakin and Wakefield (2014:613), include an increased level of adaptability related to finding a suitable interview time slot; time efficiency; cost efficiency and building rapport, which are deemed to be equal to the benefits of face-to-face interviews. Johnson et al (2019:14) as well as Lo Iacono, Symonds & Brown (2016:9) agreed that there was a definite cost and time effectiveness benefit. Interviews can be conducted in a comfortable environment for the participants, for example their own homes. The interview environment has an influence on the display of the participant's true self, which could produce more valuable data (Lo Iacono et al 2016:17). The authors Lo Iacono et al (2016:18-19) also mentioned that the data collected in their online interviews was equal to the data collected face-to-face and in some instances they felt that the data collected was enhanced in the online interview because the participants were less concerned about time and there was a tendency for participant discussions to be lengthier. The researcher found online interviews beneficial in its cost effectiveness, but formed the opinion that making any further comparisons would be risky as the researcher did not have face-to-face interviewing

experience with which to compare the online interviews. However, the researcher did experience that the participants were mostly relaxed, communicative and expressive during the interviews and it could be concluded that semi-structured interviews could also be done successfully online.

Given the topic of the research, the following biographical questions were posed to participants:

The biographical questions:

- What is your gender?
- What is your age?
- What qualifications do you have?
- When did you qualify as a social worker?
- Which areas of social work do you have experience in?
- Was CAMH part of your career prior to working at the CYCC?
- How long have you been working with CAMH in CYCCs?
- What are your roles or duties as a CYCC social worker?
- What is the size of your caseload?
- Are you supervising any subordinates?
- If so, how many?

The main research questions were posed, as listed below:

- Can you please share with me your views on (what do you think of) the general challenges associated with the field of CAMH?
- What challenges do you experience in the course of your work as a social worker who renders services to children and adolescents with mental health disorders in CYCCs?
- What challenges do you experience in more severe or complex cases (such as CD and ODD)?
- What types of resources are available to assist you in CAMH?
    - Community
    - School
    - Hospital

    - Specific CAMH programmes
- What strategies do you adopt in managing these challenges?
- Are you involved in or aware of any programmes/group work for CAMH-related challenges?
- What type of support do you need to manage these challenges?
- What plans or programmes should be put in place to address the challenges confronting social workers who render services to children and adolescents with mental health disorders in CYCCs?

Interviewers apply certain skills or techniques when conducting interviews in research. For the purpose of the current study, the researcher used the following skills when conducting interviews: building rapport, making thought-provoking interjections, doing critical event analysis, and engaging in active listening. Building rapport and sharing some information about commonalities is a way of getting to know participants. This can be done at the start of the interview, when a good foundation on which to build the topic-related conversation has been laid (Pathak & Intratat 2016:5). Thought-provoking interjections are a way to prompt the participant and indicate that the interviewer would like to hear more about a certain aspect of the topic that is being discussed (Pathak & Intratat 2016:5). It is crucial to note that the participant is an expert in his or her own right and also has valuable information to contribute. Critical event analysis is a technique to inspire participants to describe and explain important events by presenting abstract concepts through examples (Pathak & Intratat 2016:5). Regarding the use of active listening, Adams (2015:502) notes that the interviewer can also repeat or summarise the participants' own words, which serves to reiterate that the interviewer is listening, is engrossed in the conversation and has a clear grasp of what the participant is saying.

Taking the abovementioned descriptions into account, in this study the researcher built rapport, firstly, by allocating sufficient time at the beginning of the interview to build rapport with the participants and to start building a relationship from the moment of first contact, which occurred through emails, in which she introduced herself professionally and addressed recipients with the desired respect. She also spent time getting to know the participants and their expectations and allowed them to understand her interests and reasons for wanting to conduct the study. Building and maintaining a relationship with

participants throughout the process was of the utmost importance as the researcher wanted them to know that their input was appreciated and valued. Thanking the participants and sharing the significance of their input was a priority. A written thank you email after every contact was one way of communicating appreciation and maintaining the relationship.

The researcher used thought-provoking interjections or prompts to encourage participants to elaborate on a topic. That was done in a relaxed manner to avoid making participants feel as if they were being interrogated. She understood that it was important for participants to feel valued and that what they were sharing with her was insightful and important. The researcher verbalised how much she was learning or how valuable the information was that she was receiving during and after the interviews.

The researcher also employed the critical event analysis technique to get participants to share examples instead of just saying something such as: "*I feel frustrated about the lack of resources in CAMH.*" Furthermore, she guided the participants in sharing a time or event (information of a concrete nature) when this feeling was amplified and what exactly had happened in that instance. An example of this occurred during an interview with Linda, when the researcher asked, "*So if you can think of an example of something that happened when this child had behaviour problems ... how did you deal with that incident?*" Finally, the researcher used the effective listening skill to repeat or summarise what had been said by the participants to make them aware that she was fully immersed in the conversation. At the end of an answer to a question, she summarised the answer in one or two sentences to check whether she had understood the participant's responses correctly. All the research interviews were recorded through the Zoom platform.

Finally, as Adams (2015:502) noted, being prepared is of utmost importance and should include being familiar with the interview questions; the precedence of each question; using the correct tone when questioning someone; probing by sounding engrossed and not showing surprise or being taken aback by anything that the participants may say. In preparation, the researcher read through literature on the research process, tested the Zoom platform, familiarised herself with all the questions and held information sessions with participants so that they fully understood the entire process and the researcher's expectations of them. The researcher also informed the participants that their data costs

would be covered (Addendum D), but none of the participants needed data as they were using their office Wi-Fi.

3.5.5 Pilot testing

The word pilot, as described by Fraser, Fahlman, Arscott and Guillot (2018:261), has different meanings to different authors. These researchers consider a pilot test to be a mini version of a full-scale study aiming to pre-test research instruments such as a questionnaire or interview guide (Fraser et al 2018:262). In other words, it is a preliminary test with individuals who are comparable to the participants who will participate in the actual study. It may reveal any adjustments that need to be made to the research questions (Turner 2010:757). Participants of a pilot test do not form part of the actual study, meaning that the exercise could highlight in advance any challenges participants might face in answering the questions (Grinnell & Unrau 2018:658). A pilot test generally tests the viability of a research study (Kumar 2011:335). From this discussion, one can gain the understanding that a pilot test is a small sample test with participants who will not form part of the main research but nevertheless play an important role in assisting the researcher to identify possible pitfalls or problems with the research questions, the methods, data collection tools and the researcher's interview techniques. For the purpose of the current study, a pilot test was conducted with one participant who had met all the inclusion criteria. This participant was not included in the main study. A pilot test followed the same process as the main research and used the same methodology, methods and data collection instruments that were used for the main study. Through the pilot test, the researcher learned informative lessons which assisted her with improving the research plan. For example, the researcher had to adjust her interview style by focusing on asking one question at a time instead of posing multiple questions in one sentence.

3.5.6 Data analysis method

The central aim of qualitative data analysis is to comprehend the significance that participants attach to their experiences and the language they use to describe them (Campbell et al 2018:4). Data analysis can also be described as a method to extract relevant information from the data through consolidation and condensing the information obtained in order to answer the research questions (Grinnell & Unrau

2018:648). It is also known as an examination or analysis of participants' narratives (Steinberg 2015:110).

Therefore, taking the abovementioned definition into account, data analysis can be understood as the process of sorting through all the data received from the participants, finding what was relevant to the study and categorising it according to themes. This process is time-consuming and repetitive but needs to be done thoroughly. The current study was guided by Braun and Clarke's (cited in Maguire & Delahunt 2017:3355) six steps of qualitative data analysis. The steps are not linear, and the researcher could move through them as required (Maguire & Delahunt 2017:3355). These six steps are presented as follows:

Step 1: The researcher needed to familiarise herself with the data. That entailed reading trough the data transcripts many times and ensuring that she had a clear understanding of the data. The researcher familiarised herself with the data by listening to the interviews and transcribing each interview personally. Furthermore, the researcher read through each interview numerous times before moving on to the next step.

Step 2: The creation of preliminary codes took place at this stage. This was a way of organising the data into smaller sets. For this phase the researcher used different colours to highlight parts of the transcriptions that matched and assisted with sorting and grouping the data.

Step 3: The researcher sought themes and started identifying different themes or patterns that emerged from the data. In this step the researcher compiled the data into a spreadsheet under different headings but that contained similar information. The researcher at this point added the participants' verbatim data that fitted a specific heading.

Step 4: This step was characterised by a review of the patterns that were identified under step three. At this stage the researcher analysed, adjusted and developed pilot themes. By reviewing the spreadsheet, the researcher could examine and explore the themes that had started to emerge clearly.

Step 5: Themes were defined at this stage. Here the researcher captured the core of each significant theme. The researcher scrutinised the pilot themes yet again and produced the six themes and twenty-two subthemes that had emerged from the data.

Step 6: Compilation of an analysis report took place in the last instance. The researcher compiled her findings and discussed each theme and subtheme (see Chapter Four and Chapter Five).

All of the abovementioned steps were followed closely during the data analysis stage. This process helped to narrow down the themes and subthemes and to focus on the important and similar information that was shared by participants. The researcher used colour-coded tables to compile the data and categories to highlight the different themes and participants' narratives about these themes. It was a time-consuming but valuable process, as is shown in Chapter Four and Chapter Five of this dissertation.

3.6 DATA VERIFICATION

Data verification may also be described as trustworthiness, an ongoing process in which verification and adaptation or rearrangement takes place. It ensures that problems are rectified as the research and theory development progress (Spiers, Morse, Olson, Mayan & Barrett 2018:2). Roller and Lavrakas (2015:217) consider data verification to be fixed actions aimed at verifying the collected data. These actions in turn ensure a high research standard. In view of these definitions, the term data verification can be understood to be specific actions that were taken by the researcher to confirm all the data that was collected. The researcher recognised that this verification process and actions taken derive from certain strategies that had been identified as required for achieving trustworthiness or rigour in a study (Anney 2014:272).

Before elaborating on the specific actions that the researcher undertook to ensure data verification, the concept of trustworthiness and rigour in qualitative studies and the strategies for achieving this were defined and explained through supporting literature. Anney (2014:272) posits that when research is evaluated, certain trustworthiness principles that are defined in the literature are concomitant with the specific approach that had been adopted, be it qualitative, quantitative or mixed methods research. The principles used to evaluate the trustworthiness of research findings are different for every approach. This view is confirmed by Kumar (2011:171), who states that in

qualitative research, where methods are flexible and changing, a rigid way of confirming the validity of a study is not appropriate and therefore a different approach is required. The criteria for trustworthiness, according to Guba and Lincoln (cited in Morse, 2015:1212-1213), are credibility, transferability, dependability and confirmability. Morse (2015:1213) describes credibility as how accurate the research topic is presented by the data and whether the data truthfully represents the core of the phenomenon studied, therefore achieving dependability, meaning that in redoing the study, the same result would be achieved.

Credibility can be achieved through lengthy engagement with participants, viewing the phenomenon from different angles and perspectives using a variety of sources, which is known as triangulation. This includes peer debriefing, when the researcher talks to a professional person who is not involved in the research about the research process that has been undertaken (Morse 2015:1213). Morris and Burkett (2011:31) describe transferability as the ability to generalise the findings of the study. Since qualitative research is not about generalising, similarities can be transferred to similar conditions, situations and settings. Transferability requires “thick description” of the data in order for it to be transferable to different contexts or persons who share aspects of the same phenomenon. Dependability is achieved through triangulation and auditing methods (Morse 2015:1212). Confirmability is likened to objectivity and, as with dependability, can be achieved through triangulation and an auditing trail (Morse 2015:1212-1213). It is proof or evidence of the researcher’s interactions with the research participants (Morris & Burkett 2011:31).

For the purpose of this study, credibility was enhanced through prolonged engagement with the participants in the field, triangulation and peer debriefing. The researcher interacted with participants through emails and messenger applications such as WhatsApp prior to the interview and also a few times after the interviews had been conducted. The researcher also provided all participants with their transcriptions to check whether they agreed that it was a true reflection of what they had said during the interviews. Unfortunately, because of the COVID-19 pandemic, physical interaction could not be undertaken and all communication occurred electronically. The researcher worked in the field of the study, namely CYCCs, for a few years, and therefore many of the participants were known to her prior to the study. She was also able to grasp the

CYCC culture and understood the inner workings of the CYCC because of that prior experience. The researcher endeavoured to interview diverse participants from different CYCCs, with unique backgrounds and perspectives, in order to enhance triangulation. For example, she ensured including CYCCs from different socio-economic backgrounds. Lastly, the researcher was able to do peer debriefing by discussing the research process with her supervisor, who was very knowledgeable regarding qualitative research and the subject of the investigation.

Transferability was enhanced through a detailed narration, known as thick description, of the research process and the findings. Dependability was therefore achieved through triangulation and thick description, while an audit trail was used to enhance confirmability. Lastly, the researcher provided the conclusions and recommendations that emerged from the data.

3.7 ETHICAL PRINCIPLES

As with all professional conduct, there are certain ethical considerations and ethical procedures to follow in research. Scientific research falls under the auspices of a set of values known as research ethics. These ethics guide researchers about how to proceed with their day-to-day conduct, maintain the dignity of the individuals who are participating in the research and publication of data related to the research findings (Fouka & Mantzorou 2011:4; Akaranga & Makau 2016:2). Research ethics refers to the analysis of data in such a manner that attention is given to truthfulness, reliability of the logic of and reverence for the emotions and rights of participants (Grinnell & Unrau 2018:649). The importance of safeguarding the rights of the research participants is central to any research.

Taking the abovementioned definitions into account, research ethics can be interpreted as the way in which researchers conduct themselves throughout the whole research process, which includes treating participants with respect and staying true to the data derived and the meaning deduced from the data as well as providing accurate and truthful information pertaining to the findings of the study. Sudheesh et al (2016:633) consider autonomy, privacy, discretion and privacy, fair conduct, safeguarding from distress and selfactualization as some of the strategies to safeguard the participants' rights. Furthermore, Sudheesh et al (2016:633) state that the researcher needs to receive

informed consent and pass the institutional review procedure or obtain ethical approval before they may proceed with the study.

The six key ethical principles that guided the current research study are discussed in sections 3.6.1 to 3.6.7, which follows below. In addition, examples were provided about how these ethical principles were applied as the process unfolded. These principles were anonymity, confidentiality, debriefing, informed consent, beneficence, and management of information.

3.7.1 Anonymity

Anonymity is described as one of the most fundamental principles of research ethics and is the way in which confidential information is protected (Vainio 2013:685). It is also defined as a guarantee to the research participants that the researcher will not gather any information that can render them recognisable (Faulkner & Faulkner 2013:217). Furthermore, anonymity implies that a person reading the research report should not be able to link a response to a specific research participant (Bhattacherjee 2012:138). There are different ways to carry out the undertaking to ensure anonymity. According to Thomson (2013:53), giving participants a fictitious name in published findings will safeguard their identities. According to Cropley (2015:78), it is normal practice to preserve anonymity by publishing the research findings in such a way that it only mentions broad tendencies in a group. The researcher can also guarantee that all recognisable features will be removed (Thomson 2013:53).

For the purpose of this study, and taking the abovementioned definitions into account, anonymity can be described as keeping the identities of participants confidential and not divulging any information which might lead to their being recognised. The researcher adhered to this principle by giving the participants in the study pseudonyms and not divulging detailed information such as the specific organisations to which they were attached.

3.7.2 Confidentiality

Another ethical principle which usually goes hand in hand with anonymity is confidentiality. Confidentiality can be described as the guarantee that all data remains in the secure ownership of the researcher and that nobody outside of the scope of the

research is privy to the data provided by participants (Faulkner & Faulkner 2013:218). This definition is supported by Grinnell and Unrau (2018:646) and Cropley (2015:78), who also subscribe to the protection of data and its presentation in such a way that the participants' identities are protected.

Confidentiality is moreover, for the purpose of this study, viewed as an undertaking by the researcher to the participants that he or she will protect all the information received from them by not sharing it with any person or group outside the research. As mentioned before, the researcher explained the concept of confidentiality and how the data would be applied in the study to each participant before they were asked to participate (Addendum A). This formed part of the researcher's introductory correspondence and was again discussed during the information session. She also refrained from discussing any information received from participants with anyone outside the research and removed identifiable information from the data when writing the dissertation.

3.7.3 Debriefing

The suitability of debriefing in research is explained by Neaton (2015:110-112), who opines that throughout the process of designing a research study, researchers might find it beneficial to include debriefing of the participants at the end of the project. Debriefing is a crucial part of the consent process and participants should receive a concise and informative description of the rationale for the study and the methods to be used as well as answers to any questions participants might have (Neaton 2015:110-112).

In this study, debriefing was viewed as a purposeful conversation between a debriefer and participants or the researcher and her supervisor to contribute to increasing the rigour of the study. A trained debriefer, a social worker and CYCC manager, was on standby for any research participants who might have experienced any discomfort and required such service (see letter of commitment to debriefing in Addendum E).

3.7.4 Informed consent

Informed consent is also an important ethical consideration and can be described as signed statements from the research participants in which they receive information regarding the study and what is expected of them as well as their freedom to choose

regarding whether or not to participate (Grinnell & Unrau 2018:652). The participants should also be made aware of the kind of information that is required, the reasons why the information is required, the researcher's plans for such information, the specific expectations the researcher has of them and the direct or indirect impact the study might have on them. The study should be completely voluntary, and participants should not be pressurised into participating (Kumar 2011:220). Informed consent is not just a form that participants need to sign. Instead it may be likened to a procedure in which the participant is made fully aware of what their participation entails and also of the possible pitfalls involved (Kumar 2011:220). The requirement in this regard is normally satisfied by informing participants of their rights, the aim of the study, the steps that will be taken throughout the research process as well as possible risks and benefits (Shahnazarian, Hageman, Aburto & Rose n.d:3).

Therefore, in this study, informed consent was viewed as full disclosure of every step of the research process and the expectations surrounding the participation of the participants as well as a discussion regarding the potential risks attached to their involvement in the study. In implementing informed consent, the researcher used an informed consent statement, presented in a document (see Addendum B for an example of an informed consent form), and communicated in this statement: the research topic; the aims of the research; what the data would be used for; why the researcher was conducting the study; and the participants' right to participate or decline to do so. The researcher also discussed other ethical considerations in this consent form relating to anonymisation, confidentiality and how the researcher planned to manage and safeguard the data.

3.7.5 Beneficence

According to Lindorff (2010:54), beneficence occurs when the actions undertaken minimise the possible risks and maximise the possible advantages. Fouka and Mantzorou (2011:5) describe beneficence as referring to the Hippocratic "be of benefit, do no harm" principle. Beneficence cannot necessarily be foretold when creating a research question in qualitative research (Fouka & Mantzorou 2011:5). Akaranga and Makau (2016:6) define beneficence as the responsibility of the researcher to the research participants in informing them about the purpose as well as the advantages of

the study. The researcher should therefore be cautious of overstating or understating the advantages.

For the purpose of this study, beneficence can be described as the way in which the research is conducted to ensure that no participants are caused any distress, and that they could possibly benefit from participating in the research study. In order to adhere to the principle of beneficence, the researcher first of all put in writing, and thereafter explained to the participants, what the purpose of the study was and how their involvement could possibly benefit them and their organisations. Potential benefits were to give voice to the challenges the participants faced, so that changes could be brought about in the long term. Potential resources might come to light, which they could use in their daily practice. The findings of the study could also bring about more research into this topic, which could benefit not only social workers, but also broader society in dealing with issues relating to CAMH disorders. Because harm could be caused unintentionally, the researcher informed the participants of the ethical steps such as confidentiality, anonymity, debriefing, protection of information and informed consent aimed at protecting them from harm as far as possible.

3.7.6 Management of information

The last ethical principle that was observed in this study was the management of information. This principle addressed the question of how the information that was collected from the participants was protected, secured or managed. The importance of safeguarding and managing data collected in qualitative research is fundamental to research and it is the duty of the researcher to put the appropriate security measures in place for the safekeeping of all data collected from participants (Alase 2017:14; Sutton & Austin 2015:227). A researcher who is new to the field of qualitative research should ask for guidance regarding data management before commencing with the study (Sutton & Austin 2015:227). Surmiak (2018:15) considers the protection of information or data as the nondisclosure of information unless permission has been received from a participant.

This can be done by, among other things, keeping data safe – locked away, using pseudonyms and passwords (Surmiak 2018:15). The researcher, in this study, managed information by putting concrete measures in place to ensure that the information or data

was properly secured. All the interviews were conducted on the Zoom platform and then downloaded onto the researcher's computer and deleted from the Zoom platform to protect participants against any breaches. The interviews were then uploaded onto Google Drive, which was password protected. The researcher also had a password on her laptop to protect its contents. There were no hard copies of any information because all the correspondence and interviews were undertaken online.

3.8 CHAPTER CONCLUSION

In this chapter the research methodology was introduced and explained in terms of the process and the methods that were followed in conducting the study. The researcher also reflected on her own journey and gave a detailed explanation of every step that was taken in conducting the study. Lastly, a discussion of the ethical principles that were adhered to throughout the study was provided and substantiated by concrete examples of how they were applied. In the next chapter, the research findings are introduced and discussed in detail, using the existing literature and the theoretical framework that was adopted for the study.

CHAPTER FOUR

THE SOCIAL WORK-RELATED CHALLENGES ASSOCIATED WITH CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH DISORDERS

4.1 INTRODUCTION

This chapter represents the research findings. The research findings are represented in two categories. Firstly, the biographical information of the participants are reported and interpreted, followed by the first set of main research findings, which are presented in the form of themes and subthemes. Regarding the first set of the research findings, six themes and twenty-two subthemes emerged from the data analysis. The first four themes and subthemes reflect the challenges social workers face in rendering services relating to CAMH disorders, which are introduced and discussed in this chapter. The second part of the research findings are presented in Chapter Five.

4.2 THE RESEARCH FINDINGS

In the subsection that follows the researcher provided details pertaining to the biographical information of participants. The information (see Table 4.1) has been compiled in such a way as to ensure anonymity, and pseudonyms are used throughout this section. The biographical information was summarised in narrative format and analysed by means of the literature. The subsequent section introduced the themes and subthemes (see Table 4.2) that emerged from the data analysis. The researcher used participants' own words and some existing literature to conduct literature control. These themes related to the challenges that social workers in CYCCs faced when working with CAMH.

4.2.1 Biographical information of participants

The specific biographical questions posed to participants were designed as based on the research topic. The biographical information shared by participants aims to assist the reader with forming a holistic picture regarding the social workers' qualifications and years of experience and their day-to-day duties, roles and the size of their caseloads. These details provided context to the research findings and are presented in Table 4.1 below.

Table 4.1 Biographical information of participants

Pseudonym	Gender	Age	Highest qualification	Year qualified	Years of experience in CYCCs field	Roles and duties	Size of caseload[2]	Number of supervised subordinates
1. Alice	Female	45	Bachelor of Social Work	2017	2 years	Therapeutic assistance, child assessment, family reunification services, alternative programme activities, recruiting support systems, group work, casework, arranging outings (i.e. camping)	22	6
2. Ida	Female	24	Bachelor of Social Work	2019	3 months	Extend court orders, liaise with case workers[3], arrange and attend meetings, therapeutic support, group work, monitor scholastic performance, networking, support school leavers, life skills programmes and supervision of house parents	60	12
3. Linda	Female	26	Bachelor of Social Work	2018	2 months	Group work, individual therapy, crisis intervention supervision of house parents, administrative tasks, making counselling appointments and supporting children	44	8
4. Amy	Female	27	Bachelor of Social Work	2016	2years	Networking with guest parents, volunteers, therapists, liaising with student social workers, arranging IQ tests, special programmes, school-leavers programme and leadership programme	80-90 children per week	0
5. Angela	Female	27	Bachelor of Social Work	2019	2 years	Intakes, networking, school placements, reunification services	30	3
6. Maria	Female	60	Bachelor of Social Work	1984	8 years	Child development, attending to child welfare and supervision of house parents	57	10
7. Laura	Female	35	Master of Social Work	2015	10 years	Management, staff training and conducting therapy programme	36	4

[2] Caseload managed in this context is considered according to the number of files that a social worker is expected to manage.
[3] Case workers from Child Protection Organisations place children in the CYCCs and have statutory responsibility for the children.

8. Lucy	Female	45	Bachelor of Social Work	2016	5 years	Manage, care and support children through therapeutic plan, individual development plans (IDPs), permanency plans, family preservation, life skills, educational support and recreational programmes	30	16
9. Dorothy	Female	46	Master of Social Work	1997	23 years	Management (support and guide social workers)	Over-seeing 7 social workers' caseloads	7

Table 4.1 indicates that nine female social workers took part in the research study and their ages ranged from 24 to 60 years. None of the CYCCs that agreed to participate had male social work employees. As regards the participants' qualifications, a social work qualification consists of a bachelor's degree, which takes 4 years, followed by a master's and a doctorate degree. The bachelor's degree has a combined practical and conceptual portion that forms part of the evaluation measures and conditions for the completion of the degree (Engelbrecht & Strydom 2013:234-235). Out of the nine research participants, seven possessed a bachelor's degree in social work and two participants held master's degrees in social work. Five of the nine participants had between two and three years' experience in the field of social work while three had between five and ten years' experience in the field of social work, with one having 23 years of experience. Of the nine, six participants indicated that they had experience in different areas of social work prior to their employment at the CYCC and the remaining three indicated that their experience was only in CYCC social work. Of the six social workers who indicated that they had experience outside of a CYCC, two reported having worked with CAMH.

The biographical data provided by the participants corroborated with existing literature. In an article focusing on social work in South Africa, Engelbrecht and Strydom (2013:234) describe services that social workers render and these included statutory work, community work, restoration and reintegration services, on-going or more permanent support and psychological well-being and substance dependence support.

With regard to the variety of roles and duties related to their employment at the CYCC, seven out of nine participants indicated that they provided services such as therapeutic assistance, various forms of support, care and development or child assessments to the children in their caseloads at the CYCC, which fell under casework, one of the micro-level intervention methods in social work (Zastrow 2017:42). Four participants mentioned that they were rendering either reunification services or recruiting a support system for the children in their caseloads, whereas another four reported that they oversaw recreational or specific activity programmes aimed at child development. Two participants indicated that administrative tasks were part of their duties while three reported that they liaised with

other roleplayers or performed networking functions. Another three referred to supervising or supporting house parents as their main responsibilities while the other three reported that their roles included management. One participant mentioned that she provided training and three mentioned group work, as an intervention technique, as their duties. Group work is one of the mezzo-level intervention methods in social work (Zastrow 2017:42).

Out of nine participants, three had a caseload of between twenty-two and thirty children. Four participants had between thirty-six and sixty children in their caseloads while one participant reported that she was a developmental social worker and therefore worked with all the children in the CYCC. According to the information received from this particular participant, she worked with about ninety children per week through special developmental programmes. One participant indicated that she did not have a caseload because she was managing two children's homes with about three hundred children in total and overseeing seven social workers who were rendering services to these children. Eight out of nine participants were supervising subordinates. Six out of these eight were supervising between zero and ten subordinates while the remaining two were supervising twelve and sixteen subordinates respectively.

Having presented the demographic data of the participants, the next section, 4.2.2, focuses on the main themes and subthemes that emerged from the data analysis process.

4.2.2. Themes and subthemes that emerged from analysis

In this section, each theme and subtheme that emerged from the data were discussed. In analysing the data, as guided by Braun and Clarke's (cited in Maguire & Delahunt 2017:3355) six steps of qualitative data analysis, six themes emerged. The first theme involved the general challenges associated with the field of CAMH in the CYCC; the second the challenges experienced by social workers working with CAMH in CYCCs; and the third the challenges experienced with complex CAMH cases such as conduct disorder and oppositional defiant disorder. In the fourth theme, the central issue related to the challenges associated with resources for CAMH in CYCCs, while the fifth theme involved the strategies adopted by social workers working with CAMH in CYCCs to manage the challenges. Finally, the sixth theme focused on the types of support, strategies, plans or

programmes needed for social workers working with CAMH in CYCCs. Table 4.2 below provides a summary of these themes. All the themes where furthermore divided into subthemes, culminating in a total of twenty-two subthemes. The current chapter focuses on a detailed discussion of themes one to four and their related subthemes. The final two themes (Theme five and Theme six), are presented in detail in Chapter Five.

Table 4.2 Themes and subthemes

Theme	Subtheme
Theme 1: The general challenges associated with the field of CAMH	1.1 Financial and funding-related challenges 1.2 Lack of information or misconceptions around CAMH disorders
Theme 2: The challenges experienced by social workers working with CAMH disorders in CYCCs	2.1 Limited funds, resources and support to deal with CAMH disorders in CYCCs 2.2 Lack of training, tools, knowledge, experience and skills in the field of CAMH 2.3 Limited or unsuitable placement options for children and adolescents with mental health disorders
Theme 3: The challenges experienced with complex CAMH disorder cases	3.1 The challenges related to the impact of complex cases on house parents 3.2 The impact of severe CAMH disorder cases on other children 3.3 The challenges associated with disciplining challenging behaviour of CAMH disorder cases 3.4 The challenges associated with expectations and perceptions of CAMH disorder cases
Theme 4: The challenges related to resources for CAMH disorder cases in CYCCs	4.1 The challenges associated with access to psychological/psychiatric services for CAMH disorder cases in CYCCs 4.2 The challenges associated with access to medical services for CAMH disorder cases in the CYCCs 4.3 The challenges associated with access to schools with relevant support programmes for children and adolescents CAMH disorders 4.4 The challenges associated with support by the police service 4.5 The challenges associated with institutions and facilities dealing with CAMH disorder cases
Theme 5: Strategies adopted by social workers working with CAMH disorder cases in CYCCs to manage the challenges	5.1 The use of programmes, group work or individual work as preventative or preparatory strategies 5.2 Building relationships and networking as preventative or preparatory strategies 5.3 Understanding CAMH and their conditions to ensure suitable intervention as preventative or preparatory

	strategies 5.4 Personal skill and techniques used as preventative or preparatory strategy 5.5 Immediate response strategies
Theme 6: Types of support, strategies, plans or programmes needed for social workers working with CAMH disorder cases in CYCCs	6.1 CAMH resources and facilities 6.2 Social work training and tools for dealing with CAMH disorder cases 6.3 Multi-disciplinary collaboration and networking

4.2.2.1 Theme 1 The general challenges associated with the field of CAMH

The first question put during the interviews concerned the participant's views about the general challenges related to the field of CAMH. One of the first general challenges that the data revealed was a lack of financial means for CAMH services in general and the second was a lack of information about or the existence of misconceptions around CAMH disorders.

a) Subtheme 1.1 Financial and funding-related challenges

One of the participants, namely Linda, indicated that "*…there is really a lack of finances for the children to receive the correct help that they need…the parents just don't always have the financial means to take their child to a psychiatrist or a psychologist…*".

Another participant, Angela, reiterated that there was a lack of finances and also added information regarding long waiting periods to get CAMH support, remarked: "*I would definitely say a challenge is finance. If you need to rely on the government system or the state to assist you it's a (very) [much] longer process than, you know, paying privately for the need for the child…*".

Laura also added to this by mentioning in her interview that, "*Well, we have to use government hospitals and in the government hospitals there's very long waiting queues…*". Linda confirms this by mentioning that, "*…And if you are a state patient…there is always the state patient route that takes a long time…*".

From the participants' statements, there seems to be a real challenge to get the necessary support when the situation necessitates it because children and adolescents who are in need of immediate support are put on waiting lists for long periods of time. How this affects the

child or adolescent and their relationships in their immediate environment is an important question but, from the data received, it appears to have a very damaging effect.

The challenges relating to funding and financial support of the CYCCs find some kind of support in the existing literature. In an article written by Burns (2011:104) about the mental health gap in South Africa, it is recognised that there are indeed many obstacles relating to mental health funding and the expansion of resources. An example of these gaps is visible in the lack of CAMH services. Mokitimi, Jonas, Scheider and De Vries (2019:9) found that there were no funds specifically allocated for CAMH support and resources at governmental and regional levels in South Africa. Furthermore, it seems that the participants in their study were of the view that a lack of financial means forced parents or caregivers to take their children to government hospitals or clinics. This meant long waiting periods at these facilities. According to Tana (2013:22), in countries such as South Africa, where most people rely on the government hospitals or institutions, long waiting periods are common, and systems and support seem to be deficient.

b) Subtheme 1.2 Lack of information or misconceptions about CAMH disorders

Responding to the question regarding the general challenges associated with CAMH, two participants indicated that there was a lack of information or that misconceptions existed regarding CAMH.

Laura was of the opinion that, "*I think a lot of people are still scared to think about or to talk about trauma. If you look at young children and the trauma they've experienced...if it is left it will turn into mental health concerns or issues and if you do mention mental health issues especially...I mean it's all over the world but here in South Africa, people quickly withdraw because the term mental health issues is still a very judged or labelled issue. You don't want someone that's got possibly mental health issues in your environment. That's what I would say…*". From what the participants said, it can be deduced that knowledge related to CAMH is deficient and that a variety of misconceptions prevail.

Dorothy was also of the opinion that there was a lack of information or misconceptions because, "*I think people don't have enough information. They hear a word and then they*

make their own opinion, their own stuff around this but not necessarily remembering what it's actually about…".

The general challenge of a shortage of information, which brings about misconceptions or even stigmatisation and labelling, is supported by literature relating to the topic of mental health challenges that exist in South Africa. With regard to the issue of stigmatization, Kleintjies, Lund, Flisher and MHaPP Research Programme Consortium (2010:136) found in their analysis of CAMH services in South Africa that stigma was a leading cause of prejudice and intolerance, which impacted persons with mental health problems tremendously. However, in the process of creating awareness, Kakuma, Kleintjies, Lund, Drew, Green, Flisher and MHaPP Research Programme Consortium (2010:120) warns that raising consciousness about mental health disorders will not necessarily bring about transformation in the way people perceive and act towards persons with a mental health disorder and that the process needs to be assessed carefully, especially what is said and how the message is brought across.

Stigmatisation and misconceptions about CAMH fall within the macrosystem that influences the children with CAMH challenges and social workers who work in the field of CAMH. The macrosystem deals with culture, traditions, religion, morals and beliefs. These elements bring regularity to other systems and influence them indirectly (Bronfenbrenner 1979:26; Onwuegbuzie et al 2013:5). It can therefore be expected that irregularities in this system will have far-reaching influence in the broader context of CAMH.

4.2.2.2 Theme 2 The challenges experienced by social workers working with CAMH disorder cases in CYCCs

Three subthemes arose from analysis of the data pertaining to the challenges experienced by social workers working with CAMH disorder cases in CYCCs. The subthemes that emerged reflected limited funds, resources and support to deal with CAMH disorder cases in CYCCs, a lack of training, tools, knowledge, experience and skills in the field of CAMH and, lastly, a limited or unsuitable placement option for children and adolescents with mental health problems. These subthemes are presented below, and verbatim extracts from the participants' data support them.

a) Subtheme 2.1 Limited funds, resources and support to deal with CAMH disorder cases in CYCCs

Almost all participants reported that they experienced challenges pertaining to limited funds and resources to deal with CAMH disorder cases in their respective CYCCs. Specifically related to a lack of funds, Ida mentioned that, "*…it comes back to the funds because DSD[4] is only subsidising fifty per cent each month so we don't have funds to approach private psychologists. That's one of our main concerns…children are not getting the psychological services and help that they need…*".

Angela mentioned not only that private resources were expensive but also that government hospitals expected the CYCC to pay, "Y*ou need to pay if you want to go to Steve Biko[5], which is again another setback for us because they expect us to pay for a mentally challenged child but it is a state child…*". There was also a clear link between how the lack of funds influenced access to valuable mental health resources, as can be seen by what Amy said, "*I think the resources that we have specifically in South Africa (is) [are] not enough and I think the private resources (is) [are] awesome but we can't afford them…*".

Resources specifically for CAMH disorder cases both inside and outside the CYCCs emerged as challenges during data analysis. Dorothy, who was of the opinion that the lack of resources impacted how soon these children could receive the support that they needed stated, "*We don't have the necessary resources in order to take these kids immediately for the right medication, for the right therapy, for the right treatment plans. I think that's lacking from us…*".

Linda also touched on the impact that rapidity of intervention had on the children in the CYCC, "*Since I started at the children's home, one of my children only has an appointment with a psychologist at the end of September, so that's two months that I've been there that we've been waiting for him to see a psychologist at Steve Biko hospital. So I think definitely just the means... and even us, we don't always have the means to take the children to*

[4] DSD refers to the Department of Social Development.
[5] Steve Biko, which Angela referred to, is an academic hospital in Pretoria to which the organisation from time to time takes children for medical consultations and treatment.

private psychiatrists and things like that. And if we do not have the means, it is a lot of time that we need to wait to actually get an appointment…".

This is echoed by Alice, who felt frustrated by the time it took to access the necessary CAMH resources, "*Time, you know, they take time to help our children. And it's another frustration. I'm sitting here with a child who is behaving this way, who is suicidal, but I cannot get help. I quickly want to help now, but it's a very lengthy process. Yes, I can get it but it is a very lengthy process…*".

Amy was experiencing the same challenge, "*Now we've had a child here that went last year October and we have another appointment only now in September… I mean, this child could have been helped already. They could have been better already had the process just been a lot quicker…*". The whole treatment process could begin much more quickly if there were more resources available. Participant Laura believed that early diagnosis is of key importance, "*They're taking too long. I mean the earlier they can diagnose, the quicker we can start with treatment or on a treatment plan with those children…*".

Some of the participants referred to the CYCCs not having the necessary resources to deal with CAMH in-house. Alice, for instance, mentioned that internal resources were lacking in the CYCCs, "*…the resources are there…we've got hospitals outside, psychologists, we've got psychiatrists but I do think because now we are staying with them every day I wish we had resources to help them here before we (can) take them outside…*". This lack of internal resources was also mentioned by the participant named Maria, "*…the main thing is that the children's home doesn't have the means for the mental health children…the children's home do[es] not have the means like therapists and OTs…*".

The challenge of limited funds that was mentioned by some participants is a serious challenge that also features in CYCC literature. According to Jamieson (2014:215), the government is required to support CYCCs financially, but the funds that CYCCs are receiving are not enough to uphold the mandate determined by the Children's Act and a

court ruling[6] has found that the funds the Department of Social Development (DSD) transfer to CYCCs are not in line with what is required. The funding issue also seems to impact on the autonomy of NGOs, as Engelbrecht and Strydom (2013:238) found, in that NGOs rely on the government funding they receive and have therefore lost or had to change their mandate completely in the communities that they serve because of the pressure on them to carry out certain tasks and agendas governed by the funders.

A lack of resources for CAMH disorder cases prevail according to the literature. Assets and funds set aside for CAMH disorder cases are much less than what is available for persons above 18 years in low- and middle-income countries (LIMCs), as Zhou et al (2020:4) found in their review of policy development and implementation in LMICs. Furthermore, in their analysis of CAMH disorders, Kleintjies et al (2010:137) found that there is very limited support and assistance for CAMH disorder cases.

Whilst conducting the interviews for the current study, some of the participants referred to the lack of support and communication between relevant roleplayers in the community in dealing with CAMH disorder cases. One of these roleplayers that were mentioned was the DSD, which oversaw the CYCCs and also in many cases subsidised the CYCCs financially, as well as other organisations and institutions. The participants also referred to a lack of support for an allocation from the mental health resources in the community.

The lack of support by the DSD was mentioned by three participants. Ida expressed frustration because, "*There's just no support from the government, if I can put it like that. You will try and approach people at DSD to give you centres or to give you information maybe to guide you but they…firstly, they're never at the office, then they don't work, they still rotate…. Then, they're never there. You don't get a hold of them…*".

Dorothy mentioned reaching out to DSD for support regarding challenging cases, "*About two or three weeks ago we were visiting DSD. All the social workers, all the medical personnel. I took them for an outing, so we went with all our difficult cases. With mental*

[6] "National Association of Welfare Organisations and Non-Governmental Organisations and Others vs. the Member of the Executive Council for Social Development, Free State and Others. Free State High Court, case no: 1719/2010."

cases in between to say we are struggling and what can we do? And DSD told us we are not allowed to apply at the school of industries because we are not the case workers and I was like: Are you serious? Are you serious…".

Some participants expressed frustration at the lack of communication by social work organisations. Ida mentioned that, "*And people think we are joking when we say we can't get a hold of the people. It's literally you will call them and then the phones don't even ring; it's not a joke… you will call and leave messages or you will call and then the phone is not working. You will call and then there is just nobody there. We are literally deserted. We are on our own. Nobody wants to help…*".

Lucy shared information about a challenging mental health case that she was working with and how she was struggling to get the necessary support, "*Then I write a report. I emailed (to) the probation officer. Nothing that I received as a response. It was only the acknowledgment to say we've received your report. For however the report is in line with them, in line with the content that they were looking for, we didn't get any respond, even now I am still waiting…*".

According to some participants there was a lack of support from the child protection organisations (CPOs) placing the children in CYCCs, especially in cases where the placement might not be working out or the child was displaying challenges which could not be managed by the CYCC. Angela said that, "*The social workers placing these children in children's homes, because they remove a child, they place the child in our care and you never hear of them again. They don't do any assessments on them, developmental assessments, nothing. So it's like as soon as they find [a] placement you hardly hear of them. Unless there's a court date coming up and then they expect all these documents from you. But they never see the emotional well-being or the mental health well-being of these children. So if we don't assist these kids, you know, nothing would happen to them…*".

Dorothy added that, "*And now social workers will not tell you all the truth when they apply. No, they will say a little bit and then if [when] they come it's not a little bit, it's a h*ll of a lot…*".

The challenge that participants were facing with regard to a lack of support from different roleplayers in the community could be understood from an EST. The EST is essential to the social work profession. It shifts the focus on all the obstacles in a person's life to viewing them in a comprehensive manner, always keeping in mind the different systems that interplay in a person's life can uphold or even magnify obstacles and challenges (Langer & Lietz 2015:53). Exploring the different systems that impact the social worker and how they support or put stress on the system is of importance here. The mesosystem is made up of two or more microsystems in which a specific individual functions directly (Bronfenbrenner 1979:25; Hayes et al 2017:15; Onwuegbuzie et al 2013:4). According to the data that emerged from the current study, the lack of support was exacerbating an already complex challenge for social workers, which was working with CAMH disorder cases.

Concerns regarding the lack of support from psychiatric resources and facilities that render services specifically related to CAMH was expressed by a few of the participants. Laura, for instance, was managing a case that she didn't know how to deal with anymore, after exhausting a variety of resources, "*But he's never had a diagnosis, no doctor is willing to diagnose him. I've never had a diagnosis on paper. He's even been sent to Weskoppies for observation and a diagnosis. We didn't get a diagnosis from there, so without a diagnosis, you can't get him in a special school and you can't get him in a special centre, a care centre…*".

Another participant, Dorothy, expressed how she felt let down by the lack of support in serious mental health cases, "*And sometimes we are frustrated because if a child has an outburst, [a] severe(ly) outburst, having suicide attempts, we don't know what to do. So we will go to Steve Biko, just to sit in a cue of 12/18 hours, just bringing the child back. Our medical side is not coming to the party. This is my opinion…*". Amy mentioned that children or adolescents had to have a complete meltdown before support could be found for them. "*So we are left with Weskoppies, but it is difficult to get a child in there. So now you have a year-long process that you have to follow to get a child to see a psychiatrist at Weskoppies and, I mean, then if the child bombs out and stabs somebody, then they can quickly get somebody at Weskoppies to see them and get the correct medication and*

everything. So you kind of have to wait for a child to first explode, then we [can] help. Which I feel is bad…". From what participants shared, it can be construed that early intervention is non-existent and that children in need of mental health support are left to have serious breakdowns before support can be found at a psychiatric facility. But support is not a given and in some instances children are sent back without receiving the necessary intervention.

In an article about mental health services to children who are receiving services from social workers, Raghavan, Inoue, Ettner, Hamilton, Landsverk (2010:748) state that organisations need to receive sufficient funding and have the means to detect and to direct children with mental health disorders to relevant professionals for support. This seems to be a real struggle for social workers as they were not receiving enough support in this regard. Furthermore, a qualitative study of CAMH in the Western Cape, South Africa, which Mokitimi et al (2019:7) conducted, found that prevention and timely intervention when dealing with CAMH cases were deficient. Most cases were attended to only when they had become severe and an emergency. At that stage, multifaceted and lengthy support was required and the CAMH disorder was not perceived as the prime concern in relation to other health concerns and crises (Mokitimi et al 2019:7).

b) Subtheme 2.2 Lack of training, tools, knowledge, experience and skills in the field of CAMH

During the interviews all the participants reported that they did not have the necessary training, tools, knowledge, experience and/or skills to deal with CAMH cases. Many felt that their training did not prepare them for the challenges that they would encounter when working with CAMH disorder cases in CYCCs. Alice explained that, "*…we as social workers, we know our theory…I think theory is concentrated on normal human beings. But when it comes to mentally challenged children or people, nothing has been taught on us. Yes, I am a social worker. I'm trying by all means to show empathy to those children. I'm trying by all means to show a care to those children but I end up not having any strategy to deal with them. Which frustrates me as well as a social worker…*".

Another participant, Maria, said that, "*So we as social workers don't have the…training and knowledge for working with the mental health…*". According to Lucy, "*…the CYCC, I must say looking at what the CYCC is offering now, we are not trained to look after these children at all…We need more trained social workers who can deal with this condition…*".

Dorothy mentioned that years of experience had helped her but, as she explained, "*I didn't have tools and...think...you do what you think at that stage will work…*".

There also seemed to be hesitancy on the part of participants to do any sort of counselling or therapy with the children and adolescents with mental health disorders in the CYCCs as they were of the opinion that it was not in their scope of practice. This was reflected in Ida's statement, "*We can provide basic therapeutical services but then there is nothing further that we can do. We are not trained to provide…like, for example, a child with extreme conduct disorder. We are not trained to deal with those types of behaviour…*".

This statement was also echoed by Linda, who said, "*And I also think, the children with mental health problems, I am not that qualified to give them the effective therapy and give emotional assistance as a social worker and, you know, sessions on those types of things…more intense therapy, they will need someone more qualified…*".

Not all social workers felt that CAMH disorder cases should be referred. Laura, for instance mentioned that she started her own therapy programme at her CYCC and that most CYCCs didn't have any in-house therapy programmes to deal with challenges such as CAMH disorders. This is what she told the researcher, "*The only programme they have is a doctor volunteer coming to see the children and maybe an occupational therapist here and there and as soon as the developmental delays start they realize the problem. But none of them have therapy programmes like we have. And our programmes run from infancy. I mean we start with newborns…*".

Another participant, Dorothy, expressed very positive views about social workers' skills and abilities to work therapeutically with these children. Dorothy's opinion was that, "*I think, with mental case, mental health, we sometimes feel as social workers we are not skilled, that's why we can't do the therapy. But actually we can do the therapy. I think we*

just scared because we think it's like if you do forensic social work, mental health social work, that you are not skilled to do this. I think we are skilled but we just lack some selfconfidence…".

There is a need for more practical skills and tangible tools to deal with CAMH. Ida's responses reflected this point, "*And we do have training…for our CPD points. We do have training but still it covers…it feels like they always cover the same things that we already know. We have a need for more practical exposure and how can I say…intense information and steps and guides on how we can do it because we can't…*". Dorothy also expressed a need for more practical resources, "*…A toolkit, a practical one, because you get workshops and they give you this amount of valuable information but nothing to do with it afterwards…*".

The importance of knowledge and skills to social workers is highlighted in the literature. Social workers who work with children and families need to have knowledge of mental health and mental disorders so that they can serve their clients efficiently because mental health is interwoven into many different areas of social work, such as schools, safeguarding of children and domestic abuse, among others (Bland, Drake & Drayton 2021:5-6). It is crucial for professionals in the medical field, welfare services and schools to know what contributes to CAMH disorders and what the signs are. Jairam and Walter (2014:219) concur that timely recognition will lead to better outcomes, quicker easing of the condition and enhance the child's well-being. It is clear that at present skills and training on CAMH disorders is not the focus in social work for a number of reasons. As Karban (2017:22) indicated, some challenges relate to where mental health in social work deviates from social work training and teachings, when problems arise within the discipline and result in progressively higher emphasis on safety and preservation services.

Hesitancy on the part of participants to engage in therapy or counselling might arise from a lack of knowledge and skills, as mentioned before, but could also be because of the large scope of social work. According to Bland et al (2021:7) a reason social workers might feel they lacked the knowledge and skills required to deal with the mental health challenges of their clients derives from the all-inclusiveness and broadness of the information that

underpins a degree in social work. Furthermore, when it comes to the role that social workers portray in the field of mental health, there is a lack of clarity regarding the importance and value of social workers in the field of mental health.

From the data and through information provided by the participants, it emerged that CAMH disorder is a major part of CYCC social work and social workers needed the skills and training necessary to deal with these cases effectively because that was one of their daily tasks and a matter they encountered in their work. The microsystem is described by Bronfenbrenner (1979:22) as an exchange and relationship with distinct and tangible features between an individual and their immediate surroundings. An individual's daily tasks, functions and reciprocal relationships are the most important factors of the microsystem. An inability to deal with and manage CAMH disorder cases effectively is therefore putting a strain on the microsystem and can have a negative effect on the system as a whole.

c) Subtheme 2.3 Limited or unsuitable placement options for children and adolescents with mental health disorders

When analysing the data, it emerged that CYCCs were not always the best placement options for children and adolescents with mental health challenges but that facilities or programmes that catered for the needs of CAMH disorder cases did not exist.

One of the participants, Amy, was of the opinion that not all children belonged or coped in the CYCC system, "*So it's difficult because they don't belong in our setting; they don't cope in the children's home setting. But we have to keep them here because there is no other place for them to go…*".

Another participant, Maria, has the same opinion, "*Because all of us know these children don't cope here. They do not cope in a children's home because I think it's too big, they can't cope with such big system…*".

Participants confessed to struggling to find suitable placement options for children with mental health challenges, who did not fit into the CYCC system. Ida reflected on her struggles to get a suitable placement option for one of the children in her caseload, "*I've*

contacted personally four or five different government institutions…they have limitations on…they say that yes, you can bring your child, you can bring the people here, we are equipped with programmes, we are registered for this type of disorder(s) and then when you get to the application they say no, sorry, we can't take her. Or when you say this is a child, there's no family involved, she can only get a disability grant, then they say no, sorry, the fees are R6 000 but then it's government. So we can't help our children to get into the places where they can be…".

Another participant, Angela, also experienced challenges with getting a suitable placement for a child who could not cope in the CYCC, "*No one was taking the child. No one was willing to assist us. And he even actually has a birth certificate. So it's not even an undocumented child. It's a documented child. The state know[s] about the child; still no one is just willing to assist. And then another thing, they don't just reply to the email or meeting saying no, we cannot help. They say they are too full. Because they already have 10 mentally challenged kids they cannot take this severe case as well…*".

If the child was not coping with the placement because of behavioural problems or CAMH-related challenges, the next step would be to place the child in a facility that catered for the needs of children and adolescents with behavioural or psychological challenges. Provision is made for such centres in section 191 the Children's Act 38 of 2005 (Republic of South Africa 2005). According to Budlender and Proudlock (2013:59), industrial schools provide for the needs of young people who have severe behavioural or mental health problems and can no longer cope in a CYCC. A review done in 2010 found that there were 13 such facilities in South Africa. In Gauteng province, there are two such facilities, namely Emmasdal and JW Luckhoff (Budlender & Proudlock 2013:59). In contrast and in support of what participants said, a qualitative study Mokitimi et al (2019:6-7) conducted about CAMH in the Western Cape, South Africa, found that the nongovernmental sector was providing a lot of support and care to CAMH disorder cases that government facilities were unable to support, while according to the study's participants the facilities to deal with CAMH disorder cases were nonexistent.

All CYCCs offer therapeutic programmes, according to section 191 of the Children's Act 38 of 2005 (Republic of South Africa 2005), but according to a children's rights law review, there is a shortage of programmes for young persons with conduct-related challenges (Jamieson 2013:239-240). Furthermore, even though the Children's Act (Republic of South Africa 2005) is explicit about and makes provision for procedures and support needed for ample placement options and support programmes in CYCCs, these essential factors had not yet been implemented (Jamieson 2013:246). The details derived from the data indicated that the lack of facilities might relate more to the lack of suitable programmes, interventions and support for existing CYCC placements. Therefore, it might be construed that opening more facilities would not be the solution, but instead that the correct programmes should be put in place for CAMH disorder cases. This would require change and a new way of dealing with CAMH disorder cases. Moving children around in a system might thus not be the answer. The concept of and necessity for change or adjustment is better explained from the EST, in which adjustments or change have consequences and social workers support their clients through these amended systems. Making changes to an existing system is at the core of social work (Langer & Lietz 2015:37). Therefore, instead of finding external solutions, the possibility exists to provide support from within the current system, which can be created in the form of CAMH disorder programmes.

4.2.2 3 Theme 3 The challenges experienced with complex CAMH disorder cases

The aforementioned theme emerged during analysis of the data that was derived from the question regarding the challenges experienced with complex mental health cases. This theme produced four subthemes, which were further identified. The first focused on the challenges relating to the impact of complex cases on house parents; the second subtheme focused on the impact of severe CAMH disorder cases on other children; the third focused on discipline and challenging behaviour; and the fourth highlighted the challenges associated with expectations and perceptions of CAMH disorder cases. These subthemes are explained further in the subsections that follow below.

a) Subtheme 3.1 The challenges related to the impact of complex cases on house parents

All the participants spoke about the impact of CAMH disorders on the house parents and how challenging it was for them to supervise tired, frustrated and sometimes traumatised house parents who had to live and deal with challenging behaviour and incidents relating to CAMH disorders. As with social workers, it was clear from the data that house parents did not have the skills, training, knowledge or tools to effectively manage and cope with these challenges. Some participants mentioned supporting the house parents through training or supervisory sessions. However, from the information provided, it became clear that a heavy burden seems to rest on the house parents who have to work within an imperfect system. When asked about how the house parents were coping with especially severe CAMH disorder cases, social workers used words such as drained, frustrated, unable to cope, pressure, negative impact, struggle and traumatised. The effects of CAMH disorders on house parents was significant for social workers because the challenges that arose in the child or adolescent relationship with their house parents had far-reaching effects. This presents a challenge to social workers, who have to manage the house parents and the child, while dealing with incidents in a constructive and supportive manner.

Alice shared the following information regarding the house parents who cared for CAMH cases, "*Mostly we are seated now with house parents who are drained, who are emotionally drained. Why? Because they do not have the means, the knowledge, to help the children…So we sit with frustrated house mothers who come to us as professionals and say, I don't know what to do…*".

From what the participant said, it can be deduced that the psychological well-being of the house parents are affected immensely when dealing with CAMH cases in their houses. Furthermore house parents do not know how to effectively deal with problems that arise, which has an impact on their emotions and ability to cope. Coping with incidents was another main concern and a few participants shared what impact the incidents had on house parents.

Some house parents had such a hard time coping with incidents that occurred in the house that they expected the social workers to remove the child or adolescent from the house. Linda said that, "*It's very negative. The impact is very negative. The house parents really struggle to handle these types of… or any type of incidents. Emotionally they are just drained and they don't know which way to go anymore. With many…most of the children who have mental health problems, the house parents are of the opinion that they are a danger to the other children in the home. And they just want that child out of the house. But we cannot just, you know, take the child out of the house…*".

Another participant, Maria, also mentioned that after an incident house parents wanted the child removed from their house, "*After such an incident the house mom will tell me, I don't want this child in my house anymore. And so the relationship between the child and the caregiver is broken…*". The impact of those types of incidents on relationships and the rejection that flowed from it could not be understated as it would have an impact on the system as a whole.

Skilled and trained house parents who could deal with incidents more effectively would in turn help the social workers to create a CAMH-related environment for children in the CYCC that was conducive to achieving better mental health. The importance of training and providing the house parents with knowledge and skills was evident from the data, as mentioned by Ida, "*I think the house parents have the most influence on these children actually, so I think they also need to be trained; they also need to be equipped with the necessary skills because they don't always...they understand these mental health problems even less than we do, so they are the ones nurturing (this) [these] children every day and if they are not doing it right, if they don't…perhaps sometimes they do even more harm without knowing it…*".

Unintentional harm caused by house parents would undoubtedly cause disruptions in the microsystem of the child or adolescent. A disruption in this system would influence other systems and relationships, because systems impacted on each other, as Bronfenbrenner (1979:21-22) posited. It is important for social workers to equip their house parents with

CAMH knowledge and skills, because house parents were one of the child's or adolescent's most significant relationships in the CYCC.

One participant, Laura, said she was training her house parents in order to support her better, and talked about using them to help her manage and support the children more effectively, "*I don't always think that we are equipped to be able to deal with all the issues, all the concerns and all the needs of the child. I've come to learn now to use our caregivers. So I am training the caregivers. They are my hands and my ears and my eyes. So we've got a few things in place. For instance, I did bring in diaries. The caregivers have to write in diaries every day and in this dairy… Oh, I would read the diary once a week. So it's anything about the children and in these diaries I would usually pick up things regarding the children that I've not seen but they see. But they don't know how to phrase it as an issue or they don't always see it as a concern but then if I read it I would say okay that's a concern that that child did, like...here's a concern...and then I can work with the child. But also then a lot of times when I do, do therapy or group work, they sit in with me to see how to deal or how to handle or how to approach a child sometimes. That's the only way they learn. But I would say the diaries help a lot…*".

The importance of supporting and equipping the house parents was also mentioned by Dorothy, "*We need to empower the house mothers to say, when this happens, this is what you can do 1, 2, 3 and we should make a little thing because when you stress, you can't remember what to do… I think if one can always try to give the house parents advice, knowledge, because sometimes they will see it as naughty but if you explain to them on [in] a very easy and simple way, to say, this is depression, this is the anxiety, this is how it manifests, this is how it presents, they tend to feel a little bit more calm…. A children's home cannot function without caregivers. They need to be there. They need to be there…*".

The significance of viewing the house parent-child relationship and how it impacted the social workers in their service delivery could be best understood through EST. A CYCC is a system with a reciprocal goal and individuals who combine efforts in the delivery of services. Systems comprise subsystems that rely on each other (Langer & Lietz 2015:35). In the CYCC, the subsystems would be the social workers, house parents and children,

among others. In order to understand the challenges experienced by social workers, one must understand the challenges experienced by house parents and how the subsystems impacted each other.

House parents or child and youth care workers experienced a variety of difficulties in dealing with any disruptive conduct by the children that they took care of because the children needed to be cared for in a consistent and attentive way, which could be really hard to do (Molepo & Delport 2015:151). The challenge lay in the fact that when a crisis emerges, a person makes use of a variety of internal resources to make decisions in the moment that were aimed at resolving the situation. Therefore, in a case when there was no resolution, negative feelings could arise, which could cause feelings of being disorganised and associated behaviours. If this pattern of stress continued, it could lead to acute tension, so that even when a stressful situation did not exist, the repercussions could nevertheless produce a lasting result (Langer & Lietz 2015:231).

In the CYCC environment, the social worker should support the children as well as the house parents. Equipped and skilled house parents who knew how to deal with CAMH disorder-related incidents that occurred in the home environment would support the social workers when they rendered services to these children. The opposite may also be true. An unskilled house parent who harmed the caregiver-child relationship would certainly require the social worker's intervention. Barford and Whelton (2010:284) recommend that solutions must be found for the high levels of chronic fatigue that house parents experience because of the stress they experience and the uncertainty that prevails about their roles. Barford and Whelton (2010:284) believe that stress can be relieved by increasing the number of house parents in relation to children, allowing more opportunities for rest and debriefing, in so doing decreasing their number of tasks and duties. To curb the psychological fatigue, Barford and Whelton (2010:284) recommend educating and upskilling house parents regarding their tasks and duties. Furthermore, Hermenau et al (2011:8) advise that CYCCs where there are a shortage of resources need to be assisted with designing a plan for caregivers that upholds and enforces constructive caretaking skills by house parents, to create a safe environment that is not plagued by aggressive outbursts and turbulence. An organised plan grounded in attachment theory would achieve this.

With regard to the impact on the relationship between the child and house parent, a residential care study by Cahill, Holt and Kirwan (2016:220) found that there is strong confirmation of the significance to children and adolescents in CYCCs of building caring and nurturing connections with their house parents. Barlow (2014:60) states that in order to address challenges arising from child mental health disorders, one must first consider the role of nurturing and how this impacts the child's ability to regulate, and also the selfprotective measures that the child employed, which might stem from attachment problems. It is furthermore recommended that in order to support a child with mental health challenges, such as through the aforementioned factors, it is vital to equip the person(s) in the caretaking role with the necessary skills to bring about positive change. It is therefore imperative that house parents receive support and training to build lasting and nurturing relationships with the children in their care. In a report on mental health in children in alternative care, Luke, Sinclair, Woolgar and Sebba (2014:112-113) link a child's connection to their house parent with their physical, cognitive and emotional health but warns that challenging conduct by children or adolescents can damage the rapport that children have with others.

A lack of training and skills, as reported by participants in the current study is highlighted in the literature by Jamieson (2014:243), who opines that there is a shortage of skills and educated caregivers to build a caring, supportive and therapeutic living space for the children in care. Molepo and Delport (2015:158) also posited in their study that house parents or child and youth care workers should be educated and upskilled regardless of the costs involved.

b) Subtheme 3.2 The impact of severe CAMH disorder cases on other children

As with the impact on the house parents, the data revealed an enormous impact on the other children in the CYCC who were exposed to severe CAMH disorder cases and incidents. Participants expressed concerns regarding the impact that incidents had on the other children and how that sometimes caused mimicking behaviour. Any behavioural challenge became a challenge that the social workers needed to address. A further concern was how the exposure to trauma re-traumatised the children and exposed them to circumstances to

which they were supposed to be protected against. Many children who are admitted to CYCCs have been removed from circumstances that were harmful and traumatic. When exposed to violent outbursts, the question remains whether or not their placement in the CYCC was causing harm. Children who were exposed to traumatic experiences needed support and counselling and it was social workers who provided these services in the CYCC. Therefore, when a violent outburst occurred, social workers had to intervene and support all the persons exposed to the incident.

One of the participants, Alice, mentioned how the other children's well-being was impacted negatively "*Yes…that one becomes like that because she is affected negatively about this behaviour of the other. And they don't feel, you know, the CYCC is the place, because we have children who are abused, who are neglected; we have difficult backgrounds. We believe that it is a place where our children has [have] to be well taken care of…who, I mean, they have to heal. But unfortunately it becomes worse for them. They don't get that healing they were looking for because of that one person or two people who are doing this and that…*".

Amy described how the other children were fearful and how that fear triggered their own mental health challenges, "*Some of the children are just plain scared of the child and won't go near them. It fills them with so much anxiety to be in the same house as the child because they fear, they kind of fear for their own lives. So it makes it difficult to equip them again against the child…*".

Angela shared an example of a child who posed a real safety concern to other children, "*…we have an 11-year-old now (which) [who] shows severe behavioural challenges and we are concerned for the safety of the younger kids because, again, not being able to regulate themselves and not always knowing what's right and wrong. You know they will, for example, kick whatever is in its way. And luckily thus far... or, uhm, hurt whatever's in its way. Luckily this far the child would rather pick up a stone and throw it. But, you know, having babies in between, you know, it's very dangerous. Obviously for the safety of all the children we try to find a new children's home that cater for mental health…*". From what participants have shared, it can be deduced that children and adolescents who are exposed

to these CAMH related outbursts are so affected by it that they either copy what they witness or display challenging behaviour as a result of it or as a way to cope.

Some participants referred to copying or mimicking behaviour displayed by the children who were exposed to severe CAMH incidents in their houses at the CYCCs. Ida mentioned how such behaviour could have a snowball effect and cause long-lasting challenges for the other children who were exposed, "*Because most of the time, when we leave it too long, the other children start to adapt those behaviours. So then we are sitting with a bigger problem at the end of the day…*". Lucy reiterated how the children's behaviour was impacted negatively by their exposure, "*…they were referred to the place where they were told that they would be taken care of, they will be protected, they will be saved. But finding out that this certain child is doing the same as the community did…remember that some of them, they were removed because of that. So they will develop a… selfdefence mechanism. To the extent that when you speak to them, they will start back-chatting; defy authorities regardless of the boundaries set, because their perception is that we are no longer taking care of them*".

In a study Hermenau et al. (2011:7) conducted in an African orphanage it emerged that the aggressive behaviour and turbulence that children had been exposed to in the institutional environment had a tremendous effect on them, sometimes even more so than the turbulence and aggression they had experienced elsewhere. There is a connection between what children experience and the destructive conduct they display, which reiterates the view that experiences directly affect a child's mental and physical health as well as behaviour. According to Ward, Artz, Burton and Leoschut (2015:23), exposure to any form of brutality can cause psychological problems in children as well as destructive conduct and negative perceptions.

c) Subtheme 3.3 The challenges associated with disciplining challenging behaviour of individuals with CAMH disorders

During the interview phase of the study, a subtheme emerged regarding the behaviour and aggressive outbursts of children who had or were perceived to have conduct and/or oppositional defiant disorder and how challenging it was to deal with those types of

outbursts. Along with this, participants verbalised that discipline and being cast in the role of disciplinarian brought about its own set of challenges.

Maria spoke about challenging cases that she had in her caseload, "*Well, I've got this child now, she started breaking windows, well, she always break[s] a window. And then she took one of the pieces, the glass pieces, to cut herself, but severe. It's not like…ja, it's severely cutting. Otherwise I've got another child who has very aggressive behaviour. So he will start, took a chair and threw it through his door and screamed and, ja, just he really causes havoc and, oh the other thing, they tend(s) to take knives and, ja run(ning) around in the house with the knives...try to hurt, yeah…*".

Dorothy also shared information regarding a specific child in her caseload who had severe mental health problems, "*…this very aggressive behaviour and it was like she was an animal, a wild animal. And it's like if she's zoned out. You can speak to her but it's like she's not present. So I remember that very clearly…*".

Laura mentioned the challenges that they faced with a child in their CYCC who had conduct disorder, "*…But as he is getting older, he's stronger so he's starting to try and hit us or bite us or throw us with stones or things like that. So getting him into the office can be difficult, especially if he does not want to do it that day…*".

According to Lucy, she found it really hard to do one-on-one therapy with children who displayed aggressive behaviour, "*…Because also giving a session to a child with that condition is not easy, is not easy; you are two in a room you don't know what will happen. Sometimes he stood up and started pointing fingers. Sometimes during the session, he will stood up and bang the door. Remember now you are the service provider. You need to be calm. You need still to act professionally. Of which...it sometimes is not easy. It's not easy at all; it bring that unpleasant moment…*".

Regarding the topic of discipline and the role that the social workers played, one participant, Alice, expressed not knowing what to do or how to deal with those types of situations, "*…Because our children, you know, they are mentally challenged. They end up having uncontrollable behaviour…we cannot control that behaviour. We end up not*

knowing how to deal with it. At the end of the day it leaves us with the feeling of sadness and inner pain(s) as well…". Maria agreed with not knowing how to deal with violent or very bad behaviour and shared that, "*…some of them...behaviour is very very bad. And sometimes one don't know how to handle this behavioural challenges….how do you discipline a child like that?...*".

Another participant, Ida, also spoke about discipline and said that, "*…it's kind of hard when it comes to the discipline…*". Angela said that at their CYCC they took away privileges, "*…we don't believe in corporal punishment or anything like that. Or we will take away some of his rights or his spoils. So you're not going to get chips if you behave this way…*".

Some participants felt that the different roles that they portrayed in their capacity as social workers at the CYCCs clashed. Amy said, "*We don't always have time to [be therapists] and it's bad for us to be expected to be therapists, for them as well. Because we are kind of in a disciplinary role I think. So it makes it difficult to give therapy…*". This was a challenge for Laura too and she expressed that, "*We have to discipline them and punish them sometimes but then after that you have to go do a session with them…a therapy session to write a report or something maybe. Now they're looking at you like, you just scared me but now you want to talk to me…*".

One can deduce from what these participants said that dealing with children who have mental health challenges is problematic as the children end up displaying uncontrollable behaviour which needs to be addressed through disciplinary measures. But, once remedial measures are taken against them, they become fearful of the social worker who wants them to partake in a therapy session with them.

Children with severe mental health disorders such as CD or ODD can become very aggressive. According to the DSM-5 (2013:461), CD is closely related with a person's inability to manage their own feelings and conduct. The actions displayed are usually violent and involves damage to possessions or valuables. These actions clash with social values and persons who are in positions of control. It is therefore easy to understand why managing children with high levels of externalised destructive behaviour, coupled with the possibility that their conduct could be misinterpreted by professionals, takes its toll.

According to Mokitimi et al (2019:8), CAMH disorder cases are plagued by a lack of understanding and awareness and very frequently children with CAMH challenges are labelled as just being disobedient.

According to Jamieson (2014:239-240), there is disparity with regard to the plans and strategies that are utilised in the handling of cases where the affected youths display extreme conduct problems as well as in the support of children who have distinct needs. But Heller and Gitterman (2011:325-326) are of the opinion that because social workers have so many different functions, they can support children and adolescents with ODD and CD through multiple approaches. Furthermore, social workers should use empirical plans and actions to decrease the uncontrollable conduct of the child or adolescent. In his book, which focuses on social work and mental health, Golightley (2008:75) states that social workers need to assess whether the child's conduct does indeed fall outside of the standard for their developmental phase and should be familiar with and aware of the different types of mental health challenges that children and adolescents can experience.

The importance of the role of the social worker in supporting children with CAMH challenges is yet again highlighted in the literature. Swanzen (2011:341) describes the unique role of the CYCC social worker as a person who believes that it requires of them to commit and give of themselves in such a manner that might seem strange to professionals on the outside. In addition, Swanzen (2011:341) says that education aside, it comes down to the strength of the social workers' connection with the children and their personal mindfulness to influence them and bring about change. Therefore, it is not only the importance, but also the uniqueness of the CYCC social worker's role that cannot be underestimated. Furthermore, according to Phelan (2008), supporting children and adolescents who, for a variety of reasons, are unable to react to everyday stressors in a functional way because they might be trapped in ways of thinking and acting that do not match their developmental phase, requires a social worker who navigates this support with awareness and applies inventive ways of thinking and dealing with challenges as they arise.

Regarding managed care and evidence-based practice, social workers are required to develop and strengthen their skills and capabilities in order to achieve results through their

interventions. For example, they need to know how to form healing and restorative connections as part of their involvement with clients (Zastrow 2017:147). Heller and Gitterman (2011:315-318) recommend that social workers who are working with ODD and CD cases must understand the probability of challenging and severe behaviour and therefore educate themselves and acquire strategies to deal with these young people. Building a connection with these youths is complex and necessitates expertise. The EST is clear about the importance of relationships within the systems (Hayes et al 2017:5). What emerged from the current data was the importance of and life-changing possibilities that underpin the relationship between the child with mental health challenges and the social worker. That this relationship and its ability to bring hope to an extremely challenging situation and an environment with a variety of influences, sometimes extremely negative, was deemed to be a wonderful tool that could be used by social workers. That might moreover be their most important way of influencing and changing the situation and overcoming the current challenges. However, for the aforementioned approach to be successful, their roles needed to be defined clearly because, as mentioned by participants, a disciplinarian role and therapeutic role could not exist side by side. It left the children confused and was counterproductive.

d) Subtheme 3.4 The challenges associated with expectations and perceptions of CAMH disorder cases

Information the research participants provided regarding the complicated CAMH disorder cases that they had been dealing with in their caseloads revealed that challenges existed regarding the children's perceptions and expectations. Participants used words such as the following to describe this, "*being in their own world*", "*not being in touch with reality*", "*it being challenging for social workers to connect and communicate with them*".

One participant, Ida, mentioned that when she tried to engage with one of the children, "*…he lives in a fantasy world; he will just grow up and he will go out and make money… He's just got this distorted reality and future vision…*".

Amy reiterated this, "I *think it's difficult because most of these children are in their own world and have their own perception of things. It's very difficult to change that…*".

Maria also alluded to having similar sentiments, "*…they are not in (tact) [touch] with reality at all. So, it is very difficult to have a constructive conversation with them…*".

Alice believed a lack of understanding caused communication problems between the social workers and children and adolescents with mental health challenges, "*…the communication problem between us and them as well. There is mostly lack of understanding between us and these children. So, we cannot communicate well…*".

Lucy felt that perception challenges existed, "T*heir perception, the way they perceive things, is totally different to us. Because we are looking at their best interest[s] and they are perceiving that as [a] command. We want them to be well(being), taken care of. But unfortunately, their view is not [that] of us…*".

Underlying this challenge that participants discussed might be an opportunity to influence the children's perceptions and expectations by building a positive and supportive relationship with them. The importance and influence of this relationship was discussed in the previous section (see section 3.3.3.3 subtheme 3.3) and is supported by the EST (Bronfenbrenner 1979:21; Hayes et al 2017:6), which is a study of the reciprocal relationships between individuals and their settings. Understanding how a disconnect between the child and the social worker would impact and affect their relationship and the systems involved was crucial in this context.

4.2.2 4 Theme 4 The challenges related to resources for CAMH disorder cases in CYCCs

The main challenges regarding the resources that participants mentioned in the interviews were medical and psychological resources; schools; the police; institutions and facilities; plans, programmes and groups; and social workers. Throughout the interviews with the participants, a variety of challenges emerged relating to these resources, with regards to accessibility, scarcity or resources that should be in place but were not. Despite the many challenges regarding the resources available for children and adolescents with CAMH disorders, the data also showed that in some instances resources were available and they

needed to be strengthened. The presentation of the challenges associated with resources for CAMH, as outlined by the participants, follows in the subsections below.

a) Subtheme 4.1 The challenges associated with the access to psychological/psychiatric services for CAMH disorder cases in CYCCs

Most of the study's participants referred to government health facilities such as the Tshwane District Hospital, Steve Biko Academic Hospital and Weskoppies as their main resource centres for clients who have CAMH disorders. CYCCs use government hospitals and facilities for all of the medical and psychological needs of the children in their care. Private resources are expensive and very few CYCCs can afford or have access to them. The participants conveyed quite negative general feelings about the psychiatric and psychological resources available.

According to Linda, for example, "*We first need to make an appointment for the child with a psychologist before a child can be seen by a psychiatrist…then there (is) [are] only two doctors at Steve Biko that we can contact at the moment for a counselling appointment. And most of them don't take new patients, so I don't know what we need to do with new patients…*".

Another participant, Amy, confirmed this, "*So if it's a child that you see is struggling and there is no specific incident, or there (is) [are] incidents but it is not big enough for you to kind of get an admission to Tshwane or to Steve Biko or wherever, you have to make an appointment at the Child Therapy Centre clinic at Tshwane. At Steve Biko, there is a psychologist, two psychologists, that see(s) the children and they evaluate them and then you have to take the child back I don't know how many times. I think it is at least three or four times for the evaluation and then they get referred to a psychiatrist at Steve Biko…*".

According to Laura, she has never had access to a psychologist in a government hospital, "*I must say with all the kids that we've cared for, and we've had children in our care for the last 10 years, I've never met a psychologist in government hospital. Never. I never had a referral to a psychologist in [a] government hospital…*".

Furthermore, private resources were regarded as being out of the question, according to Alice, "*Resources...I can say that we have is psychiatric and it's mental hospitals…but which is a bit of a challenge. Especially those that want us to pay. The private ones. Because as an NGO we do not have enough money. So you find that you want to take a child to a certain psychiatrist or certain mental hospital but unfortunately we have to pay a lot of money. And we end up, you know, taking the child to a government hospital or should I say a public hospital, which takes some time…*".

A study of stakeholders' perspective of CAMH in South Africa, undertaken by Babatunde et al (2020:5-6), found that there are not enough professionals to lend support with CAMH disorder cases and that medical professionals are overburdened because of the lack of resources, high case numbers and a lack of education and workshops for persons outside of specialised fields. A review of child and adolescent mental health care in South Africa by Flisher et al (2012:157) concur that CAMH services are deficient. From the participants' narratives, it was clear that children with CAMH-related issues, along with their social workers, had to face many challenges to get access to the necessary mental health services in the governmental hospitals.

b) Subtheme 4.2 The challenges associated with access to medical services for CAMH disorder cases in the CYCCs

The participants also gave a great deal of information about Weskoppies psychiatric hospital and medication for children with CAMH challenges. Ida was clearly frustrated by the process, "*…we have, firstly, a lot of children with severe diagnosis that…the medication. It is to stabilize their conditions but there is no form of other support available to us. For example, we only have Weskoppies, which is a psychiatric hospital. There (is) [are] only one or two doctors, so we are on waiting lists…the children are on waiting lists for 3 or 4 months. Then, the other thing is we can only make use of government psychologists, for example, like at Steve Biko and then it is only limited to one or two psychologists who actually (has) [have] the time for our kids. So there is no support…*".

Some participants mentioned that Weskoppies was not admitting children. In another interview Maria said, "*Well, at this moment the only place we know of is Weskoppies and*

they don't admit children. Not at all…this child went to Weskoppies last week. There was an incident at school today and I received a message from school and they asked me, can't she be admitted at Weskoppies, but she went to Weskoppies last week and they only increased her medication…".

Dorothy confirmed that Weskoppies was not admitting children, "*Weskoppies is there but…They don't admit…*".

In contrast to Dorothy, Laura mentioned that Weskoppies did admit children but there was a complicated process that needed to be followed, "*Weskoppies requested us that they need to be admitted at the nearest hospital to be observed for 72 hours. Then, after the observation, the doctor will write a letter. Together with the psychiatrist, the psychologist will write a recommendation letter on what they observed. Therefore, the child will be transferred to Weskoppies for further intervention…*".

In an analysis regarding CAMH services in South Africa, Kleintjies et al (2010:135-136) found that there were indeed, albeit only a small number of psychiatrists in South Africa whose focus field was that of CAMH. They found a shortage of resources and ineffective distribution of care and support for CAMH cases in schools, child welfare organizations and in the area of health and wellness. Mokitimi et al (2019:9) found that because of the lack of CAMH establishments, the admission of children and adolescents younger than 12 years of age with severe mental health challenges have to go through the children's ward. Children older than 13 need to go to the grownup psychiatric wards. These wards are not geared towards supporting and caring for CAMH challenges or safeguarding the children. The staff do not know how to address difficult conduct in severe CAMH cases.

Most of the children with CAMH challenges receive some form of medication, according to most of the participants, but there were also some challenges involved regarding the medication. Maria felt that medication was increased because of a lack of other resources "*I think they try to cope, but it is very, very difficult. It's really difficult and at that stage, because there's no resources, it's always... and increasing (in) the medication, which is also not fair for the child. It's not in the best interest of the child to just increase the medication all the time…*".

According to Amy, medication was used to manage these children because other resources were not readily available, "*I feel medication is used as a quick fix because we don't have therapy readily available and I also think that influences the child. So I would like if medication could be our last resort instead of our first…*".

Ida shared this concern and also mentioned that medication needed to go hand in hand with therapy, "*And the medication is helping but the medications should go along with therapy and there is just no funds because each and every child needs therapy. So what we kind of have to do now, which is terrible, is we have to go and prioritise children. Which is very sad for me because now you literally have to say sorry, you have to wait; you have to go first…it is terrible…*".

Dorothy agreed that CYCCs were facing challenges with children and their medication, "*Then we have medication, we will fill in forms, Conner's*[7] *from school, Conner's from the house mothers, social workers take that to the doctors but then the medication is not adjusted. And I know you can't…flood them with medication. But sometimes medication helps these kids, the severe guys. Ja so…I think we struggle with medication…*".

Lucy found that children defaulted on their medication, which was a big challenge for her to deal with at her CYCC, "*My view in these general challenges is the children who are not adhering to the medication, when they regularly default. It's a big challenge because, remember, we are not trained to control their condition. So, with the medication that we are receiving, we believe that the condition was going to be balanced. So when they default, it's another challenge…*".

What the participants reported in relation to medication-related challenges was also found in some existing literature. In their book focusing on the social work experience, Suppes and Wells (2013:173), for example, wrote about how social workers were involved in supporting clients with the use of their medication by keeping a check on the medication their clients took and also provided information regarding the medication. Moreover, it appeared it was not uncommon for social workers to feel uneasy about certain medications

[7] Conner's Comprehensive Behaviour Rating Scales (2021)

that are given to children because the concern lies in a dependence on the medication instead of their acquiring the skills to manage their own behaviour. Lastly, social workers in CYCCs were often the ones making the choices about medication for children, which was certainly not an easy task (Suppes & Wells 2013:173).

c) Subtheme 4.3 The challenges associated with access to schools with relevant support programmes for CAMH disorder cases

None of the participants were aware of any programmes or support at school for children and adolescents with mental health challenges. Finding suitable schools was also an obstacle because the children needed a diagnosis in order to be placed in a special school.

The importance of the school as a resource was verbalised by Lucy, as follows, "*…we also need the school. The school, remember they are the, I must say the front desk people because when these children are coming to the school every day, that's where they display some of the behaviour...at school. So the school must also assist us with that…*".

Another participant, Alice, explained the process of finding a suitable school for a child as follows, "*And one other challenge[s] is that we have to get them…our children...assessed by the psychologist to get spaces or to go to special schools. So it tends to be a very long process. And we find that we have placed the child in a mainstream school because we did not know that this is happening to them. So by that child is struggling at the mainstream school…doesn't want to study, doesn't want to do anything. Meanwhile it's taking a long process for us to get her…because we cannot do it ourselves as social workers. We have to…the teachers at their school has to apply at Department of Education so that they can be able to find the proper school for her. So that is the other challenges that we have as professionals, as a social worker…*".

Most children with mental health challenges were placed in special schools, according to Maria, "*I would say 99% of this mental health children are in special schools. Some of the special schools do have a therapist(s) and they try but it's the same at school. The children are so, you know, in a class situation because it sometime[s] happen[s] at school as well, this aggressive outburst, reacting out behaviour and it distracts the whole class…*".

Linda was not aware of any CAMH-specific programmes but did feel that schools in her area were supportive, "*The school is definitely...can be a resource. Some of the schools do have their own social workers and counsellors that assist us. And that are able to see our children during school time. So I think they are definitely a resource in terms of emotional support for our children. But if they can assist with the mental health challenges, that type of therapy the child also needs, I am not sure. But they definitely do give emotional support…*".

Amy also spoke about some schools having therapists or social workers that supported the children but that it was not the case at all schools, "*I think some of them have occupational therapists. Some of them have social workers. Some of them hire psychologists. So I think some of the schools really do try to help. And then you get some of them that kind of just give up on the child*".

When speaking about a specific child with CD and ODD, Laura mentioned that there were no schools that she was aware of that provided for these children, "*I couldn't find any schools for him. We can't find a school for him. He's currently in a small private school. But we couldn't find a school for him that specifically focus on those issues…*".

With regard to roles and responsibilities for the advancement of mental health, the Department of Education (DOE) must provide therapeutic support for CAMH and special educational needs; utilise action plans aimed at students for the advancement of mental health in schools; and provide mental health resources such as books that can be used to educate and heighten tolerance and understanding (Department of Health, 2013a:44).

However, the reality is different. A study of stakeholders' perspectives on CAMH in South Africa's Amajuba District, in KwaZulu-Natal, conducted by Babatunde et al (2020:7), revealed that there were almost no schools that were capable of taking in children with mental health problems and that there were students who were unable to attend schools because mainstream schools could not accommodate them. Schools for children with special needs were also found to be scarce. An article by Kakuma et al (2010:120), which focused on mental health in South Africa, found that Gauteng, Free State and North West

provinces were localities that reported having below 20% of primary and high schools with mental health programmes.

In an article aimed at children with emotional and behavioural disorders, Forness et al (2011:2) state that average to acute psychosocial and psychological disorders will most probably impact a child's educational performance as well as their ability to operate on a social level at school. Furthermore, Forness et al (2011:11) posit that when teachers lack knowledge about the impact and have to deal with a high number of psychosocial and psychological disorders and how they present in a classroom or school environment, they fail to notice a problem or they wrongfully view the challenges as education- or discipline-related. However, supportive CAMH interventions, according to Barry, Clarke, Jenkins and Patel (2013:17), delivered in educational settings such as schools can possibly be a practical and useful way of supporting those with CAMH disorders.

The child's interactions with teachers and friends in the school system are another important element in child's microsystem. Opportunities for the betterment of interactions that are impacted by CAMH challenges must be the focus point. The educational support of the children and adolescents with CAMH challenges is an important measure for the social worker, who can use this to impact the child's well-being. Support and programmes put in place in this system were most likely to have a positive influence on all the other systems that are involved.

d) Subtheme 4.4 Challenges associated with support by the police services

A few of the participants mentioned the police when asked about resources. Lucy felt that the police needed to support social workers more, "*Police officers need to know the Act so when we go to report the cases, they also know how urgent[ly] these cases are supposed to be attended [to]. Because sometimes you will find out that you report the case today; after a month you don't have a response. You have to go there and keep on asking them how far, how far, how far?...*".

Contrary to what Lucy said, Dorothy mentioned that the police were a great resource for their CCYC and that they had built a good relationship with them, "*And then, if kids burst*

and have a real bad reaction or incident, so we will call the police…we have a really close relationship with our police station to say please, we have this situation. So they will come in just for a little backup because sometimes kids will be scared of the police and think okay, I can't do this now…".

The roles and responsibilities of the police force regarding mental health challenges, as entrenched in a policy by the DOH (2013a:45), include that the police need to be involved in mental health services by recognising the signs and symptoms and sending these persons to professionals for support. They should also have plans in place and provide transportation services to hospitals for persons who pose a threat to other people or themselves because of mental health-related challenges.

e) Subtheme 4.5 Challenges associated with institutions and facilities dealing with CAMH disorder cases

Institutions and facilities that cater specifically for CAMH disorder cases are very scarce, according to the information received from participants. One participant, Linda, shared her experience, "W*e also try industrial schools such as Boys and 'Girls 'Town…It takes months also for that application. So it might just not be worth it. But actually we have (been) experience this challenge of where do we go with the children who have these behaviour difficulties…*".

Another participant, Amy, mentioned that the schools of industry only took children from the age of 14, so there were not any options for younger children with severe CAMH challenges such as CD, "*I think they take them from 14 years old. So we now have a…I think the child is 9 years old and he is out of control. And we don't have a place for him because Boys' Town has denied us (with) our application…they say his behaviour is too extreme. JW Luckhoff is not an option at this stage…*".

According to Maria not many options existed and private facilities were expensive, "*So there's not a lot of them but there (is) [are] private places. But then you have to pay to R7 000 rand a month…*".

Dorothy shared her experience after her CYCC had applied for a child to be placed in a school of industry but the process could not go further because the case manager was not present, "*No, no currently we don't have the resources. So some of the social workers went to the school of industries, a whole panel, and then she couldn't present our case because we are not the case manager. So the social worker that placed the child need to present the case. They didn't know the case because they are not working with this child. The child (were) [was] not accepted due to that…*"

Another participant, Ida, was left feeling frustrated by the whole process and shared an example of what she was dealing with, "T*hey won't take him. And they can't provide you with reasons why not. You do all this trouble, you get them to the people. They meet you, you try and get a medical report, a psychiatric report, everything, I compile a report. You do all of this trouble. Then it comes to the next stage of the application. Then they say, no, sorry. They don't even give you a reason why not. They don't even help you and say this is a list of available centres, you can try this. There's nothing. It's like nobody wants to deal with these children anymore. And that's mos [surely] what they are registered for. They don't want to do their job…*".

The narratives shared by the participants in relation to the scarcity of institutions and facilities for CAMH found support in a qualitative study about CAMH in the Western Cape, South Africa, by Mokitimi et al (2019:6-7), which revealed that facilities for dealing with CAMH disorder cases were non-existent. From what the participants said, it seemed as if children who did not cope in the CYCC system and displayed severe and challenging behaviour, which might stem from an underlying mental health issue, were usually pushed deeper into the system.

A school of industries appears to be the next option. A school of industries accommodates children with severe conduct and mental health-related problems, and is where they receive psychological support and are provided with social work services (Budlender & Proudlock 2013:59). Getting children admitted to these facilities seems to be quite challenging, according to the participants. It is important to note that the term "school of industries" is no longer used and has been replaced by the term CYCC in the Children's Act (Jamieson

2013:215). Participants used of the old terminology, hence the researcher used it in the study to refer to a specific type of CYCC that supports children with more severe behavioural and psychological challenges.

4.3 CONCLUSION

In this chapter, the findings based on an analysis of the data were presented. The chapter contained biographical information regarding each participant, which was presented in table format, followed by a discussion of the relevant features. After the biographical information, the first part of the themes and subthemes regarding the challenges experienced by social workers when dealing with CAMH cases in CYCCs was described. Each theme and subtheme was accompanied by a detailed discussion based on the literature and the adopted theoretical framework, EST. In the next chapter the researcher presents the second part of the findings, which focuses on how social workers manage the challenges that they face and the strategies they suggest for further improvement in managing these challenges.

CHAPTER FIVE

MANAGING THE CHALLENGES ASSOCIATED WITH CAMH IN CYCCs AND SUGGESTIONS FOR IMPROVEMENT STRATEGIES

5.1 INTRODUCTION

This chapter represents the second part of the research findings. The strategies used by social workers in managing the challenges presented in previous chapter are the topic of specific focus. The chapter also focused on the suggestions by social workers on how to assist them in managing these challenges. As in the previous chapter, in this chapter the researcher used literature and the theoretical framework that had been adopted for this study to analyse the data. The chapter was concluded by means of a summary.

5.2. PART TWO OF THE RESEARCH FINDINGS

In the section that follows two themes and their subthemes are discussed. The first theme presented the strategies adopted by social workers to manage CAMH-related challenges and the second theme contained the types of support, strategies, plans and programmes that, in the view of social workers, were necessary to assist them in managing these challenges.

5.2.1. Theme 5 Strategies adopted by social workers working with CAMH disorder cases in CYCCs

During the interviews, participants spoke about ways in which they adjusted or techniques that they had started using to deal with cases where CAMH disorders were present. These strategies were divided into two categories, with the first category being preventative or preparatory strategies and the second being immediate response strategies. Typically, these strategies had developed from dealing with challenging cases or were put in place to help social workers to deal with them. Participants felt that these strategies that they applied were helpful to them and they supported them in their work with CAMH disorder cases. The second category was immediate response strategies and included typical actions that the participants used in the moment when a crisis fuelled by CAMH challenges occurred. Participants were often unprepared for what they would encounter during an outburst and

these strategies reflected how they coped in the moment, without having had any opportunity to prepare before the event.

a) Subtheme 5.1 Use of programmes such as group work or individual work as preventative or preparatory strategies

Despite the challenges that had been mentioned, participants reported that they used programmes such as group work to manage some of them. Ida shared information about therapeutic groups/programmes that they conducted with children in their CYCC, "*…they have a social worker that side, a developmental social worker. She decided she is going to try… I think she has nine different therapeutic programmes. So, as we see the need in our children, we put them in those programmes. So, we have, like, narcotics anonymous…it's like you said, it's general. Everything contributing to these mental health problems... So it is selfesteem, guides on how to be a man, how to be a woman, general behaviour, substance abuse, why am I scared, bullying and there's also, like…not linked to mental health, but also development programmes such as master chef and skills building and survivor. So we try…that's why I'm saying, we are only limited to our scope of practice…*".

Regarding group work, Amy stated that at their CYCC they had some groups related to mental health but that the focus was mostly on social problems, "*We have a selfharm group and...but I want to say that basically and...oh, and [an] anxiety group, but that is the only thing that is being addressed at this stage. Otherwise it's more social problems, more than anything else…*". Linda said that, "*I try to…or...I see all my houses once a week and then it's in a group session…*". According to Zastrow (2017:43), group work has many facets and benefits and is a holistic way of addressing a variety of developmental areas because, compared to individual work, it is not necessarily remedial or restorative in nature.

Maria reported that she had individual sessions with her cases, "*I will...for instance...this girl, after a very bad incident, I will, you know, two or three days afterwards, I will call her in or go and sit outside under a tree and just chat with her…But that's what I try. Just that one-on-one basis and for them to feel that somebody cares and, ja…*".

Lucy also supported her clients as much as her scope of practice allowed her to, "*With the individual therapy we do, remember it's one-on-one. But as I am not a psychologist, there must be (a) boundaries. I will give according to my scope but where the referral is needed I will refer a child to a psychologist…*".

Linda said that she had some resources in her office that she used when children came to see her, "*It is more general talking because the children will come and see me when they want and then I might not always know what it is about but I always have my toolkit there with…say this is what they want to talk about, then I can take this out as an activity. If it relates to what they are talking about ...otherwise, if they just come to talk, then we'll just talk…*".

Angela spoke about starting their own therapy programme at her CYCC where they used developmental assessments and integrated learning therapy, among others. She described it as follows, "*…and then also we provide counselling or services at (CYCCs name omitted to preserve participant's anonymity and confidentiality) ourselves. So, we have integrated learning therapy to assist these kids with their mental health problems we compiled; our own developmental assessment list and...*".

According to Jamieson (2014:215), the Children's Act (Republic of South Africa 2005) requires CYCCs to have dedicated plans and strategies for the children that they admit and this Act also requires that the courts who find children to be in need of care and protection to consider their needs and put them in a CYCC best suited to them will provide the correct interventions for them. The importance of having suitable programmes is also stated by Zastrow (2017:147), who describes evidence-based practice (EBP) as a way of intervening by considering all obtainable proof to justify the use of a certain type of plan or programme, which in turn is aligned with the skills and capabilities of the social worker as well as the input from the person in question (the child) and their choices.

Laura reported that their organization was better equipped to deal with CAMH due to the programmes that they had and her training, "*I think to a better extent than most organisations but it is because we are so trauma-focused in our care and then of course my training and things that I've done…*".

Dorothy was positive about social workers using their skills and starting a programme to support children with CAMH challenges, "*We can do it ourselves…and you can rotate it at children's homes that's got a lot of social workers, to say this is the programme…*".

Researchers believe the views of social workers are relevant. Bland et al (2021:7) posit that the distinctive views and skills of social workers are of utmost importance in the field of mental health and play a very important part in supporting children and families. These researchers also reiterate the importance of a multi-disciplinary and complementary approach and that social workers need to be selfassured about their special skills and the viewpoints that they offer. In their book, which focuses on the social work experience, Suppes and Wells (2013:167) write that challenges related to mental health are not rare occurrences in the field of social work but that they are in fact highly prevalent. For that reason social workers must be selfassured about their skills managing and supporting persons with a variety of challenges.

From an EST the abovementioned resources form part of the exosystem, which is where the individual is not directly involved, but where incidents can happen that influence the individual and their surroundings (Bronfenbrenner 1979:25; Hayes et al 2017:16; Onwuegbuzie et al 2013:5). The challenges or lack of support in these systems appeared to have an influence on the child or adolescent with mental health challenges and improvements in these systems would probably have an impact on an individual level in respect of these children, the social workers and the house parents, who were under enormous pressure in the field of CAMH every day.

b) Subtheme 5.2 Building relationships and networking as preventative or preparatory strategies

Some participants spoke about networking, building relationships with the children and working in a holistic manner when they were asked about strategies that they employed for working with CAMH cases. Amy spoke about the importance of having a strong relationship with the children, "*You can't punish a child if there is no relationship. So, my first thing is always to build a relationship first and try to see if you can't influence a child with the relationship…*".

Alice reiterated the importance of relationships, not only with the child but also their families, "*I try to have strong relationships with this children as well as their families… I try to deal with this holistically, include everyone networking and the families as well, you know, the mother and the father, try to find out what is going on in their family. Tell them the challenges about their children; how well can we help each other…*".

Another participant, Ida, said the same regarding networking, "*We repeatedly...we call them in, we arrange for networks, we arrange for panels, we get everybody in this children's life. Let's say it's a guest parent or family, we get them involved; we get them on board. Try and see (how) [what] can we do, how can we help this child…*".

Dorothy also involved as many people as possible who could play a significant role in the child's life, "*If there's significant others, either family or parents, we will involve them as well to see how we can try to diffuse the situation and then make plans… I prefer to get people involved, try(ing) to make other plans. Either centres or facilities where people work with a little bit of [a few] mental challenges…*".

In their book focusing on social work and mental health, Bland et al (2021:6) reiterate the importance of and strength that lies in the social workers' interactions with their clients. They believe that relationships have healing powers and form the basis of many interventions. This viewpoint is supported by a residential care study Cahill et al (2016:220) conducted in Ireland, in which they found that constructive and supportive connections with children and adolescents were an essential part of the social workers' job. Another author who mentions the value of the social worker and child relationship is Anglin (2001), who believes this connection is beneficial and healing in nature and concentrates on the child. The social worker is part of the child's life and uses that connection to influence the child's circumstances and encounters. The data yet again highlighted the importance and influence of the social workers' relationship with the children in their caseloads on their well-being.

c) Subtheme 5.3 Understanding CAMH cases and their conditions to ensure suitable intervention as preventative or preparatory strategies

For Ida it was important to speak to children in the home who were directly exposed to or affected by the relevant incident, and to identify the triggers so that she could also educate others and deal with incidents more proactively, "*…these children don't just flip out and have these episodes without a proper reason. Something needs to trigger them, so I try my best… That's why we talk to all of the kids, to say describe to me what just happened. He was quiet and then he flipped out, so what happened? Did somebody say something, did somebody do something? So you try to get the whole picture. You try and identify the triggers*".

Linda felt that it was important for her to educate herself as much as possible, "*…Starting at the children's home, just reading about these children's conditions. We did learn about it while we were studying psychology and all of that but the knowledge might not be that fresh anymore so when I do encounter a child and I see in his file this is his diagnosis and what he is struggling with, I'll just read up on it a bit to understand it for myself a bit better…*".

Other participants gained knowledge or support from their colleagues or peers to help them deal with challenges. Linda also used peer support, "*And then, I think, just the support from colleagues, and just having someone to talk to about how you can handle this challenge is what helps me at the moment…*".

Laura in addition employed peer support as a strategy, "*...my group or my peers that I work with are all trauma therapists that I can phone and we can discuss cases. We phone each other usually with cases and we'll discuss cases…*".

The importance of knowledge about mental health and mental disorders is supported in the literature (Bland et al 2021:5-6; Jairam & Walter, 2014:219). Social workers need to be very familiar with the field of CAMH, especially in a CYCC environment. Furthermore, to Calitz, Roux, Strydom (2014:163) advances in knowledge are essential for helping social workers manage their stressful jobs and preventing them from leaving the occupation.

Regarding peer support, McFadden, Cambell and Taylor (2014:7) posit that strategies for social workers to deal with their challenging jobs must include peer support in order to avoid and assist with their exposure to stressful situations.

d) Subtheme 5.4 Personal skill and techniques used as preventative or preparatory strategy

Social workers working in CYCCs use a variety of skills when dealing with challenges. When asked what strategies they utilised to deal with challenging behaviour, participants freely shared what worked for them.

Amy referred to being consistent when working with children in the CYCC, "*Your boundaries must be so, so strong. So, I think that is my surviving point. My boundaries are there and they know I am consistent… You have to be an adult that they can trust …*". Laura also believed in teaching children about consequences, "*…But I would be saying, staying consistent, staying strict, teaching him there will be consequences usually helps a lot… I need to show him there will be consequences, so we are going to do time out now…*".

Two participants, Laura and Dorothy, felt that supporting the house parents was a strategy that they both employed and by supporting and training the house parents, they had better control over managing the children. Firstly, Laura said, "*My role is to do a lot of training with the caregivers to help them to deal with children like this…*". Secondly, Dorothy applied the same strategy and said that she introduced a disciplinary code so that her house parents could assume the role of disciplinarian and also follow a step-by-step guide to help them deal with outbursts, "I *introduced, it's like a disciplinary code for kids. So, if you have a, let's say you disobeyed the house mother, you will have strike 1, strike 2, strike 3… So, with this I hope that the house mother will take her role of disciplinarian and we will just, as social workers, be her back-up… So, I told the house mother, I made a suggestion to say, why don't you make a little pamphlet, a small one, and then you write step 1, you need to write it out. Step 1, take a deep breath; step 2 remove all the kids; step 3, do this, whatever that is. Because whenever this child act[s] out, the house mother will know she go[es] to the first aid kit, and (first) take that thing and go through it*".

Linda spoke about using grounding techniques when she remarked, "*Well, I try to ground the children when they are having these experiences of…I don't know, uhm, when their behaviour is getting the better of them, if I can put it that way. I try to just ground them and bring them back to reality, where we are at and try to have a conversation with them, about the implications of their behaviour…*".

Dorothy shared her experience and use of grounding techniques as she commented, "*…you need to actually stand in front of them and not touch(ing) them. They don't want you to touch them so you have to stand…you need to let them make eye contact with you to say, I'm here, I'm here. Check me, I'm here. Look me in the eyes. Because they are so sensitive for noises, for things that they see even when they are zoned out, if it makes sense…*".

Professional boundaries are associated with proper and improper conduct by a social worker (Doel, Allmark, Conway, Cowburn, Flynn, Nelson & Tod 2009:2). Social workers who participated in a professional boundaries study by Doel et al (2009:9-10) were of the opinion that boundaries and the role of the social worker were inseparable and that professional boundaries equated high-quality work.

In the current study, the participants mentioned providing managing or disciplining strategies to house parents. The word discipline can have a variety of meanings and are usually used for five reasons, namely to regulate and command; to ensure compliance; to educate; for conduct alteration; and, lastly, for punishment. Discipline does not equal punishment (Reyneke 2015:59). From what participants mentioned, it seemed that they were training house parents and educating them how to deal with and discipline the children in their care.

Two participants shared that they used grounding techniques. This concept of the grounding technique is explained by Tull (2021:2-3), who considers it to be a technique that brings a person's awareness back to the present time. Grounding can lend support in stopping cognitive distress or emotions. These techniques utilise the senses and by focusing on them the person is brought back to the present time. For a child in distress, these techniques can be very useful and it is a good tool for social workers to use in a situation that needs diffusing.

e) Subtheme 5.5 Immediate response strategies

In the moment of crisis, when a child or adolescent with mental health challenges has an outburst, participants shared what action they took. Some participants referred to it as crisis management or crisis control.

Ida shared her experience, "*Just crisis control, when you get there, you will see what's happening. Most of the time they just call the house and say, tannie [aunty], you must come. And I don't know what I'm going into, so when I get there, it's a surprise. I will see what happens…*".

When asked whether she was doing a lot of crisis management with CAMH cases, Maria said "*Oh yes, definitely. Definitely. You don't know when it's going to happen…*".

Dorothy also referred to crisis management when asked about her experiences, "*…you were crisis managing. It's like you went into this mode of I need to stay calm; I need to get this child because this child can…and they're unpredictable. You're not quite sure will they go this way, will they go that way, will they be calm back, will they attack you. So you need to, it's like you go in[to] another mode. Afterwards you would say, Yoh, I don't know what happened now…you made it through… It's crisis management…*".

Langer and Lietz (2015:231) describe crisis intervention as a momentary action that is aimed at solving an intense difficulty or danger. The social worker's actions will be aimed at restoring a sense of stability. Furthermore, a crisis is an obstacle that the person needs to deal with as best they can, but it is also a chance to gain new and positive abilities by dealing with this challenging experience. When engaging in crisis intervention, there is a system and certain steps that social workers need to follow. In these types of interventions, the social worker only helps for a short period. The aim is for a person in crisis to become more resilient through the experience and not dependent on the social worker (Langer & Lietz 2015:242-243). The data collected for the current study did not appear to show that social workers followed steps or procedures when dealing with a crisis, but rather that they handled whatever presented in the moment to the best of their ability.

5.3.1 Theme 6 Support, strategies, plans or programmes needed for social workers working with CAMH disorder cases in CYCCs

When analysing the data, three subthemes emerged under the theme of support, strategies, plans or programmes that were necessary for social workers working with CAMH disorder cases in CYCCs. The subthemes were CAMH resources and facilities; social work training and tools for dealing with CAMH; multi-disciplinary collaboration and networking. Regarding CAMH plans and programmes, Zhou et al (2020:6) reported in their review of policy development and implementation in LMICs such as Uganda, India, South Africa, Zambia and Latin America, among others, that these countries faced many obstacles with regard to the execution of CAMH-related plans and programmes. In order to achieve success would require willpower from national and international representatives, interprofessional team work and the coming together of diverse fields of expertise. Adding to that, in an editorial about strengthening CAMH in LMICs, Kumar et al (2021:3) reiterate the need for evidence-based tools and programmes that take into consideration the intricacies of LMICs or how a variety of factors are at play on different levels, indicating this a complex challenge that cannot be fixed with one-dimensional programmes or plans.

a) Subtheme 6.1 CAMH resources and facilities

Seven of the nine participants called for more CAMH resources and facilities. Ida asked for more financial support, "*What would be wonderful is if we could actually have support from the government of funds…*".

Other participants spoke about the need for CAMH facilities that could support and cater to the needs of the children who needed them. Angela said, "*I wish there was more places that would facilitate mental health [for] children because it's not nice to not be able to cater for them 100%. If there was more places we could refer these children to, then that would be very beneficial for the children…*".

Maria also mentioned the need for mental health facilities, "*Government can definitely bring to the table facilities, definitely. No, I think they can definitely bring facilities to the table…*". Lucy had the same request, "*And then again they need to be referred to some*

institution where they will be, where they are, developmentally will be, looked at. So, we have got a challenge today; we don't have (a) direction at all. We need direction".

Some of the resources requested by participants were human resources such as therapists. Linda mentioned an in-house psychiatrist and therapist, "*If we can have a counsellor and a psychiatrist come to us to see our children. That are just dedicated to us and don't have other obligations and other places they need to be and can spend their time and energy on our children. We could get them help much sooner and much closer*".

Amy reiterated the need for a therapist, "*…therapists that are experienced are vitally important. And from there on I would say, a psychologist, a psychiatrist that can work with the child and get the school on board…I think individual work but it must be every day for weeks on end. I think that can maybe make a difference…*".

Laura asked for more CAMH support in the hospitals, "*…we need more support, we need access to play therapists and psychologists and psychiatrists at the hospital…*". The need for more support regarding CAMH resources is also documented in an article about CAMH in South Africa by Flisher et al (2012:158), in which they call for government support in the form of funding, a CAMH framework and CAMH professionals to guarantee that children and adolescents receive the CAMH support needed. But, the reality is that there are not enough professionals and resources to support the roleplayers relevant to CAMH disorder cases (Babatunde 2020:5-6).

b) Subtheme 6.2 Social work training and tools for dealing with CAMH disorders

Eight of the nine participants asked for training and tools to deal with CAMH. Ida said, "*I think it would be more training opportunities for social workers in a child and youth care setting, or not even that, just in mental health intervention in general, because we do have the information, we do have the theoretical basis, we do have the knowledge but we don't always know...always how to execute it the correct way…*".

Maria spoke about the importance of having a treatment model, "*Well, at this stage we don't have a treatment model. But I think it is something we have to think about…*".

Laura wanted social workers to receive more training and preparation at university level to deal with CAMH cases, "*I would say, I mean if you go and study your social work degree, there's very little in the syllabus about mental health issues to prepare us a bit for behaviours and things we're going to experience because, of course, a lot of our clients, young and old, has got mental health issues. And comes from either abusive homes or abusive relationships and things like that. So, I would say that would be awesome to prepare us a bit…*".

Dorothy suggested a booklet or toolkit with steps on how to deal with different types of CAMH disorders, not only for social workers but also house parents, "*…Or a booklet. Something that you can keep on your table, to say this is, and then if a social worker struggles or a house mother struggles. Because to give them a thick [stack of] papers or do a workshop...it's great. But you need something, and you need something like this for the house mothers and you need something like this for social workers*".

The South African Department of Health's National Mental Health Policy Framework and Strategic Plan (2013a:45) mentions CYCCs in their guideline, with specific reference to the roles and responsibilities of DSD, among others. According to the roles and responsibilities provided in the guideline, there should be plans and strategies for professionals working with CAMH in CYCCs. In a study by Errol, Simsek and Munir (2010:12) regarding the mental health of adolescents raised in institutional care in Turkey, it was found that each and every person or professional who plays a part in the child's or adolescent's life, has an onus upon them to uphold the integrity of these children. Specialised intervention is needed in the work with adolescents in CYCCs, based on programmes that have been tried and tested and show evidence of being effective. Furthermore, in an editorial focusing on the strengthening of CAMH in LMICs by Kumar et al (2021:6), it was found that mechanisms to evaluate and represent CAMH disorders have been developed but needed to be edited and adjusted to provide a more contextual approach to CAMH. Therefore, a plan of action regarding evaluation mechanisms, support approaches and the advance detection of CAMH disorders is imperative.

c) Subtheme 6.3 Multi-disciplinary collaboration and networking

Participants mentioned multi-disciplinary collaboration and networking as an important strategy that needed to be put in place for working with CAMH cases. Lucy stressed the importance of a multi-disciplinary team, "*…need a multidisciplinary team that will come and sit down and discuss the well-being of the child and look at their best interest…*".

Amy agreed and said that, "*I think in a perfect world multi-disciplinary meetings would be a more consistent thing with more roleplayers. Because we have to be the same at every stage. The school must be the same, the house must be the same, everybody must talk from the same mouth…*".

Ida concurred with the previous two participants, "*…we need to be like a multi-disciplinary team when dealing with mental health in a child and youth care setting…*". In another interview, Laura mentioned the provisions of the Children's Act (Republic of South Africa 2005) regarding the importance and use of multi-disciplinary teams, "*Yes. Because according to the Children's Act you need to have a multi-disciplinary team that's working with the child or doing assessments in the first few hours that they came in. I mean, I think it's 48 hours or something like that. But where's this multi-disciplinary team? I mean, who's going to help us. Not all CYCCs can afford to have social workers, never mind social workers that's trauma-informed or has a bit of history or knowledge about mental illnesses and behavioural issues…*".

Persons working with CAMH disorder cases had to be part of a supportive multidisciplinary team that knew how to utilise the limited support and services that were available (Kleintjies et al 2010:139). In a chapter in his book that focuses on intervention for young people with mental health challenges, Callaly (2014:77) opines that a bigger financial contribution to CAMH might help, but the main focus should be on multidisciplinary support and resourceful service rendering to the youth. Jairam and Walter (2014:229) call for a holistic approach to intervention in CAMH cases. The CAMH professional should first establish the origins of the disorder and the outcomes or concerns. A variety of services should then be combined, psychological support, medication, capacity building, educational support, etc., which will most likely lead to better end results for all

the persons involved and affected. The social work role in mental health and their multidisciplinary teamwork is highlighted by Zastrow (2017:152), who mentions that times have changed, and the social worker is no longer outranked in the mental health field and is in fact working more independently in a therapeutic role.

Using a multi-disciplinary approach in dealing with CAMH disorder cases is useful because it brings together different viewpoints from different professions. Psychologists and the medical field often focus on the individual's cognitive and behavioural functioning, whereas the social worker working from an EST views the individual as part of a bigger, dynamic system, where exchanges happen. Furthermore, social workers are also guided by EST to find support and solutions in the broader community (Ambrosino et al 2008:43) EST is holistic in nature because it grasps that altering one element in a system will impact all the other elements in the system (Langer & Lietz 2015:29). It is therefore concluded that different perspectives, a greater variety of professionals and expertise could alter the current problematic system and bring about the necessary change needed for better service delivery in the field of CAMH.

5.4 CONCLUSION

This chapter provided the reader with the second part of the research findings, which were based on the final two themes and their subthemes. The researcher provided the extracts of the interviews conducted with social workers concerning what they used to manage the challenges that arose and the strategies that they recommended for the betterment of CAMH-related service delivery. The data was also analysed by means of existing literature and the theoretical framework adopted for this study, EST. In the next chapter, the researcher presents summaries, conclusions and recommendations.

CHAPTER SIX

SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter presents the summaries, conclusions and recommendations of the research process. The researcher started by summarising the general introduction of the research process that was presented in Chapter One. Next, the researcher discussed and described the research questions, the goal and objectives to decide whether the research questions were answered, and whether the goal and objectives had been reached by substantiating it with the data derived from the study's participants. In this section, the researcher also gave a summary of the research process that was followed and drew conclusions regarding whether the methods used and methodology adopted were suitable for this study. Next, the research findings were summarised, a conclusion drawn and the relevant recommendations proposed in view of social work and its related field practice, further research and training and education. Lastly, the limitations of the study were discussed, and a chapter summary concluded the chapter.

6.2 SUMMARY AND CONCLUSIONS OF THE GENERAL INTRODUCTION

In the first chapter of this report, the researcher gave the reader a synopsis of CAMH disorders and the reasons why this was such an important topic. Literature sources provided in Chapter One indicated research evidence suggested that up to 20% of children and adolescents worldwide suffered from mental health disorders (Kieling et al 2011:1515; Scarpa & Wilson 2012:467; UNICEF & WHO 2019:5). Furthermore, children and adolescents in care were found to be at higher risk of developing mental health problems (Hermenau et al 2011:7; Sawyer et al 2007:183). Social workers who worked in CYCCs were therefore of extreme importance in supporting cases relating to CAMH challenges (Zastrow 2017 151-152; Lekganyane & Alpaslan 2019:142).

This synopsis has a direct bearing on the research problem, which indicated a shortage of studies around the mental health of children and adolescents. This in turn led to the development of policies and programmes that were not informed by any research-based

literature. Consequently, in the context of CYCCs, social workers were practising without proper support and guidelines derived from theory, research and literature. It was therefore found to be imperative to conduct a study, as discussed under the rationale in Chapter one, which was not only aimed at benefitting social workers, but also at the betterment of the lives of individuals with CAMH disorders through the right support and care. In the next section, the researcher reflects on the research questions that were discussed under section 1.4 in Chapter One.

6.3 RECALLING THE RESEARCH QUESTIONS

At the beginning of the study, three research questions were formulated. Each question is discussed below and evaluated according to the data derived from the research participants. The first research question was, "*What challenges do social workers who are rendering services to children and adolescents with mental health disorders in the CYCCs face*?" The question was formulated as part of the ultimate aim of gaining an in-depth understanding of the experiences of social workers working with CAMH disorder cases in CYCCs.

Discussing challenges social workers faced in their dealings with children who had mental health problems not only provided understanding but was also a way of establishing the opportunities that could be hidden within these challenges. In view of this question an analysis of the collected data shed light on a variety of challenges such as limited funds, resources and support to deal with cases of CAMH disorders in the CYCC environment. Participants also reported that they did not feel equipped to deal with cases of CAMH disorders and lamented a lack of training, tools, knowledge, experience and skills to support children and adolescents with mental health challenges. Participants had strong feelings about a lack of suitable placement options for children with mental health problems. They also shared their challenges in dealing with severe cases of CAMH disorders and how they in turn impacted all the different roleplayers such as house parents and other children. The social work role and the challenges related to discipline as well as the children's perceptions and expectations were also highlighted among the challenges that the participants faced in their work with cases of CAMH disorders in CYCCs.

The second research question that the study envisaged answering was, "*What strategies do social workers who render services to children and adolescents with mental health disorders in the CYCCs adopt in managing their challenges?*" The interview questions (Addendum C) were designed in such a way that they enabled direct answers to this question. In responding to the interview questions that related to this question, participants shared a variety of strategies that they found useful when dealing with CAMH disorder cases. Because of the variety of strategies and their purposes, the researcher grouped the strategies into two categories, namely preventative/preparatory strategies and immediate response strategies. Preventative/preparatory strategies involved networking, building relationships with the children, working in a holistic manner, intervening through group work or individual sessions, being familiar with the triggers for the children in their caseloads, educating themselves on what mental health challenges were, peer support, grounding techniques and using their house parents in constructive ways. Immediate response strategies mentioned by social workers entailed crisis intervention, which they used in volatile situations when outbursts or incidents occurred.

The third research question was, "W*hat suggestions do social workers rendering services to children and adolescents with mental health disorders in the CYCCs have for how to address the challenges faced?*" Here the researcher wanted to give participants an opportunity to present ideas or even ideals in CAMH service delivery. The participants suggested more resources and CAMH facilities, training opportunities and practical CAMH tools for their everyday practice as well as multi-disciplinary collaboration and networking.

Therefore, considering the information received from the participants and how it related to the research questions, it can be concluded that the researcher could use the interviews as a means to answer all the research questions posed at the beginning of the study and that the questions generated valuable information and data. All of the information regarding the research questions was fully described and discussed in detail in the sections dealing with the research findings (see Chapters Four and Five) of this study.

6.4 RECALLING THE RESEARCH GOAL AND OBJECTIVES

In the next section, the researcher recalls the research goal and objectives and evaluates whether they were met during this study. As discussed in section 1.4.2 and 1.4.3 in Chapter One of this report, the research goal was *to understand the challenges faced by social workers who render services to children and adolescents in CYCCs, their strategies in managing the challenges and suggestions for how to address the challenges*. Based on the goal of this study, the objectives were set as follows:

- *To describe the challenges faced by social workers who render services to children and adolescents with mental health disorders in the CYCC.*
- *To describe the strategies adopted by social workers rendering services to children and adolescents with mental health disorders in the CYCCs in managing the challenges.*
- *To explore the suggestions by social workers on how to address the challenges associated with rendering services to children and adolescents with mental health disorders in the CYCCs.*

The steps taken by the researcher to reach the goal and objectives of the study are discussed in the section that follows below. Firstly, the researcher selected purposive sampling by using prior knowledge in identifying and choosing individuals to participate in the study based on their ability to provide rich information about the topic (Kumar 2011:189; Mishra & Alok 2017:9; DeCarlo 2018:272) and because they complied with the following inclusion criteria:

- A registered social worker employed either in the governmental or nongovernmental sector;
- Are rendering social work services to children and adolescents who are placed in CYCCs who are suffering from mental health disorders;
- Serving in any organisation that renders services within the municipality of the City of Tshwane.

The researcher first conducted a pilot interview, which followed the exact steps and protocol of the actual research interviews, and was aimed at acquiring informative lessons that could assist with improving the research plan. After completing the pilot interview, the researcher conducted nine semi-structured online interviews with participants through the Zoom online platform. All the participants met the inclusion criteria, signed approved consent forms and participated voluntarily. Upon completion of the interviews, the researcher transcribed each interview verbatim in narrative format. The researcher then progressed to the data analysis, as guided by Braun and Clarke's (cited in Maguire & Delahunt 2017:3355) six steps of qualitative data analysis (see section 3.5 in Chapter Three for the detailed information regarding these steps).

As regards data verification, validity and reliability, Roller and Lavrakas (2015:217) consider data verification as referring to fixed actions to verify the collected data. These actions in turn support increasing and ensuring a high research standard. The researcher used Guba and Lincoln's qualitative data verification strategies to ensure verification (Guba and Lincoln cited in Morse, 2015:1212-1213). Credibility was enhanced through prolonged engagement with the participants in the field, triangulation and peer debriefing. The researcher interacted with participants by email and other platforms prior to the interview and also a few times after the interviews had been conducted. Unfortunately, because of the COVID19 pandemic, physical interaction could not be undertaken, and all communication took place electronically. The researcher previously worked in the field of study (CYCCs) for a few years, and therefore she knew many of the participants prior to the study. The researcher was therefore able to grasp the CYCC culture and better understood the inner workings of the CYCCs as a result. She endeavoured to interview diverse participants from different CYCCs, individuals with unique backgrounds and perspectives in order to enhance triangulation.

Transferability was enhanced through a detailed narration of the research process and the findings (thick description). Dependability was achieved through triangulation and thick description, while an audit trail was used to enhance confirmability. Lastly, the researcher provided conclusions and made recommendations, which had emerged from the data. All of the abovementioned steps formed part of reaching the research objectives presented at the

beginning of the study and the researcher could therefore conclude that the objectives of the study had been met.

6.5 SUMMARY AND CONCLUSION OF THE RESEARCH METHODOLOGY

The researcher utilised a qualitative research approach for the study. Astalin (2013:118) describes qualitative research as a research approach which seeks to depict a social phenomenon in the form of a story, and requires looking at from many different angles, using observations, consultations and discussions and viewing problems or phenomena in their natural environment. This approach was chosen because it matched the goal of the research study. The suitability of this approach was discussed in detail in section 3.3 in Chapter Three. The researcher was mindful of the qualitative process throughout the study and adhered to the assertions made at the beginning of the study.

With regard to the research design, the researcher utilised descriptive, exploratory, contextual and phenomenological designs in the study. The descriptive design was used by giving participants the opportunity to describe their experiences. The exploratory design was used when deciding which research questions would be best for exploring the phenomenon of CAMH disorders in CYCCs. The contextual design was used by paying attention to various contexts in which participants experienced challenges and, lastly; the phenomenological design was used to acquire knowledge and understanding from others' experiences. (Neubauer et al 2019:91). The main focus was on the experiences of the participants.

The research methods, some practical and others theoretical, which were used in the study consisted of choosing a study population and sample, sampling methods, the sampling processes, the sample size, data collection, pilot testing and data analysis. The population and sample choice was made when the researcher was planning to do face-to-face interviews with participants. Therefore, the choice was influenced by the geographical area, time and financial constraints because the researcher was planning to travel to South Africa from Vietnam to conduct the study. In addition, the area was known to the researcher because she had previously been employed as a social worker in a CYCC. Due to COVID19, the face-to-face interviews had to be changed to online interviews. If the social

worker had prior knowledge of this, the geographical area could have been widened to include more CYCCs. Of the sample population, 10 CYCCs matched the criteria for inclusion, of which only one was a governmental CYCC. Despite numerous efforts only five nongovernmental CYCCs participated in the study. Exploring the experiences of governmental CYCC social workers might have given a more comprehensive picture of the challenges that social workers faced when dealing with CAMH disorders in CYCCs.

The researcher employed purposive sampling and chose the individuals who would participate in the study based on their ability to provide the information required. This method of sampling was a good fit for the study because participants had experience and knowledge about working with CAMH disorder cases in CYCCs and this contributed to the accumulation of rich and thick data. For the sampling process, the researcher followed King and Horrocks' (2010:31) guidelines and identified the CYCCs by obtaining a list from the DSD and through some of her professional networks of colleagues. Contact was established through emails, in which she introduced herself and the study to the managers and supervisors, and provided them with detailed written information about all the aspects of the study. After the researcher had obtained permission to conduct the study, she made contact with the social workers by email. This process was followed with each of the participating CYCCs. The sample size was not guided by numbers but rather by the adequacy of information received from the participants. The researcher formulated and asked questions in such a way as to obtain sufficient data. The information that was captured in the interviews was descriptive and contained in-depth explanations of the challenges that social workers in CYCCs faced.

Data collection was done by means of semi-structured interviews. This style of interviewing matched the research and allowed for the flow of information. The researcher is of the opinion that this casual style of interviewing benefitted the study because social workers could discuss their experiences in a flexible manner, which generated honest and expressive data. The researcher also used an interview guide that gave her direction in the interviews and which could be adjusted to accommodate questions that generated more indepth data. This was a very useful tool throughout the interview phase of the research. The researcher used the following skills when conducting the interviews: building rapport,

making thought-provoking interjections, doing critical event analysis, and engaging in active listening. These skills and how they were utilised are discussed in detail under data collection in section 3.5 in Chapter 3.

A pilot test was conducted at the beginning of the study, which was a very useful way for the researcher to gain experience and make adjustments to her interview questions and techniques. The researcher did not use any of the data from the pilot test in the research study. For the data analysis, the study was guided by Braun and Clarke's (cited in Maguire & Delahunt, 2017:3355) six steps of qualitative data analysis (see data analysis in section 3.5 in Chapter 3). These steps guided the analysis phase of the research study. The researcher followed each step to ensure that a proper analysis of the data was done. The steps guided the researcher to find themes and subthemes that were relevant to the study in the data.

6.6 SUMMARY AND CONCLUSION OF THE RESEARCH FINDINGS

In this section the researcher summarised and provided conclusions grounded in the research findings of this study. This section was divided into a summary and conclusion which included the biographical information, after which a summary and conclusion were provided for the challenges experienced by social workers, the strategies that they adopted and their suggestions for future practice by viewing each of the themes that emerged from the data.

6.6.1 Summary and conclusion of the biographical information of the participants.

At the beginning of each interview, a series of set biographical questions were put to each participant. These questions were useful for gaining a comprehensive picture of the participants' experience, qualifications and duties, among others (see section 4.1 in Chapter Four). These details were useful in providing context to the study.

6.6.2 Summary and conclusion of the challenges faced by social workers rendering services to children and adolescents with mental health disorders in child and youth care centres.

The research findings presented in Chapters Four and Five were based on six themes and a total of twenty-two subthemes. Each theme was summarized as follows:

- Theme 1: The general challenges associated with the field of CAMH

The first general challenge participants reported was a lack of CAMH funds. The lack of funds for CAMH was supported by the literature (Burns 2011:104; Mokitimi et al 2019:9) and long waiting times, which was found to be a common challenge in South Africa (Tana 2013:22). The second general challenge was a lack of information or misconceptions regarding CAMH. The participants were of the opinion that mental health was still a highly labelled and stigmatised topic and that people were judgemental or opinionated about the topic. This was also the case in some existing literature (Kleintjies, Lund, Flisher and MHaPP Research Programme Consortium 2010:136).

- Theme 2: The challenges experienced by social workers working with CAMH in CYCCs

Participants shared a variety of challenges specifically related to CAMH in the CYCCs in which they worked. The financial challenges that were expressed in the first theme emerged as a challenge that participants also experienced in CYCCs. This issue had been reported in some of the existing literature (Jamieson 2014:215). A lack of resources and long waiting periods were mentioned as a big concern and frustration for participants, which not only had an impact on them, but also the children who had to wait to receive the necessary support and services. Another challenge was a lack of support to deal with CAMH cases. It was felt this lack of support could be ascribed to the DSD, social welfare organisations, roleplayers in the community and psychiatric resources and facilities in the community, as also noted in the relevant literature (Raghavan et al 2010:748).

All the participants expressed that they did not have the necessary training, tools, knowledge, experience and skills in the field of CAMH. The importance of knowledge and

skills was reiterated in the literature (Bland et al 2021:5-6; Jairam & Walter 2014:219). Participants felt hesitant to engage in any sort of CAMH therapy or counselling, and mentioned that they were either not equipped to do so or that it was outside of their scope of practice. Only two out of the nine participants were positive about social workers having the skills to do mental health therapy or counselling.

The last challenge that emerged from the data was limited or unsuitable placement options for CAMH disorder cases. Some participants said that children with mental health problems were not coping in the CYCC system and that they could not find suitable placements in facilities that provided for their needs. What emerged from the data created the impression of a discrepancy between the available facilities and the needs of the children in care. Findings in the literature was found to be in support of this argument, with researchers such as Budlender and Proudlock (2013:59) confirming that schools of industry catered to the needs of young people with severe behavioural or mental health problems who could no longer cope in a CYCC. Why this application process to schools of industry posed such a challenge for CYCC social workers still requires exploration because the researcher was unable to find an explanation in the information or the literature.

- Theme 3: The challenges experienced with complex CAMH cases

The participants shared at length how severe cases of CAMH disorders impacted the house parents whom social workers supervised and supported. The literature placed a high value on the importance of building a nurturing and caring relationship between children and their caregivers (Barlow 2014:60; Cahill et al 2016:220; Luke et al 2014:112-113). However, findings also included how challenging it was to deal with ODD and CD (DSM-5 2013:461). House parents were under immense pressure and admitted to feeling the strain (Barford & Whelton 2010:272; Molepo & Delport 2015:151). House parents need to be educated how to best manage the children in their care and upskilled for the best outcome (Molepo & Delport 2015:158). The challenges in the caregiver-child relationship required intervention by social workers, hence a positive and nurturing caregiver-child relationship would reduce the chance that social workers needed to become involved and deal with problems or incidents.

The participants also shared a great deal of information on the impact that CAMH disorder cases had on other children who were exposed to the aggressive or violent outbursts of the children with severe mental health problems. The negative impact on children was supported in the literature (Hermenau et al 2011:7; Ward et al 2015:23). When other children in the CYCC were exposed to outbursts and aggression, it was the social workers' responsibility to intervene and protect them.

Discipline and challenging behaviour was not only a challenge for house parents. The social workers also mentioned that it was very difficult to deal with the CAMH-related outbursts. Because of the uniqueness of the role of the CYCC social worker, some of the participants mentioned that the role of therapist or counsellor clashed with the role of disciplinarian and, according to the data, this situation often arose in the CYCC when the social worker had to portray a variety of roles that did not complement each other. Managing severe CAMH disorder cases was a major challenge to social workers but formed part of the roles and responsibilities of the CYCC social workers, who had to find suitable programmes for the children or increase their skills and knowledge to deal with these challenging cases (Phelan 2008; Heller & Gitterman 2011:315, 318; Zastrow 2017:147)

A disconnect between the perceptions and expectations of children and adolescents with mental health challenges was reported, which made working with them quite strenuous, according to some of the participants. Because a positive relationship between the child and social worker was crucial, this disconnect needed to be addressed and transformed.

- Theme 4: The challenges related to resources for CAMH in CYCCs

Resources that were frequently mentioned by participants in the study were psychiatric or psychological resources; medical resources; schools; the police; and institutions and facilities. Many participants shared challenges or negative experiences related to access to mental health facilities or a lack of support. Most participants referred to the Tshwane District Hospital/Steve Biko Academic Hospital, where the Child Therapy Centre was located, and Weskoppies Psychiatric Hospital as their main resources for CAMH disorder cases. However, participants were mostly negative about the hospital resources, the lack of

services and the slow process of getting assistance. According to the literature, there are not enough professionals to support the social workers with CAMH disorder cases. Medical professionals are overburdened because of a lack of resources, high case numbers and a lack of education and workshops for persons outside of specialised fields (Babatunde et al 2020:5-6). Many children with mental health disorders were placed on medication. Most participants understood the need for medication, but some were concerned that it was being used as a quick fix because other resources were scarce or unavailable.

Finding suitable schools for children with CAMH problems was highlighted as a challenge and very few schools seemed to have programmes to support children with mental health needs (Kakuma et al 2010:120), even though it is a requirement of the DOH for schools to provide CAMH support (DOH 2013a:44).

As regards the challenges experienced with the police and CAMH institutions and facilities, it was found that the police was required to get involved in mental health cases, according to the DOH (2013a:45). Finally, institutions and facilities that provide specifically for CAMH cases were very scarce, according to the information received from participants, which is also supported in the research literature (Mokitimi et al 2019:6-7).

6.6.3 Summary and conclusion of the strategies adopted and recommendations made for support, plans and programmes by social workers rendering services to children and adolescents with mental health disorders in child and youth care centres.

- Theme 5: Strategies adopted by social workers working with CAMH cases in CYCCs

Participants mentioned a variety of strategies such as programmes, group work, individual work, fostering relationships, networking, understanding CAMH and personal techniques adopted to deal with CAMH disorder cases. When the researcher asked questions about specific CAMH programmes or groups at CYCCs, most participants could not name any, but a few mentioned having activity groups or social emotional support groups with the children that included many life skills topics. It was interesting that almost none of the

social workers viewed themselves as resources even though they were dealing with and supporting CAMH disorder cases on a daily basis. Social work skills were important in the field of mental health (Bland et al 2021:7) because working with mental health challenges was prevalent in social work (Suppes & Wells 2013:167).

The value of the social work-client relationship is supported in the literature (Anglin 2001; Bland et al 2021:6; Cahill et al 2016:220) and it was also revealed during this study that group work and individual sessions with children appeared to be useful strategies. In some instances participants found peer support and the strengthening of house parents to make a constructive contribution as effective strategies.

In the moment of crisis, when a child with mental health challenges has an outburst, participants resorted to what they considered to be crisis management by trying to defuse the volatile situation. Crisis intervention was also found to have support in literature, though Langer and Lietz (2015:231) consider it to be a momentary action aimed at solving an intense difficulty or danger.

- Theme 6: Types of support, strategies, plans or programmes needed for social workers working with CAMH cases in CYCCs

Participants mentioned the need for more resources and facilities to support CAMH disorder cases; social work training and tools for dealing with CAMH disorder cases; and multi-disciplinary collaboration and networking with the support resources that they needed to work with CAMH disorder cases. Participants asked specifically for more government support as well as for support from medical mental health resources. They were positive about receiving training in order to equip themselves with mental health knowledge and skills. They were also of the view that multi-disciplinary collaboration and networking was important, a strategy which also found support in literature (Kleintjies et al 2010:139).

That the findings have now been summarised, and the section that follows, section 6.7, focuses on recommendations for future practice.

6.7 RECOMMENDATIONS

In the subsections that follow below, the researcher put forward recommendations based on the conclusions that had already been drawn, as described above. These recommendations are made specifically for social work and related professional practice and for further and future research.

6.7.1. Recommendations for social work and related professional practice

The information that emerged from the data analysis and the conclusions drawn highlighted critical challenges that links directly with social work practice as well as practice by other related professionals in the field of CAMH. Based on the conclusions, it is therefore recommended that:

- CYCCs have clear guidelines and practical tools to deal with individual CAMH disorder cases, from mild to severe;
- CYCCs should be supported to create in-house resources and programmes for CAMH disorder cases to assist social workers who are involved in these cases. These programmes should be evidence-based and supported by research;
- Opportunities should be created for CYCCs that accommodate CAMH disorder cases to collaborate with schools on CAMH programmes and educate teachers and learners about CAMH through collaborative training and awareness creation;
- Networking and collaboration among services should take place between the key roleplayers such as the DSD, the DOH, DOE, child welfare organisations, mental health professionals and others in the field of CAMH to produce viable solutions and opportunities for the improvement of CAMH services;
- A focus on the value of relationships in acting as agents of change when it comes to dealing with CAMH is required. Activities that promote trust and relationship-building should form an integral part of the CYCC social workers' practice;
- Practice guidelines should be developed that are aimed at supporting the CYCCs that accommodate CAMH disorder cases in order to create a stable, consistent and supportive environment in which the children can grow and develop.

6.7.2. Recommendation for future and further research

- The roles, environment and relationships in CYCCs are entirely unique and necessitate in-depth research so that programmes and plans could be designed and, where necessary, developed to support professionals and staff dealing with cases of CAMH on a daily basis.

6.7.3. Recommendations for training

- Social workers should receive profession-specific continuing professional development (CPD) accredited training relating to CAMH disorders to enhance their knowledge base and equip them with practical skills on how to deal with volatile situations or support children and adolescents with a variety of conditions. CYCCs should initiate and maintain collaboration with institutions of higher learning and other accredited training providers to offer training and development to social workers and house mothers so that they could better manage the challenges associated with working with CAMH disorder cases.
- Institutions of higher learning and accredited training providers should consider designing training programmes specifically for the field of CAMH to equip CYCC professionals and staff with the relevant knowledge and formal qualifications in the field of CAMH in the context of the CYCC.

6.8 LIMITATIONS OF THE STUDY

Data was only collected from social workers working in the CYCCs located in and around the City of Tshwane Municipality. Data was not collected from any other role-player in the field of CAMH or any other member of staff in the CYCC environment. Relating to the biographical information, all the participants were female, ranging in age, experience, backgrounds, roles and responsibilities and working within a specific area in Tshwane. The researcher acknowledges that it might be possible for a mixed-gender data set to produce different findings.

As a result of the COVID19 pandemic the researcher had to conduct online interviews instead of face-to-face interviews. Therefore the researcher acknowledges that face-to-face

interviews might have been more beneficial for the observation of nonverbal communication and to engage participants in their natural environments.

6.9 SUMMARY

This chapter served as the final chapter of this research report. It provided some conclusions drawn based on the study and presented some recommendations for practice, training and future and further research. As indicated in this chapter, the research questions were fully answered by the study and through the data, enabling the researcher to achieve the research goal and objectives. Furthermore the research methodology was found to be appropriate, since it allowed the researcher to attain the research goal and objectives and fully answer the research questions. The researcher hopes that the recommendations made will support social workers in CYCCs to deal with challenging CAMH disorder cases and be the catalyst for change as well as the development of opportunities in this field.

REFERENCES

Adams, W.C. 2015. *Conducting semi-structured interviews, in Handbook of practical program evaluation.* New Jersey: John Wiley and Sons Incorporated, pp 492–505. https://www.researchgate.net/publication/301738442_Conducting_Semi-Structured_Interviews (Accessed on 29/12/202)1.

Akaranga, S.I. & Makau, B.K. 2016. Ethical considerations and their applications to research: a case of the University of Nairobi. *Journal of Educational Policy and Entrepreneurial Research* 3(12):1–9.

Akol, A., Engebretsen, I.M.S., Skylstad, V., Nalugya, J. & Ndeezi, G. 2015. Health managers' views on the status of national and decentralized health systems for child and adolescent mental health in Uganda: a qualitative study. *Child Adolescent Psychiatry Mental Health* 9(54):1–9. doi: 10.1186/s13034-015-0086-z

Alase, A. 2017. The interpretative phenomenological analysis: a guide to a good qualitative research approach. International Journal of Education & Literacy Studies 5(2):9–19. doi: 10.7575/aiac.ijels.v.5n.2p.9

Al-Saadi, H. 2014. *Demystifying ontology and epistemology in research methods*. https://www.researchgate.net/publication/260244813 (Accessed on 31/12/2021).

Ambrosino, R., Ambrosino, R., Heffernan, J. & Shuttlesworth, G. 2008. *Social work and social welfare: an introduction*. California: Thomson Higher Education. https://www.pdfdrive.com/social-work-and-social-welfare-an-introduction-e186486490.html (Accessed on 16/12/2021).

American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders*. https://www.pdfdrive.com/diagnostic-and-statistical-manual-of-mental-disorders-dsm-5-e157926175.html (Accessed on 16 December 2021).

American Psychiatric Association. 2020. *Dictionary of psychology*. https://dictionary.apa.org/ (Accessed on 17/12/2021).

American Psychiatric Association. 2020. *What is mental illness?* https://www.psychiatry.org/patients-families/what-is-mental-illness.(Accessed on 17/12/2021).

Anglin, J. 2001. Child and youth care: a unique profession. *CYC-online* (35). https://cyc-net.org/cyc-online/cycol-1201-anglin.html (Accessed on 26/12/2021).

Anney, V.N. 2014. Ensuring the quality of the findings of qualitative research: looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies* 5(2):272–281.

Astalin, P.K. 2013. Qualitative research designs: a conceptual framework. International *Journal of Social Science & Interdisciplinary Research* 2(1):118–124.

Atilola, O. 2014. Where lies the risk? An ecological approach to understanding child mental health risk and vulnerabilities in sub-Saharan Africa. *Psychiatry Journal* 2014(698348):1–11. doi: 10.1155/2014/698348

Babatunde, G.B., Janse van Rensburg, A., Bhana, A. & Peterson, I. 2020. Stakeholders' perceptions of child and adolescent mental health services in a South African district: a qualitative study. *International Journal of Mental Health Systems* 14(73), 1–12. doi: 10.1186/s13033-020-00406-2

Barford, S.W. & Whelton, W.J. 2010. Understanding burnout in child and youth care workers. *Child Youth Care Forum* 39:271–287. doi: 10.1007/s10566-010-9104-8

Barlow, J. 2014. Psychiatry and intervention in infancy and early childhood. In *Early Intervention in Psychiatry*, edited by Byrne, P. Rosen, A.:57–67 https://www.pdfdrive.com/early-intervention-in-psychiatry-ei-of-nearly-everything-for-better-mental-health-e175280729.html (Accessed on 19/12/2021).

Barry, M.M., Clarke, A.M., Jenkins, R. & Patel, V. 2013. A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries. *BMC Public Health* 13(835):1–19. https://doi.org/10.1186/1471-2458-13-835

Bhana, A, McKay, MM, Mellins, C, Petersen, I & Bell, C. 2010. Family-based HIV prevention and intervention services for youth living in poverty-affected contexts: the CHAMP model of collaborative, evidence-informed programme development. *Journal of the International AIDS Society* 13(2):1–8. doi: 10.1186/1758-2652-13-S2-S8

Bhattacherjee, A. 2012. *Social science research: principles, methods, and practices*. http://scholarcommons.usf.edu/oa_textbooks/3 (Accessed on 29/12/2021).

Bird, P., Omar, M., Doku, V., Lund, C., Nsereko, J.R., Mwanza, J. & the MHaPP Research Programme Consortium. 2010. Increasing the priority of mental health in Africa: findings from qualitative research in Ghana, South Africa, Uganda and Zambia. *Health Policy and Planning* 26:357–365. doi:10.1093/heapol/czq078

Bland, R., Drake, G. & Drayton, J. 2021. *Social work practice in mental health: an introduction.* https://www.taylorfrancis.com/books/mono/10.4324/9781003148913/social-work-practice-mental-health-robert-bland-gabrielle-drake-john-drayton (Accessed on 19/12/2021).

Bronfenbrenner, U. 1979. *The ecology of human development*. London: Harvard University Press. Available from: https://khoerulanwarbk.files.wordpress.com/2015/08/urie_bronfenbrenner_the_ecology_of_human_developbokos-z1.pdf

Bruns, E.J., Walker, J.S., Bernstein, A., Daleiden, E., Pullmann, M.D. & Chorpita, B.F. 2014. Family voice with informed choice: coordinating wraparound with research-based treatment for children and adolescents. *Journal of Clinical Child and Adolescent Psychology* 43(2):256–269. doi: 10.1080/15374416.2013.859081

Budlender, D. & Proudlock, P. 2013. Are children's rights prioritised at a time of budget cuts? Assessing the adequacy of the 2013/14 social development budgets for funding of Children's Act services. https://static.pmg.org.za/130813childrensinstitute.pdf (Accessed on 18/12/2021).

Burns, J.K. 2011. The mental health gap in South Africa – a human rights issue. *The Equal Rights Review* 6:99–113. https://www.researchgate.net/publication/249315140_The_mental_health_gap_in_South_Africa_a_human_rights_issue (Accessed on 19/12/2021).

Burns, N. & Grove, S.K. 2014. *Understanding nursing research: building an evidence-based practice.* [E-book]. https://books.google.com.vn/books?hl=en&lr=&id=Y9T3QseoHiYC&oi=fnd&pg=PP1&dq=Grove+SK,+Gray+JR,+Burns+N+(2014)+Understanding+Nursing+Research:+Building+An+Evidence-Based+Practice.+Sixth+edition.+Elsevier+Saunders,+St+Louis+MO.&ots=_r2eV6Eb3M&sig=4JAEJ9gG3 (Accessed on 17/12/2021).

Cahill, O., Holt, S., Kirwan, G. 2016. Keyworking in residential child care: lessons from research. *Children and Youth Services Review* 65:216–223. https://doi.org/10.1016/j.childyouth.2016.04.014

Calitz, T., Roux, A. & Strydom, H. 2014. Factors that affect social workers' job satisfaction, stress and burnout. *Social Work/Maatskaplike Werk* 50(2):153-169. http://dx.doi.org/10.15270/50-2-393

Callaly, C. 2014. Early intervention for young people with mental illness. In *Early Intervention in Psychiatry*:68–78. Edited by Byrne, P. & Rosen, A. https://www.pdfdrive.com/early-intervention-in-psychiatry-ei-of-nearly-everything-for-better-mental-health-e175280729.html (Accessed on 19/12/2021).

Campbell, A., Taylor, B.J. & McGlade, A. 2018. Research design in social work: qualitative, quantitative & mixed methods. New York: SAGE.

City of Tshwane. c2015. *City of Tshwane Municipality*. http://www.tshwane.gov.za/sites/about_tshwane/Pages/About-Tshwane.aspx (Accessed on 29/12/2021).

Conners, C.K. 2021. *Conners' comprehensive behavior rating scales*. https://www.pearsonclinical.co.uk/store/ukassessments/en/Store/Professional-Assessments/Behavior/Attention-ADHD/Conners-Comprehensive-Behavior-Rating-Scales/p/P100009209.html (Accessed on 19/12/2021).

Cortina, M.A., Sodha, A., Fazel, M. & Ramchandani, P.G. 2012. Prevalence of child mental health problems in sub-Saharan Africa. *Arch Pediatr Adolesc Med* 166(3):276–281.

Courtney, D., Watson, P., Battaglia, M., Mulsant, B.H. & Szatmari, P. 2020. COVID-19 impacts on child and youth anxiety and depression: challenges and opportunities. *The Canadian Journal of Psychiatry* 65(10):688–691. doi: 10.1177/0706743720935646

Cropley, A.J. 2015. *Introduction to qualitative research methods*. https://www.researchgate.net/publication/285471178_Introduction_to_Qualitative_Research_Methods (Accessed on 29/12/2021).

Darling, N. 2007. Ecological systems theory: the person in the center of the circles. *Research in Human Development* 4(3–4):2013–217.

Davids, E.L., Tucker, L.A., Wambua, G.N., Fewster, D.L., Schlebusch, L., Karrim, S.B.S., Attia, M., Nyoni, J., Bayouh, F.G., Kuteesa, H., Brahim, T., Hoogenhout, M., Kahloul, R.B.M., Jearey-Graham, N., Gobie, H.B. & Nalugya, J.S. 2019. Child and adolescent mental health in Africa: a qualitative analysis of the perspectives of emerging mental health clinicians and researchers using an online platform. *Journal of Child and Adolescent Mental Health* 31(2):93–107. doi: 10.2989/17280583.2019.1659145

Deakin, H. & Wakefield, K. 2014. Skype interviewing: reflections of two PhD researchers. *Qualitative research* 14(5):603–616. doi: 10.1177/1468794113488126

DeCarlo, M. 2018. *Scientific inquiry in social work.* [E-book]. https://open.umn.edu/opentextbooks/textbooks/scientific-inquiry-in-social-work (Accessed on 26/12/2021).

Delost, M.E. & Nadder, T.S. 2014. Guidelines for initiating a research agenda: research design and dissemination of results. *American Society for Clinical Laboratory Science* 27(4):237–244. https://doi.org/10.29074/ascls.27.4.237

Department of Health. 2013a. *National Mental Health Policy Framework and strategic plan 2013 – 2020*. https://health-e.org.za/wp-content/uploads/2014/10/National-Mental-Health-Policy-Framework-and-Strategic-Plan-2013-2020.pdf (Accessed on 19/12/2021).

Department of Health. 2013b. *Policy guidelines for child and adolescent mental health*. https://www.gov.za/documents/policy-guidelines-child-and-adolescent-mental-health (Accessed on 17/12/2021).

Doel, M., Allmark, P., Conway, P., Cowburn, M., Flynn, M., Nelson, P. & Tod, H. 2009. Professional boundaries: crossing a line or entering the shadows? *British Journal of Social Work* 40(6): 1–24. doi: 10.1093/bjsw/bcp106

Doody, O. & Bailey, M.E. 2016. Setting a research question, aim and objective. *Nurse Researcher* 23(4):19–23. doi: 10.7748/nr.23.4.19.s5

Dudovskiy, J. 2018. *Research methodology*. [E-book]. https://research-methodology.net/ (Accessed on 30/03/2022).

Engelbrecht, L.K., Strydom M. 2013. *Social work in South Africa: context, concepts and some critical reflections*. https://core.ac.uk/download/pdf/41179579.pdf (Accessed on 19/12/2021).

Errol, M., Simsek, Z., Munir, K. 2010. Mental health of adolescents reared in institutional care in Turkey: challenges and hope in the twenty-first century. *Eur Child Adolesc Psychiatry* 19(2):113–124. doi:10.1007/s00787-009-0047-2

Erskine, H.E., Baxter, A.J., Patton, G., Moffitt, T.E., Patel, V., Whiteford, H.A. & Scott, J.G. 2017. The global coverage of prevalence data for mental disorders in children and adolescents. *Epidemiology and Psychiatric Sciences* 26:395–402. doi:10.1017/S2045796015001158

Faulkner, S.S. & Faulkner, C.A. 2013. *Research methods for social workers: a practice-based approach.* https://books.google.com.vn/books?hl=en&lr=&id=ch5pDwAAQBAJ&oi=fnd&pg=PP1&dq=Research+Methods+for+Social+Workers+:+A+Practice-Based+Approach&ots=iwII7zfCu9&sig=X4mXvdWynmyKm7E2fV2VSyTJPj0&redir_esc=y#v=onepage&q=Research%20Methods%20for%20Social%20Workers%20%3A%20A%20Practice-Based%20Approach&f=false (Accessed on 29/12/2021).

Fegert, J.M., Vitiello, B., Plener, P.L. & Clemens, V. 2020. Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child Adolesc Psychiatry Ment Health* 14(20):1-11. doi: 10.1186/s13034-020-00329-3

Flisher, A.J., Dawes, A., Kafaar, Z., Lund, C., Sorsdahl, K., Myers, B., Thom, R. & Seedat, S. 2012. Child and adolescent mental health in South Africa. *Journal of Child & Adolescent Mental Health* 24(2):149-161. doi: 10.2989/17280583.2012.735505

Forness, S.R., Freeman, S.F.N., Paparella, T., Kauffman, J.M. & Walker, H.M. 2011. Special education implications of point and cumulative prevalence for children with emotional or behavioral disorders. *Journal of Emotional and Behavioral Disorders* 20(1):4–18. doi: 10.1177/1063426611401624

Fouka, G. & Mantzorou, M. 2011. What are the major ethical issues in conducting research? Is there a conflict between the research ethics and the nature of nursing. *Health Science Journal* 5(1):3–14.

Fraser, J., Fahlman, D., Arscott., J & Guillot, I. 2018. Pilot testing for feasibility in a study of student retention and attrition in online undergraduate programs. *International Review of Research in Open Distance Learning* 19(1):260–278.

Fryers, T. & Brugha, T. 2013. Childhood determinants of adult psychiatric disorder. *Clinical Practice & Epidemiology in Mental Health* 9:1–50. doi: 10.2174/1745017901309010001

Fung, M.P., Fox, R.A .& Harris, S.E. 2014. Treatment outcomes for at-risk young children with behavior problems: toward a new definition of success. *Journal of Social Service Research* 40(5):623–641. doi: 10.1080/01488376.2014.915283

Fusch P.I. & Ness, L.R. 2015. Are we there yet? Data saturation in qualitative research. *The qualitative Report* 20(9):1408–1416.

Golightley, M. 2008. *Social Work and Mental Health*. https://www.pdfdrive.com/social-work-and-mental-health-third-edition-transforming-social-work-practice-e157129057.html (Accessed on 19/12/2021)

Grinnell, R.M.J. & Unrau, Y.A. 2018. *Social work research and evaluation*. https://global.oup.com/academic/product/social-work-research-and-evaluation-9780190859022?cc=vn&lang=en& (Accessed on 29/12/2021).

Grossoehme, D.H. 2014. Overview of qualitative research. *Journal of Health Care Chaplaincy* 20(3):109–122. doi: 10.1080/08854726.2014.925660

Hayes, N., O'Toole, L. & Halpenny, M. 2017. *Introducing Bronfenbrenner: a guide for practitioners and students in early years education*. https://www.pdfdrive.com/introducing-bronfenbrenner-a-guide-for-practitioners-and-students-in-early-years-education-e167599419.html (Accessed on 19/12/2021).

Heckler, H., Taute, C.E., Kruger, G.H.J., De Wet, D., Calitz, F.J.W., Van der Merwe, L.M. & Raubenheimer, J.E. 2012. Profile of stress factors associated with mental disorders in children and adolescents referred for evaluation and treatment to the Free State Psychiatric Complex, 2007. *South African Journal of Psychiatry* 18(2):61–67. https://www.ajol.info/index.php/sajpsyc/article/view/82272

Heller, N.R. & Gitterman, A. (ed.). 2011. *Mental health and social problems a social work perspective*. https://www.pdfdrive.com/mental-health-and-social-problems-a-social-work-perspective-e169557284.html (Accessed on 19/12/2021).

Hennink, M., Hutter, I .& Bailey, A. 2011. *Qualitative research methods*. https://books.google.com/books?hl=en&lr=&id=_InCDwAAQBAJ&oi=fnd&pg=PP1&dq=qualitative+research+methods+hennink+2011&ots=3tgRnTq-gC&sig=C-zdepy1bJ1MNtAyiZ2HayDa3tA (Accessed on 29/12/2021).

Hermenau, K., Hecker, T., Rufl, M., Schauer, E., Elbert, T. & Schauer, M. 2011. Childhood adversity, mental ill-health and aggressive behavior in an African orphanage: changes in response to trauma-focused therapy and the implementation of a new instructional system. *Child & Adolescent Psychiatry & Mental Health* 5(29):1–9. doi: 10.1186/1753-2000-5-29

Heyns, Y. & Roestenburg, W. 2017. The ECO-MACH framework and protocol for managing children with mental health issues in alternative care facilities. *Child Abuse Research: A South African Journal* 18(1):21–37.

Hsiao, C., Fry, D., Ward, C.L., Ganz, G., Casey, T., Zheng, X., & Fang, X. 2018. Violence against children in South Africa: the cost of inaction to society and the economy. *BMJ Global Health* 3(1):1–7. doi: 10.1136/bmjgh-2017-000573

Hunt, X., Skeen, S., Honikman, S., Bantjes, J., Mabaso, K.M., Docrat, S. & Tomlinson, S. 2019. Maternal child and adolescent mental health: an ecological perspective. In ShungKing, M., Lake, L., Sanders, D. & Hendricks, M. (ed.). *South African Child Gauge*. Available from http://www.ci.uct.ac.za/sites/default/files/image_tool/images/367/Child_Gauge/South_African_Child_Gauge_2019/ChildGauge_2019_final_print%20%28sm%29.pdf

International Federation of Social Workers. c2021: G*lobal definition of social work*. https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/ (Accessed on 16/12/2021).

Jackson, E. 2013. Choosing a methodology: philosophical underpinning. *Practitioner Research in Higher Education*, 7(1):49–62. (Accessed on 31/12/2021).

Jairam, R. & Walter, G. 2014. Early intervention in childhood disorders. In *Early Intervention in Psychiatry*, 218–233. Edited by Byrne, P & Rosen, A. https://www.pdfdrive.com/early-intervention-in-psychiatry-ei-of-nearly-everything-for-better-mental-health-e175280729.html (Accessed on 19/12/2021).

Jakaranda Children's Home. 2020. *About Jakaranda Children's Home*. https://jacarandachildren.co.za/about/ (Accessed on 17/12/2021).

Jamieson, L. 2013. *Children's Act guide for child and youth care workers*. Children's Institute: University of Cape Town. https://www.saferspaces.org.za/resources/entry/childrens-act-guide-for-child-youthcareworkers (Accessed on 17/12/2021).

Jamieson, L. 2014. Children's rights to appropriate alternative care when removed from the family environment: a review of South Africa's child and youth care centres. In *South Africa's progress in realising children's rights: A law review*, pp 213–251, edited by Proudlock, P. https://www.saferspaces.org.za/resources/entry/south-africas-progress-inrealising-childrens-rights-a-law-review (Accessed on 19/12/2021).

Johnson, D., Scheitle, C.P. & Eckland, E.H. 2019. Beyond the in-person interview? How interview quality varies across in-person, telephone and skype interviews. *Social Science Computer review* 1–7. doi: 10.1177/0894439319893612

Kabir, S.M.S. 2016. *Basic guidelines for research*. https://www.researchgate.net/publication/325847015_PROBLEM_FORMULATION_AND_OBJECTIVE_DETERMINATION (Accessed on 17/12/2021).

Kakuma, R., Kleintjies, S., Lund, C., Drew, N., Green, A., Flisher, A.J., & MHaPP Research Programme Consortium. 2010. Mental health stigma: what is being done to raise awareness and reduce stigma in South Africa? *African Journal of Psychiatry* 13:116–124. http://dx.doi.org/10.4314/ajpsy.v13i2.54357

Karban, K. 2017. Developing a health inequalities approach for mental health social work. *The British Journal of Social Work* 47(3):885–992. http://hdl.handle.net/10454/8750 (Accessed on 19/12/2021).

Kerker, B.D., Zhang, J., Nadeem, E., Stein, R.E.K., Hulburt, M.S., Heneghan, A., Landsverk, J. and McCue Horwitz, S. 2015. Adverse childhood experiences and mental health, chronic medical conditions, and development in young children. *Acad Pediatr*. 15(5):510–517. doi: 10.1016/j.acap.2015.05.005

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., Rohde, L.A., Srinath, S., Ulkuer, N. & Rahman, A. 2011. Child and adolescent mental health worldwide: evidence for action. *The Lancet* 378:1515–1525. doi: 10.1016/S01406736(11)60827-1

Kielmann, K., Cataldo, F. & Seeley, J. 2012. *Introduction to qualitative research methodology: a training manual*. United Kingdom: Department for International Development.

King, N. & Horrocks, C. 2010. *Interviews in qualitative research*. London: SAGE.

Kleintjies, S., Lund., C., Flischer, A.J, MHaPP Research Programme Consortium. 2010. A situational analysis of child and adolescent mental health services in Ghana, Uganda, South Africa and Zambia. *African Journal of Psychiatry* 13:132–139. http://dx.doi.org/10.4314/ajpsy.v13i2.54360

Kumar, M., Bhat, A., Unutzer, J. & Saxena, S. 2021. Editorial: strengthening child and adolescent mental health (CAMH) services and systems in lower- and middle-income countries. *Frontiers in Psychiatry* 12(645073):1–3. doi: 10.3389/fpsyt.2021.645073

Kumar, R. 2011. *Research methodology: a step-by-step guide for beginners*. http://www.sociology.kpi.ua/wp-content/uploads/2014/06/Ranjit_Kumar-Research_Methodology_A_Step-by-Step_G.pdf (Accessed on 29/12/2021).

Langer, C.L. & Lietz, C.A. 2015. *Applying theory to generalist social work practice*. https://www.pdfdrive.com/applying-theory-to-generalist-social-work-practice-e187079425.html (Accessed on 19/12/2021).

Lekganyane, M.R. & Alpaslan A.H. 2019. Suggestions by home-based caregivers caring for people living with HIV and AIDS on how social workers could support them in managing their work-related challenges. *Social Work/Maatskaplike Werk* 55(2):140–157.

Lindorff, M. 2010. Ethics, ethical human research and human research ethics committees. *Australian Universities' Review* 52(1):51–59.

Lo lacono, V., Symonds, P. & Brown, D.H.K. 2016. Skype as a tool for qualitative research interviews. *Sociological Research Online* 21/2:1–25.

Luke, N., Sinclair, I., Woolgar, M. & Sebba, J. 2014. *What works in preventing and treating poor mental health in looked-after children?* https://www.mhinnovation.net/sites/default/files/downloads/resource/What%20works%20in%20preventing%20treating%20mental%20health%20looked%20after%20children%20report.pdf (Accessed on 19/12/2021).

Maguire, M. & Delahunt, B. 2017. Doing a thematic analysis: a practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Teaching and Learning in Higher Education* 3:3351–3514.

Mauldin, R.L. 2020. *Foundations of social work research*. https://open.umn.edu/opentextbooks/textbooks/foundations-of-social-work-research (Accessed on 29/12/2021).

Maxwell, J.A. 2012. *Qualitative research design: an interactive approach*. https://www.researchgate.net/publication/43220402_Qualitative_Research_Design_An_Interactive_Approach_JA_Maxwell (Accessed on 29/12/2021).

McFadden, P., Cambell, A. & Taylor, B. 2014. Resilience and burnout in child protection social work: individual and organisational themes from a systematic literature review. *British Journal of Social Work* 45(5):1–18. doi: 10.1093/bjsw/bct210

Meier, M.B. 2017. An analysis of adolescent mental health according to the social work competencies identified in the council on social work education. *International Social Science Review* 93(2):1–38.

Mejia, A., Calam, R. & Sanders, M.R. 2012. A review of parenting programs in developing countries: opportunities and challenges for preventing emotional and behavioral difficulties in children. *Clinical Child and Family Psychology Review*15:163–175. doi: 10.1007/s10567-012-0116-9

Merriam, S.B. & Tisdell, E.J. 2016. *Qualitative research: a guide to design and implementation*. California: Jossey-Bass.

Miley, K.K., O'Melia, M.W. & DuBois, B.L. 2013. *Generalist social work practice: an empowering approach*. https://www.pdfdrive.com/general-social-work-practice-an-empowering-approach-e176357434.html (Accessed on 16/12/2021).

Mishra, S.B. & Alok, S. 2017. *Handbook of research methodology*. https://www.researchgate.net/publication/319207471_HANDBOOK_OF_RESEARCH_METHODOLOGY (Accessed on 29/12/2021).

Mohajan, H.K. 2018. Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People* 7(1):23–48.

https://mpra.ub.uni-muenchen.de/85654/1/MPRA_paper_85654.pdf (Accessed on 29/12/2021).

Mokitimi, M., Jonas, K., Schneider, M .& De Vries, P.J. 2019. Child and adolescent mental health services in South Africa – Senior stakeholder perceptions of strengths, weaknesses, opportunities and threats in the Western Cape province. *Frontiers in Psychiatr*y 10(841):1–13. doi: 10.3389/fpsyt.2019.00841

Mokitimi, S., Schneider, M. & De Vries, P.J. 2018. Child and adolescent mental health policy in South Africa: history, current policy development and implementation, and policy analysis. *International Journal of Mental Health Systems* 12(1):1–15. doi: 10.1186/s13033018-0213-3

Molepo, L., Delport, C.S.L. 2015. Professional challenges experienced by child and youth care workers in South Africa. *Children and Youth Services Review* 56:149–160. https://doi.org/10.1016/j.childyouth.2015.07.006

Morris, E. & Burkett, K. 2011. Mixed methodologies: a new research paradigm or enhanced quantitative paradigm. *The Online Journal of Cultural Competence in Nursing and Healthcare* 1(1):27–36.

Morse, J.M. 2012. Introducing the first global congress for qualitative health research: what are we? What will we do and why? *Qualitative Health Research* 22(2):147–56. doi: 10.1177/1049732311422707

Morse, J.M. 2015. Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research* 25(9):1212–1222. doi: 10.1177/1049732315588501

Neaton, K.J. 2015. *Debriefing in psychology research: evidence of a malleable ethics principle*, MA(Psych) dissertation, Wesleyan University, Connecticut, USA.

Neubauer, B.E, Witkop, C.T & Varpio, L. 2019. How phenomenology can help learn from the experiences of others. *Perspectives on Medical Education* 8(1):90–97.

Newell, R. & Burnard, P. 2011. *Research for evidence-based practice in healthcare*. New Jersey: Willey-Blackwell.

Omigbodun, O.O. & Belfer, M.L. 2016. Building research capacity for child and adolescent mental health in Africa. *Child and Adolescent Psychiatry and Mental Health* 10(1):1–3. doi: 10.1186/s13034-016-0119-2

Onwuegbuzie, A.J., Collins, K.M.T. & Frels, R.K. 2013. Foreword: using Bronfenbrenner's ecological systems theory to frame quantitative, qualitative, and mixed research. *International Journal of Multiple Research Approaches* 7(1):2–8. doi: 10.5172/mra.2013.7.1.2

Ormston, R., Spencer, L., Barnard, M., & Snape, D. 2014. The foundations of qualitative research. In J. Ritchie, J. Lewis, C., McNaughton Nicholls. C & Ormston, R. (eds.),

Qualitative Research Practice: A Guide for Social Science Students and Researchers. Los Angeles: SAGE.

Parahoo, K. 2014. *Nursing research: principles, process and issues*. New York: Macmillan International Higher Education.

Patel, L. & Hochfeld, T. 2013. Developmental social work in South Africa: translating policy into practice. *International Social Work* 56(5):690–704. doi: 10.1177/0020872812444481

Pathak, A. & Intratat C. 2016. Use of semi-structured interviews to investigate teacher perceptions of student collaboration. *Malaysian Journal of ELT Research* 8(1):1-10.

Petersen, I., Bhana, A., Lund, C. and Herman, H. 2014. Primary prevention of mental disorders. In *Early Intervention in Psychiatry*. https://www.pdfdrive.com/early-intervention-in-psychiatry-ei-of-nearly-everything-for-better-mental-health-e175280729.html (Accessed on 16/12/2021).

Petersen, I., Bhana, A., Swartz, L. 2012. Mental health promotion and the prevention of mental disorders in South Africa. *African Journal of Psychiatry* 15:411–416. http://dx.doi.org/10.4314/ajpsy.v15i6.50

Phelan, J. 2008. The profession called Child and Youth Care Work. *CYC-Online* (109). https://cyc-net.org/cyc-online/cycol-0308-phelanguest.html (Accessed on 19/12/2021).

Qutoshi, S.B. 2018. Phenomenology: a philosophy and method of inquiry. *Journal of Educational Development* 5(1):215–222.

Raghavan, R., Inoue, M., Ettner, S.L., Hamilton, B.H., Landsverk, J. 2010. A preliminary analysis of the receipt of mental health services consistent with national standards among children in the child welfare system. *American Journal of Public Health* 100(4):742–749. https://dx.doi.org/10.2105%2FAJPH.2008.151472

Raj, V., Raykar, V., Robinson, A.M. & Islam, M.D.R. 2021. Child and adolescent mental health training programs for non-specialist mental health professionals in low and middle income countries: a scoping review of literature. *Community Mental Health Journal* 58:1–12. doi: 10.1007/s10597-021-00805-w

Republic of South Africa. 1978. *Social Service Professions Act 110 of 1978*. Pretoria: Government Printer.

Republic of South Africa. 2005. *Children's Act 38 of 2005*. Pretoria: Government Printer.

Reyneke, R.P. 2015. Restoring our children: why a restorative approach is needed to discipline South African children. *Perspectives in Education* 33(1):57–72.

Robertson, B., Omigbodun, O. & Gaddour, N. 2010. Child and adolescent psychiatry in Africa: luxury or necessity? *African Journal of Psychiatry* 13(5):329–331. Available from: https://journals.co.za/content/medjda2/13/5/EJC72854

Roller, M.R. & Lavrakas, P.J. 2015. Applied qualitative research design: a total quality framework approach. New York: The Guilford Press.

Salmons, J. 2012. *Cases in online interview research*. https://www.betterevaluation.org/sites/default/files/43888_1.pdf (Accessed on 06/01/2022).

Sankoh, O., Sevalie, S. & Weston, M. 2018. Mental Health in Africa. *The Lancet* 6:e954-e955.

Sawyer, M.G., Carbone, J.A., Searle, A.K. & Robinson, P. 2007. The mental health wellbeing of children and adolescents in home-based foster care. *Medical Journal of Australia* 186(4):181–184.

Scarpa, A. & Wilson, L. 2012. *Childhood mental disorders. Encyclopedia of Human Behavior*. 2nd ed. doi: 10.1016/B978-0-12-375000-6.00088-4

Shahnazarian, D., Hageman, J., Aburto M. & Rose, F. [n.d.]. *Informed consent in human subject research*. https://docplayer.net/17149216-Informed-consent-in-human-subjects-research.html (Accessed on 29/12/2021).

Shonkoff, J.P. & Garner, A.S. 2012. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics* 129(1):232-246. doi: 10.1542/peds.2011-2663

Spiers, J., Morse, J.M., Olson, K., Mayan, M. & Barrett, M. 2018. Reflection/commentary on a past article: "Verification strategies for establishing reliability and validity in qualitative research". *International Journal of Qualitative Methods* 17(1):1–2. doi: 10.1177/1609406918788237

Statistics South Africa. 2013. *Social profile of South Africa, 2002–2012*. https://www.statssa.gov.za/publications/Report-03-19-00/Report-03-19-002012.pdf (Accessed on 17/12/2021).

Steinberg, D.M. 2015. *The social work student's research handbook*. London: Routledge. doi: 10.4324/9781315730622

Sudheesh, K., Duggappa, D. & Nethra, S. 2016. How to write a research proposal. *Indian Journal of Anaesthesia* 60(9):631–634. doi: 10.4103/0019-5049.190617

Sullivan, J.R. 2012. Skype: an appropriate method of data collection for qualitative interviews? *The Hilltop Review* 6(1):54–60.

Suppes, M.A. & Wells, CC. 2012. The social work experience: an introduction to social work and social welfare. London: Pearson.

Suppes, M.A. & Wells, C.C. 2013. *The social work experience: an introduction to social work and social welfare*. London: Pearson. https://www.pdfdrive.com/the-social-work-experience-an-introduction-to-social-work-and-social-welfare-e158105060.html (Accessed on 19/12/2021).

Surmiak, A. 2018. Confidentiality in qualitative research involving vulnerable participants: researchers' perspectives. *Forum Qualitative Social Research* 19(3), [n.p.]. doi: 10.17169/fqs-19.3.3099

Sutton, J. & Austin, Z. 2015. Qualitative research: Data collection, analysis, and management. *Canadian Journal of Hospital Pharmacy* 68(3):226–231. doi: 10.4212/cjhp.v68i3.1456

Swanzen, R. 2011. The co-existence of the social work and child and youth care professions. In International Social Work, *A Supplement of Social Work Review* 332–353. Edited by Buzducea, D, Rujoiu, V, Lazar, F, Szabo, A & Ene, T. https://www.researchgate.net/profile/Kevin-Haines-2/publication/261857898_Protection_Prevention_and_Promotion_The_Restricted_Evolution_of_the_Protective_Factor_in_Criminological_Research/links/5cab5897299bf118c4bad72c/Protection-Prevention-and-Promotion-The-Restricted-Evolution-of-the-Protective-Factor-in-Criminological-Research.pdf (Accessed on 19/12/2021).

Tana, V.V. 2013. *Experiences of chronic patients about long waiting time at a community health care centre in the Western Cape*, MA(SW) dissertation, University of Stellenbosch, Stellenbosch. https://core.ac.uk/download/pdf/37411434.pdf (Accessed on 18/12/2021).

Tarren-Sweeney, M. & Vetere, A. (ed.) 2013. *Mental health services for vulnerable children and young people: supporting children who are, or have been, in foster care*. http://ebookcentral.proquest.com/lib/unisa1-ebooks/detail.action?docID=1386409. (Accessed on 17/12/2021).

Teska, J. 2017. *Foster care, Mental health of children in*. https://www.ebscohost.com/assets-sample-content/SWRC_Mental_Health_of_Children_in_Foster_Care_QL.pdf (Accessed on 25/12/2022).

Thomson, S.B. 2013. Overcoming consent form obstacles in qualitative research. *JOAAG* 8(1): 52–60. https://roam.macewan.ca/islandora/object/gm%3A1187/datastream/OBJ/view (Accessed on 29/12/2021).

Tull, M. 2021. *Grounding techniques for post-traumatic stress disorder*. https://www.verywellmind.com/grounding-techniques-for-ptsd-2797300#citation-1 (Accessed on 21/12/2021).

Tully, M.P. 2014. Research: articulating questions, generating hypotheses, and choosing study designs. *Canadian Journal of Hospital Pharmacy* 67(1):31–34. doi: 10.4212/cjhp.v67i1.1320

Turner, D. 2010. Qualitative interview design: a practical guide for novice investigators. *The Qualitative Report* 15(3): 754-760. https://nsuworks.nova.edu/tqr/vol15/iss3/19/ (Accessed on 29/12/2021).

UNICEF. 2013. *Tackling Structural and Social Issues to Reduce Inequities in Children's Outcomes in Low-to Middle-income Countries*. https://www.unicef-irc.org/publications/pdf/marmot_layout5.pdf (Accessed on 16/12/2021).

UNICEF. 2014. *Generation 2030 Africa*. Available from: https://data.unicef.org/resources/generation-2030-africa-2-0/

UNICEF. 2021. Ensuring mental health and well-being in an adolescent's formative years can foster a better transition from childhood to adulthood. https://data.unicef.org/topic/child-health/mental-health/ (Accessed on 16/12/2021).

UNICEF & WHO. 2019. *Increase in child and adolescent mental disorders spurs new push for action by UNICEF and WHO. 2019*. https://www.unicef.org/press-releases/increase-child-and-adolescent-mental-disorders-spurs-new-push-action-unicef-and-who (Accessed on 17/12/2021).

Vainio, A. 2013. Beyond research ethics: anonymity as "ontology", "analysis" and "independence". *Qualitative Research* 13(6):685–698. doi: 10.1177/1468794112459669

Van der Walt, G. 2018. Alternative care in South Africa. *Obiter* 39(3):615–651.

Van IJzendoorn, M.H., Palacios, J., Sonuga-Barke, E.J.S., Gunnar, M.R., Vorria, P., McCall, R.B., LeMare, L., Bakermans-Kranenburg, M.J., Dobrova-Krol, N.A. & Juffer, F. 2011. Children in institutional care: delayed development and resilience. *Monogr Soc Res Child Dev* 76(4):8–30. doi:10.1111/j.1540-5834.2011.00626.x

Vostanis, P. 2017. Editorial: global child mental health – emerging challenges and opportunities. *Child and Adolescent Mental Health* 22(4):177–178. doi: 10.1111/camh.12246

Wahyuni, D. 2012. The research design maze: understanding paradigms, cases, methods and methodologies. *Journal of Applied Management Accounting Research* 10(1):69–80.

Walker, S. 2003. Social work and child and mental health: psychosocial principles in community practice. *British Journal of Social Work* 2003(33):673-687.

Ward, C., Artz, L., Burton, P. & Leoschut, L. 2015. *The optimus study on child abuse, violence and neglect in South Africa*. https://resourcecentre.savethechildren.net/library/research-bulletin-optimus-study-child-abuse-violence-and-neglect-south-africa (Accessed on 19/12/2021).

World Health Organization. 2005. *Child and adolescent mental health policies and plans*. https://www.who.int/mental_health/policy/Childado_mh_module.pdf (Accessed on 16/12/2021).

World Health Organization. 2013. *Mental health action plan 2013–2020*. http://www.who.int/entity/mental_health/publications/action_plan/en/index.html (Accessed on 16/12/2021).

World Health Organization. 2014. *Social determinants of mental health*. https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf (Accessed on 16/12/2021).

World Health Organization. 2018. *Adolescents: health risks and solutions*. https://www.who.int/en/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions (Accessed on 17/12/2021).

World Health Organization. 2021. *Mental health: strengthening our response*. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response (Accessed on 16/12/2021).

Wilmshurst, L. 2014. Essentials of child and adolescent psychopathology. New Jersey: Wiley.

Yoshikawa, H., Aber, J.L. & Beardslee, W.R. 2012. The effects of poverty on the mental, emotional, and behavioral health of children and youth. *American Psychologist* 67(4):272–284. doi: 10.1037/a0028015

Zastrow, C. 2017. Introduction to Social Work and Social welfare: empowering people. UK: Cengage.

Zhou, W., Ouyang, F., Nergui, O.E., Bangura, J.B., Acheampong, K., Massey, I.Y. & Xiao, S. 2020. Child and adolescent mental health policy in low- and middle income countries: challenges and lessons for policy development and implementation. *Frontiers in Psychiatry* 11(150):1–8. doi: 10.3389/fpsyt.2020.00150

ADDENDUMS

ADDENDUM A: CONFIDENTIALITY AGREEMENT

*Please initial on the line provided after each section.

I, _____ (participant name), confirm the researcher explained confidentiality in this research. The researcher clarified that the participant's identity and information conveyed during interviews remain strictly confidential and anonymous. Each subject's real name will be changed to a pseudonym or case number when reporting data by the researcher or when the data is being quality assured by an independent coder. _____

I have read (or had explained to me) and understood the study as explained in the information sheet. _____

I have had sufficient opportunity to ask questions and am prepared to participate in the study. _____

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable). _____

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified. _____

I'm aware that participants are not allowed to record interviews themselves. _____

I agree to the recording of the semi-structured online interviews via the Zoom platform. _____

I have received a signed copy of the confidentiality agreement. _____

Participant Name & Surname…… (please print)

Participant Signature……. Date……

Researcher's Name & Surname…… (please print)

Researcher's Signature……Date…….

ADDENDUM B: CONSENT FORM

CONSENT TO PARTICIPATE IN THIS STUDY

*Please initial on the line provided after each section.

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation. _____

I have read (or had explained to me) and understood the study as explained in the information sheet. _____

I have had sufficient opportunity to ask questions and am prepared to participate in the study. _____

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable). _____

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified. _____

I agree to the recording of the online interview through the Zoom platform. _____

I have received a signed copy of the informed consent agreement. _____

Participant's Name & Surname…… (Please print)

Participant's Signature…… Date……

Researcher's Name & Surname…… (please print)

Researcher's signature……. Date……

ADDENDUM C: INTERVIEW QUESTIONS

The biographical questions

- What is your gender?
- What is your age?
- What qualifications do you have?
- When did you qualify as a social worker?
- Which areas of social work do you have experience in?
- Was CAMH part of your career prior to working at the CYCC?
- How long have you been working with CAMH in CYCCs?
- What are your roles or duties as a CYCC social worker?
- What is the size of your caseload?
- Are you supervising any subordinates?
- If so, how many?

The main research questions

- Can you please share with me your views on the general challenges associated with the field of CAMH?
- What challenges do you experience in the course of your work as a social worker who renders services to children and adolescents with mental health disorders in CYCCs?

- What challenges do you experience in more severe or complex cases (such as CD and ODD)?
- What type of resources are available to assist you in CAMH?
- What strategies do you adopt in managing these challenges?
- What type of support do you need to manage these challenges?
- What in your opinion would be the best strategy to address the challenges confronting social workers who render services to children and adolescents with mental health disorders in CYCCs?

ADDENDUM D: DATA AGREEMENT

Prospective participant,

Regarding the use of your internet data for communication related to this study, please note that the undersigned researcher will provide data to you so that no costs are incurred for any persons participating in this study.

For my own planning, I would like to ask that you provide me with the relevant information regarding your service provider and data package so that I can purchase the data.

Data will be sent to you before the commencement of each online communication, for example: the information session and interview(s).

Please be advised that all data provided is only intended for use in this study.

If you agree with the above mentioned, please sign below.

Thank you in advance for your cooperation.

Sincerely

CL Jacobs

Candice Jacobs

Participant signature…….Date ……..

ADDENDUM E: DEBRIEFER'S INFORMATION

Prospective participant,

Basically, the process of the research project does not aim to have any negative consequences. If during the process of interviews, participants should experience discomfort or distress from the interview schedule questions, a debriefing service has already been arranged with a social worker. Her contact details are as follows:

Name:	Charlene Grobler
Occupation:	Registered Social Worker and CEO of Jacaranda & Louis Botha CYCCs
Contact number:	082 498 5824
Email address:	charlene@jacarandachildren.co.za

Sincerely

CL Jacobs

Candice Jacobs