STRATEGIES TO SUPPORT SCHOOL-GOING ADOLESCENTS LIVING WITH PARENTS DIAGNOSED WITH MENTAL DISORDERS

by

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

I further declare that I submitted the thesis 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.

SIGNATURE DATE: 19 JANUARY 2023

DEDICATION

I dedicate this work to:

My children Jimmy, Thandi, and Debora, and my grandchildren, Ebenezer, Orefile, Onalerena, Odirile, Oatile, and Mofenyi.

My brothers, sisters, and my late parents.

All school-going adolescents living with parents diagnosed with mental disorders and their parents diagnosed with mental disorders.

All teachers and principals who participated in this study.

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ABSTRACT

Parents diagnosed with mental disorders often find it difficult to support their children due to their diagnosis and symptoms. The study aimed to develop strategies to support school-going adolescents living with parents diagnosed with mental disorders.

The study was conducted at clinics and high schools in the Capricorn district in Limpopo province. A qualitative, grounded theory approach guided the study. Phase one sought to explore and describe the experiences of school-going adolescents living with parents diagnosed with mental disorders, the experiences of parents diagnosed with mental disorders, and the experiences of teachers as educators of these adolescents. Purposive sampling was used, and data were collected using semi-structured face-to-face interviews with 12 school-going adolescents, 12 parents diagnosed with mental disorders, and focus group discussions with 36 teachers as educators of these adolescents. A constant comparison method was used to analyse the data.

Three themes emerged. Theme one described difficulties related to support, namely matters that hamper the ability to provide support to school-going adolescents in the home environment; lack of professional support; lack of support from extended family members, friends, neighbours and community. There were, however, also positive aspects of support. Theme two focused on issues related to the school environment, namely poor school performance, poor class attendance, psychosocial issues and inclusive education concerns. In theme three, the way forward is discussed to

culminate in a better future for school-going adolescents living with parents diagnosed with mental disorders.

The outcome of the qualitative, grounded theory approach resulted in the researcher constructing a conceptual framework that uncovered the dynamics of support for school-going adolescents living with parents diagnosed with mental disorders.

Phase two of the study sought to develop and evaluate strategies to support school-going adolescents living with parents diagnosed with mental disorders.

Keywords: school-going adolescents, diagnose, mental disorders, parents, school, strategies, support

TABLE OF CONTENTS

DECLARATION i
DEDICATION ii
ACKNOWLEDGEMENTS iii
ABSTRACT iv

CHAPTER 1
ORIENTATION OF THE STUDY

1.1 INTRODUCTION 1
1.2 BACKGROUND TO THE RESEARCH PROBLEM 2
1.3 RESEARCH PROBLEM 4
1.4 PURPOSE OF THE STUDY 6
1.4.1 Research objectives 6
1.5 RESEARCH QUESTIONS 7
1.6 SIGNIFICANCE OF THE STUDY 8
1.7 THE SCOPE OF THE STUDY 8
1.8 DEFINITION OF TERMS 9
1.9 PHILOSOPHICAL ASSUMPTIONS 10
1.10 RESEARCH DESIGN AND METHODS 12
1.10.1 Research setting 12
1.10.2 Population and sampling 14
1.10.3 Data collection 14
1.10.4 Data analysis and management 14
1.10.5 Measures to ensure trustworthiness 15
1.11 ETHICAL CONSIDERATIONS 15
1.11.1 The principle of respect for persons 15
1.11.2 The principle of beneficence 16
1.11.3 The principle of justice 16
1.11.4 Informed consent 16
1.12 STRUCTURE OF THE THESIS 17
1.13 SUMMARY 19

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION 20
2.1.1 Purpose of literature review 20
2.2 ORGANISATION OF LITERATURE REVIEW.. 21
2.2.1 Constitution of the Republic of South Africa 1996.................................. 21
2.2.2 Policy Guidelines for Youth and Adolescent Health in South Africa 2001 23
2.2.3 Integrated School Health Policy in South Africa 2012.............................. 26
2.2.4 WHO Guidelines on School Health Services 2021 28
2.2.5 National Mental Health Policy Framework and Strategic Plan 2013-2020 in South Africa.. 29
2.2.6 The European Mental Health Action Plan 2013-2020.............................. 30
2.2.7 Policy on Screening, Identification, Assessment and Support 2014........ 31
2.2.8 Policy on Inclusive Education 2001... 32
2.3 INTERVENTIONS HIGHLIGHTED BY OTHER RESEARCHERS 34
2.4 CONCLUSIONS 35

CHAPTER 3
RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION 36
3.2 PHASE ONE: SITUATIONAL ANALYSIS.. 36
3.2.1 Research design 36
3.2.1.1 Advantages and disadvantages of qualitative research designs.......... 37
3.2.2 Grounded theory approach 38
3.2.2.1 Advantages and disadvantages of the grounded theory approach 39
3.2.2.2 Population and sampling 40
3.2.2.3 Sample.. 41
3.2.3 Research methods.. 43
3.2.3.1 Data collection 43

3.2.3.2 Data collection procedure 47
3.2.3.3 Challenges experienced during data collection 49
3.2.3.4 Focus groups discussions 51
3.2.3.5 Data analysis 54
3.2.3.6 Data integration 57
3.2.3.7 Measures to ensure trustworthiness 57
3.3 PHASE TWO: DEVELOPMENT OF CONCEPTUAL FRAMEWORK AND STRATEGIES 60
3.3.1 Strategies to support school-going adolescents living with parents diagnosed with mental disorders 61
3.3.2 SWOT analysis 61
3.3.3 Validation of the strategies 62
3.4 SUMMARY 63

CHAPTER 4
FINDINGS AND DISCUSSION OF PHASE ONE

4.1 INTRODUCTION 64
4.2 PARTICIPANTS' DEMOGRAPHIC PROFILE 64
4.3 THEMES, CATEGORIES AND CODES 67
4.3.1 Theme 1: Matters related to support 69
4.3.1.1 Aspects that hamper the ability to provide support to the school-going adolescent in the home environment 69
4.3.1.2 Lack of professional support 81
4.3.1.3 Support from other family members, friends, neighbours, and community 84
4.3.2 Theme 2: Issues related to the school environment 89
4.3.2.1 Poor school performance 89
4.3.2.2 Poor class attendance 94
4.3.2.3 Psychological issues 95
4.3.2.4 Inclusive education 98
4.3.2.5 Teachers' support programmes and committees 100
4.3.3 Theme 3: Way forward 101

4.3.3.1 A wish for a better future ... 101
4.4 SUMMARY ... 110

CHAPTER 5

DEVELOPMENT OF A CONCEPTUAL FRAMEWORK

5.1 INTRODUCTION ... 111
5.2 PRESENTATION OF THE FRAMEWORK ... 111
5.2.1 The agents ... 113
5.2.1.1 Primary formal agents ... 113
5.2.1.2 Secondary formal agents ... 115
5.2.1.3 Informal agents ... 117
5.2.2 Recipients ... 118
5.2.3 Context ... 120
5.2.4 Procedure ... 121
5.2.4.1 Interpersonal process ... 121
5.2.4.2 Empowerment and education ... 122
5.2.4.3 Support in the form of respect and humility ... 123
5.2.4.4 Total quality management ... 124
5.2.5 Dynamics ... 125
5.2.5.1 Social change ... 126
5.2.6 Outcome ... 128
5.3 IMPLICATIONS FOR THE CONCEPTUAL FRAMEWORK ... 128
5.4 SUMMARY ... 129

CHAPTER 6

DEVELOPMENT OF STRATEGIES TO SUPPORT SCHOOL-GOING ADOLESCENTS LIVING WITH PARENTS DIAGNOSED WITH MENTAL DISORDERS

6.1 INTRODUCTION ... 131
6.2 SWOT ANALYSIS ... 131
6.2.1 Strengths ... 132

6.2.1.1 Positive aspects of support 132
6.2.2 Weaknesses 133
6.2.3 Opportunities 133
6.2.4 Threats 134
6.3 STRATEGIES TO SUPPORT SCHOOL-GOING ADOLESCENTS LIVING WITH PARENTS DIAGNOSED WITH MENTAL DISORDERS 134
6.4 PURPOSE OF THE STRATEGIES 134
6.5 OBJECTIVES OF THE STRATEGIES 135
6.6 DEVELOPMENT OF STRATEGIES 135
6.6.1 Strategy one: Agents 135
6.6.1.1 Primary formal agents 136
6.6.1.2 Secondary formal agents 138
6.6.1.3 Informal agents 140
6.6.2 Strategy two: Context 141
6.6.3 Strategy three: Procedures 142
6.6.3.1 Interpersonal process 142
6.6.3.2 Empowerment and education 142
6.6.3.3 Support 143
6.6.3.4 Total quality management 145
6.6.4 Strategy four: Dynamics 145
6.6.4.1 Political powers 145
6.6.4.2 Capacity building 145
6.6.4.3 Team building 146
6.6.4.4 Community capacity building 146
6.6.5 Strategy five: Outcome 146
6.7 VALIDATION OF STRATEGIES 147
6.7.1 Pragmatic criteria of validation 148
6.7.1.1 Usefulness 148
6.7.1.2 Abstraction 149
6.7.1.3 Values 149
6.7.2 Epistemic criteria of validation 150
6.7.2.1 Operationalisation 150
6.7.2.2 Precision 150
6.7.2.3 Empirical support 151

6.7.2.4 Theoretical support 151
6.8 SUMMARY 153

CHAPTER 7

SUMMARY OF THE KEY FINDINGS, LIMITATIONS, CONCLUSIONS, RECOMMENDATIONS, CONTRIBUTION OF THE STUDY, AND PERSONAL REFLECTIONS

7.1 INTRODUCTION 154
7.2 SUMMARY OF KEY FINDINGS 154
7.2.1 Phase one 155
7.2.1.1 Objective 1: Explore and describe the experiences of school-going adolescents living with parents diagnosed with mental disorders 155
7.2.1.2 Objective 2: To explore and describe the experiences of parents diagnosed with a mental disorder regarding the support available to their school-going adolescents 156
7.2.1.3 Objective 3: To explore and describe teachers' experiences concerning school-going adolescents living with parents diagnosed with mental disorders 157
7.2.1.4 Objective 4: To explore the needs of the school-going adolescents, parents and teachers in order to provide supportive actions 158
7.2.2 Phase two 158
7.2.2.1 Objective 1: Construct a conceptual framework to uncover the dynamics of support for school-going adolescents living with parents diagnosed with mental disorders 158
7.2.2.2 Objective 2: Develop strategies to support school-going adolescents living with parents diagnosed with mental disorders 159
7.2.2.3 Objective 3: Validate the strategies to support school-going adolescents living with parents diagnosed with mental disorders 159
7.3 LIMITATIONS OF THE STUDY 159
7.3.1 Impact limitations 160
7.3.1.1 Covid-19 160
7.3.1.2 Access to the schools 160

7.3.2 Grounded theory research approach 161
7.3.3 Ethical limitations: Focus group discussions.. 161
7.4 CONCLUSIONS 162
7.5 RECOMMENDATIONS 163
7.5.1 Recommendations for the Department of Health, Education, and Social Development 163
7.5.2 Recommendations for further research.. 163
7.6 CONTRIBUTION OF THE STUDY 164
7.7 SUMMARY 164
7.8 PERSONAL REFLECTIONS 165

LIST OF REFERENCES 167

LIST OF TABLES

Table 4.1: Group 1: School-going adolescents 65
Table 4.2: Group 2: Parents 65
Table 4.3: Group 3: Teachers 66
Table 4.4: Overview of the main themes, categories, and codes 67
Table 5.1: Dickoff et al.'s (1968) survey list and application to the framework 112
Table 6.1: Internal factors: Strengths 131
Table 6.2: Internal factors: Weaknesses 132
Table 6.3: External factors: Opportunities 133
Table 6.4: External factors: Threats 134
Table 6.5: Demographic profile of the stakeholders who validated the strategies 147

LIST OF FIGURES

Figure 1.1: A map for Capricorn district high schools (source:www.google.com)... 13

Figure 5.1: Agents ... 113

Figure 5.2: Recipients ... 118

Figure 5.3: Context ... 120

Figure 5.4: Procedure ... 121

Figure 5.5: Dynamics ... 125

Figure 5.6: Outcome ... 128

Figure 5.7: Conceptual framework ... 129

LIST OF ANNEXURES

Annexure A: Ethical Clearance certificate from Research Ethics Committee: Department of Health Studies, UNISA 187
Annexure B: Permission request from the Department of Health, Limpopo Province.. 189
Annexure C: Approval of research from the Department of Health, Limpopo Province.. 190
Annexure D: Permission request from the Department of Health Primary Health care Capricorn District, Limpopo Province 192
Annexure E: Approval from the Department of Health Primary Health care Capricorn District, Limpopo Province 193
Annexure F: Permission request from the Department of Education, Limpopo Province.. 194
Annexure G: Approval from the Department of Education, Limpopo Province..... 195
Annexure H: Permission request from the Circuit Managers Department of Education, Limpopo Province.. 197
Annexure I: Approval from Circuit Managers Department of Education, Limpopo Province.. 198
Annexure J: Assent form for adolescents 201
Annexure K: Consent form for parents.. 202
Annexure L: Consent form for focus group discussions (teachers) 203
Annexure M: Information sheet for adolescents and parents 204
Annexure N: Information sheet for focus group discussions 206
Annexure O: Recruitment poster 208
Annexure P: Interview guide adolescents 209
Annexure Q: Interview guide for parents 210
Annexure R: Interview guide for teachers 211
Annexure S: Sample memo 212
Annexure T: Sample interview transcript 213
Annexure U: Language editing certificate... 223
Annexure V: Turnitin receipt.. 224

CHAPTER 1
ORIENTATION OF THE STUDY

1.1 INTRODUCTION

Mental health is a basic human right (WHO 2022) but one of the most neglected areas of health globally (World Bank 2021). This was the case before the Coronavirus disease 2019 (Covid-19) pandemic, but the pandemic highlighted the vulnerabilities of health systems worldwide. Investigations in mental health require a multi-sectoral and integrated tactic, which involves a societal approach with community-based participation that includes primary health care, public health and an often neglected area, namely education. This goes along with prioritising the psychosocial needs of vulnerable groups such as adolescents (World Bank 2021).

Adolescence is a time of great storm and stress (Louw & Louw 2017:305) when the physical, psychological, and social change between childhood and adulthood occurs (Vasuthevan & Mthembu 2016:189). Moreover, adolescents' academic performance relies on parental involvement in their educational activities (Saqib 2018:85; Amponsah, Milledzi, Ampofo, & Gyambrah 2018:3). They need parental engagement, understanding, acceptance, appreciation, trust, a happy home, a firm hand, and direction to facilitate their development into adulthood (Eberson, Gouws, Lewis & Theron 2015:81). However, parents diagnosed with mental disorders may not be able to adequately provide such support, and greater societal or community engagement could be required.

This chapter provides an overview of the thesis, the background and information about the research problem, the purpose of the study, research objectives, research questions and the significance of the study. The philosophical assumptions of the study are discussed, and the definitions of terms and the scope of the research are explained. The research design and methods are briefly described, and the structure of the thesis is outlined.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

Mental disorders are a global challenge; 970 million people are living with mental disorders worldwide (WHO 2022). According to the Global Burden of Disease (GBD 2019 Mental Disorders Collaborators 2022:141), mental disorder statistics reached 654.8 million in 1990, and there was an increase of 48.1% between 1990 and 2019 in the global, regional, and national burden of 12 mental disorders in 204 countries and territories. In 2019, there were 11 727.3 males living with mental disorders per 100 000, and 12 760.0 female cases per 100 000 (GBD 2019 Mental Disorders Collaborators 2022:142).

Additionally, in 2019, the WHO estimated that more than 970 million people appeared to be living with mental disorders, as estimated by the global burden of diseases in 2017. This indicates that the burden of mental disorders is not decreasing globally, and increasing intervention is needed to close the gap in mental health treatment (GBD 2019 Mental Disorders Collaborators 2022:148). Mental disorders are among the greatest threats to the health of the individual and the community (Jacob & Coetzee 2018:175). However, these disorders appear to be neglected compared to other chronic conditions, such as diabetes, hypertension and HIV and AIDS (Matlala, Maponya, Chigome & Meyer 2018:52). Therefore, mental health is now included in the Sustainable Development Goals (SDGs). Goal 3 aims to ensure healthy lives and promote the well-being of all people globally, whether young or old. By 2030, all countries are accordingly expected to decrease premature mortality from non-communicable diseases, violence, injuries and mental health problems by one-third through the development of programmes to promote mental health and prevent mental disorders (WHO 2018:2). These diseases appear to be responsible for 40% of deaths in developing countries (Vasuthevan & Mthembu 2016:249). Moreover, people with mental disorders and their families tend to experience discrimination and social isolation. Hence, the WHO (2019) aims to support people living with mental disorders and their families taking a caring role. The WHO (2019) also seeks to lessen stigma and discrimination against people living with mental disorders and their families.

In South Africa, mental disorders are rated third in the determinants of the burden of disease (Matlala et al. 2018:47). Additionally, factors such as stress, early childhood

experiences, social isolation, lack of social support, violence, and discrimination might lead to mental disorders (Matlala et al. 2018:47). Mbalo Brief (2017) estimates that 400 million people suffer from mental disorders in South Africa. In Limpopo province, the Department of Health has a user rate of 300 per 100 000 in psychiatric hospitals, and 485 per 100 000 at outpatient clinics (Limpopo Department of Health 2017:3). The majority of individuals diagnosed with mental disorders tend to be parents of school-going adolescents who need support. About 68% of women and 57% of men (Craig, Rochat, Naicker, Mapanga, Mtintsilana, Dlamini, Ware, Du Toit, Dapper, Richter & Norris 2022). This phenomenon may leave some school-going adolescents without support.

According to the WHO (2019:7), the school is a relevant place to promote the mental health of school-going adolescents. Therefore, the school should identify mental health problems as early as possible, encourage a healthy lifestyle, and assist pupils with skills development. In South Africa, the National Department of Basic Education sent 30 000 teachers for screening, identification, and assessment (SIAS) methodology training aiming to assist adolescents facing challenges at school (South Africa Human Rights Commission 2017:48). In addition, the SIAS (2014) policy was developed to establish, evaluate, and supply programmes for all adolescents who require extra help to learn.

The South African National Department of Education also developed a policy of inclusive education to attend to all learning obstacles in the education system (Department of Basic Education 2001:1). However, the policy's implementation seemed to be delayed by an inadequate number of teachers, expertise, and insight on separating the educational programme to attend to comprehensive learning needs (Dalton, Mckenzie & Kahonde 2012:1). The inclusive education policy primarily focuses on promoting participation from disabled adolescents within the mainstream school system, not all adolescents; for example, school-going adolescents living with parents diagnosed with mental disorders.

The Department of Health ran awareness and health education campaigns about mental disorders in the community to increase understanding of the disease's nature and remove its stigma (Collins, Eberhart, Estrada-Darley & Roth 2021:5). Despite

these interventions, school-going adolescents and their parents diagnosed with mental disorders remained stigmatised and discriminated against (Zarei et al. 2021:37). It is against this background that the researcher aimed to develop strategies to support school-going adolescents living with parents diagnosed with mental disorders.

1.3 RESEARCH PROBLEM

Living with a parent diagnosed with a mental disorder could potentially create several challenges for the adolescent (Afzelius, Plantin & Östman 2018:2), resulting in objective and subjective burdens (Maguire & Maguire 2020:17). Parents diagnosed with mental disorders often need lifelong treatment and care themselves, potentially hampering the support they provide their children. Their life is often unpredictable due to the psychosocial dynamics of their conditions, at times influencing the adolescents' everyday lives (Simpson-Adkins & Daiches 2018:2711). Parents diagnosed with mental disorders seem responsible for various psychological, emotional, social, physical, and economic problems among their children, possibly impacting their future psychological well-being (Dharampal & Ani 2020:118). Some school-going adolescents might be exposed to violence and abuse by their parents due to their unpredictable emotional states (Chuanque, Wilson, Linn & Arredondo 2017:169).

Adolescents might feel insecure and anxious when their parents fail to provide them with security. These adolescents are often filled with sadness, depression, and guilt upon realising their parents are no longer independent but dependent (Källquist & Salzmann-Erikson 2019:2062). Some adolescents living with parents diagnosed with mental disorders might also be associated with behavioural and emotional challenges (Dunkley-Smith, Sheen, Ling & Reupert 2021:827). Adolescents are still developing and not yet mature enough to carry this burden, and they still need to be cared for and protected. In addition, the lives of parents diagnosed with mental disorders might be filled with conflict, a lack of connection between the parent and adolescents, and family disruptions such as divorce (Wiegand- Grefe, Sell, Filter & Plass-Christl 2019:1).

Research has shown that parents who do not support their adolescents' educational activities expose them to poor academic and behavioural outcomes (Mendolia,

Nguyen & Yerokhin 2019:482). Chojnacka and Iwański (2021:8) and Videnović and Lazarević (2017:78) explain that the long-standing illness of the parent could affect adolescents' learning outcomes in school, leading to increased class absenteeism and unsatisfactory academic attainment, as well as educational determination. Additionally, this might increase their likelihood of dropping out of school (Bortes, Strandh & Nilsson 2020:2085). Parents diagnosed with mental disorders often lack the ability to assist, supervise and support their adolescents' schoolwork and monitor their academic progress due to potential emotional variability (Common Wealth of Australia 2016:1).

Mental disorders in the family also significantly influence adolescents' environment because there could be a role reversal, where the child is required to take on an adult role, resulting in a lack of time for academic activities or socialising with friends. Adolescents might go to school exhausted and stressed (Molepo & Mfidi 2020:8), affecting their academic performance. Research has concurred that parental mental challenges could adversely affect adolescents' psychological, social, and physical development (Grant, Lagodon, Devaney, Davidson, Duffy, Perra, Galway, Leavey & Monds-Watson 2018:23). The parental mental challenges for adolescents could lead to relationship conflict, domestic violence, and family breakdown (Grant et al. 2018:23).

However, most importantly, such stressful conditions might lead to the early commencement of severe psychiatric illnesses among school-going adolescents (Reedtz, Lauritzen, Stover, Freili & Rognmo 2019:2). They could also experience similar stigmatisation from their peers and community members and lack coping mechanisms to deal with these issues (Dam, Joensen & Hall 2018:84). Some parents diagnosed with mental disorders live in isolation without family members and the community. Ballal and Navaneetham (2018:371) revealed that parents diagnosed with mental disorders might not be invited to explain their condition to their adolescents. Furthermore, Zarei, Zeighami and Javadi (2021:35) stated that some adolescents do not respect their parents diagnosed with mental disorders due to insufficient information about these illnesses. A study by Jones, Pietilä, Joronen, Simpson, Gray and Kaunonen (2016:476) revealed that a father diagnosed with a mental disorder

might not be regarded as a parent, while mothers diagnosed with mental disorders might be perceived as bad parents.

Patrick, Reupert and McLean (2019:9) affirmed that adolescents living with parents diagnosed with mental disorders lacked informal help from grandparents or relatives from whom to learn. Some school-going adolescents also appeared to live in fear due to their parent's unpredictable behaviour (Simpson-Adkins & Daiches 2018:2711). Furthermore, the study by Zeighami, Oskouie and Joolaee (2018:95) highlighted the need for health professionals' support for individuals diagnosed with mental disorders and their adolescents. And while some, like O'Reilly, Adams, Whiteman, Hughes, Reilly and Dogra (2018:454), may argue that teachers' role is to teach and not promote and prevent mental illness, school-going adolescents often rely on teachers for psychological support, especially in the absence of an involved or capable parent. Teachers therefore, need to be trained or have experience in dealing with this vulnerable population.

Despite all the interventions from the Department of Education and the Department of Health, little is known about the support needs among school-going adolescents living with parents diagnosed with mental disorders in high schools. Therefore, there is a need to further investigate and develop interventions to reduce school-going adolescents living with parents diagnosed with mental disorders' psychosocial risks.

1.4 PURPOSE OF THE STUDY

The purpose of the study was to develop strategies to support school-going adolescents living with parents diagnosed with mental disorders.

1.4.1 Research objectives

The following objectives were set to address the aim of the study. They were divided into two phases:

Phase one: Situation analysis

- Explore and describe the experiences of school-going adolescents living with parents diagnosed with mental disorders
- Explore and describe the experiences of parents diagnosed with mental disorders regarding the support available to their school-going adolescents
- Explore and describe teachers' experiences concerning school-going adolescents living with parents diagnosed with mental disorders
- Explore the needs of the school-going adolescents, parents, and teachers in order to provide supportive actions
- Construct a conceptual framework to uncover the dynamics of support for school-going adolescents living with parents diagnosed with mental disorders

Phase two: Strategy development and validation

- Develop strategies to support school-going adolescents living with parents diagnosed with mental disorders
- Evaluate the strategies to support school-going adolescents living with parents diagnosed with mental disorders

1.5 RESEARCH QUESTIONS

The following questions assisted in clarifying the research objectives according to the phases:

Phase one

- What are the experiences of school-going adolescents living with parents diagnosed with mental disorders?
- What are the experiences of parents diagnosed with mental disorders regarding the support available for their school-going adolescents?
- What are teachers' experiences regarding school-going adolescents living with parents diagnosed with mental disorders?
- What are school-going adolescents', parents', and teachers' needs in terms of supportive actions?

Phase two

- What should a conceptual framework consist of to demonstrate support for school-going adolescents living with parents diagnosed with mental disorders?
- What strategies could support school-going adolescents living with parents diagnosed with mental disorders?
- What are stakeholders' views of the proposed strategies?

1.6 SIGNIFICANCE OF THE STUDY

The significance of the research communicates the value of the problem for different viewers who may benefit from reading and using the study (Creswell & Creswell 2018:250). The researcher found several theoretical gaps in the literature related to the research phenomenon. No studies were found on strategies to support school-going adolescents living with parents diagnosed with mental disorders in South Africa; only studies about general students were found. Minimal studies on the experiences of adolescents living with parents with psychiatric conditions were found.

Furthermore, this study might provide a voice to adolescents, parents, teachers, and policy makers which might be cathartic. It could also improve general awareness of the phenomenon and potential coping measures. This study might influence the policy makers to review and develop the policies and SOPs that support school-going adolescents living with parents diagnosed with mental disorders. The findings of this study have guided the development of strategies to support adolescents, parents, and teachers.

1.7 THE SCOPE OF THE STUDY

The study covered only school-going adolescents living with parents diagnosed with mental disorders in the Capricorn district of Limpopo province. The focus was on school-going adolescents between 14 and 17 years, their parents, and teachers of learners between the ages of 14 to 17 years at Capricorn district high schools in Limpopo province. The study was conducted in public clinics and public schools in the Capricorn district of Limpopo province. Due to the study's qualitative design,

generalisations cannot be made, but a thick description of the findings allows for transferability.

1.8 DEFINITION OF TERMS

The following theoretical definitions have a bearing on this study:

Adolescents are persons between the ages of 12 and 18 (Louw & Louw 2017:304). In this study, adolescents mean individuals between ages 14 and 17 years living with parents diagnosed with mental disorders and attending Limpopo province high schools. The terms 'school-going adolescents' and 'adolescents' will be used interchangeably in this study in reference to school-going adolescents living with parents diagnosed with mental disorders.

A **diagnosis** is the clinical prediction of an illness course and prognosis (Baumann 2015:121). In this study, 'diagnosed' means identifying a mental health-related condition in a parent, such as a mother or father.

To **live** means to share a home with somebody (Oxford Advanced Learner's Dictionary 2015:885). In this study, the term 'live' means staying in the same house with a parent diagnosed with a mental disorder.

A **mental disorder** is a psychiatric illness or disease primarily characterised by a behavioural or psychological disability (Sadock, Sadock & Ruiz 2017:4594). In this study, a mental disorder means a mental health condition that can affect a parent's emotional and behavioural functioning.

Parent means a person acting as a father or mother (Ngayen 2018:16959). In this study, a parent will be a person diagnosed with a mental disorder and receiving psychiatric treatment living with school-going adolescents attending high schools in Limpopo province, between the ages of 14 and 17years.

School is an institution where children of all ages go to be educated (Oxford Advanced Learner's Dictionary 2015:1340). In this study, a school is an academic setting that adolescents living with parents diagnosed with mental disorders attend for learning.

Strategies refer to plans that help achieve specifically stated aims, typically over a long period (Oxford Advanced Learner's Dictionary 2015:1495). In this study, strategies are proposed actions to support school-going adolescents living with parents with a mental disorder.

Support is a service designed to promote healthy development, help learners meet their needs, and address their learning barriers at school (Darling-Hammond, Flook, Cook- Harvey, Barron & Osher 2020:98). In this study, support means to assist school-going adolescents living with parents diagnosed with mental disorders improve their academic situation and prevent mental disorders.

1.9 PHILOSOPHICAL ASSUMPTIONS

A paradigm is a set of philosophical or theoretical concepts characterising a way of viewing the world (Gray, Grove & Sutherland 2017:686). A paradigm is also a set of beliefs. The study was guided by the constructivist paradigm proposed by Charmaz (2014:236) for a grounded theory approach. Constructivists ask questions such as how, when and to what extent the observed experience is covered in larger and often hidden forms (Hennink, Hutter & Bailey 2020:329). An ontology defines how the researcher conceives the relationship between the study and the research design (Flick 2018:68). Furthermore, ontology deals with the set of philosophical questions that arise when researchers consider the nature of reality (Flick 2018:69).

The researcher believes that there are multiple realities, there is no objective truth, and there are similarities and differences in every participant's experience. What the researcher sees, when, how, and to what extent she sees the phenomenon is complex. The researcher believes that reality is subjective and a process that is changing. The constructivist researcher admits that reality embraces an interpretative perspective. The reality thus needs to be interpreted by the researcher. Furthermore,

the researcher affirms that reality is constructed by interacting with participants while gathering data.

Epistemology deals with questions about how the researcher understands reality and can make knowledge claims of any kind (Flick 2018:69). Researchers assume that by interacting with participants, data are collected and analysed, and knowledge is formed through the findings. The researcher is convinced that knowledge is constructed, subjective, and based on beliefs and values. In this study, the researcher interacted with the participants during data collection and conducted interviews with them to construct knowledge. Furthermore, the researcher interpreted and analysed the data, and knowledge was formed through the findings. The researcher also trusted in the mutual construction of data and believed that knowledge results from communication between researchers and participants. Additionally, the researcher is convinced that knowledge should emerge through observations and the voice of the participants. The researcher encouraged the participants to reflect on their experiences during the interviews in a fruitful way to advance the conceptual framework and promote the development of strategies. Furthermore, the researcher considered handling the research as constructions and believed the research phenomenon occurred under a specific condition.

Axiology refers to aspects of value. The researcher affirms that values are an integral part of social life. This study was ethically conducted, and the researcher respected the participants' culture and religion. The researcher also adopted fairness when selecting the participants in this study and protected them from harm and exploitation. Participants' privacy and confidentiality were maintained throughout the study. Voluntary participation in the study was encouraged during recruitment, and participants' anonymity was ensured. The researcher is also convinced that the purpose of the study was valuable and would benefit the participants. Through the developed strategies, the participants would be supported.

With regard to the methodology, the researcher adopted an inductive and iterative research process and engaged in a comparative, emergent, and open-ended approach during the collection and analysis of data. The data were compared and constructed, and new questions and participants were employed to fill gaps in the

categories. The researcher took a reflexive position throughout the research process by recording any thoughts influenced by previous experiences. Furthermore, the researcher supported any subjectivity through an examination of the data, and her opinions co-constructed the data at the beginning of the analytic process. The researcher also focused on the specific environment in which the participants lived and worked to understand their real and cultural settings.

Singh and Estefan (2018:9) argue that Charmaz's constructivist approach is exploratory, interactive, interpretative, and co-constructive. Furthermore, the constructivist approach helped the researcher to understand the participants' experiences related to support for school-going adolescents living with parents diagnosed with mental disorders, as a whole in its local context.

1.10 RESEARCH DESIGN AND METHODS

A qualitative design and grounded theory research approach was used in phase one. A research design is the outline, plan, or strategy the researcher employs to answer research questions (Johnson & Christensen 2020:316). In phase two, a deductive method was used in developing the strategies (Johnson & Christensen 2020:616). The study's findings were integrated during analysis and interpreted together to form a conceptual framework and develop strategies based on a two-phased approach. Firstly, strengths, weaknesses, opportunities, and threats (SWOT) analysis was conducted of individuals or institutions (Gürel & Tat 2017:996). According to Ifediora, Idoko and Nzekwe (2014:23), a SWOT analysis ensures that positive and negative aspects of collected data are identified and addressed. The outcome of the SWOT analysis was then integrated into the conceptual framework to present the strategies. These strategies were assessed using pragmatic and epistemic criteria in the analysis and evaluation (Risjord 2019:09). A full discussion of the research design and method is provided in Chapter 3 of this study.

1.10.1 Research setting

The research took place in the Capricorn district, situated in the centre of the Limpopo province. It shares its borders with the Vhembe district on the north, Mopani district on

the east, Sekhukhune district on the south, and Waterberg district on the west. It has an estimated population of 1 335 951 (Statistics South Africa 2018), and five sub-districts: Aganang, Blouberg, Lepelle-Nkumpi, Molemole and Polokwane.

According to the Limpopo Department of Health (2016:21), approximately 80% of the population was based in rural areas under poverty, and its related issues were a significant concern. Capricorn district has 350 high schools and 24 combined schools. Adolescents under the age of 15 constituted about 33% of the population (1.86 million). In Limpopo province, 37 out of 40 hospitals provide 72-hour assessments as stipulated by the Mental Health Act (South Africa 2002), and there was one private facility doing the same (South African Human Rights Commission 2017:43). Capricorn district in Limpopo province has 96 clinics and five community health centres providing outpatient psychiatric services, and seven public hospitals. Despite the availability of hospitals and clinics providing psychiatric services, people diagnosed with mental disorders appear to remain neglected and discriminated against (Matlala et al. 2018:52).

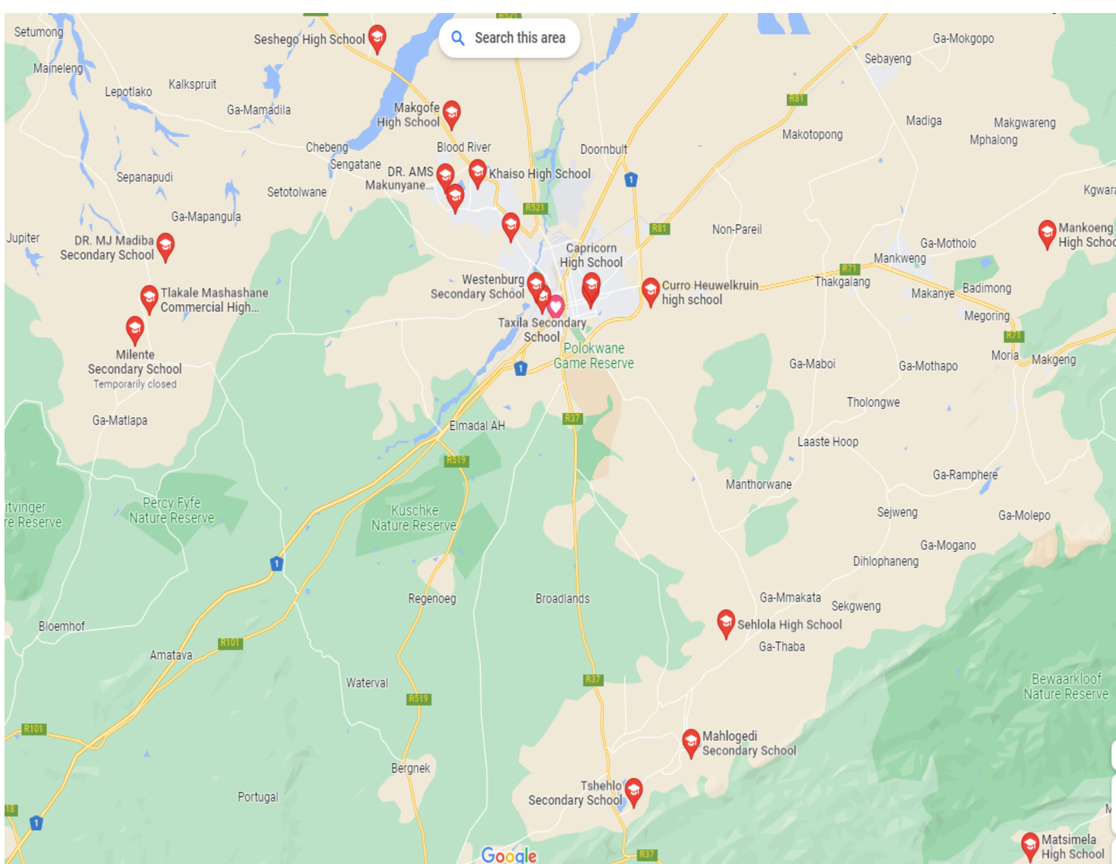

Figure 1.1: A map for Capricorn district high schools (source:www.google.com)

1.10.2 Population and sampling

The population for this study was all school-going adolescents attending Capricorn district high schools (N=137768), parents diagnosed with mental disorders in the Capricorn district (N=61677), and all teachers teaching at Capricorn district high schools (N=4807). Purposive sampling was employed. With purposive sampling, the researcher chooses participants based on their knowledge, articulation, reflection, and their willingness to speak with the researcher about the phenomenon under investigation (Creswell & Poth 2018:326). The final sample included 12 school-going adolescents, 12 parents diagnosed with mental disorders, and 36 teachers teaching at Capricorn district high schools.

1.10.3 Data collection

Data were collected through semi-structured, one-on-one, face-to-face interviews (24), focus group interviews (six groups with a total of 36 participants), observation, field notes, and memos. A detailed discussion of the data collection process is provided in Chapter 3 of this study.

1.10.4 Data analysis and management

The grounded theory method assisted the researcher in gathering and analysing data concurrently. The researcher used the constant comparison method, which compares findings during each data collection and analysis stage (DePoy & Gitlin 2016:107). Corbin and Strauss (2015:69) claim analysis is an ongoing process throughout the study. Any records from the study were stored in a locked cupboard by the researcher and kept private to the extent possible by law. An audio recorder, memos, and field notes of recorded interviews were stored in a locked cabinet secured in a confidential area in the researcher’s home. A code number was used to refer to any records of participants’ information retained within the study. When the study’s findings are published, care will be taken that reporting does not specifically identify participants’ involvement within the study. A full discussion of the researcher’s data analysis and management processes follows in Chapter 3.

1.10.5 Measures to ensure trustworthiness

The trustworthiness of a study refers to high-quality research that accurately reflects participants' experience in the field (Bailey 2018:144). The following criteria were used to measure the study's trustworthiness: credibility, transferability, dependability, confirmability, and authenticity. A detailed description is provided in Chapter 3.

1.11 ETHICAL CONSIDERATIONS

Ethical considerations focus on honesty in conducting the study, and the researcher's responsibility when sharing and handling the data and in reporting and publishing the findings (Brink, Van der Walt & Van Rensburg 2018:28). Permission to conduct the research was requested from the Research Ethics Committee of the University of South Africa (Annexure A), the Department of the Health Research Ethics Committee (Annexure B), the Department of Health District Office of Primary Health Care (Annexure D), the Department of Education (Annexure F), and circuit managers from the Department of Education who oversaw the schools (Annexure H), school principals.

1.11.1 The principle of respect for persons

The researcher informed participants that they had the right to choose whether to participate in the study without negative consequences. The participants could withdraw from the study whenever they wanted without any penalty, and they had the right to refuse to share information. The researcher further explained that the participants had a right to request an explanation about the purpose of the study. The researcher respected participants' rights, and any form of force was avoided.

The participants' rights, religion, and traditions were respected. The participants were ultimately not selected based on their vulnerability but on their insight into the research phenomenon (Brink et al. 2018:29). Participants were purposefully recruited.

1.11.2 The principle of beneficence

The participants were protected from harm and physical, psychological, and emotional discomfort (Polit & Beck 2021:139). Data collection was postponed until ethical permission was received from the relevant research institutions to ensure no harm befell the participants. The researcher structured the interview questions carefully to minimise harm and discomfort to the participants. Good judgement was used in the management of interviews as the interviews involved an in-depth exploration of personal topics that might expose the participants to distress (Brink et al. 2018:27). Measures were also put in place in case the participants experienced emotional distress during interviews; affected participants would be referred for counselling free of charge.

1.11.3 The principle of justice

The researcher made sure that the participants were fairly selected. The choice of participants was based on their knowledge about support for school-going adolescents living with parents diagnosed with mental disorders (Polit & Beck 2021:141). Moreover, predetermined inclusion and exclusion criteria were adhered to.

With the focus group discussions, the researcher offered the participants ethical assurance during recruitment. The researcher also explained that she could not ensure internal confidentiality because it was not under her control; however, she requested that information be kept in confidence. The researcher read the ground rules, offered the participants an information sheet with information related to the study, and debriefing would take place post-discussions (Tolich 2009:100). A detailed explanation of the ethical assurance for focus group participants is provided in Chapter 3.

1.11.4 Informed consent

Polit and Beck (2021:143) explain that informed consent means participants have enough details about the study, understand the details, and have a choice to consent to or refuse to take part voluntarily. The participants were asked to voluntarily

participate in the study, and they indicated their agreement by signing a written consent form. The school-going adolescents signed an assent form. The study was first discussed with the parent, and the parent gave permission on behalf of the child to participate. The study's purpose, procedures, and benefits were then explained to the child, who was also allowed to read the information. The researcher gave the adolescents time to ask questions and clarified any misunderstandings. After voluntarily signing the assent form, a copy of the form was given to the parent. All participants received the researcher's contact detail, those of the supervisor and the ethics committee chair.

The researcher explained the advantages and benefits of the research project to the participants. They were informed that their participation was voluntary and that they had the right to refuse to share information. The researcher also explained to the participants that they could withdraw from the research project at any time without any penalty. The researcher requested permission to use an audio recording device and take field notes during the interviews. Information about the nature of their commitment, participants' selection, data collection procedures, compensation, confidentiality, and the researcher's contact information were supplied to the participants before they signed the consent form (Polit & Beck 2021:143). Participants indicated their agreement by attaching their signatures on the consent and assent form as proof of not being forced or coerced into participating in the study.

Some participants were sad when narrating their stories during the interviews. The researcher suggested stopping the interviews, but the participants requested that the researcher continues. Three participants were referred to a social worker for counselling and other problems that prevailed in their homes.

1.12 STRUCTURE OF THE THESIS

The thesis is arranged into seven chapters.

Chapter 1: Orientation of the study

Chapter 1 outlines the orientation of the study. This includes the introduction, background to the research problem, purpose of the study, significance of the study,

definition of concepts, and philosophical assumptions. A brief overview of the research design and methods, data collection and analysis methods are also provided. Measures to ensure trustworthiness and ethical considerations are discussed.

Chapter 2: Literature review

This chapter covers literature on policy frameworks for parents diagnosed with mental disorders, and school-going adolescents.

Chapter 3: Research design and methods

The chapter outlines the research design, approach, population and sampling. The research phases, data collection and analysis procedures, measures to ensure trustworthiness, and methodological procedures used during the study are described.

Chapter 4: Findings and discussion of phase one

In this chapter, the study's findings are analysed, interpreted, discussed and supported with quotes from the participants and controlled with literature.

Chapter 5: Development of a conceptual framework

This chapter outlines six aspects of the conceptual framework described by Dickoff, James and Wiedenbach (1968).

Chapter 6: Development of strategies to support school-going adolescents living with parents diagnosed with mental disorders

The chapter discusses the developed strategies using the following headings: Agents, context, procedures, dynamics, and outcome. This chapter also validates the strategies based on Risjord's (2019) pragmatic and epistemic criteria, analysis and validation approach.

Chapter 7: Summary of the key findings, limitations, conclusions, recommendations, contribution of the study and personal reflections

This chapter summarises the key findings, the limitation of the study, and the conclusions reached. Finally, recommendations are made, contribution of the study indicated and the study is concluded with a reflection by the researcher.

1.13 SUMMARY

This chapter offered an introduction and background to the study. The chapter also described the research problem, the purpose, the research objectives, and the research questions. Definitions of terms related to the research were described, and the research design and method were discussed. The data collection and analysis methods were explained, along with the study's philosophical assumptions, significance, and scope. Measures to ensure the study's trustworthiness and ethical considerations were also explained, and the chapter ended with a description of the thesis layout. Chapter 2 provides a review of literature related to the research topic.

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, the researcher explores the literature and background information on the phenomenon and the need to support school-going adolescents living with parents diagnosed with mental disorders. The chapter also presents current knowledge on the topic based on policy frameworks, guidelines and scholarly journals.

The literature review was guided by the objectives of the study. A search of literature from 2017 to 2022 included the following electronic databases: Google Scholar, Pub Med, CINAHL, MEDLINE, and PsycINFO. The policy frameworks, guidelines and other sources dated before 2017 were also used because they were historically relevant to the topic under study. The keywords used in the literature search were ‘adolescents’, ‘diagnosed’, ‘live’, ‘parents’, ‘mental disorders’, ‘school’, ‘strategies’ and ‘support’. The researcher synthesised, summarised, compared and contrasted previously published literature to evaluate any similarities and differences on the research topic.

The researcher organised, read, sorted the literature to identify relevancy, analysed and interpreted the literature by comparing and contrasting the findings to check the similarities and differences. The literature reviews were summarised and evaluation of what is missing in the literature was done to identify the gaps in the literature.

2.1.1 Purpose of literature review

The purpose of the literature review was:

- To obtain an overview of previously conducted studies and explore what is currently known about support for school-going adolescents living with parents diagnosed with mental disorders

- To identify gaps in the literature about support for school-going adolescents living with parents diagnosed with mental disorders and use those gaps as a guide to develop a conceptual framework and strategies to support school-going adolescents
- To compare the similarities and differences in previous studies related to support for school-going adolescents living with parents diagnosed with mental disorders

2.2 ORGANISATION OF LITERATURE REVIEW

International and national policy frameworks and guidelines concerned with adolescents and people living with mental disorders are discussed. The policy frameworks and guidelines include the Constitution of the Republic of South Africa 1996; Policy Guidelines for Youth and Adolescent Health in South Africa 2001; the Integrated School Health Policy 2012; WHO Guidelines on School Health Services 2021; National Mental Health Policy Framework and Strategic Plan 2013-2020 in South Africa; The European Mental Health Action Plan 2013-2020; Policy on Screening, Identification, Assessment, and Support (SIAS) 2014, and the Policy on Inclusive Education 2001. The researcher reviewed the findings from previous research, indicating potential challenges or gains and possible practice gaps.

2.2.1 Constitution of the Republic of South Africa 1996

Section 28 in chapter 2 of the Constitution of South Africa deals with the Bill of Rights of adolescents (South Africa 1996:11). According to the Constitution, a child is a person younger than 18. The Bill of Rights states adolescents have the right to a name and nationality, the right to family care, basic needs and shelter, health and social services, the right to protection from maltreatment, neglect, abuse or degradation, and protection from exploitative labour practices.

The Constitution of South Africa is relevant to this study because it stipulates that adolescents are not allowed to render duties not relevant to their age that could pose a threat to their well-being, education, physical, and mental health, spiritual or moral and social development. This study sought to develop a conceptual framework and

strategies to support school-going adolescents living with parents diagnosed with mental disorders.

Opportunities mentioned in the Constitution of South Africa regarding school-going adolescents outline that the needs of the adolescents should be respected and protected by every individual in the family and community. The best interests of adolescents are significantly important in every issue regarding their well-being.

Some school-going adolescents living with parents diagnosed with mental disorders seem to experience neglect and maltreatment through physical, verbal and uncontrollable aggression from their parents when they are in crisis situations, such as relapses without adequate support. This argument is similarly supported by Chuanque, Wilson, Linn and Arredondo (2017:169).

Many school-going adolescents living with parents diagnosed with mental disorders face compromised and inappropriate positions. Joseph et al. (2020:78), Kallander, Weimand, Hanssen-Bauer, Van Roy and Ruud (2021:409) affirm that some school-going adolescents living with parents diagnosed with mental disorders seem to act as the head of the families due to their parents' conditions. This places a significant responsibility on these adolescents. Consistent with this argument, Matzka and Nagl-Cupal (2020:632) admit that the duties of school-going adolescents living with parents diagnosed with mental disorders reflect a trend in tasks not corresponding with their age. In support, Källquist and Salzmann-Erikson (2019:2062), Afzelius, Plantin and Östman (2018:73), Dam et al. (2018:82) and Wepf and Leu (2021:11) mention that engagements in inappropriate duties seem to adversely influence the physical, mental, emotional, educational, and social development of school-going adolescents Moreover, Mansell et al. (2020:57) concur that school-going adolescents who take on greater responsibilities at home due to parental illness may be classified as at-risk adolescents at school.

Conversely, Wepf and Leu (2021:11) argue that taking on an increasing amount of responsibilities in the family due to a parent's chronic illness is not entirely responsible for adolescents' negative experiences. Consistent with this argument, Chojnacka and

Iwański (2021:4) allude that increased responsibilities often appear to make school-going adolescents more competent, independent and effective in their responsibilities. It follows that there is a need to provide a safe and supportive environment to school-going adolescents living with parents diagnosed with mental disorders to prevent caregiver burdens and feelings of emotional distress.

2.2.2 Policy Guidelines for Youth and Adolescent Health in South Africa 2001

The Policy Guidelines for Youth and Adolescent Mental Health in South Africa (South Africa 2001:44) were developed to protect the mental health of all adolescents and establish what risks could lead to mental health problems among adolescents. The policy provides mental health services for adolescents at the national, provincial and local levels of health care. The focus of these policy guidelines is on the positive potential of school-going adolescents as opposed to the challenges they are presenting with.

The policy guidelines are relevant to this study because they use a holistic approach in dealing with different threats that can affect adolescents' mental health. The policy guidelines also recognise the school as a significant context offering interventions to effectively deal with mental health because it can reach many adolescents. It also focuses on establishing programmes to assist adolescents at all levels to promote their mental health and provide them with a safe and supportive external environment. These programmes include family support and address challenges such as violence, abuse, suicide, drug and alcohol abuse and severe psychiatric conditions.

Additionally, the policy guidelines further offer a classification for vulnerable adolescents, such as adolescents exposed to violence, physical, emotional, and sexual abuse, adolescents from broken homes, adolescents living in poverty, and adolescents with disabilities. The school-going adolescents living with parents diagnosed with mental disorders also appear to fall under the classification of 'vulnerable adolescents'.

These policy guidelines reflect opportunities that might be beneficial to adolescents, such as skills empowerment, which entails communication skills, cognitive skills, and

health-related skills. The policy encourages counselling for school-going adolescents and their families with mental disorders. Additionally, the policy aims to provide adolescents with information on physical and psychosocial development and educate them on how to promote their mental health, prevent mental disorders, and prevent the use and abuse of drugs and alcohol. The policy also empowers adolescents with information on how to access healthcare services.

Research indicates that some school-going adolescents living with parents diagnosed with mental disorders seem to be in unfavourable home environments due to their parents' mental condition (Källquist & Salzmann-Erikson 2019:2062). Powel and Nicholson (2019:209) agree and claim some adolescents living with parents diagnosed with mental disorders seem to face uncertainty since they are exposed to the risk of unpleasant treatment and abuse from their parents.

It also appears that most school-going adolescents living with parents diagnosed with mental disorders have insufficient insight into mental disorders (Metz & Jungbauer 2021:7; Leu, Guggiari, Phelps, Magnusson, Nap, Hoefman, Lewis, Santini, Socci, Boccaletti, Hlebec, Rakar, Hudobivnik & Hanson 2021:11). Consistent with this argument, Dam, Joensen and Hall (2018:82), Cleary, West, Hunt, McLean and Kornhaber (2020:678) and Reedtz et al. (2019:11) attest that adolescents living with parents diagnosed with mental disorders might have trouble making sense of their parents' behaviour.

Similarly, studies by Schlüter-Müller (2020:346) and Yamamoto and Keogh (2017:139) allude that some school-going adolescents living with parents diagnosed with mental disorders might experience emotional distress, such as loneliness and isolation, helplessness, anxiety and confusion due to inadequate support. Moreover, Gaiha, Salisbury, Koschorke, Raman and Petticrew (2020:21) point out that adolescents appear not to treat their parents diagnosed with mental disorders with respect due to a lack of explanation and understanding of their diagnosis and living situation.

D'Amen, Socci and Santini (2021:11) also reported that some school-going adolescents living with parents diagnosed with mental disorders seemed to lack

information about available health assistance in case of a parent's relapse. However, Zarei, Zeighami and Javadi (2021:37) indicated that some school-going adolescents living with parents diagnosed with mental disorders know about their parent's illness from childhood. Ballal and Navaneethan (2018:371) also concur that a healthy parent plays a major part in informing adolescents about parental mental disorders.

Many school-going adolescents living with parents diagnosed with mental disorders appear to have inadequate decision-making skills, communication skills, and skills on how to live with or take care of their parents (Shiraishi & Reilly 2019:281). Many school-going adolescents care for their parents diagnosed with mental disorders without any formal or informal training, potentially resulting in these adolescents experiencing difficulty in understanding and accepting discrimination and stigma from community members (Tapias, Coromina, Grases & Ochoa 2021:1126; Abel, Bee, Gega, Gellatly, Kolade, Hunter, Callender, Carter, Meacock, Bower, Stanley, Calam, Wolpert, Stewart, Emsley, Holt, Linklater, Douglas, Stokes-Crossley & Green 2018:5). It has also been reported that adolescents seem to use their discretion and trial and error efforts when taking care of their parents.

Evidently, school-going adolescents living with parents diagnosed with mental disorders face various challenges at school and home. They appear to lack counselling from professionals such as school health nurses, teachers, psychologists and social workers. This argument is in line with the study by Altine and Blyaminu (2021:57), which outlined that school-going adolescents might lack counselling due to inadequate finances and a lack of trained counsellors at school.

These policy guidelines are in place, yet many school-going adolescents living with parents diagnosed with mental disorders live in vulnerable situations. This shows a practical gap among professionals such as school health nurses, social workers, psychologists, and teachers providing this population of adolescents with support like appropriate information, a safe environment, skills empowerment, and counselling.

2.2.3 Integrated School Health Policy in South Africa 2012

The Integrated School Health Policy was established jointly by the Department of Health and the Department of Education to improve the health and environment of adolescents at school and deal with their health needs and obstacles in learning (South Africa 2012:11). The policy seeks to ensure that school health services reach pupils in all schools in South Africa. The policy aims to provide school health services to learners in the foundation phase (grades R-3), the intermediate phase (grades 4-6), the senior phase (grades 7-9), and the further education and training phase (grades 10-12).

The policy provides various opportunities for all adolescents, ensuring that assessments are done according to their phases and grades. Moreover, the policy encourages support services for school-going adolescents facing challenges at school. Also, it encourages treatment and care for school-going adolescents presenting with minor ailments and those with chronic conditions. In this study's context, adolescents and their families could ultimately benefit from follow-up services, health promotion and prevention services, and referrals to other professionals such as social workers, psychologists, and health professionals, among others.

Some school-going adolescents living with parents diagnosed with mental disorders seem to have insufficient support at school and home. These adolescents appear to be facing challenges without informal or formal support. This argument is supported by Chen et al. (2019:5), Ebrahimi et al. (2018:992), and Akbari et al. (2018:330).

Some adolescents living with parents diagnosed with mental disorders appear not to attend school regularly due to an unsupportive environment (Kavanaugh, Johnson & Zawadzki 2021:1; Lakmann, Chalmers & Sexton 2017:69; Yamamoto & Keogh 2017:10; Stamatopoulos 2018:194). However, others facing excessive responsibilities still attend school regularly (Joseph, Sempkik, Leu & Becker 2020:87; Lakmann et al. 2017:69). Additionally, some school-going adolescents living with parents diagnosed with mental disorders appear to be dropping out of school due to the problems prevailing at home. This argument is emphasised by Blake-Holmes (2020:234) and Bortes, Strandh and Nilsson (2020:2085), who admit that some adolescents living with

parents diagnosed with mental disorders drop out of school due to their caring burdens. However, the study by Ogresta, Rezo, Kožljan, Paré and Ajdukovic (2020:949) indicates there seems to be a minimal relationship between lived experiences of a stressful situation and dropping out of school.

It has been determined that school health nurses visit schools to provide certain services to certain children. Some of these services include assessments of oral health, vision, hearing, speech, nutrition, physical well-being, mental health, chronic illness, psychosocial support, minor ailments, immunisation, family planning, and health education (Metsing, Jacobs & Hansraj 2022:1; Lineberry, Whitney & Noland 2018:224). However, targeted school health services appear to inadequately support school-going adolescents living with parents diagnosed with mental disorders.

Although school health services aim to improve the physical, mental, and general well-being of all school-going children (Rasesemola et al. 2019:5), there seem to be some challenges in rendering these services. Lineberry et al. (2018:226) affirm that some challenges include inadequate personnel, lack of equipment, and a lack of a conducive environment for screening and assessment that influence school health services. This means that various problems may hamper school health services' effectiveness.

In agreement, Dibakwane and Peu (2018:6) highlight time as one of the hindering factors for conducting school health services. Adolescents have short breaks and lunch times, and often leave school early when the assessments are under way. More space for proper examinations has also been emphasised. Likewise, the study by Lenkokile, Hlongwane and Clapper (2019:202) affirms that some school health nurses seem inexperienced and do not possess relevant skills. They also cannot provide adequate services to school-going adolescents because they have an excessive workload (Lenkokile et al. 2019:207). Ezeonu, Asiegbu, Arua, Edafloghor, Ura, Anyansi and Onwe (2022:86) also highlight the communication gap between policymakers and school health nurses who are responsible for providing health services, as stated in the Integrated School Health Services report.

Conversely, there is research indicating that school health nurses appear to visit schools regularly to assess all school-going children and provide them with health

services (Metsing, Jacobs & Hansraj 2022:1; Amponsah-Dacosta, Blose, Nkwinika & Chepkurui 2022:8). They confirm that school health nurses assess school-going children and offer them counselling, take care of adolescents with chronic conditions, provide them with treatment, health promotion and prevention services through health education and rehabilitation services. Amponsah-Dacosta et al. (2022:6) confirm that school health nurses assess, identify and address various obstacles to school-going adolescents' learning through physical, social, emotional and school support. However, their impact on adolescents' mental health conditions in the Capricorn district in South Africa remain to be seen.

2.2.4 WHO Guidelines on School Health Services 2021

The WHO Guidelines on School Health Services (Plummer & Ross 2021) focus on providing health services to all adolescents to meet their physical, emotional, psychosocial and educational needs at school. The guidelines aim to create a safe socio-emotional environment at school, and a healthy, safe and secure inclusive physical environment.

The WHO Guidelines on School Health Services are relevant to this study because they are concerned with providing support services to all adolescents, including those experiencing problems at school. Moreover, the school health services are concerned with the total well-being of all school-going adolescents. These services also refer adolescents facing challenges at school to relevant departments; for example, social workers or psychiatrists. Guidelines are relevant to this study because the researcher aimed to develop an intervention framework and strategies to assist school-going adolescents living with parents diagnosed with mental disorders.

Additionally, the guidelines encourage services that might be beneficial to all school-going adolescents, including health promotion, health education, screening and assessments to identify any obstacles to learning. Guidelines also help in the provision of preventative services, such as immunisation, treatment and care, as well as referring all adolescents presenting with challenges.

However, some school-going adolescents living with parents diagnosed with mental disorders in South Africa appear not to receive such services due to inadequate visits from school health nurses. This argument is supported by Rasesemola et al. (2019:7), who affirm that school health nurses rarely visit schools to provide health services due to challenges beyond their control.

Moreover, the majority of adolescents may be left unseen because school health nurses screen a limited number of students, and all of them (Doyle, Mchunu, Koole, Mthembu, Dlamini, Ngwenya, Ferguson & Seeley 2019:4). This may leave the school-going adolescents living with parents diagnosed with mental disorders without support. Dibakwane and Peu (2018:4) concur and attest that mental health services for school-going adolescents appear to be neglected.

2.2.5 National Mental Health Policy Framework and Strategic Plan 2013-2020 in South Africa

The National Mental Health Policy Framework and Strategic Plan 2013-2020 (South Africa 2013) in South Africa aimed to improve the mental health of all the people in South Africa, whether young or old, through collaboration between the Department of Health, the Department of Education, and the Department of Social Development. The policy further aimed to deal with the neglect of mental disorders in the country. The policy intended to empower local community members, especially parents diagnosed with mental disorders and school-going adolescents living with parents diagnosed with mental disorders, to promote their mental well-being and recovery in the community. Additionally, the National Mental Health Policy Framework and Strategic Plan 2013-2020 in South Africa promotes a holistic approach to dealing with the cycle of poverty and mental disorders.

This framework was relevant to this study because it is concerned with providing support to families with individuals diagnosed with mental disorders and school-going adolescents facing the caring burden to increase their support network.

The policy outlines various opportunities, such as a reduction in stigma through awareness campaigns to empower community members and the country at large with

information about mental disorders. It also emphasises the protection of human rights so that all people in the country treat people living with mental disorders with respect and dignity. It stresses people with mental disorders' involvement in the decision-making, planning and delivery of services to promote treatment compliance and improve understanding. Furthermore, the policy aimed to form a monitoring and evaluation system of mental health care. The National Mental Health Policy Framework and Strategic Plan 2013-2020 in South Africa ensures that the planning and delivery of mental health services are evidence-based. However, the policy lapsed in 2020 and has yet to meet the set objectives.

Gaps related to this study are that parents diagnosed with mental disorders and adolescents tend to face a lack of support despite the policy's availability. It appears there is weak collaboration between the Department of Health, Basic Education and Social Development. Each department tends to work in isolation, which means there appears to be inadequate report sharing (Dibakwane & Peu 2018:6).

Moreover, some parents diagnosed with mental disorders and their school-going adolescents face stigma and discrimination from community members. Consequently, their human rights are not being protected and respected (Zeighami & Ahmadi 2021:38; Chen et al. 2019:6; Quirke, Klymchuk, Suvalo, Bakolis & Thornicroft 2021:5). It appears that the parents diagnosed with mental disorders and their school-going adolescents lack adequate services to empower them (Metz & Jungbauer 2021:7; Schlüter-Müller 2020:346; Leu et al. 2021:11).

2.2.6 The European Mental Health Action Plan 2013-2020

The European Mental Health Action Plan (WHO 2015) was developed to improve the mental well-being of all people in Europe. It also intended to eliminate the hardship of mental disorders among vulnerable groups, such as parents diagnosed with mental disorders and their school-going adolescents, those who appear to be exposed to risky behaviours, and adolescents and adults abusing drugs and alcohol. The mental health action plan can encourage everyone to respect the rights of people diagnosed with mental disorders.

This action plan was relevant to this study because it is concerned with developing programmes to promote the mental health of adolescents at school. The action plan further encourages the school to identify adolescents with behavioural problems early to prevent the negative influence on their schooling. The action plan also addresses stigma and discrimination against people diagnosed with mental disorders and their families.

Additionally, the action plan mentions opportunities such as employment, housing and education for parents diagnosed with mental disorders, as most such parents lack houses due to their unemployed status. Moreover, parents diagnosed with mental disorders often lack education and employment because of the stigma attached to these disorders. The action plan thus aims to promote mental health awareness campaigns among all people in the country to clarify their misconceptions and decrease the stigma of mental disorders. Furthermore, the mental health action plan encourages programmes that could lessen the suicide rate among parents diagnosed with mental disorders and their adolescents.

The gaps related to this study are that the mental health action plan does not address the family and outline professional support for parents diagnosed with mental disorders and their school-going adolescents. There is a need to support these individuals.

The school-going adolescents living with parents diagnosed with mental disorders appear to lack adequate services that could promote their mental health at school and home (Rasesemola et al. 2019:7). In support, Justin, Dorard, Vioulac, Leu and Untas (2021:1540) argue that health professionals and social workers tend to provide mental health and other social services to parents diagnosed with mental disorders, yet they seldom communicate with the school for the sake of the adolescents.

2.2.7 Policy on Screening, Identification, Assessment and Support 2014

The Screening, Identification, Assessment and Support Policy (2014) focuses on establishing a standardised method to identify, assess and provide support

programmes for all adolescents at school to facilitate their participation and inclusion. The policy also assists those adolescents facing challenges at school.

The policy was relevant to this study because it encourages the early identification of adolescents experiencing challenges that could interfere with their learning to provide support and prevent school drop-out. The policy also promotes support for teachers (Department of Basic Education 2014:1). It provides opportunities for adolescents and teachers at school by establishing the needs of the adolescents at school and at home, ensuring that the teachers understand these needs. Additionally, the policy addresses obstacles that interfere with adolescents' learning (South Africa 2012:11). However, school-going adolescents living with parents diagnosed with mental disorders appear to be unidentified in schools because the SIAS 2014 policy is seldom implemented due to a lack of understanding and knowledge. This claim is in line with the study by Ntseto, Kgothule, Ugwuanyi and Okeke (2021:1385), which admits most teachers have inadequate insight, skills and confidence in the SIAS 2014 policy.

Similarly, Ramango and Naicker (2022:92) highlight the SIAS policy demands specialised training at various levels in the school system. Consistent with this argument, Mncube and Lebopa (2019:149) point out that some teachers can only perform baseline assessments due to a lack of training on the SIAS policy.

2.2.8 Policy on Inclusive Education 2001

The Policy on Inclusive Education (Department of Basic Education 2001) was developed to support all adolescents and teachers at school and the education system as a whole to meet their learning needs. In addition, the policy focuses on the development of proper teaching plans to benefit all school-going adolescents. The policy seeks to discover and eliminate obstacles to adolescents' learning, and to acknowledge and accommodate their various learning needs.

The inclusive policy was relevant to this study because it is concerned with supporting the education system and adolescents at school so that their learning needs can be met.

The Policy on Inclusive Education outlines opportunities for school-going adolescents and teachers. The policy encourages the school to provide early and relevant support for school-going adolescents. It also prompts schools to provide long-lasting, high-quality education and training systems for the benefit of the school-going adolescents, teachers and the education system. The Policy on Inclusive Education also focuses on different institutions, such as normal schools and special schools.

Ultimately, teachers may have a different understanding of inclusive education, which might hamper support for school-going adolescents living with parents diagnosed with mental disorders at school (Otukile-Mongwaketse 2018:13). The authors conclude that inclusive education has more than one interpretation, and different meanings are attached by different people. Consistent with this argument, Sorkos and Hajisoteriou (2020:519) warn that inclusive education refers not only to the education of disabled adolescents or adolescents with special educational needs, but also focuses on all school-going adolescents regardless of their differences in ability, culture, gender, language, class and ethnicity. Similarly, Downes (2016:7) claims inclusive education could benefit all school-going adolescents, not only those with disabilities.

According to Makoelle (2020:6) and the Department of Education (2001:17), inclusive education is concerned with supporting all adolescents so that their learning needs can be met. Similarly, the Department of Education South Africa (2016:21) points out that inclusive education aims to transform the education system from special education and mainstream education into one integrated system that includes justice, equity and quality.

Downes (2016:7) highlights that inclusive education seems to address the emotional, physical, cognitive and social needs of school-going adolescents, and also recognises their talents and individuality. Likewise, research by Sandoval, Muñoz and Márquez (2021:3) and Kefallinou, Symeonidou and Meijer (2020:146) reflect that inclusive education seems to improve adolescents' results at school, promote quality education and long-term social inclusion.

Overall, support for school-going adolescents appears to be influenced by a lack of inclusive education's implementation in South African schools (Kurniawati 2021:205;

Mpu & Adu 2020:233; Engelbrecht, Savolainen, Nel, Koskela & Okkolin 2017:693; Zwane & Malale 2018:8). The authors also acknowledge that teachers fail to implement inclusive education at schools due to insufficient training and skills on disabilities, inadequate equipment, limited space in the classrooms, and limited time to prepare teaching instruments.

2.3 INTERVENTIONS HIGHLIGHTED BY OTHER RESEARCHERS

Majority of the studies highlighted different interventions to address some of the challenges the school-going adolescents experiencing. Most of the studies suggested empowering the school-going adolescents with information about mental disorders to be able to understand and cope with the challenges and raise awareness at school and in the community (Dharampal & Ani 2019:7; Goodyear, Zechmeister-Koss, Bauer, Cristiansen, Glatz-Grugger & Paul 2022:6). Additionally, some of the studies highlighted the use of psychoeducational approach at school and at health facilities (Ballal, Navaneetham & Chandra 2019:230; Dobener, Fahrer, Purtscheller, Bauer, Paul & Christiansen 2022:11). Kristensen, Lauritzen and Reedtz (2022:8) recommended the support of school-going adolescents by school nurses. Similarly, Hendricks et al. (2021:503) suggested that, health professional taking care of the parent diagnosed with mental disorders should also provide support to the school-going adolescents and teachers should also provide support to school-going adolescents at school.

Likewise, Mansell et al. (2020:57) indicated a need to use team-based approach to address the problems of school-going adolescents, a need to share the information of school-going adolescents in their files and a need to train the teachers on how to identify learners facing with challenges at school. Similarly, Wepf and Leu (2021:12) point out that the professionals should prevent stress and promote well-being of school-going adolescents by listening to them, supporting them practically and emotionally. Additionally, Goodyear et al. (2022:6) highlighted the need for collaborative village approach. Meaning that school-going adolescents should be supported both formally and informally by professionals and community members. Ballal et al (2019:230) and Hendricks et al. (2021: 501) suggested community and homebased interventions to support school-going adolescents living with parents

diagnosed with mental disorders. The study by Nicholson, Paul, Riebschleger and Wittkowaki (2022:3) and Ballal et al (2019:230) encourage peer support, training of skills, and afterschool programmes.

2.4 CONCLUSIONS

Adequate policies, guidelines and frameworks are in place to promote mental health and support parents diagnosed with mental disorders and school-going adolescents; however, there seems to be inadequate implementation. This chapter reviewed literature on support for school-going adolescents living with parents diagnosed with mental disorders. Most of the reviewed studies focused on adolescents taking the caring role for family members, such as a parent, siblings, grandparents, aunts, uncles and friends with chronic physical or mental disorders, substance and drug abuse and those living with disability. These studies used either the qualitative or quantitative research approach. The review highlighted challenges related to the phenomenon and a lack of support for school-going adolescents living with parents diagnosed with mental disorders and the family.

In conclusion, no study was found within the literature that developed strategies to support school-going adolescents living with parents diagnosed with mental disorders in the Capricorn district of South Africa. Therefore, this study sought to address this gap by developing a conceptual framework and strategies to support school-going adolescents living with their parents diagnosed with mental disorders in the Capricorn district high schools of Limpopo province.

The next chapter describes the research methodology and design employed in this study.

CHAPTER 3
RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

This chapter discusses the research design and approach used in the study. The discussion outlines the research setting, population, sample, sampling procedures, recruitment procedures, data collection method, data analysis, data integration, measures to ensure the trustworthiness of the study, ethical considerations, and the phases of the study.

3.2 PHASE ONE: SITUATIONAL ANALYSIS

Phase one was based on a qualitative design and grounded theory approach. The study was conducted inductively, which meant the researcher moved from the specific to the general (Johnson & Christensen 2020:18).

3.2.1 Research design

A research design entails creating a plan of all aspects of the research project and determining how they fit together (Walter 2019:29). Birks and Mills (2015:25) indicate that a research design identifies the researcher's philosophical and methodological stand and the method used to obtain the research purpose.

In this study quantitative research design was not considered because it deals with measurable elements of human behaviour and statistics. The objectives of this study were to explore and describe experiences of the participants.

Qualitative research seeks to understand social phenomena through an exploration and interpretation of the meaning participants attach to a phenomenon to make sense of experiences in the social world (Hennink, Hutter & Bailey 2020:10). The qualitative research design assisted the researcher in building a complete picture of participants'

views about support for school-going adolescents living with parents diagnosed with mental disorders.

The qualitative researcher conducts research in a setting where participants live daily and seeks to answer the questions of the study (Marshall & Rossman 2016:3). In this study, the researcher attempted to interpret the research phenomenon based on the meanings the participants brought to her (Hennink et al. 2020:11). The qualitative research design ultimately relies on participants' experiences of a situation.

3.2.1.1 Advantages and disadvantages of qualitative research designs

The qualitative research design has various research approaches, such as the phenomenology research approach, narrative research, grounded theory approach, and ethnography (Creswell & Creswell 2018:13). Therefore, the researcher selected an approach best suited to the topic of the study. The qualitative research design assisted the researcher in understanding multiple dimensions and layers of reality, such as the types of participants in a group, how they think, how they interact, and how dimensions come together holistically to describe the group. The design also assisted the researcher in understanding the nature of the research phenomenon from the participants' viewpoints (Johnson & Christensen 2020:35). The qualitative research design assisted the researcher in becoming intensely involved and examining the participants' opinions in detail. The researcher entered the field with an open mind and was flexibly able to listen to the participants explaining their experiences. This design enabled the researcher to study the participants in the setting where the action was taking place and identify how their experiences and behaviour were shaped by the context of their lives (Hennink et al. 2020:10).

A disadvantage of qualitative research is that the approach is time-consuming. The qualitative research design requires training and experience to ensure appropriate and scientifically sound findings (Hennink et al. 2020:10). The researcher's experience and skills can therefore affect the standard of the research project (Polit & Beck 2021:503). This research design also uses non-random sampling, meaning that not all participants have a chance to be selected. However, the researcher mitigated these challenges by selecting participants knowledgeable about support for school-going

adolescents living with parents diagnosed with mental disorders and willing and able to explain and articulate nuances (Brink et al. 2018:124).

3.2.2 Grounded theory approach

In this study, the researcher followed Charmaz's (2014) grounded theory approach. This theory aims to identify ideas, establish theoretical explanations that extend beyond the known, and offer new insights into a range of experiences and phenomena (Corbin & Strauss 2015:6). The grounded theory approach was appropriate for this study because the researcher sought to explore and describe participants' experiences regarding support for school-going adolescents living with parents diagnosed with mental disorders. Additionally, this approach provided the researcher with clear directions on how to conduct the research and it enabled the researcher to answer research questions. The grounded theory approach assisted the researcher in attending to what she heard, saw, and sensed while collecting information, and refining, shaping, and reshaping the gathered information (Charmaz 2014:3). The researcher explored events, interactions, and situations through data generation and then developed strategies to support the school-going adolescents (Mason 2018:8).

The grounded theory has three approaches, namely: Classic Glaserian grounded theory is both positivist and objectivist; researcher believes in one reality that can be uncovered; uses the induction and deduction process, and has two levels of coding; Straussian and Corbin grounded theory is postpositivist perspective; puts more emphasis on deduction and verification; they control personal biases through using of procedures to maximise objectivity and has tree levels of coding; and the Constructivist grounded theory by Charmaz, is constructivist perspective; believes in multiple perspective of reality, uses both inductive and deductive, and has three levels of coding (Singh & Estefan 2018:6). The grounded theory approach is an inductive qualitative method that collects and analyses data simultaneously to develop a theory or a framework that is grounded in participants' experiences (Grove, Gray & Burns 2015:70; Charmaz & Belgrave 2019:744). Therefore, this approach enabled the researcher to develop a conceptual framework and strategies to support school-going adolescents living with parents diagnosed with mental disorders by interpreting and constructing their experiences regarding the research phenomenon.

The grounded theory approach uses purposive sampling to select participants knowledgeable about the research phenomenon. The researcher also used theoretical sampling to determine where, how, and from whom more data should be collected.

The grounded theory approach uses the constant comparison analysis method. The researcher engaged in a constant comparison throughout the study, from the initial coding until the stage of strategy development to support school-going adolescents. This analysis method assisted the researcher in comparing data from three groups of sources, namely adolescents, parents, and teachers, identifying similarities and differences between the categories. Additionally, various views of the participants were yielded.

The researcher used multiple forms of data collection such as writing detailed field notes, writing memos, individual interviews, focus group discussions, and audio recordings to collect rich in-depth data. Interpretations of data started from the participants' perspective. The grounded theory approach uses memos throughout the research project, and while collecting and analysing data. The researcher compared data with data, data with codes, codes with codes, codes with categories, and categories with categories, and identified gaps in the analysis by writing memos (Charmaz 2014:171). The researcher went back and forth between the participants, conducting new interviews with three groups of participants to elaborate on the emerging categories and develop strategies to close any identified gaps (Leedy & Ormrod 2015:270). Little was known about this phenomenon.

3.2.2.1 Advantages and disadvantages of the grounded theory approach

The theory is based on data derived from information gathered during the data collection process. This approach also uses multiple sources of information, so the researcher employed three groups of data sources when collecting data for this study, namely adolescents, parents, and teachers. Additionally, the researcher adopted different means of collecting data, including face-to-face semi-structured interviews, focus group discussions, observations, field notes, memo writing, and an audio recorder. These data collection strategies assisted the researcher in developing a

thorough explanation of the participants' experiences regarding support for adolescents living with parents diagnosed with mental disorders.

The grounded theory approach uses the constant comparison method to form concepts and yield rich data. The approach encouraged the researcher to be actively involved in the study and increased the researcher's focus and flexibility (Charmaz 2014:3). Data collection and analysis also occurred simultaneously, which helped the researcher in identifying gaps and preparing to form new questions for the next interview session. The grounded theory approach ultimately guided the researcher in carrying out the research project (McSweeney & Williams 2019:126). The process assisted the researcher in following guidelines with ease, such as using constant comparison methods and writing memos.

The disadvantages of the grounded theory approach are that the study is time-consuming because data collection and analysis occur throughout the research project. The comparison between the data can also sometimes be abstract to the researcher. In this study, the researcher compared data from all three sources without any problems. Moreover, the grounded theory has multiple approaches, which may need to be clarified for the novice researcher. In this study, the researcher managed to use Charmaz's (2014) grounded theory approach with ease. Another challenge is that the findings of the grounded theory approach are not easily generalised (Johnson & Christensen 2020:83). The researcher thus aimed to gain an understanding of the participants' experiences regarding support for school-going adolescents and develop support strategies without generalising the research findings (Corbin & Strauss 2015:377). The researcher managed all these challenges by choosing an approach that was deemed understandable and relevant to the study to avoid confusion. The researcher also wrote detailed memos to reduce prolonged data collection and analysis, and used the constant comparison method with understanding.

3.2.2.2 Population and sampling

A population is the whole set of individuals in which the researcher is interested (Walter 2019:121). DePoy and Gitlin (2016:191) argue that a population is a group of people who share the same features defined by the researcher. The population for

this study was all school-going adolescents attending Capricorn district high schools (N=137 768), all the parents diagnosed with a mental disorder in the Capricorn district (N=61 677), and all teachers educating children in Capricorn district high schools (N=4807). The study's target population was adolescents living with parents diagnosed with mental disorders, attending high school, aged between 14 and 17; parents diagnosed with a mental disorder, aged between 32 and 60; and teachers as educators teaching learners in high schools.

3.2.2.3 Sample

A sample is a set of cases or elements selected from a population (Walter 2019:474). In qualitative research, there are no fixed rules for the sample size; instead, the size is based on informational needs (Hennink et al. 2020:315). Data saturation is the point at which no new data are obtained, and a repetition of data is achieved (Gray et al. 2017:255).

Six high schools in the Capricorn district were selected for this study as the research sites. There are 350 high schools in the Capricorn district and 24 combined schools. Three high schools were selected from rural areas and three from urban areas. The schools were chosen based on the information parents shared during interviews at the clinic, mentioning where their adolescent was attending school. The researcher visited the circuit office to obtain permission to collect data and then visited the school for recruitment and an interview appointment.

The researcher obtained permission to visit the clinics from the district office in Capricorn. There are 96 clinics in Capricorn district, and four community health centres; six clinics from the Capricorn district were ultimately used. Three clinics from rural areas and three from urban areas were visited, and the recruitment of participants followed.

For this study, non-probability sampling was adopted. Leedy and Ormrod (2015:182) claim that with non-probability sampling, not every element of the population has a chance to be selected. This method assisted the researcher in obtaining accurate and reliable data from participants during data collection. For this study, purposive

sampling was also employed. This sampling method assisted the researcher in choosing participants based on their knowledge, articulation, reflection, and willingness to speak with the researcher about support for school-going adolescents living with parents diagnosed with mental disorders (Creswell & Poth 2018:326). Therefore, the researcher intentionally selected participants who were knowledgeable about the research phenomenon. The following criteria were employed to select the research participants.

a) Eligibility criteria

Eligibility criteria define the characteristics of the target population (Polit & Beck 2021:727).

Adolescents

- School-going adolescents living with parents diagnosed with mental disorders
- Registered at Capricorn district high schools
- Able to read, write, and understand English
- Between 14 and 17 years to include older students repeating an academic year

Parents

- Parents of school-going adolescents diagnosed with mental disorders
- Coherent, stable, and free from psychosis

Teachers

- Teachers presently teaching in Capricorn district high schools
- Teaching learners between the ages of 14 and 17
- Two years and longer experience teaching in that high school. The assumption was that teachers who had at least two years of experience would know the learners at the school.

b) Exclusion criteria

Exclusion criteria are the characteristics that the population must not possess (Polit & Beck 2021:727).

Adolescents

- Adolescents attending school in other districts
- Adolescents not living with a parent diagnosed with mental disorders
- Adolescents living with parents diagnosed with mental disorders in other provinces
- Adolescents who do not volunteer to participate in the study were excluded

Parents

- Parents with acute psychiatric symptoms
- Parents with incoherent speech and unable to communicate properly with the researcher
- Parents who do not volunteer to participate in the study were excluded

Teachers

- Teachers not teaching learners between the ages of 14 and 17
- Teachers with less than two years of experience
- Teachers working in other district high schools
- Teachers who do not volunteer to participate in the study were excluded

3.2.3 Research methods

A method is a way of gathering and analysing data (Hennink et al. 2020:295).

3.2.3.1 Data collection

The researcher collected data from October 2020 to May 2021. Data collection produces an audit trail that includes a clear and specific explanation of how data are collected, how the results are divided, and the reason for the selected method (Brink et al. 2018:133). The data collection methods in this study included semi-structured, face-to-face audio-recorded interviews, field notes, observations, focus group interviews, and memos.

Twelve (n=12) school-going adolescents were interviewed through semi-structured, face-to-face interviews. Interviews lasted 20 to 25 minutes. Twelve (n=12) parents

were also individually interviewed for 25 to 35 minutes. Six focus group discussions were conducted with teachers. Each group consisted of six participants, totalling 36 participants. The discussions lasted 45 minutes to one hour. The researcher was the main data-gathering instrument.

Data collection means preparing for ethical issues and attaining permission, applying an acceptable sampling method, establishing a means of writing down the information, responding to questions as they arise in the setting, and keeping the information tight (Creswell & Poth 2018:147). Information-gathering aims to address the research question and objectives of the study and is essential for the study's success. However, without quality data collection techniques, the effectiveness of the study is potentially challenged (Polit & Beck 2021:725).

a) Semi-structured interviews

Brinkmann and Kvale (2015:367) explain that a semi-structured interview is a planned and flexible interview that aims to provide the participants with a chance to explain using their own words. According to Marshall and Rossman (2016:150), a semi-structured interview asks specific questions in a particular sequence and sometimes without follow-up questions.

A pilot interview was conducted to assist the researcher in checking the feasibility of the study, the quality of the data-gathering instrument and methods, and whether questions on the interview guide would yield the required information (Brink et al. 2018:161). A pilot study can be used to refine the questionnaire or interview guide and modify the data collection method to ensure the study's trustworthiness (Gray et al. 2017:508).

For this study, three school-going adolescents and three parents diagnosed with mental disorders were recruited and interviewed individually, face-to-face, through semi-structured interviews at their identified high schools and clinics. The findings from the pilot interviews were not included in the findings of the primary study, and no amendments were made to the interview guides. The participants understood the questions; therefore, no questions were rephrased, and the information yielded

answered the research questions. The audio recorder was also checked to avoid technical errors and audibility.

The researcher asked the participants the following questions:

School-going adolescents: Tell me how it is for you to live with a parent with a mental disorder. What support do you need?

Parents: How will you describe your experiences with the support of your school-going children? How, if in any way, does your diagnosis influence the support you provide your children?

Semi-structured interviews assisted the researcher in being consistent with the phenomenon being discussed with the participants. The interviews helped the researcher gain an in-depth understanding of support for school-going adolescents living with parents diagnosed with mental disorders, encouraging active engagement and an examination of the participants' responses (Alemu, Stevens, Ross & Chandler 2015:527). Furthermore, the interviews yielded information quickly, and the researcher was able to promptly follow up and explain the participants' experiences (Marshall & Rossman 2016:150). The researcher audio recorded the interviews with the participants' permission to capture complete information during the interviews.

a.i) Advantages and disadvantages of semi-structured interviews

The response rates in interviews are typically higher than response rates to questionnaires (Gray et al. 2017:406). This approach thus assisted the researcher in obtaining rich and detailed data from the participants. Using semi-structured interviews, the same topics were covered during the interviews with the participants. The researcher also added additional questions to explain and clarify specific points during the interviews (Corbin & Strauss 2015:39).

The researcher captured all participants' experiences regarding support for school-going adolescents through semi-structured interviews, so participants had the freedom to provide more details as they wished (Leedy & Ormrod 2015:160). Semi-structured

interviews allowed the researcher to use open-ended questions to obtain richer and more varied information than closed-ended questions. This strategy yielded more data about the participants' experiences with the phenomenon under investigation. Interviews are also the most direct method of collecting information from participants. The researcher could thereby encourage the participants to reflect on their experiences to articulate their feelings and understanding during data collection (McSweeney & Williams 2019:194).

The disadvantages of interviews are that more time is needed and the process is expensive because the researcher spends more time with participants. The sampling size is small because the researcher collects data until data saturation is reached. At times, the participants may also have something important they wish to add, but they might not mention it to the researcher because the researcher does not ask about it specifically (Corbin & Strauss 2015:39). The researcher managed these challenges through memo writing to identify gaps, using probing during the interviews, giving the participants time to ask questions and add any information they think the researcher should know about, giving the participants her contact details to call if they wanted to talk or ask questions, and collecting data until theoretical saturation was reached. Theoretical saturation is when no new categories appear during data collection (Corbin & Strauss 2015:139).

b) Face-to-face interviews

Face-to-face interviews are regarded as the best method of gathering data because they yield quality information. Interviews appear to have a high response rate and allow the researcher to collect additional information by observing participants (Polit & Beck 2021:243). The researcher used face-to-face semi-structured interviews when collecting data from adolescents and their parents. This method assisted the researcher in probing and clarifying misunderstandings during the interviews to yield accurate, comprehensive information. The researcher also observed participants' verbal and non-verbal cues during the interviews.

3.2.3.2 Data collection procedure

Data were gathered during lockdown level one as a result of the Coronavirus disease of 2019 (Covid-19). All lockdown guidelines were followed during the collection of data. These included wearing a mask, keeping a social distance, and washing and sanitising hands. Therefore, the researcher and all participants wore masks, practised social distancing, and sanitised their hands during the interview process. The private office or storeroom and classes where interviews were conducted were also cleaned and sanitised before the interviews commenced.

Data were collected after obtaining ethical clearance and permission from relevant authorities and institutions. The researcher visited the local clinics of the Capricorn district on psychiatric clinic days and talked to the parents of school-going adolescents about the study. The researcher explained the study to all parents diagnosed with mental disorders in the waiting hall before their consultations. The parents were approached to give consent to speak to their adolescents and request their participation. Those interested in taking part in the study contacted the researcher, and an appointment for interviews was set. The interested parents also stated where their adolescents were attending schooling.

An arrangement to conduct interviews was made with operational managers at the clinics. The researcher visited the circuit managers and explained the study to them to obtain their permission to access schools. An appointment to collect their permission letter was made with the circuit managers who managed the schools' contact details. The researcher also explained the study to the school principals to obtain their permission to recruit school-going adolescents and teachers. The arrangement was made with the school principals, then with adolescents and teachers. The researcher put a poster with the details of the study on schools' and clinics' notice boards (Annexure O). Poster recruitment did not cause additional stigmatisation or invasion of privacy because participants were already diagnosed and in treatment. Additionally, they were using psychiatric outpatient services at the clinic with other community members.

The researcher visited the parents at the clinics where they collect their treatment and the adolescents and the teachers at the schools they attended. Some principals' offices and unoccupied classes were used for the interviews and focus group discussions. The storerooms at the clinics were used for parents' interviews. All necessary arrangements were made to maintain their privacy, such as putting a notice "silence interview in progress" on the door to prevent disturbance when gathering data. The participants' names were not mentioned during the interviews to maintain their privacy and confidentiality. Qualitative research focuses on the study of human experience from the participant's viewpoint in an environment in which the action takes place (Brink et al. 2018:104). This approach assisted the researcher in obtaining the participants' views on their experiences with support for school-going adolescents living with parents diagnosed with mental disorders in the clinics and the schools.

Attitudes, opinions, or perceptions about the research phenomenon were discussed through free and open conversation between the participants and the researcher (Walter 2019:278). The researcher encouraged a general balance during the discussion about support for school-going adolescents (Bryant & Charmaz 2019:150). The interviews prompted the participants to share their thinking, generate new ideas, and consider different views before answering (Brink et al. 2018:144). The researcher was open to what she saw, heard, and learnt during the interviews and discussions with the participants. The grounded theory approach also increased the researcher's flexibility when collecting information. The researcher was thus encouraged to follow up on what was happening using additional questions and interviews (Charmaz 2014:26).

The researcher established rapport with the participants and listened to their responses attentively without interrupting them during data collection. The use of leading questions was avoided, and listening skills were employed to obtain quality, accurate data. The researcher used minimal verbal responses during interviews, such as nodding the head, and saying "mmm, I see", among others. Interrupting the participants was avoided. The researcher reflected on what the participants mentioned and clarified any misunderstanding. Paraphrasing was employed when restating the participants' views during the interviews.

The researcher also encouraged the participants to say more; for example, “Tell me more about it”. Probing questions were thus used to obtain more valuable information from the participants (Polit & Beck 2021:740). The probing questions were posed based on the participants’ responses. The researcher used comments to encourage the participants to expand on their views during the interviews.

The interviews were conducted according to the interview guide, using open-ended questions, which helped the participants describe their experiences fully and in their own words (Johnson & Christensen 2020:214). Additionally, multiple forms and sources of data were employed during data gathering to obtain a complete view from participants about support for school-going adolescents living with parents diagnosed with mental disorders (Creswell & Creswell 2018:181).

The researcher used memos to write down ideas about categories and emerging theories in this study (Creswell & Poth 2018:317). The participants were notified about the remaining time during the interviews and discussions. The researcher used a reflective summary to outline the participants’ thoughts, ideas, and feelings to confirm what they shared. The audio recorder, field notes, and memos were kept private. Ultimately, data were gathered until no new information was forthcoming.

Towards the end of the research, the researcher went back to the field to interview new participants to close any gaps, saturate categories, and complete the study (Corbin & Strauss 2015:145). According to Charmaz (2014:128), the researcher might ask earlier participants to confirm if the process explained their experiences and events in their lives. However, the researcher might also seek new participants to explain these processes. In this study, the researcher used new participants to close any gaps and saturate categories from data collection.

3.2.3.3 Challenges experienced during data collection

Some teachers were reluctant to participate in the study. They complained about the lost time during the lockdown and said they were behind with their schoolwork. Some teachers said they could not compromise their lunchtime to participate in the

interviews. However, others understood the significance of the study and voluntarily attended.

The permission letters from the circuit managers stated that there should be no interruptions of classes during data collection. The interviews with adolescents and focus groups with teachers were thus conducted during lunchtime and the last few minutes of their last periods. The researcher had to gather the information during lunchtime and the participants had to finish the interview and go for lunch. Then, during the last period, the participants had to complete the interview and go back to class if there is still time left for that period. Some teachers were invited for focus group discussions after school hours and the researcher found that they were constantly talking and looking at their watches because they wanted to go home. Therefore, the time for interviews was limited at the schools. There was also a lot of noise during lunchtimes from the children playing outside. However, the researcher closed the windows and doors to minimise noise and maintain privacy.

The lack of a pilot interview may affect the trustworthiness of the data (Gray et al. 2017:508). Therefore, pre-testing was useful in this study because the flow and audibility of the audio recorder were checked and the research questions were determined to yield relevant information (Brink et al. 2018:46). A pilot interview with teachers was not conducted because most were reluctant to participate in the study. However, the research instruments were tested with the adolescents and their parents.

At the clinics, staff came into the interview room without knocking even though a notice 'silence, interview in progress' was on the door. There was also noise from some clients waiting for medication at the hospital. However, the researcher closed the door and windows to minimise any noise that could disturb the interviews and asked the operational manager of the clinic to request that staff members respect the interviews and clients lower their voices.

Many of the clinics were small, with limited space available to maintain a quiet space. This was a challenge to the researcher, but measures were taken to create a conducive environment. Storerooms and kitchens were used for interviews at the

clinics, but this resulted in the mentioned interruptions by staff members during data collection. Therefore, the time scheduled for the interview with the participants was prolonged because the audio recorder was paused, and the researcher waited for staff members who entered the storeroom for supplies to leave to continue with the interviews. The researcher also requested that staff members collect sufficient supplies from the storeroom to limit further interruptions. The participants were reassured and encouraged to be patient. Despite the challenges, the researcher collected the data with patience, perseverance, and humility.

3.2.3.4 Focus groups discussions

The researcher conducted the focus group discussions alone and managed dynamics such as dominant and quiet participants while maintaining a neutral response (Hennink, Hutter & Bailey 2020:156). A pilot focus group was not conducted because some teachers were reluctant to participate in the study due to the time lost during the Covid-19 lockdown periods, and they needed to catch up with their work. No changes or amendments were thus made to the interview guide.

The teachers were interviewed through focus group discussions in a private class. The focus group aimed not to reach an agreement about or solutions on the issues discussed but obtain different viewpoints on experiences of dealing with school-going adolescents living with parents diagnosed with mental disorders (Brinkmann & Kvale 2015:175). The focus group discussions assisted the researcher in obtaining the views of many participants in a short period (Hennink et al. 2020:138). With focus group discussions, participants often feel more relaxed communicating their views when they have the same background as other group members (Polit & Beck 2021:511).

The researcher introduced herself to the participants and welcomed them to the session. The nature of the study and its purpose was explained, and they were informed why they were chosen for the study. The teachers were chosen because they had experience in dealing with school-going adolescents living with parents diagnosed with mental disorders, and they spent time with them at school. The ground rules were read to teachers before the focus groups commenced. The researcher explained that there were no right or wrong answers, only differing points of view, and

the teachers should feel free to share their points of view. The teachers were informed that the discussion would be audio recorded because the researcher did not want to miss any of their comments. They were urged that one participant speak at a time, and they did not need to agree with other participants. If they wanted to speak, they had to indicate their desire by raising their hand. The participants listened attentively as other participants shared their views.

The researcher asked the teachers to put their cell phones on silent or off and if they needed to respond to an emergency call, they could do so without disturbing the discussion. Additionally, the researcher explained to the teachers that what was said in the group must never be discussed outside the group and they must not mention names during the discussion. The teachers were informed about the estimated duration of the discussion, which was approximately 45 minutes to one hour. The researcher reinforced all ethical statements, indicating that internal confidentiality cannot be ensured, as explained during recruitment. The teachers also received an information sheet for the focus group discussion to read before they attended the interviews. Detailed information was provided in the consent form (Annexure L) for the focus group discussion and the information sheet (Annexure N).

The researcher ensured external confidentiality by informing the focus group members that they would not be identified or linked with what they said in any publication of the study (Tolich & Tumilty 2020:25). External confidentiality is where the researcher acknowledges knowing what the participants have said but promises not to identify them in the final report (Tolich & Tumilty 2020:20). Internal confidentiality relies on adhering to the ground rules and observing all aspects of the consent form and information sheet (Sim & Waterfield 2019:3010). The researcher ultimately allowed the teachers to decide whether to stay or withdraw from the study. Those willing to participate voluntarily signed the informed consent form. The participants were also informed that a debriefing session would be held after the discussion, and they were encouraged to attend the session.

a) Field and observation notes

The researcher recorded observation and field notes during data collection (Bryant & Charmaz 2019:151). Field notes are written responses by the researcher about the events and activities happening during data collection (Johnson & Christensen 2020:198). Additionally, field notes maintain details of the physical environment and note participants' non-verbal behaviour that cannot be seen through transcriptions (Birks & Mills 2015:178). In this study, the researcher wrote field notes during and after individual face-to-face semi-structured interviews and focus group discussions. The participants voiced their experiences and feelings and summarised them to clarify the meanings. This assisted the researcher in obtaining rich data during data collection.

Observation entails listening, smelling, touching, and seeing during data collection (Gray et al. 2017:685). The researcher intensely observed the participants for any non-verbal cues during individual face-to-face interviews and focus group discussions (Hennink et al. 2020:170). This assisted the researcher in writing detailed descriptions of participants' observed behaviour and their views. The observed events, discussions, data about actions, dialogue, information, and the setting were noted by the researcher to capture important information (Polit & Beck 2021:527). The observation notes were used with the transcribed interview data and memos to increase the researcher's understanding of support for school-going adolescents living with parents diagnosed with mental disorders.

b) Memos

Memos are used to store ideas by analysing the information collected from participants (Charmaz 2014:171). It appears that memo writing is an important method in the grounded theory approach because memos motivate the researcher to analyse data and codes early in the research process (Charmaz 2014:171). Memos stimulate the researcher's thoughts, capture comparisons and connections the researcher makes, and shape questions and directions for the researcher to follow (Corbin & Strauss 2015:107).

In this study, the researcher used memos to reflect on and describe patterns in the data, define relationships between categories, engage in emergent categories, and identify gaps in the data (Polit & Beck 2021:545). The memos also assisted the researcher in revealing her ideas about what she saw in the data, heard, sensed, coded, and examined. The memos enabled the researcher to compare data, sources of data, codes, and categories during data analysis.

3.2.3.5 Data analysis

DePoy and Gitlin (2016:107) advocate for constant comparison, which assisted the researcher in seeing similarities and differences among the categories of information. Moreover, Corbin and Strauss (2015:69) claim analysis is an ongoing process throughout the study. Ultimately, the purpose of data analysis is to decrease the amount of information a researcher has to work with by describing concepts that stand for data.

Constant comparison is a method of analysis that develops continuous abstract concepts and theories through the inductive process of collating information with data, data with codes, codes with codes, codes with categories, categories with categories, and categories with concepts (Charmaz 2014:342). The researcher communicated with data by breaking the information into smaller portions, coding the data line-by-line, and comparing them for similarities and differences. The researcher also continued collecting and analysing data through theoretical sampling, returning to the field to ask new questions and verify the emerging categories. The researcher continuously amended and re-examined the data. Categories were modified, and new characteristics and features were established to form strategies to support school-going adolescents living with parents diagnosed with mental disorders. Three types of coding were employed, namely initial coding, focused coding, and theoretical coding.

a) Initial coding

Data collection and analysis occurred simultaneously, and the researcher listened to the audio recorder and transcribed the data manually. The researcher remained open to data, statements, observations, and actions in research settings to identify

meanings and gain new insights into the participants' experiences of the research phenomenon. The researcher compared data through line-by-line and incident-by-incident coding. The line-by-line coding assisted the researcher in refocusing and developing questions for the next round of interviews. The incident-by-incident coding helped the researcher identify patterns and differences during data analysis. According to Charmaz (2014:127), line-by-line coding encourages the researcher to look at the gathered information again. Overall, the researcher accepted the participants' perspectives without question.

The concepts were compared with categories, codes with concepts, and concepts with categories. The major ideas and categories were formed during the initial coding and continued in further stages of analysis. The emerging concepts and categories establishing theory led the researcher to theoretical sampling to identify and pursue questions that may arise during analysis. Additionally, any gaps in the data were filled, uncertainties were clarified, and information leads were followed (Tie, Birks & Francis 2019:3). The researcher was able to determine the succeeding information for the next interviews. Additionally, the researcher decided on the information to be collected in the next round of interviews and the participants to be interviewed. The concepts appropriate to the research questions were noticed and explored extensively by the researcher (Bryman 2016:326; Conlon, Timonen, Elliot- 'O' Dare, O'Keeffe & Foley 2020:1).

Theoretical sampling directed the researcher to new sources of data to fill any gaps in research findings and saturate categories (Clarke, Friese & Washburn 2015:122). The researcher collected data from new sources of data and compared the information to identify similarities and differences between adolescents, parents, and teachers. For example, comparing conversations on events within the same interviews or comparing data in earlier and later interviews with the same or different participants. Memo writing helped the researcher to stop, focus, separate codes, and compare and identify relationships between categories. The memos guided and committed the researcher to noticing what she had seen, heard and sensed, coding and examining these (Charmaz 2014:170).

b) Focused coding

Through focused coding, the researcher moved across the interviews and observations and compared the experiences, actions, and interpretations of adolescents, parents, and teachers. The researcher examined, categorised, integrated, and explored enormous amounts of information collected from all three data sources. Then the researcher compared the initial codes with data to determine the sufficiency and conceptual power of the initial codes. The data were compared with data, and codes were compared with codes. The researcher compared incident with incident and classifications with the category. The codes were identified and clarified to promote greater analytic power of emerging ideas and data gaps. The primary category was chosen based on what is appropriate for the development of strategies, and the researcher attended to the most critical codes that emanated throughout the initial coding phase (Charmaz 2014:138).

c) Theoretical coding

The researcher theorised, coded and integrated the data from three sources. Form was added to the collected focused codes and the analytic information was moved in a theoretical direction. The relationships between codes were indicated, and possible connections among classifications were established through focused coding.

The theoretical codes assisted the researcher in explaining the relationship between the process and the sequence in which they happened. The codes helped the researcher conduct a logical and comprehensive analysis (Charmaz 2014:151). Theoretical coding uses leading concepts to establish a framework for enriching the explanatory power of a grounded theory (Birks & Mills 2015:181). The theory develops during theoretical coding to explain connections among the ideas and determine the order of social actions (Cunha, Adamu, Backes & Saousa 2018:4). The researcher integrated the SWOT analysis with the findings and identified strengths, weaknesses, opportunities, and threats to describe the conceptual framework and strategies to support school-going adolescents living with parents diagnosed with mental disorders. The findings were compared with other literature.

3.2.3.6 Data integration

Data integration occurred during the theoretical analysis. The researcher sorted memos by the title of each category. The categories were continually compared and contrasted at each stage of analysis. The major categories were identified, and the researcher used diagramming to integrate the categories. The diagramming assisted the researcher in seeing the direction of the categories and their connections. The memos were revisited frequently throughout data collection and analysis, integrated, and the researcher emphasised how categories fit together. Various forms of data from three sources were integrated.

3.2.3.7 Measures to ensure trustworthiness

The researcher maintained scientific rigour through truthfulness, appropriateness, epistemological and methodological consistency, flawlessness in information-gathering and examination procedures, and the researcher's perception (Polit & Beck 2021:559). The following criteria were employed to measure the integrity of the research project: credibility, dependability, confirmability, transferability, and authenticity.

a) Credibility

The research findings reflected participants' experiences (Grove et al. 2015:502). Prolonged engagement was maintained by the researcher spending eight months in the field with the participants, gathering, transcribing, and analysing data. The researcher visited the schools three times. The first visit was to ask permission and recruit the participants, building trust and rapport with them. The second visit was to conduct interviews with school-going adolescents, and the third was to conduct focus group discussions with teachers. The researcher also visited the clinics more than once to recruit participants and conduct the interviews. The researcher spent sufficient time with the participants during the interviews and collected data until theoretical saturation was reached (Charmaz 2014:345). Reflexibility was maintained by recording all the researcher's thoughts, feelings, and actions in memos. The

researcher obtained rich and detailed information during interviews and discussions by probing and clarifying meanings.

Data triangulation is the use of different sources of data and different forms of data collection (Brink et al. 2018:84). Data triangulation was ensured by employing three different information sources (adolescents, parents, and teachers) and different forms of data (interviews, observations, field notes, audio recorders, and memos). The transcripts for the three data sources were submitted to the supervisor for quality checks. The findings from all three data sources appeared to be following each other. The researcher adopted member checking through a reflective summary after each interview to give feedback to participants and give them a chance to remark on what was being said about them to avoid bias from the researcher during the analysis and interpretations of the findings (Chase 2017:269; Tappen 2016:175). The findings were discussed with the supervisor.

b) Dependability

The methodology, sample characteristics, data collection and analysis procedures were described in detail. An audit trail and memos were used in the study to assist the researcher in drawing conclusions about the data (Polit & Beck 2021:564). Additionally, an audit trail was used to assist the researcher in providing evidence and tracing the logic, leading to the representation and interpretation of the research findings (Marshall & Rossman 2016:230). The audit included writing memos, writing field notes, capturing interviews on an audio recorder, and writing observation notes. The researcher ensured that if the study were to be repeated, other researchers could obtain similar findings (Brink et al. 2018:159). The researcher also analysed the data and reached a consensus with the supervisor about the themes, categories, and codes.

c) Confirmability

The researcher ensured that the study's findings revealed the participants' feelings and tone as well as the condition of the inquiry, not the researcher's influences, motivations, or viewpoints. Triangulating different sources and forms of data also

ensured confirmability. An audit trail was kept of interview transcripts, field notes, memos, observation notes, and reflective notes by the researcher (Polit & Beck 2021:559). The researcher's report on the findings was supported with quotes from participants' responses.

The researcher observed, conducted interviews, and wrote field notes and memos during data collection to ensure the correctness of the information and consistency. Member checking was also done to supply feedback to the participants during data collection and analysis. The feedback was given while gathering data through a reflective summary of what the participants mentioned after each interview to verify the information. Feedback was also provided during the evaluation of the strategies to support school-going adolescents. The researcher also asked the participants: Is there anything else you want to tell me? Do you have any questions? Do you mind if I can contact you again?

d) Transferability

The research findings were described in-depth to produce detailed accounts of the research setting, people taking part in the study, and their views on the research topic. Participants were purposefully selected based on their knowledge and experiences with support for school-going adolescents living with parents diagnosed with mental disorders (Brink et al. 2018:159). The findings were compared with literature (Polit & Beck 2021:560).

e) Authenticity

Authenticity establishes if the research findings have been accurately captured (McSweeney & Williams 2019:224). Authenticity aims to reflect an understanding of the participants' experiences. The five aspects of authenticity used in this study included fairness, ontological, educative, catalytic, and tactical authenticity (Tobin 2018:10).

Fairness refers to the value of the study. According to Tobin (2018:09), all participants should have a voice on the research phenomenon. This was achieved in this study

through purposeful selection and including multiple perspectives from school-going adolescents, parents and teachers.

Ontological authenticity reflects whether the participants gained increased awareness of the research phenomenon. This was revealed during the interviews when the participants narrated their experiences of supporting school-going adolescents living with parents diagnosed with mental disorders, their awareness of the complexity of the issues at hand, and their role in addressing these challenges.

Educative authenticity focuses on participants' opportunities to learn about each other. The purpose is to understand the perspectives of self and others, not to critique and disagree with others (Tobin 2018:10). This was revealed during focus group discussions where each participant shared their views about support for school-going adolescents. The data collection process proved informative as participants became aware of their strengths and the challenges that needed attention.

Catalytic authenticity is related to participants' transformation and empowerment. The participants gained self-understanding and self-determination by participating in the study (Tobin 2018:10). The conceptual framework and strategies developed in this study could also assist them in dealing with various issues raised by all three data sources. The conceptual framework is underpinned by the dynamic of social change. Tactical authenticity is concerned with participants' empowerment in the study and determining if power has been redistributed. It focuses on all the participants in the study (Tobin 2018:11). All the participants shared that they felt they had the power to change, learn and grow. Sharing experiences in the focus groups was particularly empowering to the teachers.

3.3 PHASE TWO: DEVELOPMENT OF CONCEPTUAL FRAMEWORK AND STRATEGIES

In the second phase of the study, the researcher developed a conceptual framework and strategies to support school-going adolescents based on the findings and literature control. The practice theory survey list of Dickoff et al. (1968) was used as a thinking tool and provided the principles that underpin further knowledge and new

ideas regarding this investigation. The conceptual framework used six activity elements (Dickoff et al. 1968), namely the agent, recipient, context, procedure, dynamics and outcome. This thinking tool assisted the researcher in developing a conceptual framework.

The agents are the people who perform the activity; the recipients are the people who receive the activity; the context is the area where the activity is taking place; dynamics are the energy sources of the activity; procedures are the guiding techniques, steps or protocol of the activity; and the outcome is the end product of the activity. A detailed discussion of the conceptual framework is provided in Chapter 5 of the study.

3.3.1 Strategies to support school-going adolescents living with parents diagnosed with mental disorders

Strategies were developed based on a two-phased approach. Firstly, a SWOT analysis was conducted. The four SWOT analysis elements were used to guide the development of strategies to support school-going adolescents living with parents diagnosed with mental disorders. The elements entailed strengths, weaknesses, opportunities, and threats.

3.3.2 SWOT analysis

The SWOT analysis originated from a business school at Harvard University, developed by George Albert Smith and Roland Christensen in the early 1950s. They used SWOT analyses to analyse case studies (Benzaghta, Elwalda & Mousa 2021:57). In the 1960s, SWOT analysis was discovered in the literature of Albert Humphrey, who worked at Stanford Research Institute, where a team of researchers conducted a study from 1960 to 1970. Additionally, SWOT analysis emerged from a study investigating change management and corporate planning (Gürel & Tat 2017:1001).

The SWOT analysis assisted the researcher in assessing the internal and external environment of the school-going adolescents living with parents diagnosed with

mental disorders. The strengths and weaknesses relate to the internal environment of school-going adolescents, and opportunities and threats relate to external factors.

Strengths are resources, skills, or other advantages related to support for school-going adolescents. In this study, the strengths are all the positive experiences of the participants concerning support for school-going adolescents.

A weakness is a limitation in resources, skills, and abilities that seriously hampers an individual's effective performance. In this study, weaknesses are all the negative factors that hamper the ability to support adolescents, parents, and teachers, and all participants' adverse experiences.

Opportunity is a situation that can produce positive results for the individual. In this study, opportunities are the aspects that help support adolescents, parents, and teachers, and threats are disadvantageous situations for the individual. In this study, threats were caused by a lack of support for adolescents, parents, and teachers.

In the second phase, the strategies based on the findings, SWOT analysis and literature were presented according to the elements of the framework developed in phase one of the research. A detailed discussion of the strategies is provided in Chapter 6 of the study.

3.3.3 Validation of the strategies

The strategies were validated using Risjord's (2019:9) pragmatic and epistemic criteria: analysis and evaluation. The pragmatic validation criteria include elements such as usefulness, abstraction, and values. The epistemic validation criteria focused on operationalisation, precision, empirical and theoretical support. The researcher outlined and presented the strategies at a stakeholder meeting to validate these. The stakeholders comprised 18 teachers and three principals divided into three focus groups, each comprising six members. The purpose and benefits of the strategies were assessed. The stakeholders also validated if the strategies offered new knowledge and changes, and if they covered all the needs of school-going

adolescents, parents, and teachers. A detailed validation of the strategies is discussed in Chapter 6 of the study.

3.4 SUMMARY

This chapter discussed the qualitative research design and grounded theory approach. The advantages and disadvantages of the methods were outlined. The population, as well as the sample and sampling method, were also described. In this study, various data collection instruments, semi-structured interviews and focus groups were used, as explained. Field notes, an audio recorder, memos and observations were also discussed in this chapter. The constant comparison method of analysis is explained, along with measures to ensure the trustworthiness of the study, and ethical considerations. The development of a conceptual framework and strategies, and the strategies' validation, were described.

Chapter 4 offers interpretations and a discussion of the findings.

CHAPTER 4
FINDINGS AND DISCUSSION OF PHASE ONE

4.1 INTRODUCTION

This chapter provides an analysis and discussion of the findings from phase one of the study to meet the objective of this phase. The researcher aimed to develop strategies to support school-going adolescents living with parents diagnosed with mental disorders. This study's findings are presented and discussed using themes, categories and codes. The findings are supported by participant quotes and a literature control; it was compared and contrasted with previous research. The data from all sources and various forms were integrated.

The chapter also addresses the objectives of phase one of the study, namely to:

- Explore and describe the experiences of school-going adolescents living with parents diagnosed with mental disorders
- Explore and describe the experiences of parents diagnosed with mental disorders regarding the support available to their school-going adolescents
- Explore and describe teachers' experiences concerning school-going adolescents living with parents diagnosed with mental disorders
- Explore the needs of the school-going adolescents, parents, and teachers in order to provide supportive actions

4.2 PARTICIPANTS' DEMOGRAPHIC PROFILE

The sample of this study comprised school-going adolescents, parents diagnosed with mental disorders, and teachers. A total of 60 participants took part in the study.

Table 4.1: Group 1: School-going adolescents

Participant	Age	Grade	Mental Healthcare User
PA01	14	9	Mother
PA02	14	9	Mother
PA03	15	9	Father
PA04	15	9	Father
PA05	16	9	Mother
PA06	17	10	Mother
PA07	18	10	Mother
PA08	18	11	Father
PA09	18	11	Mother
PA10	18	11	Father
PA11	18	12	Mother
PA12	18	12	Mother

There were 12 school-going adolescents; six were female (50%), and six were male (50%). Five adolescents (41.6%) were from grade nine, two (16.6%) were from grade 10, three were from grade 11 (25%), and two (16.6%) were from grade 12. Seven participants (58.3%) were 17 years old, two (16.6%) were 14 years, two (16.6%) were 15 years old, and one (8.3%) was 16 years old. The majority of participants were 17 years. All the participants were biological children living with parents diagnosed with mental disorders, and they were thus able to share their views on what it is like to live with a parent diagnosed with mental disorders.

Table 4.2: Group 2: Parents

No	Age	Parent
PP01	34	Mother
PP02	36	Mother
PP03	37	Mother
PP04	38	Mother
PP05	42	Mother
PP06	42	Father
PP07	43	Father
PP08	44	Mother
PP09	44	Father

No	Age	Parent
PP10	48	Mother
PP11	48	Mother
PP12	48	Father

There was a total of 12 parents: eight mothers (66.6%) and four fathers (33.3%). Their ages ranged from 34 to 48 years. Most parents diagnosed with mental disorders were mothers, and they had more experience supporting school-going adolescents. All the parents diagnosed with mental disorders were the biological parents of the school-going adolescent participants.

Table 4.3: Group 3: Teachers

Focus group	Job title	Age	Grade	Years of experience
FG1P01	Educator	51-60	9; 10	>2
FG1P02	Educator	51-60	10; 12	>2
FG1P03	Educator	51-60	9; 11; 12	>2
FG1P04	Educator	22-30	11; 12	>2
FG1P05	Educator	51-60	9; 10	>2
FG1P06	Educator	41-50	12	>2
FG2P07	Educator	51-60	9; 10; 11; 12	>2
FG2P08	Educator	51-60	9; 10; 12	>2
FG2P09	Educator	51-60	9; 10; 11; 12	>2
FG2P10	Educator	41-50	9; 10; 11; 12	>2
FG2P11	Educator	31-40	9; 10; 11; 12	>2
FG2P12	Educator	22-30	9; 10; 12	2
FG3P13	Educator	51-60	9; 10; 11; 12	>2
FG3P14	Educator	51-60	11; 12	>2
FG3P15	Educator	41-50	11; 12	>2
FG3P16	Educator	22-30	9; 11; 12	2
FG3P17	Educator	31-40	9; 10; 11; 12	>2
FG3P18	Educator	51-60	11; 12	>2
FG4P19	Educator	41-50	10; 12	>2
FG4P20	Educator	31-40	9; 10	>2
FG4P21	Educator	41-50	9;10	>2
FG4P22	Educator	51-60	9; 10; 11; 12	>2

Focus group	Job title	Age	Grade	Years of experience
FG4P23	Educator	51-60	9; 10; 11; 12	>2
FG4P24	Educator	41-50	10; 11; 12	>2
FG5P25	Educator	41-50	11;12	>2
FG5P26	Educator	51-60	11;12	>2
FG5P27	Educator	51-60	9; 10; 12	>2
FG5P28	Educator	41-50	9; 10; 11; 12	>2
FG5P29	Educator	22-30	9; 10; 11; 12	>2
FG5P30	Educator	41-50	9; 10; 11; 12	>2
FG6P31	Educator	51-60	9;10	>2
FG6P32	Educator	22-30	10;11	2
FG6P33	Educator	31-40	9; 10	>2
FG6P34	Educator	41-50	9; 10; 12;	>2
FG6P35	Educator	51-60	10; 11; 12	>2
FG6P36	Educator	22-30	9; 10	2

There was a total of 36 teachers; 15 educators (41.6%) in the age range 51 to 60 years, 10 participants (27.7%) were between 41 to 50 years, four participants (11.1%) were between 31 to 40 years, and seven participants (19.4%) were between 22 to 30 years. Most teachers were between the ages of 51 and 60 years. Thirty-two participants (88.8%) had more than two years of experience, and four participants (11.1%) had two years or fewer experience. Most participants were teaching grades 9, 10, 11, and 12 and are believed to have experience dealing with school-going adolescents living with parents diagnosed with mental disorders.

4.3 THEMES, CATEGORIES AND CODES

Table 4.4 provides an overview of the main themes, categories, and codes.

Table 4.4: Overview of the main themes, categories, and codes

THEME	CATEGORY	CODES
1. Matters related to support	1.1 Aspects that hamper the ability to provide support to	1.1.1 Family dynamics: violence, abuse and interpersonal dynamics

THEME	CATEGORY	CODES
	the school-going adolescent in the home environment	1.1.2 The influence of the mental conditions' symptoms: Unstable mood, hallucinations, and suicidal ideation
		1.1.3 Parents' lack of education, understanding and interest
		1.1.4 Lack of awareness among teachers
		1.1.5 Keeping the parent's illness a secret
		1.1.6 School-going adolescents taking over the caring role
	1.2 Lack of professional support	1.2.1 Lack of visits and support from professionals
	1.3 Support from other family members, friends, neighbours and community	1.3.1 Informal support
2. Issues related to the school environment	2.1 Poor school performance	2.1.1 Underperformance at times
		2.1.2 Lack of coping
		2.1.3 Bullying and labelling
	2.2 Poor class attendance	2.2.1 Absenteeism
	2.3 Psychosocial issues	2.3.1 Emotional disturbances
		2.3.2 Drug and alcohol abuse
	2.4 Inclusive education issues	2.4.1 Lack of training
		2.4.2 Implementation of inclusive education

THEME	CATEGORY	CODES
	2.5 Teachers' support programmes and committees	2.5.1 Positive aspects of support
3. Way forward	3.1 A wish for a better future	3.1.1 Need for support agents
		3.1.2 Need for financial assistance
		3.1.3 Need for assistance with the schoolwork
		3.1.4 Responsibilities of other family members
		3.1.5 Responsibilities of various state departments
		3.1.6 Mechanisms for a future support

4.3.1 Theme 1: Matters related to support

In this study, the participants were asked to share their experiences supporting school-going adolescents living with parents diagnosed with mental disorders. The experiences were shared under the following themes and categories: matters related to support; matters that hamper the ability to provide support to school-going adolescents in the home environment; lack of professional support; lack of support from other family members, friends, neighbours and the community. There were, however, also positive aspects of support.

4.3.1.1 Aspects that hamper the ability to provide support to the school-going adolescent in the home environment

The study's findings indicate numerous influences affect support for school-going adolescents. These include family dynamics like domestic violence, abuse and interpersonal aspects. The influence of the mental condition's symptoms, such as unstable moods, suicidal ideation, and self-isolation, were also discussed. Additionally, parents' lack of education, understanding and interest, a lack of

awareness among teachers, and keeping parents' illness a secret also plays a role. School-going adolescents taking over the caring role have less time to attend to their schoolwork, which could affect their socialisation.

a) Family dynamics: violence, abuse and interpersonal dynamics

Some school-going adolescents face dysfunctional family dynamics in the form of arguments, assaults and fights in the family. Other family members and some healthy parents tend to argue, assault and fight with the parent diagnosed with mental disorders and school-going adolescents. Moreover, parents diagnosed with mental disorders sometimes blame adolescents for their own mistakes and make unfair comments about them. This leads to an unsafe and unstable environment that hampers the parents' ability to focus on and support the school-going adolescent. The adolescents stated that:

> *"Even if I did nothing wrong, she (my mother) blames me. She blames me even for her own mistakes. She is always pointing a finger at me" (PA02)*

> *"My mother argues and fights with my aunt and her children. They argue and fight for money and also complain that I am eating too much" (PA09)*

> *"When he (my father) is drunk he assaults me and my mother" (PA12)*

> *"My grandmother who is also mentally challenged always argues and fights with my mother" (PA01)*

> *"When I am angry I took out my anger on the child. I beat her because she came home late at about 20h00. I use my hands and broomstick to beat her" (PP09)*

Consistent with these findings, Shiraishi and Reilly (2019:281) mention that adolescents living with parents diagnosed with mental disorders seem to experience family disruptions, unpredictability, and conflict in relationships. Gatsou, Yates, Goodrich and Pearson (2017:393) also concur, affirming that the homes of parents

diagnosed with mental disorders are often filled with arguments, anger, and blame towards their children and other family members. This may influence support for the parent and school-going adolescents in the family. Additionally, some adolescents are unfairly treated by their parents and other family members. Ultimately, the home environment should be a safe place for school-going adolescents.

Consistent with these findings, Powel and Nicholson (2019:209) highlight that school-going adolescents living with parents diagnosed with mental disorders appear to be at significant risk of maltreatment from their parents. Likewise, the study by Labrum, Zingman, Nossel and Dixon (2021:13) admits that parents diagnosed with mental disorders act violently towards other family members. Chuanque et al. (2017:169) similarly attest that afflicted parents appear to display verbal and physical aggression and fight with adolescents and their neighbours, and they sometimes seem uncontrollable.

Some women diagnosed with mental disorders are assaulted and abused physically, emotionally or economically by their husbands. These parents diagnosed with mental disorders are, at times, forced to apply for a protection order against the healthy parent because of the assaults. A protection order is obtained from the court to prevent the perpetrator from continuing domestic violence. Parents stated that:

> *"My husband was assaulting me and I have applied a protection order against him" (PP03)*

> *"My husband is not supporting us emotionally and financially" (PP04)*

Evidently, some participants were treated badly by their husbands and other family members. These findings are in line with the study by Bhattacharya (2021:11), which affirms that some husbands abuse alcohol and drugs, then fight with and assault their partner diagnosed with mental disorders without cause. Similarly, Fox (2021:63) admits that some women diagnosed with mental disorders are bullied by their husbands.

According to Poreddi, Gandhi, Reddy, Palaniappan and Badamath (2020:401), parents diagnosed with mental disorders, such as mothers, appear vulnerable and at risk of different forms of abuse from family members. Additionally, Hall et al. (2019:10) revealed that parents with mental disorders experience physical and sexual violence, bullying and confinement from their partners and other family members. Some individuals diagnosed with mental disorders are forced to enter an arranged marriage by their family members and are emotionally and psychologically abused by these same family members (Bhattacharya 2021:10). This might lower their self-confidence and self-esteem, potentially delaying their recovery.

Family dynamics often influence interpersonal relationships within the family. Some parents stated that:

> *"We are not relating well because we are always arguing. The child does not listen" (PP09)*

> *"We are not relating well because my mother is always angry and causing fights in the family" (PA01)*

> *"We are relating well but sometimes there are minor arguments at home" (PP05)*

Schlüter-Müller (2020:346) concurs, mentioning that the symptoms of parents diagnosed with mental disorders seem to negatively influence interactions in the family. Although most participants mentioned interpersonal clashes in the family, some related well with their school-going adolescents. The adolescents stated that:

> *"We relate well. We are happy at home" (PA03)*

> *"We are relating well" (PA04)*

> *"We are relating well as a family" (PA10)*

> *"We are relating well" (PA11)*

A study by Matzka and Nagl-Cupal (2020:635) highlights that some adolescents appear to have a good relationship with their parents diagnosed with mental disorders. Positive support was also mentioned by the adolescents in this study. Some shared:

> "*She (my mother) is supporting me well, she provides me with food, clothes, and school material. I mean everything I need. She also assists me with the schoolwork" (PA02)*

> *"They (my parents) try by all means to support me. They buy me food, clothes, and things to play soccer because I am a soccer player" (PA05)*

> *"But sometimes my father does come to visit us and give us money*" (PA07)

> *"In terms of problems such as arguments between me and my mother they (grandparents) are the mediators" (PA11)*

b) Unstable mood, hallucinations and suicidal ideation

Parents diagnosed with mental disorders often experience unstable moods, hallucinations and suicidal ideation. The adolescents stated that:

> *"My father is always angry, arguing and irritable" (PA08)*

> *"She(mother) just becomes angry and makes a lot of noise" (PA09)*

Parents mentioned:

> *"I am always angry and I do not want people in my home" (PP08)*

> *"I feel as if I will become mad and pick papers" (PP11)*

> *"I am unable to talk slow when I talk he (child) thinks I am angry. He says I am always angry" (PP02)*

“Nowadays I started to prepare a programme for my burial. I feel like long ago. Thinking that I should be dead” (PP08)

Some parents cannot support their school-going adolescents because of their unstable moods, hallucinations, and suicidal ideation. These findings align with the study by Rognli, Waraan, Czajkowski, Solbakken and Aalberg (2020:448), which affirms that the depressive symptoms of parents diagnosed with mental disorders can cause conflict with family members. Similarly, Bhattacharya (2021:11) attests that parents diagnosed with mental disorders may experience hallucinations and feelings of anger, likely influencing the relationship between them and their children.

Likewise, research (Chuanque, Wilson, Linn & Arredondo 2017:169; Dam et al. 2018:82; Källquist & Salzmann-Erikson 2019:2063; Zubair, Ali, Taj, Kayani & Khan 2020:273) reported that some parents diagnosed with mental disorders are at risk of committing suicide or injure themselves as a result of the symptoms of the condition.

c) Parents’ lack of education, understanding and interest

Some parents diagnosed with mental disorders are unable to read and write. This might further influence their support and supervision of school-going adolescents’ schoolwork. The findings revealed that some school-going adolescents living with parents diagnosed with mental disorders rely on older siblings, other family members and friends for assistance with schoolwork. The adolescents stated that:

“My mother is not assisting me because she does not understand” (PA01)

“My sister assists me with my schoolwork. My mother does not understand my school work. Sometimes my friend assists me with my homework here at school” (PA06)

“My mother does not understand. She left the school doing standard three. My elder sister helps me with homework” (PA07)

“My father has no interest in our schoolwork” *(PA08)*

The findings are in line with Yulianti, Denessen and Droop's (2019:27) study, where some parents diagnosed with mental disorders depended on extended family members such as elder children, an uncle, aunt, and neighbours to assist their school-going adolescents with their schoolwork because they lacked education. These individuals are often at risk of low levels of education due to their condition Schlüter-Müller 2020:347) Đurišić and Bunijevac (2017:145) further attest that a lack of educational attainment from parents appears to be an obstacle to parental involvement in school-going adolescents' schoolwork.

Some parents diagnosed with mental disorders confirmed that they could not assist their children with schoolwork because they could not read and write. Consequently, other family members stepped in and assisted school-going adolescents with their schoolwork.

The parents shared:

> *"I am unable to assist my children with homework because I do not understand. My brother helps my children with their schoolwork" (PP09)*

> *"I cannot assist my children with school work because I am unable to read and write" (PP04)*

> *"I am unable to supervise my children's schoolwork because I am unable to read and write" (PP10)*

The study's findings revealed that a lack of education and understanding influences the support provided to school-going adolescents by parents. Anthonio (2019:21442) highlights that parents' educational background has a significant impact on adolescents' school performance. Similarly, it was revealed that mental disorders appear to decrease the likelihood of individuals completing school, resulting in a lack of education and understanding among the parents diagnosed with mental disorders (Doran & Kinchin 2019:46).

d) Lack of awareness among teachers

Some teachers appeared unaware of the problems that school-going adolescents living with a parent with mental disorders seem to face at school and home. However, others became aware of the situation after the researcher contacted the school. The teachers stated that:

> *"When they (learners) arrive here at school they just acclimatise and live like any other learners" (FG4P14)*
>
> *"Some of them (learners) do not just come out. They pretend to be okay" (FG4P21)*
>
> "*Since we did not know the problem from the onset, we are just supporting them like any other learners. We were not aware of what is happening" (FG1P06)*
>
> *"We only learn two days back after you (the researcher) consulted our school. "We were not aware that his parent has a mental disorder" (FG208)*
>
> *"We were not aware up until it was revealed that his parent is not well but he was unable to relate that story to us" (FG4P22)*

The study's findings indicate a lack of awareness among teachers about school-going adolescents living with parents diagnosed with mental disorders. This might lead to a lack of support from them. Justin, Dorard, Vioulac, Leu and Untas (2021:1538) agree that teachers seem unaware of adolescents of parents diagnosed with mental disorders. However, Mansell, Berardini and Chalmers (2020:53) indicate that some teachers are aware of school-going adolescents' home situations, but they seem not to understand the severity of the problem these adolescents face. In this study, some of the teachers heard from other family members and adolescents that they were living with parents diagnosed with mental disorders. Lakmann, Chalmers and Sexton (2017:71) thus suggest a need for schools to increase teachers' awareness by consistently asking questions, identifying school-going adolescents presenting with challenges, and offering support to these adolescents.

e) Keeping the parent's illness a secret

Some adolescents kept their parents' illness secret by not telling their friends and teachers about it. The adolescents stated that:

> *"They (friends and the teachers) are treating me well because they do not know about my home problems" (PA11)*

> *"I am not sharing my information with them (friends)" (PA03)*

The findings indicate that adolescents tended to keep their parents' illness secret from their friends, neighbours, and teachers, yet this prevents them from receiving adequate support from these individuals. Lakmann et al. (2017:70) also affirm that some adolescents hide their parents' illnesses because they are afraid of labelling and discrimination from their friends and the community.

Similarly, Simpson-Adkins and Daiches (2018:2712) attest that school-going adolescents sometimes keep their parent's illness secret because they appear to be afraid of embarrassment and because the parent and other family members advise them to keep quiet about the illness. Moreover, Metz and Jungbauer (2021:66) found that school-going adolescents kept quiet about the illness because they were afraid to betray their parents; after all, the illness was a family secret. The study by Lekoadi et al. (2019:12) also highlights that school-going adolescents appear to keep their parent's illness secret because they do not want to lose their relationships with friends, and are afraid of being humiliated.

Some parents diagnosed with mental disorders did not disclose or only partially disclosed their illness to their school-going adolescents. The parents stated that:

> "*They (children) do not know that I am ill" (PP01)*

> *"He (child) knows through my behaviour and my actions when I am sick*" *(PP02)*

Some people diagnosed with mental disorders opt not to disclose their illness because they may be afraid of stigma and discrimination (Hall et al. 2019:11). Likewise, Waldman, Stiawa, Dinc, Salglam, Busmann, Daubmann, Adema, Wegscheider, Wiegand-Grefe and Kilian (2021:6) concur that some parents appear not to reveal their mental disorders to their school-going adolescents and teachers because they are ashamed and afraid of the stigma. A lack of disclosure is likely to lead to a lack of support and appears to increase the emotional distress of the whole family (Adu et al. 2021:1).

f) School-going adolescents taking over the caring role

Some school-going adolescents take care of their parents diagnosed with mental disorders. These adolescents prepare food, clean the house, wash clothes and take care of all the household chores. Although some adolescents share the household chore among the children, this leaves little time to focus on their schoolwork or socialise with their peers. The adolescents stated:

> *"I prepare food for her (mother) and I also prepare her water for bathing. The rest of the house chores manage by my sister" (PA05)*

> *"I and my younger sister do all the work, cooking, cleaning and washing of the clothes" (PA10)*

> *"I and my two brothers are working as a team. When I am cooking, they wash the dishes" (PA04)*

> *"My sister is doing most of the work (house chores). I assist her with the washing of the dishes" (PA06)*

> *"I and my aunt are responsible for all the house chores" (PA11)*

The sampled adolescents faced additional responsibilities at home. The study's findings emphasise role reversal and that these children tend to take over the caring role. The findings revealed that some adolescents work as a team and share the house

chores among themselves and with other family members to lighten the burden. It appears that the parent now relies on school-going adolescents for their survival, safety and protection. The adolescents see to it that their afflicted parent eats, takes a bath, takes medication, and is well and safe. These findings align with Matzka and Nagl-Cupal's (2020:632) research, affirming that some school-going adolescents face caring responsibilities and appear to share those responsibilities with friends and other family members.

According to Chojnacka and Iwański (2021:8), role reversal often has multiple negative effects on school-going adolescents, such as overburdening them with responsibility, which appears to influence their mental health and well-being negatively. These adolescents may end up exhausted and lack time for their schoolwork and rest, and have minimal sleep if there is no one to relieve them at home (Armstrong-Carter, Johnson, Belkowitz, Siskowski & Olson 2021:5). However, the study by Wepf et al. (2021:1022) highlights that additional caring responsibilities among school-going adolescents may also provide them with a chance to grow as individuals. Similarly, Kallander, Weimand, Ruud, Becker, Van Roy and Hanssen-Bauer (2018:238) indicate that the caring role appears to have positive and negative outcomes for school-going adolescents.

Evidently, parents diagnosed with mental disorders sometimes depend on the care of their school-going adolescents managing household chores and their safety. The findings further revealed that school-going adolescents are also taking care of other family members with mental disorders, such as their grandparents, and some parents diagnosed with mental disorders with more than one chronic illness. The parents mentioned:

> *"My child manages the house chores (cooking, cleaning and washing of the clothes)" (PP04)*
>
> *"My mother is also mentally ill. My children are taking care of her" (PP01)*
>
> *"They assist me with the injection of other conditions. My children are also taking care of my grandmother who is also mentally ill" (PP03)*

“I am not cooking, cleaning and washing. My children are managing all the house chores” (PP11)

Although school-going adolescents assisted their parents with treatment compliance, some of the parents did not comply. The school-going adolescents also faced a burden of care when parents suffered from more than one chronic condition. Moreover, in certain families, more than one person may be diagnosed with mental disorders and additional stress is then added to school-going adolescents.

School-going adolescents play an important role in the well-being and treatment of their parents diagnosed with mental disorders. Chojnacka and Iwański (2021:6) affirm that school-going adolescents living with parents diagnosed with mental disorders face various responsibilities because they must take care of everyone in the family, such as parents, siblings and grandparents. Chuanque et al. (2017:171) also highlight that the family appears to play a protective role in the lives of individual with mental disorders.

Still, adolescents’ caregiving role leads to a lack of time for socialisation. Some school-going adolescents living with parents diagnosed with mental disorders did not go out with their peers because of the caring responsibilities at home. The adolescent stated:

“Now when I am not at school, I stay at home, not going to play with friends” (PA03)

“My focus is all on her. Yes, I do not go out to play with other children” (PA12)

These findings align with other research (Blake-Holmes 2020:234; Van Rooyen, Topper, Shasha & Strümphor 2019:11) that affirms school-going adolescents taking on caring roles lack time to spend with their friends. Taking a caring role for parents diagnosed with mental disorders thus denies school-going adolescents time to socialise with friends (Chen et al. 2019:5; Buanasari, Daulima & Wardani 2018:85) and practice self-care (Berardini, Chalmers & Ramey 2021:543). However, according to Matzka and Nagl-Cupal (2020:633), some school-going adolescents taking a caring

role are able to go out and spend leisure time with friends. In fact, they often socialise with other children with the same problems and experiences (Alyafei, Alqunaibet, Mansour, Ali & Billings 2021:17).

4.3.1.2 Lack of professional support

The study's findings indicate a lack of professional support for all the participants. These included a need for more visits from professionals.

a) Lack of visits and support from professionals

According to the participants, there is a lack of professional support for school-going adolescents living with parents diagnosed with mental disorders at school and home. The adolescents shared:

> *"I have no support from the professionals" (PA03)*

> *"I have no support from the professionals" (PA06)*

> *"I do not have professional support" (PA10)*

> *"I do not have professional support" (PA11)*

Participants said there was certainly no visit from professionals such as nurses, social workers, teachers, or home-based carers. The findings are in line with the study by Cleary et al. (2020:680), which affirms a lack of support from health professionals for school-going adolescents providing care to their parents diagnosed with mental disorders. Similarly, Chojnacka and Lwański (2021:18) attest that these adolescents appear to lack effective support from schools and social services. Van Rooyen, Topper, Shasha and Strümpher (2019:10) also concur that health professionals seldom include adolescents of parents diagnosed with mental disorders in the treatment plan. The adolescents likely live in uncertain and confusing situations.

Parents diagnosed with mental disorders often lack support from professionals as well. Some professionals, such as social workers and home-based carers, stopped visiting parents diagnosed with mental disorders to check their treatment compliance and identify potential problems. The parents stated that:

> *"The home-based carers used to come to check if I am taking the treatment well. But now they stopped visiting" (PP01)*
>
> *"There are no professionals that are providing support to the family" (PP04)*
>
> *"There are no professionals who are giving us support" (PP08)*
>
> *"Social worker used to come to check if I am taking treatment properly but now she is no longer visiting" (PP12)*

These findings illustrate a lack of professional support for parents diagnosed with mental disorders. Van Rooyen, Topper, Shasha and Strümpher (2019:10) indicate that health professionals seem to disrespect and label individuals diagnosed with mental disorders. However, health and social professionals have an important role in supporting the family members of individuals diagnosed with mental disorders, building resilience and harnessing positive experiences in the family (Murphy, Peters, Wilkes & Jackson 2018:8). Studies by Radicke, Barkmann, Adema, Daubmann, Wegscheider and Wiegand-Grefe (2021:12) and Ribe et al. (2018:30) suggest that professionals should provide support to the whole family to reduce stress and lower the caring burden on school-going adolescents and their parents.

The teachers also mentioned a lack of support from other professionals at school. These teachers require support because they are seldom trained to counsel adolescents living with parents diagnosed with mental disorders. The teachers stated:

> *"I think we also need help as educators, the people of your calibre (nurse) to have one in our school and then also to train some of the teachers to have a committee of that structure to operate only on these matters because some of us we just help but we do not even know what we are doing" (FG3P03)*

"They (children) need support as well as counselling, maybe from the social worker or the psychologist. We need them; we as educators are not trained to counsel this type of learners" (FG1P03)

Although the teachers lacked support from other professionals such as social workers, psychologists, and school health nurses, they tried to assist school-going adolescents presenting with psychological symptoms without understanding what was happening. The findings thus indicate a need for professional support at schools. Altine and Bilyaminu (2021:57) similarly reported that some schools lack trained counsellors to assist school-going adolescents and teachers.

Joseph, Sempik, Leu and Becker (2020:87) highlight the need for schools to ensure services such as counselling and guidance are available to assist school-going adolescents and teachers. Likewise, Nap, Hoefman, de Jong, Lovink, Glimmerrveen, Lewis, Santini, D' Amen, Socci, Boccaletti, Casu, Manattini, Brolin, Sirk, Hlebec, Rakar, Hudobivnik, Leu, Berger, Magnusson and Hason (2020:11) suggest that schools can identify and support school-going adolescents living with the parents diagnosed with mental disorders with the help of a trained professional such as a nurse, psychologist or a social worker.

According to Hamilton and Redmond (2020:46), there is a need for school-going adolescents living with parents diagnosed with mental disorders to be assisted with various forms of support to reduce the effects of their additional caring responsibilities on their schoolwork. Moreover, it was revealed that school environments aim to motivate the personal, social and educational development of adolescents and teachers (Levy & Lemberger-Truelove 2021:6). The evidence from the participants illustrates a lack of training among teachers in counselling adolescents presenting with psychological symptoms. Justin et al. (2021:1541) also found that teachers often lack the training to assist school-going adolescents living with parents diagnosed with mental disorders.

4.3.1.3 Support from other family members, friends, neighbours, and community

Some school-going adolescents living with parents diagnosed with mental disorders lack support from other family members, friends, neighbours, and the community.

a) Informal support

Family members sometimes do not visit these adolescents, and friends seem unsupportive of them, passing negative remarks. Neighbours also tend not to respond to school-going adolescents when they try to greet them. This lack of support often has a bi-directional effect when school-going adolescents and their parents diagnosed with mental disorders isolate themselves from other people.

Consequently, these adolescents are likely to be isolated from other family members, friends, and neighbours. The adolescents stated that:

> *"They (other family members) do not visit us. So there is no support from them" (PA07)*

> *"The family from my father is on and off because sometimes I can have them but sometimes they do not want to visit us" (PA12)*

> *"The family from my father's side do not talk to us or visit us. When we meet them on the street we greet them and they keep quiet. We do not know why they are acting like this" (PA08)*

> *"My friends were laughing at me and teasing me about my home situation. Now when I am not at school, I stay at home, not going out to play with friends" (PA04)*

> "*They (neighbours) do not love us. They do not talk to us, not greet us and they do not invite us to their functions but some are treating us well" (PA02*)

“I do not have friends” (PA01)

The adolescent participants lived in isolation because of their additional caring responsibilities and the burden of care and stigmatisation. These findings align with the study by Dunkley-Smith, Sheen, Ling and Reupert (2021:827) that affirms school-going adolescents living with parents diagnosed with mental disorders appear to experience social isolation due to the experiences associated with parental care. Ebrahimi, Seyedfatemi, Areshtanab, Ranjbar, Thornicroft, Whitehead and Rahmani (2018:993) also indicate that some school-going adolescents living with parents diagnosed with mental disorders are mocked by community members.

However, it was also reported that some friends are helpful to the adolescents in terms of schoolwork, and neighbours sometimes invite them to social events. The adolescents responded that:

“Sometimes my friend assists me with my homework and maths here at school” (PA06)

“*Most of the support is from my friends. They assist me with the schoolwork” (PA09)*

“My mother sometimes assists me and sometimes my friends at school do assist me with the homework” (PA10)

“She (friend) is staying far from my home but I use to go to her home so that she can assist me with homework” (PA04)

“They (neighbours) treat us well and they invite us to their functions” (PA12)

“We help each other. We attend each other’s functions” (PA05)

It was also reported that parents isolated themselves from other people. They did not allow visitors into their homes and seemed to avoid the company of others. The parents reflected:

"I do not want people in my home. I have always locked myself in the house" (PP08)

"*I try to isolate myself to avoid fighting with other people. I am always at home" (PP05)*

Individuals with mental disorders often isolate themselves from other family members, friends, and neighbours. According to Chuanque, Wilson, Linn and Arredondo (2017:169), parents diagnosed with mental disorders sometimes isolate and remain in their homes due to the symptoms of the condition. Similarly, Ebrahimi et al. (2018:993) affirm that parents diagnosed with mental disorders withdraw from social activities in the community because they fear discrimination. Gedik, Günüşen and Ince (2020:239) concur that some parents diagnosed with mental disorders isolate from the community because they appear to be afraid of gossip and ridicule.

The study's findings revealed that some parents diagnosed with mental disorders isolated from other family members and neighbours. It appears that the other family members tend not to visit and support the family of the individual diagnosed with mental disorders. Additionally, most neighbours discriminated against the parents diagnosed with mental disorders and their school-going adolescents, and also did not invite them to their homes. The parents stated that:

"No, there are no other family members providing support to us" (PP10)

"*My in-laws and my family are not visiting us because of the fights that were prevailing in the family" (PP03)*

"*The neighbours are not giving us support. They are talking behind my back. They do not invite us to their functions. They refuse their children to play with my children" (PP11)*

"The neighbours do not invite us to their functions. Last year I relapsed and the neighbours were watching and laughing when I was going to the hospital" (PP04)

However, some neighbours supported the parents diagnosed with mental disorders and their adolescents. The parents shared:

"*Yes, they (neighbours) do visit us. We are helping each other during the functions because we have women's clubs. We even contribute financially when there is death on our block" (PP05)*

"We greet and visit each other. There is no problem" (PP08)

"We are relating well. We greet each other. We assist each other during weddings and the funerals" (PP12)

"They (neighbours) are treating us well. We do attend their functions. We assist each other" (PP02)

Consistent with these findings, Ong, Fernandez and Lim (2021:217) report that family support is an important aspect of the comprehensive management of an individual diagnosed with mental disorders. The family plays a significant role in supporting individuals diagnosed with mental disorders because they provide both emotional and practical support (Adu et al. 2021:14). Moreover, it is the family's role to provide care, guidance, love and support to its members (Reupert, Straussner, Weimand & Maybery 2022:2). This might improve adolescents' school performance and adjustment (Thomás, Gutiérrez, Pastor & Sancho 2020:15).

The findings revealed that some teachers observed a lack of external support for school-going adolescents living with parents diagnosed with mental disorders. They highlighted that support from other family members and neighbours might assist these adolescents cope with schoolwork. The teachers stated that:

“According to my experience, those learners lack support from their parents” (FG2P01)

“The support they are getting from neighbours and other family members assist the learner to cope with schooling” (FG2P04)

These findings are supported by Källquist and Salzmann-Erikson (2019:2064), who claim that adolescents who have support from healthy parents, grandparents, friends, neighbours or teachers seem to have fewer problems. Gough and Gulliford (2020:165) also reflect that support from aunts and grandparents appears to be helpful to adolescents and assists them in coping with the challenges they are facing at home.
The situation is not entirely bleak. Some parents diagnosed with mental disorders provide positive support along with other family members who assist with household chores, schoolwork, and buying clothes for school-going adolescents. The parents reflected:

“My family assist me and the children with cleaning the yard and the house because they are staying nearby” (PP10)

“My mother assists my child with the schoolwork because she does not stay far from us. She also buys clothes for my daughter” (PP11)

“*Yes, my uncle and his family visit us more often to give us support” (PP12)*

Some healthy parents, grandparents, aunts, and uncles play a major role in supporting parents diagnosed with mental disorders and their adolescents. Dam, Joensen and Hall (2018:81) affirm that healthy parents, grandparents, aunts, and uncles sometimes take over the parental role at the home of the parents diagnosed with mental disorders when there is a need. Similarly, Chuanque et al. (2017:171) agree that families protect parents diagnosed with mental disorders by providing support.

4.3.2 Theme 2: Issues related to the school environment

The participants were asked about school-going adolescents living with parents diagnosed with mental disorders' academic performance. Many such adolescents perform poorly in school due to a lack of supervision, assistance, and the influence of the parent's illness.

4.3.2.1 Poor school performance

The school-going adolescents of a parent diagnosed with mental disorders faced multiple challenges such as underperformance, lack of coping, bullying and labelling at school, absenteeism, expulsion from school, and some disruptions to their schoolwork. They also displayed poor class attendance and psychosocial issues. Challenges regarding inclusive education were highlighted, along with teachers' support programmes and committees.

a) Underperformance

Some of the sampled adolescents failed and repeated grades more than once. The adolescents mentioned:

> "*I have repeated grade four, five, and nine and at home, I was a laughing stock, they were always reminding me about fail, and I was very hurt" (PA09)*

> *"I have repeated grade one and grade nine" (PA07)*

> "*I have repeated grade eight and grade ten" (PA10)*

> *"I failed so many times" (PA11)*

> *"I have repeated grades eight and ten*" *(PA12)*

However, others performed well at school and did not repeat grades. The adolescents shared:

“I am progressing well. I have never repeated the grade” (PA01)

“I am passing with low marks” (PA02)

“I am average when coming to my schoolwork. I never repeated the grade” (PA03)

“*Is like I usually pass. My studies are fine. My reports are good. I have enough time to study. I have never repeated a grade” (PA04)*

Some school-going adolescents living with parents diagnosed with mental disorders have poor school performance due to their challenges at home. These findings align with the study by Hendricks et al. (2021:528), confirming that adolescents perform poorly at school due to the demand for caring roles. Similarly, Hamill (2021:579) warns that additional caring responsibilities take more time from adolescents and seem to make them less likely to do their homework, negatively influencing their schooling. Stamatopoulos (2018:191) also attests that schooling and coping among adolescents appear to be negatively influenced by additional responsibilities at home.

The study’s findings indicate that some parents diagnosed with mental disorders revealed their adolescents were not performing well at school, and some repeated a grade. The parents stated that:

“*She is not performing well” (PP12)*

“He repeated grade nine” (PP05)

“My elder daughter is not performing well” (PP04)

However, other parents reported on the good school performance of their adolescents. The parents mentioned:

“They(children) are performing well” (PP01)

"The child is performing well" (PP02)

"*They are performing well but one repeated grade nine" (PP03)*

The findings of this study reveal that some adolescents living with parents diagnosed with mental disorders perform well in school, while others do not. According to Ayano, Lin, Dachew, Tait, Betts and Alati (2022:4), school-going adolescents living with parents diagnosed with mental disorders appear to be at risk of poor educational performance. According to Ranabhat, Thapa, Shahi and Rana (2020:7), parental involvement in homework supervision and motivation seems to enhance school performance. Parental support thus appears to establish adolescents' educational outcomes (Ugwuanyi, Okeke & Njeze 2020:203). However, Lakmann et al. (2017:71) found that a majority of adolescents perform well at school, even though some may be struggling as a result of their caring role.

Many teachers stated that some school-going adolescents living with parents diagnosed with mental disorders do not perform well at school; do not participate or participate poorly in class; do not complete assigned tasks; and do not bring their books to be assessed. They also appear unable to answer even simple questions and fail tests. The teachers explained:

"*The learner is not performing well" (FG5P30)*

"He or she is not participating in class" (FG6P33)

"*They do not participate in class" (FG2P02)*

"The learner cannot answer even a simple question" (FG1P05)

"They do not perform. We say they are performing poorly because in most cases, they do not write the task given. And sometimes they do not just write. Sometimes they do not just bring their books to be assessed. In most cases, they fail the tests and participate passively in class" (FG4P06)

The teachers therefore highlighted poor performance among these adolescents. They are often underachieving, lack understanding, and do not actively participate in class. These findings are in line with the study by Blake-Holmes (2020:233), which affirms that school-going adolescents living with parents diagnosed with mental disorders appear to be underperforming at school because they are unable to balance the caring role with their schoolwork. Similarly, Metz and Jungbauer (2021:72) found parental mental disorders influence adolescents' academic performance negatively. Moreover, school-going adolescents living with parents diagnosed with mental disorders sometimes face learning difficulties because they are frequently absent from school (Chojnacka & Iwański 2021:8).

b) Lack of coping

Although some of the sampled adolescents living with parents diagnosed with mental disorders reportedly coped well with their schoolwork, certain mechanisms assisted them in coping with the prevailing challenges. The adolescents stated that:

> "*I wait for them (other family members) to go to sleep so that I can be able to study to avoid* disturbance*" (PA07)*

> *"I wait for them (parent and the siblings) to sleep so that I can be able to study without any disturbances" (PA11)*

> *"I remain here at school to study when people are going home and also I wake up when they (parents) are gone to sleep and study" (PA12)*

> *"I am trying but I have a lot of stress because my mother's illness is disturbing me. I am unable to study we are always arguing and fighting" (PA02)*

Other adolescents coped well with their schoolwork despite disturbances at home. The adolescents shared:

> *"I am coping well, but sometimes there is noise and fights at home that disturbs me to do my schoolwork at home. I am unable to study at home because my*

grandmother who is also mentally ill used to argue and fight with my mother" (PA01)

"I can study at home without any disturbance" (PA03)

"I am coping well, there are no disturbances at home. I can carry on with my schoolwork" (PA08)

The study's findings indicate that some adolescents did not cope with schoolwork due to disruptions such as noise and fights in the family. The family environment appears not to be conducive to school-going adolescents' learning, which might influence their academic performance. Cleary et al. (2020:677) highlight that some school-going adolescents living with parents diagnosed with mental disorders apply acceptance and avoidance as coping strategies. Similarly, Sharif, Basri, Alsahafi, Altaylouni, Albugumi, Banakhar, Mahsoon, Alasmee and Wright (2020:9) affirm that adolescents taking the caring role seem to apply various coping strategies such as religious practices, ignorance, and reading and acquiring knowledge about mental disorders.

c) Bullying and labelling

Some school-going adolescents were treated badly by their friends and other family members. Their friends laughed at them, teased them and called them names as a result of their family background. The adolescents relayed:

"Sometimes they(friends) treat me bad, they make me a laughing stock, teasing me and calling me names that I cannot mention. Sometimes they tease me about the situation at home. Other learners are bullying me. They throw papers at me" (PA01)

"My friends were laughing at me and teasing me about my home situation." (PA03)

"I was a laughing stock, they were always reminding me about fail, and I was very hurt" (PA09)

The findings revealed that school-going adolescents living with parents diagnosed with mental disorders are often bullied at school and home. In support, Nenonen et al. (2021:6) affirm that some school-going adolescents face bullying and labelling, as well as physical violence at school by their peers because of their parents' illness. Likewise, Chojnacka and Iwański (2021:8) attest that school-going adolescents living with parents diagnosed with mental disorders are teased, talked about, and laughed at by their friends and other family members due to their parent's illness. It has also been reported (Mischel & Kitsantas 2020:64) that school-going adolescents seem to be afraid of reporting bullying at school for fear of perpetrators striking back at them. This might influence their education negatively.

4.3.2.2 Poor class attendance

The findings reflected absenteeism among school-going adolescents due to the problems prevailing at home that need their attention.

a) Absenteeism

Some school-going adolescents absent themselves from school due to challenges at home. Others were expelled from school because of their absenteeism. A parent stated that:

> *"He has been expelled from school due to absenteeism" (PP03)*

Researchers (Nenonen et al. 2021:6; Lakmann et al. 2017:69; Hamill 2021:579; Hendricks et al. 2021:528) affirmed that some school-going adolescents appear to be absent from school due to problems that prevail at home. Stamatopoulos (2018:1) concurs some adolescents stay home due to unexpected emergencies. Adolescents also reallocate time away from schoolwork to take care of their parents (Bortes et al. 2020:2084).

Additionally, some teachers observed these adolescents' tardiness and absenteeism. The teachers shared:

“He or she acts as a mother, and sometimes she is not coming to school because she must look after her mother, so that is a problem” (FG1P04)

“*But at times you find other learners abstain or absent from the school because he or she has to accompany his or her parent to collect medication or the parent is not well because of the condition” (FG2P10)*

“But sometimes like the one I am talking about, he was absent, not coming to school properly” (FG4P21)

“The learner had to report to the school very late and he absents himself from the school because of accompanying the mother or the father to the clinic to get some medications” (FG2P09)

The findings reflect that school-going adolescents living with parents diagnosed with mental disorders come to school late and are sometimes absent due to their caring role. Dam et al. (2018:82) had similar results; some adolescents of parents diagnosed with mental disorders absented themselves from school to take care of their parents during crises, such as relapse.

According to Allen, Diamond-Myrsten and Rollings (2018:740), adolescents with caring responsibilities appear to be at risk of absenteeism, and many are unable to balance their schoolwork with their home responsibilities (Wepf, Joseph & Leu 2021:1921). However, Lakmann et al. (2017:69) found that some school-going adolescents taking on caring roles always attended school without any absenteeism.

4.3.2.3 Psychological issues

The study’s findings indicate that school-going adolescents living with parents diagnosed with mental disorders experience signs of emotional distress, such as stress, fear due to previous psychotic episodes of the parent, suicidal ideation, and drug and alcohol abuse.

a) Emotional disturbances

School-going adolescents of parents diagnosed with mental disorders experience pain, stress, and fear because of their parents' unpredictable and unusual behaviour. The adolescents stated that:

> *"I have a lot of stress because my mother's illness is disturbing me. I am afraid that she can harm herself" (PA02)*
>
> *"I feel bad and sometimes it gives me stress" (PA01)*
>
> *"When my dad is drunk we are supposed to be careful because anything can happen to us" (PA12)*
>
> *"It hurts me because her illness made her angry and shout at me even if I have done nothing wrong" (PA05)*

It appears that school-going adolescents living with parents diagnosed with mental disorders are sometimes associated with behavioural and emotional challenges. They are constantly vigilant because they know anything can happen to them, such as assault and verbal abuse. This tends to impede the support they receive from their parents. Various researchers (Radicke, Barkmann, Adema, Daubmann, Wegscheider & Wiegand-Grefe 2021:1; Riebschleger, Grove, Cavanaugh & Costello 2017:1) affirmed that adolescents of a parent diagnosed with mental disorders are at high risk of developing behavioural and emotional difficulties. Similarly, Behere, Basnet and Campbell (2017:458) admit that parental mental disorders predispose adolescents to increased rates of depression. Zeighami and Ahmadi (2021:37) also state that school-going adolescents living with parents diagnosed with mental disorders often experience emotional problems due to a stressful home environment.

Some teachers observed behavioural changes such as anger, aggression, bullying, suicidal ideation, loneliness and withdrawal among school-going adolescents living with parents diagnosed with mental disorders. The teachers stated that:

"Since I started to teach the learner we are talking about in grade ten and there has been a time when I realise some behavioural changes. The learner starts to portray some anger thing when we talk to her sometimes" (FG1P04)

"They develop anger. Sometimes they even think of committing suicide" (FG2P09)

"They are withdrawn, lonely and sometimes they are aggressive, and bully. Sometimes the learner looks lonely, sometimes withdrawn" (FG4P20)

"She undermines the person he or she is talking to him or her" (FG1P05)

Teachers observed a behavioural change among school-going adolescents living with parents diagnosed with mental disorders. Some adolescents try to commit suicide because they are not coping with the situation. Dharampal and Ani (2020:118) reported similar findings and said these adolescents are at an increased risk of emotional and mental health difficulties. According to Cleary et al. (2020:676), school-going adolescents living with parents diagnosed with mental disorders often experience grief, loss, anxiety, worry, sadness, shame, and fear. This may negatively impact their schooling. They also experience anger, despair and self-harm (Gatsou, Yates, Goodrich & Pearson 2017:393).

b) Drug and alcohol abuse

Some school-going adolescents were observed by their teachers using alcohol and drugs to cope with the prevailing situation at home.

"I had a learner who was doing grade eight and I realise that the behaviour was changing, starting all sorts of things of getting into smoking and drugs" (FG2P09)

"doing some drugs trying to cope" (FG420)

“Other learners if they do not have support with the background and living with a parent with this kind of disability, then they resort to drugs and alcohol” (FG4P24)

They may use drugs to cope with the problems at home, reflecting their need for increased support. These findings align with Anderson and Lund’s (2020:8) claim that adolescents living with parents diagnosed with mental disorders are likely to use substances to alleviate their situation. It has thus been confirmed (Yamamoto and Keogh 2017:8; Conner 2021:158) that this population seem to use drugs and alcohol to cope with their parents’ illness.

4.3.2.4 Inclusive education

The teachers were asked about inclusive education, and they indicated an overall lack of training and implementation.

a) Lack of training

Some teachers lacked training in inclusive education and depended on teachers with psychology as a subject in tertiary education. The teachers stated that:

“*We do not have those that are specialising with learners in this situation” (FG1P01)*

“Teachers are not trained to deal with such challenges” (FG1P06)

“We are not trained but some teachers did psychology at the college or university. So they are helping a lot. They can speak with the children and they are referred to them so that they can help them” (FG4P24)

Engelbrecht, Savolain, Nel, Koskela and Okkolin (2017:639) also reported that teachers lack training on inclusive education. Other studies (Schlüter-Müller 2020:347; Lãzaro, Urosa, Mota & Rubio 2020:23; Laletas, Reupert & Goodyear 2020:1)

highlighted the need for teachers' training in inclusive education to identify school-going adolescents facing challenges and know what to do about those challenges.

b) Implementation of inclusive education

Teachers highlighted that they had some committees at school responsible for implementing inclusive education. The teachers reported:

> *"There is a committee here at school that is responsible for that type of education" (FG3P13)*

> *"We have the Wellness team at the school. We do refer the learners to the Wellness team and the Wellness team will take it further, maybe to the social workers" (FG4P21)*

> *"Yes, as I have already said that we have a School Base Support Team, they are responsible to attend such" (FG2P11)*

However, other teachers did not practice inclusive education at their schools. A teacher mentioned:

> *"No, we do not practice that because our infrastructure does not include inclusive education" (FG4P19)*

Although the study's findings indicate a need for additional learning support for the sampled adolescents, some schools have committees that assist adolescents presenting with challenges. Other schools tend not to implement inclusive education due to a lack of training among teachers. These findings align with Mpu and Adu (2020:229), who affirm that teachers often fail to implement inclusive education due to a lack of skills and knowledge concerning the phenomenon. Similarly, Materechera (2020:781) and Sharma (2017:3) attest that reasons for not implementing inclusive education include a lack of training and support for teachers. Otukile-Mongwaketse (2018:13) also indicates that inclusive education has many interpretations and

meanings; it means different things to different people. This might influence its implementation negatively.

4.3.2.5 Teachers' support programmes and committees

Some teachers provide positive support through programmes and committees to adolescents who appear to be in a challenging situation and those who are not performing well in class. Life Orientation is often used as a subject to give school-going adolescents' insight into mental disorders.

a) Positive aspects of support

Teachers highlighted supportive programmes and committees that they are running at school to support the school-going adolescents. The teachers stated that:

> *"In our school here we have School Base Support Team. Once the learner is discovered like that, it is within our means to accommodate the learner. We do have a list of learners whom we provide them with the necessities of life, such as food, and if is she then we even refer her to a social worker where she can be offered some toiletries and other women things monthly" (FG2P10)*

> *"In terms of not participating in class or not doing well in class, we just support them, give them motivation or call them individually sometimes, to remind them about what they are supposed to do" (FG1P01)*

> *"Learners are now introduced to Life Orientation as a subject, they are taught a lot on how to handle such cases (mental disorders)" (FG2P07)*

> *"I wanted to say we interview the learner and then we do the referral to Wellness Team" (FG3P14)*

The findings reflect positive aspects of support from the teachers. The teachers certainly appeared to use some committees and programmes to support school-going adolescents, and some used other mechanisms, such as individual interviews to deal

with the problems these adolescents face at school. As stated, school-going adolescents sometimes do not participate in class but show signs of withdrawal, isolation, loneliness, and aggression due to the challenges they face at home. Therefore, adolescents undergoing difficult times can be identified and supported to prevent burnout and negative effects on their schooling (Nenonen, Heino, Hedman & Klemetti 2021:9). It appears teachers played a significant role in supporting adolescents, even though the support was general, and not specific to adolescents living with the parent diagnosed with mental disorders.

4.3.3 Theme 3: Way forward

The participants were asked how school-going adolescents can be supported. They reported the need for support agents, financial assistance, assistance with schoolwork, responsibilities of other family members, responsibilities of the various state departments, and mechanisms for future support for school-going adolescents.

4.3.3.1 A wish for a better future

Most participants wished for school-going adolescents living with parents diagnosed with mental disorders to have a better future.

a) Need for support agents

Some adolescents indicated a need for love and support, someone to talk with their parents, a need for peace, and a person to visit their parents diagnosed with mental disorders when they are admitted to the hospital. The adolescents stated that:

> *"I need support and love. Someone can come to my home to talk to my dad about his heavy drinking and smoking behaviour" (PA12)*

> *"I need a person to come and talk to my mother to stop shouting at me" (PA06)*

> *"I need peace at home without the arguments and the fights" (PA09)*

“I need a person who can look after my mother and visit her when she is admitted to the hospital” (PA02)

The findings indicate a need for support agents such as psychologists, social workers, and nurses to counsel and support adolescents facing challenges. These findings are in line with the study by Zeighami et al. (2018:100) and Matzka and Nagl-Cupal (2020:636), pointing out that adolescents need professional support, especially during a crisis, such as a relapse of the parent, to assist them with transfers to the clinic or hospital. They also need information about their parent’s illness, counselling for their problems, and companionship.

Likewise, Hernández-Torrano, Faucher and Tynybayeva (2021:1191) highlight that social workers and health professionals play a significant role in providing support services to school-going adolescents facing challenges and they should work as a team. Chen (2017:174) insists that social workers and psychologists assist school-going adolescents engaging in risky behaviours such as drug and alcohol abuse with counselling and information on how to cope with the situation to improve their schooling.

Additionally, some of the sampled parents diagnosed with mental disorders highlighted a need for counselling for their school-going adolescents and themselves. These parents may need to form closer bonds with others so that they can participate in activities in the community. The parents stated:

“*I think my children need counselling” (PP11)*

“I would like to come closer to people. I want to participate in what other people do. I want any help that I can get” (PP08)

“I need someone to come and talk to my elder child” (PP04)

There is a need for counselling either by a social worker or psychologist, as well as a visit by a nurse at home to check compliance with treatment. Joseph, Sempik, Leu and Becker (2020:87) concur that social workers are required to counsel families and

identify any prevailing challenges. This may lead to a safe and supportive environment for the whole family. In addition, Radicke et al. (2021:12) suggest that professionals who deal with school-going adolescents' physical well-being should also look at the whole family.

Some teachers agreed on the need for social workers, psychologists, and nurses to assist school-going adolescents and the teachers at school. The teachers mentioned:

> *"Here at school should be either psychologist or a social worker who can deal with such learners" (FG1P02)*

> *"Through the researcher, the department can be informed about the social experiences of these learners so that if possible to get the social worker or psychologist to assist the learners" (FG1P01)*

> *"If we do have this type of problem they (social workers) must report the learner and the parent to the school so that we will have the family background of the learner" (FG5P26)*

> *"I think we also need help as educators, the people of your calibre (nurse) to have one in our school and then also to train some of the teachers to have a committee of that structure to operate only on these matters because some of us we just help but we do not even know what we are doing" (FG3P15)*

> *"Maybe if you (nurse) can visit the school regularly they will be free to tell you their differences and the problems that they have" (FG1P02)*

Teachers and adolescents need professional support at school from social workers, psychologists, and nurses, as they tend not to be trained to deal with some of the problems these adolescents face. These findings are supported by Mansell, Berardini and Chalmers (2020:54), who warn that teachers, school administrators, social workers, youth counsellors, and school health nurses must identify and support school-going adolescents presenting with challenges. Seneson, Howarth, Ford, Humphrey, Jones, Coon, Rogers and Anderson (2020:559) highlight that the school

health nurse can also arrange in-service training for teachers to assist and refer adolescents facing challenges at school to relevant departments. Burch and Stoeckel (2021:6) emphasise that school health nurses should assist school-going adolescents presenting with physical and behavioural health problems at school.

b) Need for financial assistance

Some adolescents reported a need for financial support once admitted to a tertiary institution. They mentioned scholarships and financial support in the form of pocket money for clothes and beds.

The adolescents stated that:

> "*After passing grade 12, I will need financial assistance like a scholarship to go to a tertiary institution" (PA08)*
>
> *"When I go to university I will need financial support" (PA11)*
>
> *"If I can find a person who can give me pocket money and provide us with beds" (PA07)*
>
> *"If I can find a person who can buy me clothes" (PA10)*

A need for financial support for school-going adolescents living with parents diagnosed with mental disorders was evident. Most of these adolescents live in impoverished conditions and might need financial support when attending tertiary institutions. These findings are also mentioned by Anthonio (2019:21443), who suggests that governments allocate a bursary to adolescents from disadvantaged families. Burch and Stoeckel (2021:4) indicate that some nurses and teachers appear to use their own money to help families care for adolescents, especially those from impoverished environments.

The interviewed parents also highlighted a need for financial support to assist their adolescents. The parents stated that:

“I think the child in high school will need financial support when going to tertiary education” (PP07)

“Children will need financial support when going to a tertiary institution” (PP12)

Parents mentioned a need for financial support to assist their adolescents in attaining a tertiary education. Cleary et al. (2020:678) suggest that financial support in the form of transport funds and treatment subsidies should be provided to the families of individuals diagnosed with mental disorders.

Furthermore, some teachers regularly bought food for the adolescents and their families and highlighted the need for donors, support aids or grants to meet these individuals’ basic needs. The teachers indicated:

“Teachers contribute every month for the learner to get food” (FG2P09)

“They should be learner support or aid or maybe grant to maintain themselves. By buying clothes, school uniform and school needs, and some food and also can go ask donors for them” (FG3P13)

The school-going adolescents lacked some basic amenities at school, such as school materials and food. These findings align with Mansell et al.’s (2020:55) study’ admitting that some teachers provide school-going adolescents with financial support themselves. Fekadu, Mihiretu, Craig and Fekadu (2019:11) also highlight a need for economic support for school-going adolescents living with parents diagnosed with mental disorders.

c) Need for assistance with the schoolwork

Some adolescents expressed the need for assistance with mathematics to better their understanding. The adolescents stated that:

“I need someone who can assist me with Maths. (PA09)

"I need someone who can help me to understand Maths" (PA10)

According to Ayano et al. (2022:4), adolescents living with parents diagnosed with mental disorders often appear to be at risk of performing poorly in mathematics. Likewise, Peterson, O'Conner and Strawhun (2014:8) reported a need for after-school programmes to assist school-going adolescents living with parents diagnosed with mental disorders with their homework. There is also a need for summer schooling to improve these adolescents' academic performance (Stamatopoulos 2018:194), and teachers can adopt remedial programmes to improve school-going adolescents' learning outcomes (Munene, Peter & Njoka 2017:48).

Parents also suggested their adolescents need to be assisted with schoolwork to improve their understanding. The parents shared:

"I need someone who can come and assist my children with their schoolwork and also encourage them to study" (PP10)

"I need someone to assist my child with the schoolwork for better understanding" (PP05)

Some parents diagnosed with mental disorders indicated a need for school-going adolescents to be assisted with their homework and encouraged to put more effort into their studies. Adolescents can fail due to a lack of support in their schoolwork. These findings align with those by Justin, Dorard, Vioulac, Leu and Unitas (2021:1539). They suggest that the school should allocate assistant teachers to help adolescents improve their academic performance. Mansell et al. (2020:55) also indicate that teachers should ensure that all adolescents understand day-to-day lessons at school to prevent repeating grades.

d) Responsibilities of other family members

Teachers highlighted the need for extended family members to take responsibility and inform the school about the condition of the parent diagnosed with mental disorders

when registering the child at school so that the teachers can provide support. The teachers emphasised:

> *"The other thing I think she needs support from home because the learner has been identified, maybe here at school, the teachers must at least talk to the family members. May be uncle or aunt so that they can support her at home" (FG1P01)*

> *"The relative must inform the school. It must not be kept a secret. We must be informed about the problem so that we can know how to deal with the situation" (FG1P02)*

> *"The guardian who does not have the mental problem must come to the school to report the learner" (FG5P26)*

Other family members are sometimes responsible for supporting school-going adolescents and parents diagnosed with mental disorders. It is possible that schools that are aware of these adolescents' problems may better support the child. Jaiswal, Carmichael, Gupta, Siemens, Crowley, Carlsson, Unsworth, Landry and Brown (2020:7) admit that family support may reduce the emotional distress among school-going adolescents and improve the recovery journey of the parent with mental disorders. Zhang, Conner, Meng, Tu, Liu and Chen (2021:1888) revealed that family support likely relieves the caregiver burden and seems to assist the child in overcoming difficulties in the caring role. Overall, family support can improve adolescents' academic performance and schooling (Thomás, Gutiérrez, Pastor & Sancho 2020:1610).

e) Responsibilities of various state departments

Teachers highlighted a need for state departments to be responsible for allocating social workers or psychologists and nurses at each school to assist adolescents and teachers. The participants suggested that the departments submit the names of adolescents living with parents diagnosed with mental disorders to the school to enable the teachers to support them. Additionally, professionals in health and social

development should promote the well-being of the parent and school-going adolescents. They should also make the school aware of the parent's situation to enable support for affected adolescents.

The teachers stated that:

> *"The department can send responsible people (Social workers or psychologists) to visit or allocate them to the school to deal with some of the problems. This problem is part and parcel of the government. The government must take action to assist the children" (FG1P06)*

> *"Department should submit the list of the names of the learners to the school so that the educators can know about them and support them" (FG1P01)*

> *"The health officials who are treating the parent must not end with the parent but must also know the wellbeing of the child and make provision thereof that the child's needs are also met. Including counselling etc., because just looking for those trying to assist the parent while the child has also been directly affected by the situation, but they are not being taken thereof is a problem. The health officials must acknowledge the educators on how to attend that type of the children" (FG3P13)*

> *"The health officials must send the records to school*" *(FG3P15)*

> *"The social department wants us to supply them with records, but they do not pass the information to us because we are dealing with the same learner. They should also think of returning the ball to us" (FG3P14)*

These findings are supported by Hendricks, Kavanaugh and Bakitas (2021:503), who indicate that health professionals should also enquire if patients under their care have children contributing to the caring role so they can support these children. There is a need for multidisciplinary teams of professionals to promote, prevent, assist and support school-going adolescents and their ill parents (Joseph et al. 2020:86).

f) Mechanisms for future support of the school-going adolescents

Some teachers suggested reading storybooks to provide support to school-going adolescents; free talk with school-going adolescents to make them feel accepted and supported; a support structure (support group) to assist adolescents in coping with the condition of their parent; and adopting a learner to provide them with essentials. They also recommended greeting and talking to adolescents to make them feel free and loved so that they can be open and tell the teachers their problems. They mentioned additional research about adolescents living with parents diagnosed with mental disorders at school; being soft-spoken and approachable to adolescents to make them feel supported; giving adolescents extra schoolwork to improve their academic performance; and assisting them with applications to tertiary education institutions. The teachers elaborated:

> "*Encourage them to read stories that deal with such type of situation (their problems)" (FG1P01)*

> *"Try to let her be free to talk to us about whatever challenges" (FG1P05)*

> *"I think the best thing is to win the child and be able to identify all these problems" (FG3P10)*

> *"Encourage her to attend the support structure of those who are vulnerable" (FG1P03)*

> *"As educators, we can try to adopt the learner" (FG1P04)*

> *"Ask them a simple question? How are you? Greet them and talk to them" (FG2P07)*

> *"Be soft on them so that they can be able to approach us" (FG1P04)*

> *"University to do any means to try to assist these learners so that they can achieve in their studies when they get to tertiary" (FG2P07)*

“The best way is to give him more activities” (FG6P32)

“We will try research to check if there are other learners with the same problem because learners are underperforming and we do not know the reason why”? (FG6P33)

The teachers indicated various mechanisms to be adopted at schools to support affected adolescents. Phelps (2021:4), Tapias, Coromina, Grases and Ochoa (2021:1126) attest that adolescents can be encouraged to meet peers in the same situation and have an opportunity to share their experiences. Sharing experiences appears to lessen feelings of isolation and withdrawal (Choudhury & Williams 2020:250). Monnapula-Mazabane and Peterson (2021:10) agree that support groups appear to be helpful to adolescents and their parents diagnosed with mental disorders.

In conclusion, there is a practice gap in developing strategies to support school-going adolescents living with parents diagnosed with mental disorders.

4.4 SUMMARY

The chapter outlined and presented an analysis of phase one’s findings. These findings were explained using quotes, as reported by the participants, and supported with literature. The findings indicated a lack of support for school-going adolescents, their parents, and teachers. The grounded theory approach results in the development of a theory, either from a positivistic view or, in this case, constructing an interpretive framework (Charmaz 2014:230). Chapter 5 thus conceptualises the study’s phenomenon to understand it in abstract terms and, in so doing, develops and outlines the conceptual framework to support school-going adolescents living with parents diagnosed with mental disorders.

CHAPTER 5
DEVELOPMENT OF A CONCEPTUAL FRAMEWORK

5.1 INTRODUCTION

The primary objective of grounded theory is to expand upon an explanation of a phenomenon by identifying the key elements of that phenomenon and then categorising the relationships of those elements in the context and process of the research and its findings (Creswell & Poth 2018:82). This chapter focuses on the last objective of phase one, namely to:

- Construct a conceptual framework to uncover the dynamics of support for school-going adolescents living with parents diagnosed with mental disorders

Dickoff et al.'s (1968) practice theory survey list was used as a thinking tool, and it provided the principles and strategies that underpin further knowledge and new ideas regarding this investigation. The conceptual framework used six activity elements, as described by Dickoff et al. (1968): the agent, recipient, context, procedure, dynamics and outcome.

Charmaz (2014:218) explains that diagrams can offer concrete images for our ideas. In this study, the diagrams may give the reader a visual presentation of the phenomenon, the interrelationships of concepts and ideas, and how all aspects fit together.

5.2 PRESENTATION OF THE FRAMEWORK

The framework is presented according to the six elements described by Dickoff et al. (1968). The six elements entail the agent, recipient, context, procedure, dynamics and outcome. In each case, the visual image of the building block of the framework will be presented, followed by a description of the element.

Table 5.1: Dickoff et al.'s (1968) survey list and application to the framework

Agents: the person(s) who performs the activity	Primary Formal	Department of Health
		Department of Education
		Department of Social Development
	Secondary Formal	Teachers
		School Health Nurses
		Psychologists
		Social Workers
	Informal	Family
		Friends
		Community
Recipients: the person(s) who receives the activity	Primary	School-going Adolescents
	Secondary	Parents and Teachers
Context: an area where the activity is taking place	High School	
	Home	
	Clinic	
	Community	
Procedure: the guiding steps or techniques or protocol of the activity	Interpersonal processes	
	Empowerment and Education	
	Support	
	Total quality management	
Dynamics: the energy sources of the activity	Social change	
Outcome: the final product of the activity	Supported school-going adolescents reaching their fullest potential	

5.2.1 The agents

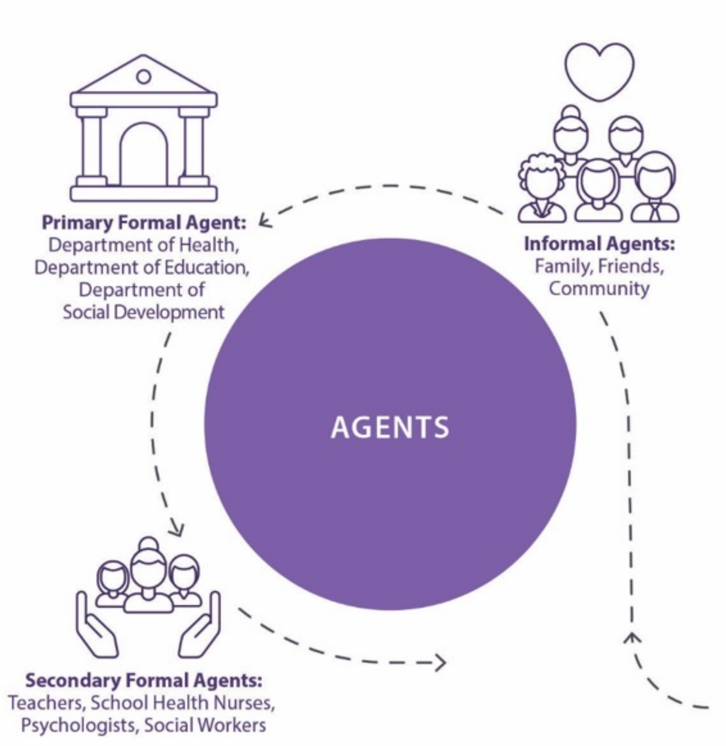

Figure 5.1: Agents

Figure 5.1 presents a visual image of the agents of the conceptual framework. The agents are the people who perform the activity (Dickoff et al. 1968:421). The purple colour for the agents signifies creativity, wisdom, power and responsibility (Colour Psychology 2022). The dotted lines represent an uninterrupted relationship between the primary agents, and the arrows illustrate continuous positive movement (Xu, Liu, Koenig, Fritchan, Han, Pan & Bao 2020:4).

The agents to support school-going adolescents living with parents diagnosed with mental disorders are divided into primary formal agents, secondary formal agents, and informal agents.

5.2.1.1 Primary formal agents

Primary formal agents are the Department of Health, Department of Education and Department of Social Development. These three departments are the strategic agents

who can promote support for school-going adolescents living with parents diagnosed with mental disorders. The Department of Health and the Department of Social Development are committed to providing sustainable health and development services through a comprehensive and integrated system. Conversely, the principle of the Department of Education is that all people will have access to lifelong learning, education and training opportunities, which will, in turn, contribute towards improving their quality of life and building a peaceful, prosperous and democratic South Africa. These principles, such as lifelong learning, education and training, can empower the agents with support skills. In turn, these can improve the quality of life of school-going adolescents.

The primary formal agents possess certain positions and responsibilities in the various state departments and can thus enable support for adolescents at school. The study's findings indicated a need for these three departments to provide the schools with psychologists, school health nurses and social workers (either full-time or through outreach services) able to support school-going adolescents living with parents diagnosed with mental disorders. The Department of Social Development can also support adolescents with bursaries, and social assistance programmes to deal with poverty and inequality (World Bank 2021). These findings are supported by Seneson, Howarth, Ford, Humphrey, Jones, Coon, Rogers and Anderson (2020:600) and Joseph, Sempik, Leu and Becker (2020:87). The primary formal agents should ultimately unite and work collaboratively as a team to support the school-going adolescents living with parents diagnosed with mental disorders. This might lead to a safe and supportive environment for the recipients. The recipients can then depend on these strategic agents for total and comprehensive support.

Moreover, the study's findings indicate inadequate implementation and monitoring of available policy frameworks and guidelines related to support for school-going adolescents living with parents diagnosed with mental disorders. Additionally, a lack of standard operating procedures (SOPs) for the admission and provision of support for these adolescents was determined. This view is supported by Rasesemola et al. (2019:2) and Wankasi, Sehularo and Rakhudu (2020:2). The policymakers and each department should develop, review, monitor and evaluate the implementation of policy

frameworks and guidelines, as well as the SOPs available to support school-going adolescents living with parents diagnosed with mental disorders.

5.2.1.2 Secondary formal agents

The secondary formal agents include teachers, school health nurses, psychologists, and social workers. The secondary formal agents are professionals who are qualified, skilful, competent and possess specialised knowledge to support school-going adolescents living with parents diagnosed with mental disorders. The principles of professionalism include competency, knowledge, communication, integrity and respect, accountability and a team spirit. Through these principles, the secondary formal agents can support school-going adolescents in totality; that is, physically, socially, economically, and psychologically. They can act as advocates, motivators, counsellors, consultants, educators, and facilitators of resources to support adolescents. All these agents are powerful and responsible for supporting school-going adolescents living with parents diagnosed with mental disorders.

The study's findings indicated a lack of professional support for school-going adolescents living with parents diagnosed with mental disorders. These findings are in line with those by Cleary et al. (2020:679), confirming some adolescents living with parents diagnosed with mental disorders appear to experience a lack of empathy, uncaring behaviour and blame from health professionals when accompanying their parents to clinics or hospitals.

Professionals such as teachers are competent and have experience and training in dealing with adolescents undergoing challenges at school. The teachers interact with adolescents daily at school, teaching and looking after them. They counsel, motivate and encourage all adolescents, especially those facing difficulties. The findings of this study revealed that teachers often run different committees and programmes to support adolescents experiencing challenges at school. However, some teachers revealed that support for adolescents living with parents diagnosed with mental disorders is not their field of speciality. These findings align with the study by O'Reilly, Adams, Whiteman, Hughes, Reilly and Dogra (2018:455), which affirms that teachers appear not to possess adequate skills to deal with mental health problems.

Additionally, the teachers should be friendly and approachable to enable school-going adolescents living with parents diagnosed with mental disorders to be open and disclose their problems to enhance support from the teachers.

School health nurses, as professional agents, are qualified professionals with adequate skills and experience in providing health services to adolescents. They are also competent and knowledgeable when screening, assessing, identifying, referring, and addressing obstacles to learning for school-going adolescents living with parents diagnosed with mental disorders. They act as advocates and supporters for these adolescents. They also educate and empower the adolescents with knowledge about mental disorders and communication skills, coping skills, decision-making skills, and skills on managing emergencies such as the relapse of parents diagnosed with mental disorders.

The school health nurses can also empower teachers with information about mental disorders and the skills to identify and counsel school-going adolescents living with parents diagnosed with mental disorders. The teachers can then recognise any change in these adolescents' behaviour, school attendance and academic performance, and refer them to relevant departments. This may prevent negative consequences on their schooling, such as poor academic performance and attendance.

The school health nurses act as consultants; they are experts in the field of mental health. They acquire comprehensive knowledge about health matters. They advise, counsel and provide formal professional support to school-going adolescents living with parents diagnosed with mental disorders. They also facilitate resources in support of these adolescents. However, the study's findings reflected inadequate support from school health nurses. Lenkokile, Hlongwane and Clapper (2019:202) concur that school health services seem inadequate due to insufficient resources and a lack of proper training and development.

Psychologists, as professional agents, are qualified experts in their field. They are competent and have the knowledge and skills to deal with school-going adolescents of parents diagnosed with mental disorders. These skills include counselling, building

and motivating these adolescents. These professional agents should counsel and assist adolescents undergoing challenges (such as drug and alcohol abuse) to cope with their schooling and problems prevailing at home. Psychologists can counsel all adolescents experiencing psychological problems to promote support and prevent them from engaging in risky behaviour. According to Hernández-Torrano, Faucher and Tynybayeva (2021:1191), psychologists appear to provide services that prevent school-going adolescents from engaging in risky and self-destructive behaviours. However, the participants indicated a lack of psychological support for school-going adolescents living with parents diagnosed with mental disorders.

Social workers, as professional agents, have specific qualifications and knowledge. They can assess the home environment of the adolescents and parents, secure resources and refer them when needed. They are also ideally situated to evaluate and monitor improvements. Social workers are therefore able to empower, counsel, encourage, motivate and guide adolescents living with parents diagnosed with mental disorders at school. However, the study's findings revealed a lack of support for school-going adolescents from social workers. In support, Fekadu et al. (2019:11) highlight a need for social support for school-going adolescents living with parents diagnosed with mental disorders.

5.2.1.3 Informal agents

The informal agents include other family members, friends, and the community. The principle of informal agents is that "it takes a village to raise a child" (African proverb; Reupert, Straussner, Weimand & Maybery 2022:1). The entire community and extended family members can become part of the adolescents' support structure and become actively involved in support programmes for them. They can provide a safe, healthy environment. These informal agents can also work jointly to support school-going adolescents living with parents diagnosed with mental disorders without coercion. Based on the positive attitudes from family, friends and the community, school-going adolescents living with parents diagnosed with mental disorders may feel welcome and supported.

The findings of this study revealed inadequate support from extended family members and the community for school-going adolescents living with parents diagnosed with mental disorders. These findings were similarly reported in previous research (Zarei, Zeighami & Javadi 2021:36; Källquist & Salzmann-Erikson 2019:2063; Zeighami et al. 2021:100; Reedtz et al. 2019:10).

Extended family members, friends, neighbours, and the community interact and live with school-going adolescents living with parents diagnosed with mental disorders. Therefore, they tend to be suitable informal agents to support these adolescents. They can visit them regularly and assist where there is a need, welcome them in their homes, listen to them, accept them as they are, and share the caring burden without judgement. This might further meet the support needs of the adolescents and families of individuals diagnosed with mental disorders. The recipients are discussed next.

5.2.2 Recipients

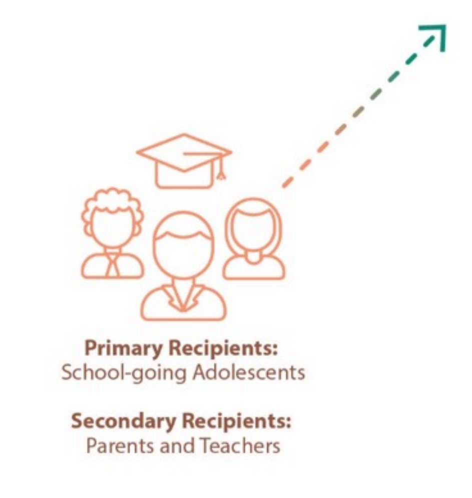

Figure 5.2: Recipients

Figure 5.2 presents a visual image of the recipients of the conceptual framework. The recipients of this conceptual framework are divided into primary and secondary recipients. Primary recipients include school-going adolescents, and secondary recipients are parents and teachers. The orange signifies encouragement, enthusiasm and motivation (Colour Psychology 2022). Recipients are the people who would receive the activity, namely support from the agents. In this conceptual framework, the primary recipients are the school-going adolescents living with parents diagnosed with

mental disorders. The principle for the recipients in this study is that “every challenge is a learning opportunity” (School of Education 2021:1). The recipients can learn and grow from the challenges of living with parents diagnosed with mental disorders and from the support programmes. Therefore, recipients should be open to learning and willing to be supported by the agents. They can share knowledge and experiences with peers with the same problems and with formal and informal agents. This view is in line with the study by Yamamoto and Keogh (2017:139). These adolescents can also form part of the treatment plan of their parents diagnosed with mental disorders. Through support from the agents, the primary recipients can learn to cope with challenges.

The parents diagnosed with mental disorders are regarded as secondary recipients in this conceptual framework as they can also benefit from agents’ support for school-going adolescents. This view is supported in the literature (Murphy, Peters, Wilkes & Jackson 2018:1019). The principle of the parents in this study is that every parent diagnosed with mental disorders has a right to be supported in the community in which they live (United Nations Human Rights 1991; South Africa 2002:9). The parents, as secondary recipients, can be empowered with information, insights about mental disorders, and interpersonal coping skills. They can receive counselling and guidance from support agents to prevent disruptions and disorganisations in the family. Parents diagnosed with mental disorders should take responsibility for their actions and recovery journey. The agents can also teach the parents about the importance of treatment adherence to avoid relapse and psychotic symptoms that might frighten the school-going adolescents and cause conflicts and fights in the family.

In addition, teachers also are secondary recipients because they can be empowered with knowledge and skills about mental disorders by other professionals, such as school health nurses, psychologists, and social workers. The focus of teachers as secondary recipients in this study is continuous lifelong learning to develop new knowledge and skills. The teachers, as secondary recipients, can engage in ongoing learning to support school-going adolescents living with parents diagnosed with mental disorders in school. The study’s findings revealed that teachers lack awareness, experience and knowledge on how to deal with school-going adolescents living with parents diagnosed with mental disorders, a claim supported by O’Reilly et

al. (2018:455). The teachers can thus benefit from in-service workshops and training. The teachers can also be responsible, show positive attitudes and be ready to learn to recognise adolescents living with parents diagnosed with mental disorders experiencing challenges at school and offer prompt referrals to relevant departments.

5.2.3 Context

Figure 5.3: Context

Figure 5.3 illustrates the context of the conceptual framework. The context is where the activity is performed (Dickoff et al. 1968:421). The activity of this conceptual framework is performed in high schools, clinics, homes, and in the community of the Capricorn district of Limpopo province. The brown at the centre of the structure indicates a context with a solid foundation, safety and security (Colour Psychology 2022). The principle of the context of this study is the environment with unconditional acceptance and understanding; that is, providing support, protection and education to school-going adolescents living with parents diagnosed with mental disorders

(Townsend & Morgan 2018:224). The school-going adolescents can be supported and protected at school, at the clinic, at home and in the community.

5.2.4 Procedure

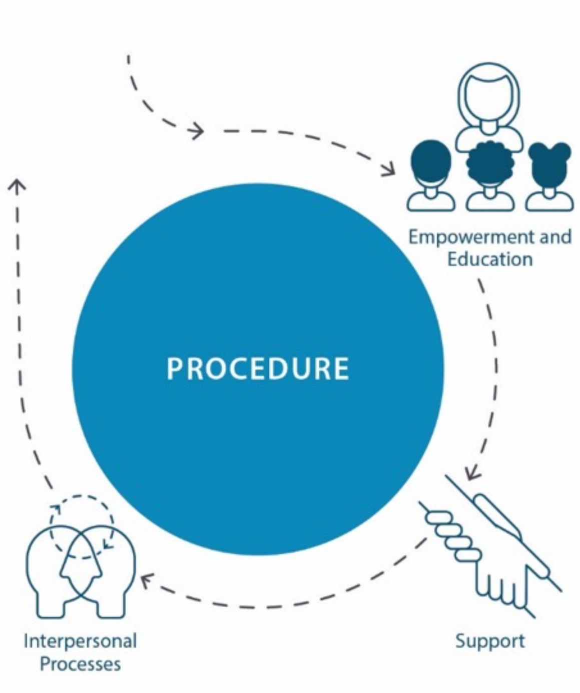

Figure 5.4: Procedure

Figure 5.4 presents a visual image of procedures or the aspects to promote support. The procedures or processes/steps of the activity in this conceptual framework entail interpersonal processes, empowerment and education, support, and total quality management. The turquoise colour signifies wholeness, communication and reflection (Colour Psychology 2022). The process is comprehensive and continuous. The first procedure relates to interpersonal processes.

5.2.4.1 Interpersonal process

The interpersonal process is where all the formal and informal agents come together and communicate with the recipients to facilitate support. The principle of the interpersonal process is communication. The study's findings highlighted inadequate communication between the three departments responsible for supporting school-

going adolescents living with parents diagnosed with mental disorders, namely the Department of Education, the Department of Health, and the Department of Social Development. This finding is in line with the study by Rasesemola et al. (2019:1).

Each department can take responsibility for supporting school-going adolescents living with parents diagnosed with mental disorders. The professionals caring for parents diagnosed with mental disorders can also check on the well-being and schooling of these adolescents. The Departments of Education, Health and Social Development, other family members, and community members can share reports concerning the school-going adolescents living with parents diagnosed with mental disorders. This might motivate and encourage support for these adolescents, according to Justin et al. (2021:1540).

Communication can flow between the teachers, school health nurses, psychologists and social workers, the school-going adolescents, their parents, and other family members, friends, neighbours and the community to promote support for these adolescents. Meetings can be arranged, and verbal and written reports can be kept to enhance the continuity of support for school-going adolescents living with parents diagnosed with mental disorders. The second process deals with empowerment and education.

5.2.4.2 Empowerment and education

Empowerment is the process of enabling school-going adolescents to recognise their needs, decide and take a step to facilitate their own support. The principle of empowerment focuses on support, abilities, strengths and participation in decision-making, while the principle of education emphasises the establishment of independent and interdependent lifelong learning strategies for all individuals.

The study's findings revealed inadequate knowledge and skills among school-going adolescents when dealing with parents diagnosed with mental disorders. The formal agents can empower the recipients with skills and information to facilitate support for adolescents at school, at home, and in the community. The formal agents can educate the recipients about mental disorders, outlining topics such as causes, signs and

symptoms, treatment and management during crises, and relapse. These secondary formal agents can empower recipients with coping skills, communication skills and available support services. Riebschleger et al. (2017:12) support this finding.

The need for teachers' support was revealed during the interviews with the participants. Professionals, such as school health nurses and the Department of Education, can provide in-service training to teachers on how to identify and support adolescents living with parents diagnosed with mental disorders and refer them in case of serious challenges. Other professionals, like psychologists and social workers, can assist the teachers in counselling and supporting the school-going adolescents living with parents diagnosed with mental disorders. This view is shared in previous research (Justin et al. 2021:1542; Zwane & Malale 2018:10). The Department of Education could also send the teachers for workshops and training concerning inclusive education to promote support for school-going adolescents living with parents diagnosed with mental disorders. The next process refers to support.

5.2.4.3 Support in the form of respect and humility

Support in this study refers to agents' informational, emotional, network, and physical support for the recipients. The principle of support in this study entails treating school-going adolescents living with parents diagnosed with mental disorders and their parents with respect and dignity. The findings of this study highlight the need for awareness campaigns about mental disorders at schools and in the community. This might assist in clarifying misconceptions among some teachers and community members. Previous studies concurred (Mansell et al. 2020:503; Lakmann et al. 2017:70). The formal agents from the Department of Health can conduct awareness campaigns about mental disorders at the clinics, community halls, and schools. This can also be conducted through radio, television and social media.

Awareness campaigns about mental disorders can encourage and motivate the community at large to support school-going adolescents living with parents diagnosed with mental disorders. This might also lessen the stigma of mental disorders and rejection of these adolescents. This is in line with the evaluation report by Collins, Eberhart, Estrada-Darley and Roth (2021:2). Awareness campaigns might also

improve the coping skills of school-going adolescents. Health professionals can inform the community about support programmes and encourage voluntary participation and teamwork in supporting school-going adolescents living with parents diagnosed with mental disorders.

The formal agents can assist the school-going adolescents living with parents diagnosed with mental disorders to form support groups to share their experiences with peers with the same problems and deal with the disclosure of parents’ illness to others. This would promote support for these adolescents. The teachers, social workers, school health nurses and psychologists can also form part of the support groups. The support groups can assist the adolescents with social networking and teach them new skills, such as coping skills, interpersonal skills, and caring for and managing the crises of parents diagnosed with mental illness.

The formal agents can also visit the homes of parents diagnosed with mental disorders to identify challenges in the family. During the visit, they can empower the family with information about mental disorders and support the whole family. Home visits can be particularly beneficial to the family during the recovery process. The findings of this study highlighted the need for professionals, such as teachers, school health nurses and social workers, to conduct home visits to support school-going adolescents living with parents diagnosed with mental disorders.

During the home visits, school health nurses can clarify misunderstandings among adolescents and family members about mental disorders. At the same time, social workers can identify and eliminate any threats or dangers to the lives of these adolescents and their parents. They can assess their needs and vulnerability, and promote support for the family. The teachers can also visit the family to follow up on the problems they have identified in school-going adolescents.

5.2.4.4 Total quality management

The principles of total quality management include total commitment and continuous improvement to the quality of life of school-going adolescents living with parents diagnosed with mental disorders. Total quality management can constantly be

monitored through SWOT analysis. The strengths, weaknesses, opportunities and threats to supporting school-going adolescents can be continuously evaluated, and primary formal agents can establish policies for quality control and improvement to support these adolescents.

The strengths that school-going adolescents display when taking over the caring role can be modified into opportunities to enhance support. Their weaknesses can be overcome with support from formal and informal agents and available supportive programmes. These might improve their school performance and attendance, their coping mechanisms, and create a safe and supportive school and home environment. Threats to support are minimised by developing programmes to support school-going adolescents living with parents diagnosed with mental disorders. The next element discussed refers to the dynamics.

5.2.5 Dynamics

Figure 5.5: Dynamics

Figure 5.5 illustrates the dynamics, namely social change. The dynamics refer to the energy sources of the activity and are indicated by the colour yellow. Yellow signifies

inspiration, creativity, hope and positive matters. This colour is also associated with the sun (Colour Psychology 2022), which provides energy. In this study, the dynamics are the motivational forces that could be employed to guide, encourage and provide support to school-going adolescents living with parents diagnosed with mental disorders.

5.2.5.1 Social change

Social change refers to the transformation of cultures, behaviours, social institutions and social structures over time. In this framework, social change focuses on promoting the mental health and well-being of adolescents through environmental and behavioural changes. The principle of social change in this study entails achieving a supportive environment for all school-going adolescents living with parents diagnosed with mental disorders at all levels. This social change includes political influence, capacity building, team building, and community building. All agents may support school-going adolescents living with parents diagnosed with mental disorders by changing from traditional discrimination to modern ways of understanding and support.

a) Political powers

Political leaders have the power and influence to determine and approve policy frameworks, guidelines, and a Bill of Rights (South Africa 1996:11) relevant to supporting school-going adolescents living with parents diagnosed with mental disorders. The study's findings highlighted the need for political leaders to develop, authorise and influence the implementation of some policy frameworks, guidelines, and SOPs to support these adolescents. A study by Sibanyoni and Maritz (2015: S96) indicated that poor political will and the low prioritisation of mental health often hampers the implementation of acts, guidelines and strategies.

b) Capacity building

Capacity building is a process of training, mentoring, and changing attitudes and behaviours, developing supportive programmes and skills, networking, volunteering, participating, and involving individuals and the community to effect social change (Di

Pierro 2022:1). Through social change, communities become more cohesive, resilient and better placed to confront economic and social challenges (The World Bank 2021). The process of capacity building can also influence the attitudes and behaviours of family, friends and the whole community in support of school-going adolescents living with parents diagnosed with mental disorders. Therefore, without capacity building, there may be no positive social change (Amadei 2020:4).

c) Team building

Team building is a strategy to assist individuals and the community in developing improved communication skills, collaboration, identifying strengths and weaknesses, building trust, and participating in decision-making and problem-solving to effect social change (Leo, Gonzalez-Ponce, López-Gajardo, Pulido & Garcia-Calvo 2021:121). Team building relates to social change because it assists school-going adolescents living with parents diagnosed with mental disorders to develop self-confidence, creativity and motivation, gain learning experience, improve their emotional well-being and build trust. However, team building can strengthen collaboration and enable agents' support by sharing and discussing the needs and problems of school-going adolescents. The teamwork may assist the agents in planning and prioritising support programmes according to these adolescents' needs and problems.

d) Community capacity building

Community capacity building promotes change and develops and empowers the community to deal with problems (Lohoar, Price-Robertson & Nair 2013:4). Community capacity building relates to social change because it focuses on community mobilisation and involvement. It entails active participation in meetings and programmes related to supporting school-going adolescents living with parents diagnosed with mental disorders. The community can work with professionals and families to build their networks, knowledge and experiences to support these adolescents. After community development, social change is likely to evolve.

5.2.6 Outcome

Figure 5.6: Outcome

Figure 5.6 presents the visual image of the outcome of the conceptual framework. The outcome is the point of evaluating whether the research purposes were accomplished and all the support needs of school-going adolescents living with parents diagnosed with mental disorders have been covered (Dickoff et al. 1968:424).

The green colour indicates the outcome of the activity. Green signifies growth, new beginnings, safety and a sense of hope and potential (Colour Psychology 2022). The outcome of this conceptual framework is facilitated support for school-going adolescents to reach their full potential. It might increase the growth and competency of school-going adolescents and potentially prevent them from engaging in risky abnormal behaviours.

5.3 IMPLICATIONS FOR THE CONCEPTUAL FRAMEWORK

The conceptual framework for supporting school-going adolescents living with parents diagnosed with mental disorders strives to close the gap of a lack of support at schools, clinics, at home, and in the community. The Departments of Education, Health and Social Development, families and the community may use the framework. The complete visual framework is now presented in Figure 5.7.

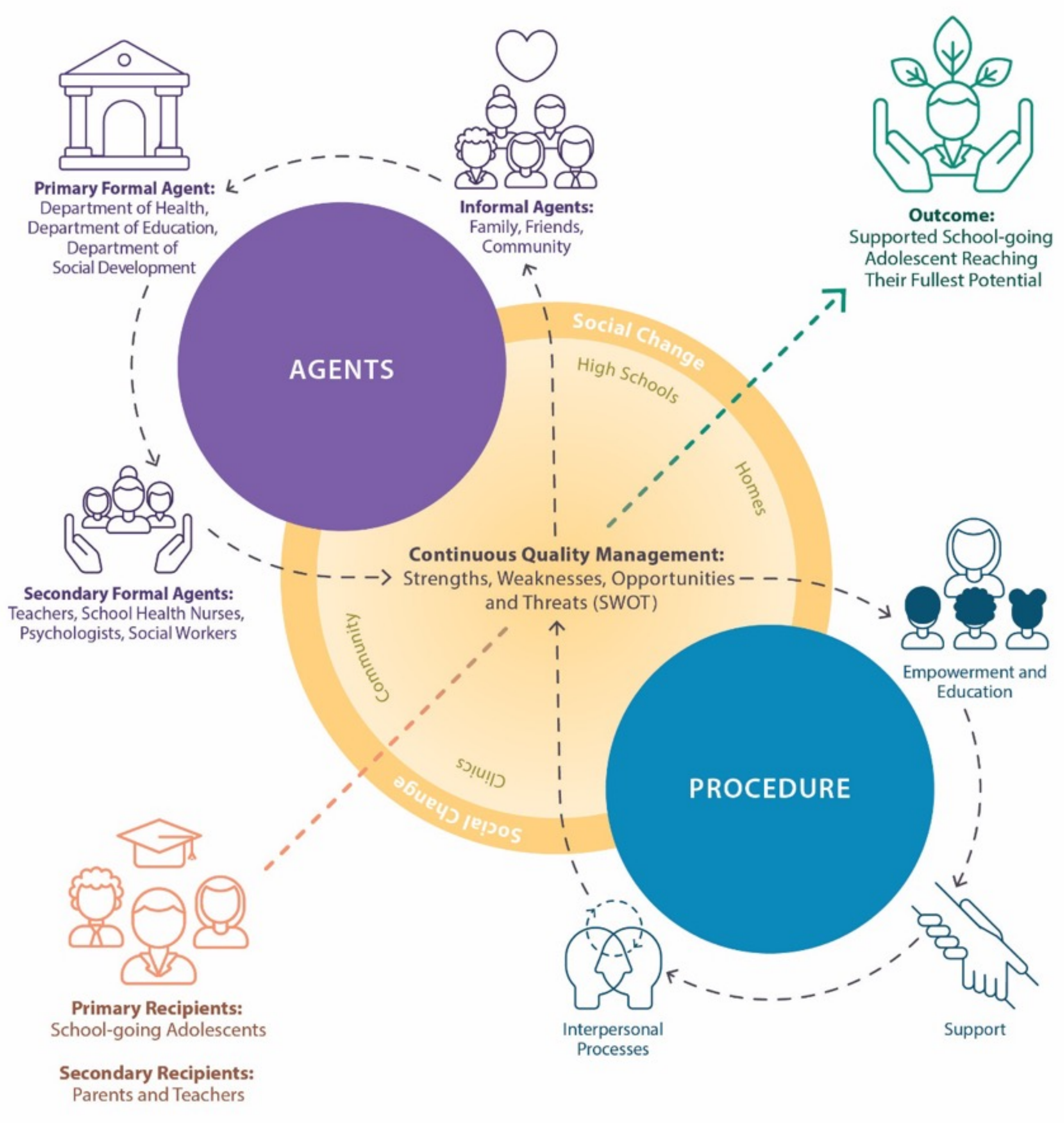

Figure 5.7: Conceptual framework

5.4 SUMMARY

The chapter outlined the conceptual framework to support school-going adolescents living with parents diagnosed with mental disorders. The primary formal agents, secondary formal agents and informal agents were described. The procedure followed in the framework was explained, and the dynamics of the conceptual framework were described. The outcome of this framework could result in competent, healthy and supported school-going adolescents.

The next chapter discusses the development of strategies to support school-going adolescents living with parents diagnosed with mental disorders

CHAPTER 6
DEVELOPMENT OF STRATEGIES TO SUPPORT SCHOOL-GOING ADOLESCENTS LIVING WITH PARENTS DIAGNOSED WITH MENTAL DISORDERS

6.1 INTRODUCTION

This chapter discusses the strategies to support school-going adolescents living with parents diagnosed with mental disorders. A deductive method was used in developing the strategies (Johnson & Christensen 2020:616). The study's findings were integrated during analysis and interpreted to form a conceptual framework and underpin the strategies' development. The strategies were developed based on a two-phased approach. First, a SWOT analysis was done. The outcome of the SWOT analysis was then integrated into the conceptual framework to present the strategies. The researcher structured strategies according to the following headings: agents, context, procedure and dynamics. The outcome and recipient are discussed together.

6.2 SWOT ANALYSIS

Albert Humphrey's SWOT analysis (1960s to 1970s) was employed to guide the strategies to support school-going adolescents. The SWOT analysis evaluates the strengths, weaknesses, opportunities and threats to supporting these adolescents (Gürel & Tat 2017:997). The strengths and weaknesses refer to internal factors, while opportunities and threats refer to external factors. The SWOT analysis is useful to illuminate the strengths to be harnessed and identify challenges to be addressed. Table 6.1 indicates the strengths (internal factors) identified from the findings.

Table 6.1: Internal factors: Strengths

Strengths that resulted from the study's findings
Positive aspects of support - Adolescents - Parents - Other family members

Strengths that resulted from the study's findings
- Teachers

6.2.1 Strengths

6.2.1.1 Positive aspects of support

Strengths are characteristics that are creative, positive, and favourable (Gürel & Tat 2017:997). In this study, the strengths are all the positive experiences of the participants concerning support for school-going adolescents. The study's findings also indicate these adolescents' strengths in taking over the caring role. They also assist their parents diagnosed with mental disorders in complying with treatment. The findings align with previous research (Chojnacka & Iwański 2021:15; Kallander et al. 2018:238; Mendolia et al. 2019:482).

Additionally, parents diagnosed with mental disorders show their strengths by providing for school-going adolescents' basic needs and assisting them with schoolwork. Moreover, extended family members reflect strengths by visiting school-going adolescents and parents diagnosed with mental disorders to help them when there is a need and accompany the parents diagnosed with mental disorders to the clinic or hospital for follow-up treatment. They also provide for their basic needs and assist them with household chores (Zeighami et al. 2018:99; Dam et al. 2018:81).

The teachers displayed strengths by establishing supportive committees and programmes for the adolescents. These strengths can be used to support school-going adolescents living with parents diagnosed with mental disorders.

Table 6.2 indicates the weaknesses (internal factors) established from the study's findings.

Table 6.2: Internal factors: Weaknesses

Weaknesses that resulted from the study's findings
Poor school performance
Poor school attendance
Bullying and labelling by peers

Weaknesses that resulted from the study's findings
Stigma and discrimination by other people in the community
Lack of coping with the schoolwork
Lack of socialisation due to taking over a caring role
Lack of knowledge about parents' illness
Self-isolation and social isolation
The unstable mood of the parents
Lack of education among parents
Assaults and fights in the family
Lack of awareness about the problem school-going adolescents face
Lack of training on inclusive education for teachers

6.2.2 Weaknesses

Weaknesses are characteristics that are negative and unfavourable (Gürel & Tat 2017:997). In this study, weaknesses are the negative factors that hamper the ability to support school-going adolescents, parents, and teachers, and all the negative experiences participants shared. The study's findings indicate the need to overcome these weaknesses (see Table 6.2) by developing strategies to support school-going adolescents, parents and teachers. Table 6.3 outlines the opportunities (external factors) identified from the study's findings.

Table 6.3: External factors: Opportunities

Opportunities that resulted from the study's findings
Government policy frameworks and guidelines
Social change
Strengths that can be changed into opportunities: Positive aspects of support
- Teacher support programmes
- Extended family support
- Friends, neighbours and community support

6.2.3 Opportunities

Opportunities can produce positive results for the individual, family and community (Gürel & Tat 2017:997). In this study, opportunities are the aspects that help support

school-going adolescents, parents, and teachers. Government policy frameworks and guidelines, social change and available support programmes can be explored to enable support for school-going adolescents. Table 6.4 indicates the threats (external factors) identified from the study's findings.

Table 6.4: External factors: Threats

Threats that resulted from the study's findings
Lack of support for both adolescents and the parents
Dropping out of school
Adolescents developing mental disorders
Keeping parents' illness secret
Drug and alcohol abuse among adolescents
Suicidal ideation among adolescents and parents
Relapse among parents

6.2.4 Threats

Threats are a disadvantageous situation for the individual (Gürel & Tat 2017:997). In this study, threats were caused by a lack of support for school-going adolescents, parents, and teachers. All the elements of the SWOT analysis are reflected in the strategies.

6.3 STRATEGIES TO SUPPORT SCHOOL-GOING ADOLESCENTS LIVING WITH PARENTS DIAGNOSED WITH MENTAL DISORDERS

The researcher developed strategies to address the lack of support for school-going adolescents living with parents diagnosed with mental disorders. The strategies would benefit adolescents and parents diagnosed with mental disorders, as well as the teachers at school.

6.4 PURPOSE OF THE STRATEGIES

The purpose of the strategies is to focus on multiple stakeholders' efforts and take advantage of available resources and emerging opportunities. The aim is to respond

effectively to barriers in creating a safe and supportive environment at school, at home, and in the community for school-going adolescents living with parents diagnosed with mental disorders.

6.5 OBJECTIVES OF THE STRATEGIES

The objectives of the strategies are:

- To guide support for school-going adolescents living with parents diagnosed with mental disorders
- To provide school-going adolescents living with parents diagnosed with mental disorders with supportive resources
- To remove obstacles in the schooling and development of school-going adolescents living with parents diagnosed with mental disorders
- To provide information to support agents and school-going adolescents living with parents diagnosed with mental disorders

6.6 DEVELOPMENT OF STRATEGIES

The researcher developed strategies to support school-going adolescents living with parents diagnosed with mental disorders, parents, and teachers. The strategies were derived from the findings from all three sources and different forms of data. The strategies are described using the conceptual framework.

6.6.1 Strategy one: Agents

This strategy concerns strategic agents such as the Departments of Education, Health, and Social Development that could support school-going adolescents and parents diagnosed with mental disorders. The agents are the persons who perform the activity. This study indicates the need for coordination between these three departments (Education, Health and Social Development) to effectively support school-going adolescents living with parents diagnosed with mental disorders.

Professionals like teachers, school health nurses, psychologists and social workers are secondary formal agents. The study's findings highlighted the need for these professionals to support school-going adolescents living with parents diagnosed with mental disorders. This might improve the quality of life of these adolescents and may promote their emotional well-being.

Extended families, friends and community members were informal agents in this study. The study's findings indicate a need for families, friends, and the community as a whole to be part of these adolescents' support system. This might prevent the self and social isolation of school-going adolescents living with parents diagnosed with mental disorders and their parents.

6.6.1.1 Primary formal agents

Strategic objective: To provide supportive resources for school-going adolescents living with parents diagnosed with mental disorders

The Department of Education can develop standardised SOPs, policies and guidelines for the admission of school-going adolescents living with parents diagnosed with mental disorders to effectively support them. Additionally, the Department of Education should develop SOPs for establishing support programmes at schools to assist school-going adolescents living with parents diagnosed with mental disorders.

The Department of Education should also provide every school with social workers or psychologists to facilitate support for these adolescents. Alternatively, the school should liaise with the social workers and the school health nurses from the local clinic and psychologists from the nearest hospital to provide outreach support services for school-going adolescents living with parents diagnosed with mental disorders. Mental health promotion by teachers at school must be complemented with additional mental health activities by other professionals such as school health nurses (Clarke 2016:379).

The Department of Education should revisit the content of the Life Orientation subject and, if possible, add signs, symptoms and causes of mental disorders in the curriculum

to give adolescents a clear picture of mental disorders. This would reduce the stigma of mental disorders and enhance the adolescents' and the school community's understanding of this phenomenon. The Department of Education should initiate and create safe environments to talk about parental mental disorders and their serious effects on adolescents by employing relevant professionals to establish support services at school.

The Department of Education should inform the teachers about inclusive education so they have a common understanding thereof. This would enable the teachers to assist school-going adolescents living with parents diagnosed with mental disorders. The findings of this study indicate that teachers understand the meaning and purpose of inclusive education differently. This reflects the need for in-service training and workshops.

Additionally, the department should offer these adolescents financial assistance through a bursary system to attend tertiary institutions. The study's findings reflected this need for financial assistance through bursaries. The Department of Health should also ensure that the school health nurse liaises with the local schools, social workers from the local clinics or hospitals, psychologists, and the adolescent's family to promote support for school-going adolescents living with parents diagnosed with mental disorders.

The Department of Health should also monitor the implementation of an integrated school health policy and other available policy frameworks and guidelines to support school-going adolescents living with parents diagnosed with mental disorders. This may encourage additional support for this population.

The Department of Health should add mental health promotion activities to a targeted schedule for school health nurses to promote support for school-going adolescents living with parents diagnosed with mental disorders. The Department of Health should also encourage public awareness of the rights of school-going adolescents living with parents diagnosed with mental disorders and their parents to promote their safety and protection.

The Department of Social Development can develop a policy or guidelines to direct support for school-going adolescents living with parents diagnosed with mental disorders. Additionally, the department should establish support programme schedules for these adolescents and monitor social workers' implementation of those programmes. This will facilitate support for school-going adolescents.

6.6.1.2 Secondary formal agents

Strategic objectives: To remove obstacles in the schooling and development of school-going adolescents living with parents diagnosed with mental disorders

Teachers can support school-going adolescents living with parents diagnosed with mental disorders because they are in direct contact with them on a daily basis at school. Their support might prevent setbacks in adolescents' schoolwork. The findings indicate a need for teachers to be patient with school-going adolescents living with parents diagnosed with mental disorders, show them love, and have open communication with them to build trust and show them acceptance.

The teachers should conduct individual interviews and counsel all adolescents presenting with problems at school, such as poor school performance, absenteeism, late coming, incomplete homework, late submission of assignments and other problems. They will thereby identify any difficulties caused by living with parents diagnosed with mental disorders. This would prevent delays in supporting school-going adolescents living with parents diagnosed with mental disorders.

The teachers should organise meetings with the family of school-going adolescents living with parents diagnosed with mental disorders to improve communication. This will also promote support and coping mechanisms. The teachers should also refer the school-going adolescent to social worker. The social worker will visit the family to determine the reasons for adolescents' poor performance, absenteeism, late coming and not completing tasks such as homework, behavioural changes and other problems to support and improve these adolescents' schooling. The teachers will use the report from social workers to address those challenges.

Additionally, the teachers should assist school-going adolescents with extra lessons in mathematics to help those struggling with the subject and improve their academic performance. The findings revealed most adolescents in the sample seemed to struggle with mathematics. The teachers should also assist adolescents in grade 12 with applications to tertiary education institutions to reduce their frustration, stress, and school drop-out.

The teachers should adopt a learner strategy to support school-going adolescents living with parents diagnosed with mental disorders. This would enable the teachers to provide school-going adolescents with school materials and address some of their basic needs. Consequently, the adolescents' schooling would be improved.

The teachers should also encourage some parents diagnosed with mental disorders to register for adult basic education and training (ABET). This would enable them to assist their children with schoolwork at home because the study's findings revealed a lack of education and understanding among parents diagnosed with mental disorders. School health nurses should collaborate with teachers, psychologists and social workers to promote support for school-going adolescents living with parents diagnosed with mental disorders. The school health nurses should educate adolescents, parents and teachers to provide support, relieve feelings of helplessness and hopelessness among them, and promote the parents' recovery. This should be done by regularly scheduling visits for school health services. The topics for health education at school should also include mental disorders to create awareness of the nature of mental disorders. This would clarify confusion and misconceptions among school-going adolescents and the school community.

The school health nurse should provide adolescents with assessments, treatment, care and support services to identify and address any learning obstacles when visiting the school. They should also identify all adolescents presenting with challenges, such as behavioural changes and those engaging in risky behaviours. They will counsel them, assist them, and refer them to the relevant departments if necessary to prevent the negative effects caused by a lack of support.

The school health nurses should also arrange in-service training for teachers to create awareness about school-going adolescents living with parents diagnosed with mental disorders facing challenges. This will assist teachers in supporting these adolescents. Social workers should also be allocated to each school to assist adolescents facing challenges, especially those living with parents diagnosed with mental disorders. Moreover, they will assist the teachers. The social workers should counsel, guide, intervene and assist school-going adolescents presenting with problems that interfere with their schooling. They should also offer adolescents facing challenges such as drug and alcohol abuse information on coping with stressful situations.

The schedule of visits should be created and reflect visitation days, maybe twice per month, to prevent a negative influence on these adolescents' schooling. The social workers should follow up with school-going adolescents living with parents diagnosed with mental disorders in tertiary education for continuity of support.

It is also recommended that psychologists liaise with the teachers, social workers and school health nurses from the local clinic to support school-going adolescents living with parents diagnosed with mental disorders. Psychologists should initiate outreach services at school to assist and motivate these adolescents. They should visit the school twice per month to support school-going adolescents.

Psychologists should counsel and guide school-going adolescents living with parents diagnosed with mental disorders undergoing challenges and facing psychological symptoms such as withdrawal, loneliness and depression to prevent the development of mental health problems. They should also help adolescents using drugs and alcohol as a coping mechanism and promote their mental well-being and improve schooling. The psychologists allocated to the schools should also offer teachers and the school community counselling and other interventions.

6.6.1.3 Informal agents

Strategic objectives: To prevent discrimination and stigmatisation against school-going adolescence living with parents diagnosed with mental disorders

The findings revealed a lack of support from extended family members, friends, neighbours and the community. The families, friends and the whole community, as the informal agents, should all work together, accept and support school-going adolescents and their parents diagnosed with mental disorders. This would assist them in coping, improving recovery, and preventing isolation.

Informal agents should help adolescents with household chores. This will reduce their exhaustion and lack of concentration at school and prevent the lack of socialisation among school-going adolescents living with parents diagnosed with mental disorders. This would enable the adolescents to attend school regularly and prevent them from being expelled due to absenteeism.

The other family members should also share responsibilities in supervising the adolescents' schoolwork to prevent the negative effects of a lack of support and take care of the parents diagnosed with mental disorders. This will also encourage compliance and prevent relapse and adverse outcomes in these adolescents' schooling.

Other family members should also alert the school about these adolescents' challenges at home. This would encourage the school to support school-going adolescents living with parents diagnosed with mental disorders at school.

The informal agents should demonstrate understanding and avoid name-calling, labelling, and judgement by welcoming and accepting parents diagnosed with mental disorders and their children in their homes. Community members should respect and treat the parents diagnosed with mental disorders and school-going adolescents with dignity, understand their rights, and invite and involve them in social gatherings. This would reduce stigma and social exclusion.

6.6.2 Strategy two: Context

Strategic objective: To provide a safe and supportive environment

The context is the area where the activity takes place. The study's recommended strategies should be applied at schools, homes, clinics, and in community settings, and include the Departments of Education, Health and Social Development.

Each member of the community, together with professionals and families, should take responsibility and be accountable for creating a safe and supportive environment for school-going adolescents living with parents diagnosed with mental disorders and their parents.

6.6.3 Strategy three: Procedures

Strategic objective: To promote total support for school-going adolescents living with parents diagnosed with mental disorders

The strategies were developed guided by the procedures, namely interpersonal processes, empowerment and education, support and total quality management. The background of this study, the literature review, interviews and discussions with the participants during data collection, and the interpretations and discussions of the findings also guided the strategies' development.

6.6.3.1 Interpersonal process

The family, professionals (teachers, school health nurses, psychologists, social workers), and the community should openly communicate and share reports about school-going adolescents living with parents diagnosed with mental disorders and their parents. This will facilitate support for these adolescents.

6.6.3.2 Empowerment and education

School health nurses should conduct home visits following the discharge of a parent diagnosed with mental disorders from the hospital to provide adolescents and the whole family with information about the nature of mental disorders, their causes, signs and symptoms, and the caring process. The school health nurses should provide the family with information about treatment options and the importance of adherence. This

will reduce frustration and stress among school-going adolescents in these situations. They should also teach adolescents about signs of relapse, how to manage them, and clarify any misunderstandings and misconceptions about mental disorders.

The school health nurses should also educate and guide school-going adolescents on monitoring treatment compliance, arranging appointments for reviews, and reminding the parents to attend scheduled medical appointments. They should also provide information about available support services, what to do, and where to go during an emergency or crisis.

Professionals, like psychologists and social workers, should empower school-going adolescents with information about how to deal with stressful situations. They should discuss the use of drugs and alcohol, how to deal with suicidal ideation, and how to live with parents diagnosed with mental disorders.

6.6.3.3 Support

The study's findings indicated a need to form support networks to assist school-going adolescents living with parents diagnosed with mental disorders to share their experiences with peers with the same problems. This would promote their knowledge and coping mechanisms, improving their resilience. Each school should introduce the school-going adolescents living with parents diagnosed with mental disorders to each other in the same school and also to other school-going adolescents living with parents diagnosed with mental disorders in some other schools to form support groups. This would enable adolescents to deal with the challenges of living with parents diagnosed with mental disorders.

The support group should include school-going adolescents, teachers, social workers, school health nurses and psychologists. They should prevent feelings of emotional distress and anxiety among these adolescents and will improve their academic performance. Support groups will also assist these adolescents to be socially connected and feel accepted by peers. This will reduce stress and depression among

this population and enable them to disclose their parents' illnesses to friends, potentially improving support for them.

The support groups should assist these adolescents in sharing their experiences and information about mental disorders. They will gain new skills and engage in group discussions, learn what to do in emergencies, such as the relapse of their parents at home, and where to go for support. This would reduce their absenteeism from school. The support group should also increase adolescents' awareness that they are not alone and there are other adolescents with similar problems. This would assist them in coping with the challenges of living with parents diagnosed with mental disorders.

School health nurses and social workers should provide support through home visits to perform one-on-one counselling sessions with these adolescents. The school health nurses should provide health education to the whole family to assist them in the recovery process. The secondary formal agents should conduct public and individual awareness campaigns about mental disorders at school, home, clinics, and in the community, and they should also use social gatherings to raise awareness.

The social workers should visit the family to assess the home environment for things such as domestic violence and abuse or maltreatment in the family, income and overcrowding, and any abuse of alcohol and drugs. They should identify and eliminate any threats or dangers to the lives of school-going adolescents and parents diagnosed with mental disorders. The social workers should assess the economic status of the family and assist them in applying for social grants if there is a need to do so. They should also check whether the adolescents have identity documents and birth certificates, and assist them if needed.

They should also assess the availability of support for school-going adolescents from other family members, friends, neighbours, and the community. They should draw up schedules to assess and identify the needs of the family and check on them through phone calls to promote support. The social workers should also provide the school with a report on school-going adolescents living with parents diagnosed with mental disorders (with the parents' consent) to promote support for these adolescents at school.

6.6.3.4 Total quality management

Government officials and primary formal agents should continuously monitor the implementation of support programmes and available policy frameworks, guidelines and SOPs. They should also conduct auditing to evaluate and assess the relevant professionals' implementation of support programmes, policy frameworks, guidelines and SOPs. Government officials should encourage and motivate those professionals to provide continuous support for school-going adolescents living with parents diagnosed with mental disorders.

6.6.4 Strategy four: Dynamics

Strategic objective: To develop and strengthen support for school-going adolescents living with parents diagnosed with mental disorders

Dynamics represent social change. The social change in this study includes political powers, capacity building, team building, and community building. All agents should support school-going adolescents living with parents diagnosed with mental disorders by changing from traditional discrimination to modern ways of understanding and support.

6.6.4.1 Political powers

The findings of this study highlighted the need for support from political leaders to develop, authorise and influence the implementation of some policy frameworks, guidelines, and SOPs to support school-going adolescents living with parents diagnosed with mental disorders.

6.6.4.2 Capacity building

Capacity building will assist school-going adolescents living with parents diagnosed with mental disorders to gain control over their future development and build their skills and knowledge. This would also change the attitudes and behaviours of the family,

friends, and the whole community in support of school-going adolescents living with parents diagnosed with mental disorders.

6.6.4.3 Team building

Team building will assist school-going adolescents living with parents diagnosed with mental disorders to develop self-confidence, creativity and motivation, gain learning experience, improve emotional support, and build trust. Collaboration should be strengthened, and support should be increased by sharing and discussing school-going adolescents' needs and problems. The teamwork would assist the agents in planning and prioritising support programmes based on these adolescents' needs and challenges.

6.6.4.4 Community capacity building

The community should be mobilised, involved and participate actively in meetings and programmes to support school-going adolescents living with parents diagnosed with mental disorders. The community should work with professionals and families to build networks, knowledge and experiences to support these adolescents. After community development, social change is likely to evolve.

6.6.5 Strategy five: Outcome

Strategic objective: To promote the growth and competency of school-going adolescents living with parents diagnosed with mental disorders

The outcome is the final product of the activity. The school-going adolescents living with parents diagnosed with mental disorders should take responsibility for their situation and learn and grow from their challenges. They should be empowered and educated by all formal and informal agents. These strategies will lead to competent, motivated and supported school-going adolescents.

6.7 VALIDATION OF STRATEGIES

The strategies were validated using Risjord's (2019) criteria for theory evaluation. The criteria were helpful because they focused on analysing and validating theories, models or interventions. Additionally, the criteria applied to this study because they identify relationships between the activities and the agents.

Table 6.5: Demographic profile of the stakeholders who validated the strategies

Focus group	Job title	Age	Grade	Years of experience
FG1P01	Educator	51-60 years	9, 10	>2 years
FG1P02	Educator	51-60 years	10, 12	>2 years
FG1P03	Educator	51-60 years	9, 11, 12	>2 years
FG1P04	Educator	22-30 years	11, 12	>2 years
FG1P05	Educator	51-60 years	9, 10	>2 years
FG1P06	Educator	41- 50 years	12	>2 years
Stakeholder	Principal	-	-	-
FG3P13	Educator	51-60 years	9, 10, 11, 12	>2 years
FG3P14	Educator	51-60 years	11, 12	>2 years
FG3P15	Educator	41-50 years	11, 12	>2 years
FG3P16	Educator	22-30 years	9, 11, 12	>2 years
FG3P17	Educator	31-40 years	9, 10, 11, 12	>2 years
FG3P18	Educator	51-60 years	11, 12	>2 years
Stakeholder	Principal	-	-	-
FG6P30	Educator	41-50 years	9, 10, 11, 12	>2 years
FG6P31	Educator	51-60 years	9, 10	>2 years
FG6P32	Educator	22- 30 years	10, 11	2 years
FG6P33	Educator	31-40 years	9, 10	>2 years
FG6P34	Educator	41-50 years	9, 10, 12	>2 years
FG6P35	Educator	51-60 years	10, 11, 12	>2 years
FG6P36	Educator	22-30 years	9, 10	2 years
Stakeholder	Principal	-	-	-

The strategies were validated during three focus group discussions. Each group consisted of six members and a principal during validation. Therefore, the strategies were validated by 18 teachers and three principals. One of the principals has a PhD degree (Doctor of Philosophy in Education). The teachers also had degrees and diplomas in teaching.

The stakeholders were invited to participate in the panel meeting to validate the strategies. Three focus groups responded positively to the invitation. Their principals voluntarily joined the panel meeting as the heads of schools and these strategies involve everybody at schools. The strategies were presented to the table and the stakeholders were given instruction to discuss the strategies one by one and validate them. They were allowed to correct, add inputs, agree and disagree with strategies. All the teachers who validated the strategies formed part of phase one of the study except the three principals.

Strategies were validated to explore how they would support school-going adolescents. The validation was done through pragmatic and epistemic criteria, as described by Risjord (2019:7). Pragmatic criteria deal with the strategies and their context, as well as the researcher. At the same time, epistemic criteria deal with the assessment of scientific knowledge.

6.7.1 Pragmatic criteria of validation

The criteria ask if the strategies are of practical value. In this study, it explores whether the support strategies are appropriate to support school-going adolescents living with parents diagnosed with mental disorders.

6.7.1.1 Usefulness

The criterion of usefulness in this validation refers to whether the strategies assist in answering the research questions. The strategies outlined the activities and people responsible for supporting school-going adolescents living with parents diagnosed with mental disorders. Focus group members stated:

"The strategies will be useful to us as teachers because there are other professionals to assist us with school-going adolescents living with parents diagnosed with mental disorders, as we do not have adequate knowledge and understanding concerning mental disorders".

"Professionals such as nurses and social workers will assist in providing information, skills and support to school-going adolescents and this will prevent underachieving of school-going adolescents."

6.7.1.2 Abstraction

Abstraction refers to whether the strategies have considered essential aspects of the phenomenon. The strategies developed in this study were based on the significant aspects of the research phenomenon. The outcome of the SWOT analysis was then integrated into the conceptual framework to develop the strategies; the background of this study and the literature review were used as guiding steps to develop the strategies. This assisted the researcher in gathering all important aspects of the study phenomenon.

One of the stakeholders stated:

"These strategies are appropriate, and all the important aspects are there".

6.7.1.3 Values

Values refer to the benefits enclosed in the support strategies. One of the stakeholders stated:

"I think these strategies will be beneficial to school-going adolescents because all other relevant support agents because they will interact and work as a team to support school-going adolescents living with parents diagnosed with mental disorders."

Some validators were nodding their heads as a sign of agreement.

6.7.2 Epistemic criteria of validation

These criteria refer to how reliable and accurate the strategies are. The first criterion refers to operationalisation.

6.7.2.1 Operationalisation

Operationalisation refers to aspects that can be accurately observed or measured. This indicates whether the strategies can be tested. The concepts that guided the strategies' development must be measurable, realistic and achievable. However, the reliability of the strategies can only be seen if they are implemented. Focus group members noted:

> *"The reliability of the strategies could be discovered when the strategies are implemented."*

> *"We are prepared and committed to implementing the strategies because the strategies are specific, measurable, realistic and achievable."*

6.7.2.2 Precision

Precision refers to accurately predicting how a change in one aspect changes another. The activities within the developed strategies spell out how one activity can influence others to support school-going adolescents living with mental disorders.

One evaluator stated:

> *"I am happy because the strategies can show the relationship to each other and their operation."*

6.7.2.3 Empirical support

Empirical support refers to whether strategies are supported by information from the literature. The strategies were based on the background of this study, the literature review, literature control, and the study's findings, even though the strategies were not tested.

6.7.2.4 Theoretical support

The strategies were developed based on aspects and relationships supported by current scientific knowledge. They illustrated what the support agents should do to support school-going adolescents living with parents diagnosed with mental disorders. There is a clear picture of the relationship between the agents and the activities.

The empirical and theoretical support uses the following criteria described by Chinn and Kramer (2011) and McEwen and Wills (2014:102).

a) Clarity

All strategic activities are clear, understandable, and easy to follow and implement. They have indicated what to do, by whom, why and where. A focus group member indicated:

> *"I understand the strategies, what is expected from us, the reason and the environment where the strategies will be applied"*

b) Simplicity

The concepts used to describe the activities of strategies are simple and specific. They show where all the support agents fit in. The relationship between the agents and activities is clearly and thoroughly explained.

One of the stakeholders stated:

“The language used to describe strategies, as well as concepts, are simple and specific, and they indicate the role and activities of the agents”.

c) Generality

The strategies can be applied in different departments and environments, such as schools, clinics, homes and the community. Therefore, the scope of strategies is broad to meet the support needs of school-going adolescents living with parents diagnosed with mental disorders. A focus group member mentioned:

“we can apply the strategies to different departments and environments such as schools, clinics, homes and communities.”

d) Accessibility

The strategies will be available to the Departments of Education, Health and Social Development, and all stakeholders. During the validation, one teacher said:

“I believe the strategies can easily be made available to different departments and to all relevant stakeholders to promote support.”

e) Importance

The strategies are important because they will serve as a guide for education, health and social development departments, families and communities to support school-going adolescents living with parents diagnosed with mental disorders. The strategies may improve the schooling and quality of life of these adolescents. Additionally, the strategies may add to the body of knowledge in research. They may also improve the Departments of Health, Education and Social Development’s practice of supporting school-going adolescents living with parents diagnosed with mental disorders.

A principal stated:

> *"The strategies are important because they will guide us to provide support for school-going adolescents living with mental disorders."*

Based on the feedback from the stakeholders, no adjustments were made to the developed strategies.

6.8 SUMMARY

This chapter discussed the strategies to support school-going adolescents living with parents diagnosed with mental disorders. Strategies were developed using a SWOT analysis as a guiding tool and the survey list of Dickoff et al. (1968) as a thinking tool. The strategies' purpose and objectives were described. Procedures for developing strategies were also explained. The next chapter summarises the key findings, and provides limitations, conclusions and recommendations for future research.

CHAPTER 7
SUMMARY OF THE KEY FINDINGS, LIMITATIONS, CONCLUSIONS, RECOMMENDATIONS, CONTRIBUTION OF THE STUDY, AND PERSONAL REFLECTIONS

7.1 INTRODUCTION

This study was conducted to develop strategies to support school-going adolescents living with parents diagnosed with mental disorders.

This study used a qualitative, grounded theory approach. In the first phase, data were collected from 12 school-going adolescents living with parents diagnosed with mental disorders and 12 parents diagnosed with mental disorders using semi-structured face-to-face interviews. Focus group discussions were held with 36 teachers teaching at high schools in Capricorn district, Limpopo province. Data were analysed through a constant comparative approach.

In the second phase, data from all three sources were integrated to derive a tentative conceptual framework (the outcome of a grounded theory approach). This approach and design enabled the researcher to explore the phenomenon of the study from different angles. The practice theory survey list of Dickoff et al. (1968) was used as a thinking tool to develop a tentative framework to support school-going adolescents. A SWOT analysis and a deductive approach were used to develop the strategies. Strategies were validated using epistemic and pragmatic criteria for analysis and evaluation (Risjord 2019).

This chapter concludes the study with a summary of the key findings, limitations of the study, conclusions and recommendations, as well as lessons learnt from the study.

7.2 SUMMARY OF KEY FINDINGS

The key findings are summarised and discussed based on the study's objectives.

7.2.1 Phase one

Phase one of this study was concerned with conducting a situational analysis.

7.2.1.1 Objective 1: Explore and describe the experiences of school-going adolescents living with parents diagnosed with mental disorders

In Chapter 4, four themes emerged from the findings, and these were further classified as categories and codes. The themes included: issues related to support; the home environment; the school environment; as well as a way forward. The study's findings indicated that school-going adolescents living with parents diagnosed with mental disorders faced a lack of support on multiple levels. There were relational issues between some of the school-going adolescents and their parents diagnosed with mental disorders due to the condition's symptoms, such as unstable moods, hallucinations, suicidal ideation and lack of education, understanding and interest or due to past incidents. This might hinder available emotional and material support for school-going adolescents. However, the findings illustrated that some school-going adolescents related well with their parents diagnosed with mental disorders.

Additionally, adolescents lacked support from extended family members such as aunts, uncles and grandparents, friends, neighbours and the community due to the stigma attached to mental disorders and a lack of insight. It was further revealed that school-going adolescents faced social isolation from other family members and the community. Moreover, it was determined that school-going adolescents living with parents diagnosed with mental disorders lacked support from professionals such as teachers, school health nurses, psychologists and social workers.

The findings indicated that school-going adolescents living with parents diagnosed with mental disorders faced disturbances and academic disruptions due to unfavourable home conditions. Their home environment was likely filled with arguments, assaults, fights, noise, and fear due to previous episodes and psychotic symptoms of the parent and other family members. These might negatively influence the schooling and development of these adolescents.

Some adolescents experienced fear, maltreatment and lacked support due to the frightening psychotic symptoms of their parents diagnosed with mental disorders, causing them stress and severe uncertainty. The adolescents also often had additional responsibilities at home, such as taking care of their parents and household chores. However, these adolescents are also expected to study and do their homework, which might negatively impact their coping mechanisms. Some of these school-going adolescents reportedly experienced emotional distress and a caring burden because they could not socialise with other children. They sometimes felt depressed and hopeless.

The findings further indicated that some parents appeared not to comply with treatment because of a lack of insight and understanding. On a positive note, adolescents' caring role might assist parents diagnosed with mental disorders to comply with treatment. This might reduce episodes of relapse among parents diagnosed with mental disorders.

Moreover, school-going adolescents living with parents diagnosed with mental disorders mentioned a lack of knowledge and understanding concerning their parents' illnesses. It was evident that school-going adolescents lacked insight into mental disorders, potentially causing them confusion and frustration. This study further revealed adolescents were likely not invited to partake in planning and making decisions on their parents' treatment.

Some school-going adolescents lived in impoverished conditions because their parents diagnosed with mental disorders were not working and depended on government social grants. Others were sleeping on the floor without beds in overcrowded and inadequate spaces.

7.2.1.2 Objective 2: To explore and describe the experiences of parents diagnosed with a mental disorder regarding the support available to their school-going adolescents

Parents diagnosed with mental disorders faced a lack of support from other family members, neighbours, the community, and professionals due to self-isolation, social

isolation and discrimination. Some parents experienced dehumanisation, labelling and name-calling due to their illnesses, which might delay their recovery.

Furthermore, the findings indicated that some parents diagnosed with mental disorders experienced economic challenges because most were not working and depended on government social grants. Moreover, some of the parents diagnosed with mental disorders were experiencing domestic violence at their homes because of their condition. The family dynamics were filled with quarrels, especially among those living in extended families with more than one mental healthcare user. This might negatively impact adolescents' academic performance.

7.2.1.3 Objective 3: To explore and describe teachers' experiences concerning school-going adolescents living with parents diagnosed with mental disorders

In this study, the findings indicated that school-going adolescents living with parents diagnosed with mental disorders lacked support from teachers due to their insufficient awareness. Most teachers were unaware of the problems these adolescents were facing because they were likely to hide their parent's illnesses from teachers and friends from shame and embarrassment, and due to fear of labelling and gossip from friends and other school members. This might lead to an unsupportive school environment.

Additionally, some adolescents presented with behavioural changes such as withdrawal, passive participation in class, and a lack of concentration. There were also reported drug and alcohol use to cope with the stressful situation of living with parents diagnosed with mental disorders. The findings further revealed that the teachers did not understand the root of these behavioural changes because they were unaware these adolescents were going through difficult times while living with parents diagnosed with mental disorders. Some of these school-going adolescents were expelled from school due to absenteeism.

School-going adolescents living with parents diagnosed with mental disorders had overall poor school performance and attendance due to the challenges of their caring

role at home. Some experienced feelings of tiredness and fatigue due to their additional caring responsibilities, likely affecting their schoolwork. These findings align with previous research (Bortes, Strandh & Nilsson 2020:2072; Molepo & Mfidi 2020:7). School-going adolescents were bullied and labelled by their friends at school and home. However, teachers seemed unaware of the bullying happening in the school environment. Additionally, the findings of this study indicated that some children at school were mocking these adolescents about their home background. This might compromise their school attendance and performance.

Most teachers lacked training in inclusive education and understood the concept of inclusive education differently. This illustrates the need for greater implementation of inclusive education in schools. Conversely, some school-going adolescents living with parents diagnosed with mental disorders received positive support from their parents, other family members, friends, neighbours, and professionals, such as teachers. This might improve their schooling and coping strategies.

7.2.1.4 Objective 4: To explore the needs of the school-going adolescents, parents and teachers in order to provide supportive actions

The findings indicated a need for supportive agents, financial assistance, assistance with schoolwork, and future support mechanisms for these adolescents. Furthermore, for support to be effective, family members, friends, the community and the Department of Education, the Department of Health and the Department of Social Development are critical.

7.2.2 Phase two

7.2.2.1 Objective 1: Construct a conceptual framework to uncover the dynamics of support for school-going adolescents living with parents diagnosed with mental disorders

This objective was achieved in Chapter 5 of the study. The practice theory survey list of Dickoff et al. (1968) was used as a thinking tool. It provided principles and strategies to build further insights and new ideas regarding support for school-going adolescents. The conceptual framework used six activity elements: the agent, recipient, context,

procedure, dynamics and outcome. A visual image of the conceptual framework's building blocks was presented and described, and a complete diagram of the structure was presented.

7.2.2.2 Objective 2: Develop strategies to support school-going adolescents living with parents diagnosed with mental disorders

This objective was achieved in Chapter 6, where the strategies were developed based on the research findings. These findings were grouped into strengths, weaknesses, opportunities and threats to develop strategies. Then Dickoff et al.'s (1968) survey list was used to structure the strategies to support school-going adolescents living with parents diagnosed with mental disorders. The strategies were categorised for the agents, context, procedure, dynamics, and outcomes.

7.2.2.3 Objective 3: Validate the strategies to support school-going adolescents living with parents diagnosed with mental disorders

The strategies' validation was based on Risjord's criteria for theory evaluation (2019) and pragmatic criteria using concepts such as usefulness, abstraction and values. The epistemic criteria were used to validate strategies using operationalisation, precision, and empirical and theoretical support concepts. Empirical and theoretical support strategies were validated based on clarity, simplicity, generality, accessibility and importance (Chinn & Kramer 2011).

Three focus groups were conducted, each consisting of six members and a principal. All stakeholders indicated that the strategies were specific, measurable and achievable, and they would be useful and valuable to support school-going adolescents living with parents diagnosed with mental disorders. No changes were necessary.

7.3 LIMITATIONS OF THE STUDY

This study was limited to the Capricorn district's public high schools and clinics. The study was conducted only in Limpopo province, and private schools and clinics were

not included in the research sample. Therefore, the findings could not be generalised to all school-going children and teachers. A number of specific limitations are discussed next.

7.3.1 Impact limitations

Some aspects led to specific limitations, including Covid-19, access to schools, the grounded theory research approach, and ethical limitations in focus group discussions.

7.3.1.1 Covid-19

The outbreak of Covid-19 played a significant role in delaying the research progress because of the national lockdown. The researcher collected data from November 2020 to May 2021. Some participants were not at ease during the data-gathering phase because they feared being infected with Covid-19 even though all health guidelines were followed, such as wearing masks, social distancing, and sanitising. Additionally, some teachers were reluctant to participate in the study because they were behind in their work due to the Covid-19 national lockdown.

7.3.1.2 Access to the schools

Access to schools was limited because some of the circuit managers from the Department of Education were reluctant to write a letter to the schools since the researcher already had approval from the department. Some only gave verbal approval. Other principals denied the researcher an opportunity to recruit school-going adolescents and teachers even though the researcher had approval from the Department of Education and circuit managers.

The timeframe to gather data at schools was limited because the researcher attempted not to disturb classes. The researcher used lunchtimes and a few minutes after school for data collection.

A pilot focus group discussion was not done because the teachers were reluctant to participate in the study, and they were also reluctant to remain after school for focus group discussions.

7.3.2 Grounded theory research approach

The grounded theory research approach is time-consuming and difficult to conduct. Additionally, the research process, data analysis and theory development depend on the researcher's ability and subjectivity. The researcher's bias might influence the development of the theory. However, in this study, the researcher ensured the quality of the research findings by following the grounded theory guidelines of Charmaz (2014). The researcher thus audio recorded the interviews, started analysis with the first interview, wrote memos after every interview, used a constant comparison analysis method to generate the conceptual framework, and went back to the stakeholders to evaluate the strategies.

7.3.3 Ethical limitations: Focus group discussions

With focus group discussions, the researcher cannot ensure internal confidentiality and privacy. The researcher can only provide ethical assurance concerning internal confidentiality and rely on the information sheet, consent form and ground rules. The researcher managed these limitations by offering explanations about internal confidentiality during recruitment, before the discussions, in the consent form and in the information sheet. Moreover, information about debriefing was provided in the event participants required this service.

All limitations and biases might affect the quality of the study if they are not considered when conducting research. However, some limitations, such as internal confidentiality, were unavoidable in this study. Regardless of these limitations, the study's findings are consistent with global research about support for school-going adolescents living with parents diagnosed with mental disorders. The strategies to support school-going adolescents living with parents diagnosed with mental disorders can still add value to the body of knowledge.

7.4 CONCLUSIONS

Mental health is a basic human right that extends to vulnerable populations such as school-going adolescents and people diagnosed with mental health challenges. The study's findings highlighted a lack of support for school-going adolescents living with parents diagnosed with mental disorders and their parents. Additionally, these adolescents and their parents were discriminated against and stigmatised by their peers, other family members, neighbours and the community at large due to their family background. This might negatively influence these adolescents' academic performance and impact the parents' recovery.

Parents diagnosed with mental disorders may not be able to sufficiently support their children, and better societal or community commitment might be needed. Chapters 5 and 6 of the study concluded that information about school-going adolescents living with parents diagnosed with mental disorders should be shared among professionals such as teachers, school health nurses, psychologists and social workers. These professionals should also collaborate with other family members, friends and the community to promote support for school-going adolescents living with parents diagnosed with mental disorders.

Professionals could empower adolescents, parents diagnosed with mental disorders, and community members with skills and information about mental disorders, coping mechanisms, and the importance of support. This might improve support for school-going adolescents at school, at home, and in the community.

Government and political leaders are expected to monitor, evaluate, review and develop policy frameworks, guidelines and SOPs in legislative platforms to guide professionals in supporting school-going adolescents living with parents diagnosed with mental disorders. By developing strategies to support these adolescents, this study has heeded the calls by the WHO and the World Bank and addressed SDG three. Therefore, all the objectives of this study were met.

7.5 RECOMMENDATIONS

The recommendations are based on the research findings.

7.5.1 Recommendations for the Department of Health, Education, and Social Development

The study's findings indicated inadequate collaboration between the Department of Education, the Department of Health and the Department of Social Development concerning support for school-going adolescents living with parents diagnosed with mental disorders. These departments were not sharing reports about these adolescents and their support needs. Therefore, these three departments should collaborate and work as a team, collectively providing resources to support these adolescents.

The Department of Education, the Department of Health and the Department of Social Development should develop a strategy for professionals (teachers, school health nurses, psychologists, and social workers) to monitor and evaluate support programmes for adolescents. These professionals are employed by the departments, and should also coordinate programmes and resources to support school-going adolescents and encourage these adolescents to actively participate in available support programmes.

The Department of Education, the Department of Health and the Department of Social Development should make policymakers aware of the challenges this population face and enable support. Teachers, school health nurses, psychologists, and social workers should also empower and mobilise families, friends and the community to participate in supporting school-going adolescents living with parents diagnosed with mental disorders.

7.5.2 Recommendations for further research

The study's findings indicated a need for further research:

- on support for school-going adolescents living with parents diagnosed with mental disorders in other contexts to increase the contextual relevance of this study.
- on the effects of support for school-going adolescents living with parents diagnosed with mental disorders in South Africa from family, friends, community members and professionals because there is inadequate literature related to this phenomenon. The findings might lead to improved support for school-going adolescents living with parents diagnosed with mental disorders.
- to explore the coping strategies adolescents adopted in dealing with their additional caring responsibilities due to parental mental disorders in South Africa.
- to develop interventions to support parents diagnosed with mental disorders experiencing abuse.

7.6 CONTRIBUTION OF THE STUDY

The findings of the study indicate a void in the support of school-going adolescents, parents and teachers. A conceptual framework and strategies were developed and described to make the state and community to be aware and take action to support adolescents living with parents diagnosed with mental disorders. These interventions can advocate for school-going adolescents, parents and teachers. The developed framework and strategies can serve as guide to support school-going adolescents at school, home, clinic and in the community and they can be used in some provinces and South Africa as a whole.

The developed framework and strategies will add value in the body of knowledge of research.

7.7 SUMMARY

In this chapter, a summary of key findings was presented, the research approach and research design employed in this study were described, the limitations of the study were identified, and recommendations were outlined based on the findings. Conclusions were drawn and explained. The research findings illustrated a need for support for school-going adolescents living with parents diagnosed with mental

disorders from extended family members, friends, neighbours, the community as a whole, and professionals.

7.8 PERSONAL REFLECTIONS

This research journey was difficult and filled with challenges, but also benefits. Phase one was the most difficult part of this journey. It happened during the outbreak of Covid-19, and South Africa was on national lockdown. It wasn't easy to access the library because of lockdown restrictions, and I waited a long time without books because the library was closed. I was also not conversant with technology, such as accessing eBooks online and Zoom meetings.

During data gathering, the rules of Covid-19 were followed, such as wearing a mask, keeping a social distance, and sanitising the environment and hands. Wearing a mask affected the quality of my and the participants' voices. Interviews with a mask on were therefore a challenge. Transcriptions were difficult and prolonged because an echo sounded from the mask in some of the interviews. Moreover, some of the clinics had limited space. Therefore, the storerooms and kitchen were used to create a private interview place, and interruptions were managed.

During my journey, I have learnt about scientific writing, how to develop an argument, and how to back it up. I have learnt how to write and give reasons for every statement I have written. I have learnt to consult research books for every challenge or limitation I encountered during the study. I also developed reading and reasoning skills. My supervisor empowered me with many skills and knowledge, and where to get other useful information. As a consequence, I have undergone immense personal and professional growth throughout this journey.

I have also learnt to attend supervision 'family' meetings with my supervisor and peers via Zoom. This journey taught me to develop a conceptual framework and strategies to support school-going adolescents living with parents diagnosed with mental disorders. It taught me to persevere, fight, and keep going even when it is tough. My supervisor's continuous support, motivation, and encouragement kept me going. I sincerely thank my supervisor.

Finally, a message for future researchers and PhD candidates: hard work pays. Perseverance is the mother of success. Keep on going. It is possible; it is doable. Do not doubt your ability. Through the supervisor's guidance, you can make it. Attend to your supervisor's comments, and do not take them personally. Seek clarity on any misunderstandings. Mutual respect is very important. Do your work daily and do not postpone.

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Annexure A: Ethical Clearance certificate from Research Ethics Committee: Department of Health Studies, UNISA

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES

REC-012714-039 (NHERC)

18 December 2019

Dear Mamokota Maggie Molepo

HSHDC/941/2019

Student: Mamokota Maggie Molepo

Student No: 31125484

Supervisor: Prof JE Maritz

Qualification: Dcur

Decision: Approval

Name: Mamokota Maggie Molepo

Proposal: Strategies to support school going adolescents living with parents diagnosed with mental disorders

Qualification: PhD

Risk Level: Medium risk

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research, Final approval is granted from 18 December 2019 to 18 December 2024.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 12/12/2019.

The proposed research may now commence with the proviso that:

1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics,

2) Any adverse circumstance arising In the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department

of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially of those changes affect any of the study-related risks for the research participants.

3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study,

4) You are required to submit an annual report by 30 January of each year that indicates that the study is active. Reports should be submitted to the administrator HSREC@unisa.ac.za. Should the reports not be forthcoming the ethical permission might be revoked until such time as the reports are presented.

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,

Prof JM Mathibe-Neke   Prof A Phillips

CHAIRPERSON   DEAN OF COLLEGE OF HUMAN SCIENCES mathiim@qnisaaç.za

Annexure B: Permission request from the Department of Health, Limpopo Province

Research Ethics Committee

Department of Health

Private Bag X 9302

Polokwane

0700

Dear sir/ Madam

My name is Mamokota Maggie Molepo and I am a registered PhD student in the Department of Health Studies at the University of South Africa. I am hereby seeking your consent to conduct research on official working hours in Capricorn District clinics in Limpopo province. This project will be conducted under the supervision of Prof JE Maritz. The proposed topic of my research is: 'Strategies to support school-going adolescents living with a parent diagnosed with mental disorder'
The objectives of the study are:

Phase one

- To explore and describe the experiences of school-going adolescents living with parents diagnosed with a mental disorder.
- To explore and describe teachers' experience in relation to school-going adolescents living with parents diagnosed with a mental disorder.
- To explore the needs of the school-going adolescents and the teachers in order to provide supportive actions.

Phase two

- To develop strategies to support school-going adolescents living with parents diagnosed with mental disorders
- To evaluate the strategies to support school-going adolescents living with parents diagnosed with mental disorders

To assist you in reaching a decision, I have attached to this letter a copy of my research proposal and consent forms to be used in the research process, as well as a copy of the approval letter which I received from the UNISA Research Ethics Committee.

Upon completion of the study, I undertake to provide the Department of Health with a bound copy of the full research report.

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows: Research Ethics Committee, HSREC@unisa.ac.za

Student contact details

Supervisor's contact details

Cell: 0725943181

maritje@unisa.ac.za

Tel: 0152671114

E-mail: thebelemolepo@gmail.com

Your permission to conduct this study will be greatly appreciated.

Yours sincerely,

Mamokota Maggie Molepo

Annexure C: Approval of research from the Department of Health, Limpopo Province

Department of Health

Ref :LP- 202001 - 005
Enquires:Ms PF Mahlokwane
Tel :015-293 6028
Email:Kurhula.Hlomane@dhsd.limpopo.gov.za

Mamokota Maggie Molepo

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

Strategies to support school going adolescents living with parents diagnosed with mental disorders,

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
    a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
    b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
    c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
    d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
    e. The approval is only valid for a 1-year period.
    f. If the proposal has been amended, a new approval should be sought from the Department of Health
    g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

Head of Department Date 12/03/2020

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

The heartland of Southern Africa – Development is about people!

Annexure D: Permission request from the Department of Health Primary Health care Capricorn District, Limpopo Province

Deputy Nursing Director

Primary Health Care

Private Bag X 9530

Polokwane

0700

Dear sir/ Madam

My name is Mamokota Maggie Molepo and I am a registered PhD student in the Department of Health Studies at the University of South Africa. I am hereby seeking your consent to conduct research on official working hours in Capricorn District clinics in Limpopo province. This project will be conducted under the supervision of Prof JE Maritz. The proposed topic of my research is: 'Strategies to support school-going adolescents living with the parent diagnosed with mental disorder'
The objectives of the study are:

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- To explore and describe the experiences of school-going adolescents living with parents diagnosed with a mental disorder.
- To explore and describe teachers' experience in relation to school-going adolescents living with parents diagnosed with a mental disorder.
- To explore the needs of the school-going adolescents and the teachers in order to provide supportive actions.

Phase two

- To develop strategies to support school-going adolescents living with parents diagnosed with mental disorders
- To evaluate the strategies to support school-going adolescents living with parents diagnosed with mental disorders

To assist you in reaching a decision, I have attached to this letter a copy of my research proposal and consent forms to be used in the research process, as well as a copy of the approval letter which I received from the UNISA Research Ethics Committee.

Upon completion of the study, I undertake to provide the Department of Health with a bound copy of the full research report.

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows: Research Ethics Committee, HSREC@unisa.ac.za

Student contact details	Supervisor's contact details
Cell: 0725943181	maritje@unisa.ac.za
Tel: 0152671114	
E-mail: thebelemolepo@gmail.com	

Your permission to conduct this study will be greatly appreciated.

Yours sincerely,

Mamokota Maggie Molepo

Annexure E: Approval from the Department of Health Primary Health care Capricorn District, Limpopo Province

DEPARTMENT OF HEALTH: CAPRICORN DISTRICT

REF : S.5/3/1/2

ENQ : Hlatshwayo MM

TEL : 015 290 9154/9096

FROM : DISTRICT EXECUTIVE MANAGER

TO : MOLEPO MAMOKOTA MAGGIE
EMAIL : 072 5943 181

SUBJECT : PERMISSION TO CONDUCT RESEARCH ON STRATEGIES TO SUPPORT SCHOOL GOING ADOLESNCENTS LIVING WITH PARENTS DIAGONISED WITH MENTAL DISORDERS IN CAPRICORN DISTRICT HEALTH FACILITIES.

The above matter refers:-

1. Permission to conduct the above study is hereby granted effective from the date of approval.
2. Kindly be informed that :
   - In the course of your consultation there should be no action that disrupts the services.
   - After completion of the research, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - Kindly note that the Department can withdraw the approval at any time.
3. Your cooperation will be highly appreciated.

DISTRICT EXECUTIVE MANAGER

07.07.2020
DATE

Annexure F: Permission request from the Department of Education, Limpopo Province

Research Ethics Committee

Department of Education

Private Bag X 9489

Polokwane

0700

Dear sir/ Madam

My name is Mamokota Maggie Molepo and I am a registered PhD student in the Department of Health Studies at the University of South Africa. I am hereby seeking your consent to conduct research on official working hours in Capricorn District high schools in Limpopo province. This project will be conducted under the supervision of Prof JE Maritz. The proposed topic of my research is: 'Strategies to support school-going adolescents living with a parent diagnosed with mental disorder'
The objectives of the study are:

Phase one

- To explore and describe the experiences of school-going adolescents living with parents diagnosed with a mental disorder.
- To explore and describe teachers' experience in relation to school-going adolescents living with parents diagnosed with a mental disorder.
- To explore the needs of the school-going adolescents and the teachers in order to provide supportive actions.

Phase two

- To develop strategies to support school-going adolescents living with parents diagnosed with mental disorders
- To evaluate the strategies to support school-going adolescents living with parents diagnosed with mental disorders

To assist you in reaching a decision, I have attached to this letter a copy of my research proposal and consent forms to be used in the research process, as well as a copy of the approval letter which I received from the UNISA Research Ethics Committee.

Upon completion of the study, I undertake to provide the Department of Education with a bound copy of the full research report.

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows: Research Ethics Committee, HSREC@unisa.ac.za

Student contact details	Supervisor's contact details
Cell: 0725943181	maritje@unisa.ac.za
Tel: 0152671114	
E-mail: thebelemolepo@gmail.com	

Your permission to conduct this study will be greatly appreciated.

Yours sincerely,

Mamokota Maggie Molepo

Annexure G: Approval from the Department of Education, Limpopo Province

DEPARTMENT OF
EDUCATION

Ref: 2/2/2 Enq: Mabogo MG Tel No: 015 290 9365 E-mail:MabogoMG@edu.limpopo.gov.za

Molepo MM
P O Box 2997
Sovenga
0727

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

1. The above bears reference.
2. The Department wishes to inform you that your request to conduct research has been approved. Topic of the research proposal: **"STRATEGIES TO SUPPORT SCHOOLS GOING ADOLESCENS LIVING WITH PARENTS DIAGNOSED WITH MENTAL DISORDER. "**
3. The following conditions should be considered:

3.1 The research should not have any financial implications for Limpopo Department of Education.

3.2 Arrangements should be made with the Circuit Office and the School concerned.

3.3 The conduct of research should not in anyhow disrupt the academic programs at the schools.

3.4 The research should not be conducted during the time of Examinations especially the fourth term.

3.5 During the study, applicable research ethics should be adhered to; in particular the principle of voluntary participation (the people involved should be respected).

3.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.

REQUEST FOR PERMISSION TO CONDUCT RESEARCH: MOLEPO MM

CONFIDENTIAL

Cnr. 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X9489, POLOKWANE, 0700
Tel: 015 290 7600, Fax: 015 297 6920/4220/4494

The heartland of southern Africa - development is about people!

4 Furthermore, you are expected to produce this letter at Schools/ Offices where you intend conducting your research as an evidence that you are permitted to conduct the research.

5 The department appreciates the contribution that you wish to make and wishes you success in your investigation.

Best wishes.

Mrs Dederen KO
Acting Head of Department

17/02/2020
Date

REQUEST FOR PERMISSION TO CONDUCT RESEARCH: MOLEPO MM

CONFIDENTIAL

Annexure H: Permission request from the Circuit Managers Department of Education, Limpopo Province

Circuit Manager

Department of Education

Capricorn District

Dear sir/ Madam

My name is Mamokota Maggie Molepo and I am a registered PhD student in the Department of Health Studies at the University of South Africa. I am hereby seeking your consent to conduct research on official working hours in Capricorn District high schools in Limpopo province. This project will be conducted under the supervision of Prof JE Maritz. The proposed topic of my research is: 'Strategies to support school-going adolescents living with a parent diagnosed with mental disorder'
The objectives of the study are:

Phase one

- To explore and describe the experiences of school-going adolescents living with parents diagnosed with a mental disorder.
- To explore and describe teachers' experience in relation to school-going adolescents living with parents diagnosed with a mental disorder.
- To explore the needs of the school-going adolescents and the teachers in order to provide supportive actions.

Phase two

- To develop strategies to support school-going adolescents living with parents diagnosed with mental disorders
- To evaluate the strategies to support school-going adolescents living with parents diagnosed with mental disorders

To assist you in reaching a decision, I have attached to this letter a copy of my research proposal and consent forms to be used in the research process, as well as a copy of the approval letter which I received from the UNISA Research Ethics Committee.

Upon completion of the study, I undertake to provide the Department of Education with a bound copy of the full research report.

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows: Research Ethics Committee, HSREC@unisa.ac.za

Student contact details	Supervisor's contact details
Cell: 0725943181	maritje@unisa.ac.za
Tel: 0152671114	
E-mail: thebelemolepo@gmail.com	

Your permission to conduct this study will be greatly appreciated.

Yours sincerely,

Mamokota Maggie Molepo

Annexure I: Approval from Circuit Managers Department of Education, Limpopo Province

DEPARTMENT OF
EDUCATION

CAPRICORN SOUTH DISTRICT
KGAKOTLOU CIRCUIT

Ref: 8/2/1 Eng: Rammala MF Tel: 082 386 9542 Office: 079 209 5834 Email:kgakotloucircuitoffice@gmail.com

CONFIDENTIAL

DATE: 08/03/2021

TO: THE PRINCIPAL

PERMISSION TO CONDUCT RESEARCH AT YOUR SCHOOL BY MOLEPO MM

1. The above matter refers.

2. Kindly allow **MRS. Molepo MM** to conduct research at your school. The research must be conducted in the afternoon so that teaching and learning should not be compromised.

3. Topic **"STRATEGIES TO SUPPORT SCHOOLS GOING ADOLESCENTS LIVING WITH PARENT DIAGNOSED WITH MENTAL DISORDER".**

4. Thanking you in advance.

DR. SEPURU MG
KGAKOTLOU CIRCUIT

LIMPOPO PROVINCE
DEPARTMENT OF EDUCATION
CAPRICORN SOUTH DISTRICT
KGAKOTLOU CIRCUIT
2021 -03- 08
MANKWENG
KGORO YA THUTO LIMPOPO PROVINCE

DEPARTMENT OF

EDUCATION

CAPRICORN SOUTH DISTRICT
PIETERSBURG CIRCUIT

Enq: Tladi NP
Tel No: 015 290 9484/ 082 954 3476
Date: 21 April 2021

To: Ms Molepo MM
& The Principal
Millennium Combined School
Pietersburg Circuit

Dear Sir/ Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH: MOLEPO M.M.

I. The above mentioned student attached to UNIVERSITY OF SOUTH AFRICA, has been granted permission to conduct research at Millennium Combined School in this Circuit.

2. Your school has been identified as one where he could conduct the research on this research topic Strategies to support school going adolescent living with parents diagnosed with mental disorders".

3. The student is encouraged to come to your school to make final arrangements with you and ensure that this research does not disrupt teaching and learning in the school.

4. Attached kindly find the permission from Head of Department and application letter from the student.

5. I hope and believe you will be of assistance to the researcher,

CIRCUIT MANAGER: RATALE SM DATE 03|05|2021

"We Belong, We Care, We Serve"

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF EDUCATION
CAPRICORN SOUTH
MANKWENG CIRCUIT

Private Bag x1108
Sovenga
0727
Tell no: 0152675641

08.03.2021

Enq: Leboho M.N
Tell No: 015 267 5641

MOLEPO M.M
P.O BOX 2997
SOVENGA
0727

PERMISSION TO CONDUCT A RESEARCH BASED ON: STRATEGIES TP SUPPORT SCHOOLS GOING ADOLESCENS LIVING WITH PARENTS DIAGNOSED WITH MENTAL DISORDER

1. The above matters refer:
2. We acknowledge the receipt of your letters. Requesting to conduct a research TITTLED: **Strategies to support schools going adolescents living with parents diagnosed with mental disorder.** In High School under Mankweng Circuit
3. Permission is hereby granted for the above-mentioned research.
4. Wishing you good luck in your studies.

MAGAGANE M.D
CIRCUIT MANAGER

03/03/2021
DATE

DEPARTMENT OF EDUCATION
CAPRICORN SOUTH
"WE BELONG, WE CARE, WE SERVE"

Annexure J: Assent form for adolescents

Title: Strategies to support school-going adolescents living with parents diagnosed with mental disorders

I, ----------------------------------, confirm that the person asking my consent to take part in this research has told me about the nature, purpose, 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 had sufficient opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty.

I understand that the study was discussed with my parent(s) or guardian(s) before signing the assent form and they gave permission to participate on my behalf.

I understand that as a minor (age less than 18 years) I am not allowed to participate in this study without my parents' permission.

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 data by the audio recorder and the use of diaries during interviews.

A signed copy of the informed consent agreement will be given to my parent(s) or guardian(s).

I understand that the contact details of the researcher will be given to me.

Contact details of the researcher: 0725943181, for research supervisor 08278887031, and for Ethics Committee, HSREC@unisa.ac.za.

Participant (Child)Name and Surname………………………………. (please print)

Participant (Child) Signature……………………………………………Date……………….

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

Researcher's signature ………………………………………. Date……………….

Annexure K: Consent form for parents

Title: Strategies to support school going adolescents living with parents diagnosed with mental disorders

I, ----------------------------------, confirm that the person asking my permission 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 had enough time to ask questions and I am prepared to participate in the study.

I understand that taking part in a study is voluntary and that I am free to withdraw at any time without punishment.

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 not be revealed unless otherwise specified.

I agree to the recording of the data by the audio recorder and the use of diaries during interviews.

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

Contact details of the researcher, 0725943181, for research supervisor maritje@unisa.ac.za and for the Ethics Committee, HSREC@unisa.ac.za.

Participant Name and Surname………………………………. (please print)

Participant Signature……………………………………………Date………………

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

Researcher's signature ………………………………………. Date………………

Annexure L: Consent form for focus group discussions (teachers)

Title: Strategies to support school-going adolescents living with parents diagnosed with mental disorders

I, ----------------------, 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 understand that the purpose of this study is to develop strategies to support school-going adolescents living with parents diagnosed with mental disorders

I understand that the person leading the discussion will attempt to be focused on this topic of the study but I am aware that myself and others in the group may act individually or collectively.

I understand that my participation in this study is voluntary and that I am free to withdraw from this study at any time without any penalty.

I understand that because of this study, there could be violations of my privacy. To prevent violations of my own or others' privacy, I have been asked not to talk about any of my own or other private experiences that I would consider too personal or revealing. I also understand that I have a responsibility to respect the privacy of the other focus group members by not disclosing any personal information that they share during our discussion.

I understand that all information I give will be kept confidential to the extent possible by law, and the records of all people who participated in the study will be reviewed by people responsible for making sure that the research is done properly, including members of the research ethics committee at UNISA. I understand that the study involves a focus group interview that lasts 45 minutes to -1hour and will be tape-recorded.

I have read and understand this information and I agree to take part in the study and also I have received a signed copy of the informed consent agreement.

Contacts details of the researcher, 0725943181, for the research supervisor 08278887031 and for the Ethics Committee, HSREC@unisa.ac.za

Participant Name and Surname………………………. (please print)

Participant's Signature…………………. Date……………………

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

Researcher's Signature…………………. Date…………………….

Annexure M: Information sheet for adolescents and parents

Study Title: Strategies to support school-going adolescents living with parents diagnosed with mental disorders

My name is Molepo Mamokota Maggie and I am currently doing PhD in Nursing with the Department of Health Studies at the University of South Africa. I am also a professional nurse and I am carrying out a study of the strategies to support school-going adolescents living with parents diagnosed with mental disorders in Capricorn District Limpopo province.

Your participation

I am requesting your permission to take part in an interview about your knowledge and opinions of the strategies to support school-going adolescents living with parents diagnosed with mental disorders. If you agree, I will ask you to participate in the interview for approximately 30-45 minutes. I am requesting your permission to tape record the interview. I tape-record interviews so that I can accurately record what is said and this will not be used in any way that would personally identify you.

Please note that your participation is voluntary and you have the right to opt-out without prejudice. The choice of whether to participate is yours and you may decide you want to consult with other significant people in your lives. If you choose to not take part, you will not be affected in any way whatsoever. If you agree to participate, you may withdraw from participating in the research at any time without fear of negative consequences and you will NOT be negatively impacted in any way.

Confidentiality

Any study records that identify you will be kept confidential to the extent possible by law. The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the research ethics committee at UNISA. (All of these people are required to keep your identity confidential). Otherwise, records that identify you will be available only to people working on the study.

Ethics

The information you provide will not be published in any way that specifically identifies your involvement with the study. All identifying information will be kept in a locked file cabinet and will not be available to others. We will refer to you by a code number in any of the records that will be retained within the study.

Risk/ discomforts

This study will not involve invasive interventions and we do not expect any reportable discomforts. Should there be a need for access to a therapist to debrief you, this will be available to you.

Benefits

There are no immediate benefits to you from participating in this study. However, this study will be extremely helpful to promote an understanding of the experiences of school-going adolescents living with parents diagnosed with mental disorders.

Who to contact if you have been harmed or have any concerns

This study has been approved by the UNISA Research Ethics Committee. If you have any concerns about the ethical aspects of the research or feel that you have been harmed in any way by participating in this study. If you have concerns or questions about the research you may contact the leaders of the projects, 0725943181, the research supervisor 08278887031, and the Ethics Committee, HSSREC @unisa.ac.za

I hereby agree to the tape- recording of my participation in the study.

………………………………Signature of participant Date:………

Annexure N: Information sheet for focus group discussions

Study Title: Strategies to support school-going adolescents living with parents diagnosed with mental disorders

My name is Mamokota Maggie Molepo and I am currently doing PhD in Nursing with the Department of Health Studies at the University of South Africa. I am also a professional nurse and I am carrying out a study of the strategies to support school-going adolescents living with parents diagnosed with mental disorders in Capricorn District Limpopo province.

Your participation

I am requesting your permission to take part in focus group discussions about your knowledge and opinions of the strategies to support school-going adolescents living with parents diagnosed with mental disorders. If you agree, I will ask you to participate in a focus group discussion for approximately 45 minutes to 1hour. I am asking permission to tape-record the discussion.

Please note that by participating in this study there could be a violation of privacy. To prevent a violation of your privacy, do not talk about any of your own or others' private experiences that could be regarded as revealing or too personal. You have a responsibility to respect the privacy of others by not divulging any personal information that they share during discussion.

The researcher will lead the discussion and will keep the discussion focused on the topic of the study. The focus group members may act individually. The researcher will make sure that all the participants have an equal opportunity to take part in the discussion. However, you may decide not to make comments at certain points in the discussion.

Confidentiality

All information you give and any study records that identify you will be kept confidential to the extent possible by law. Please note that there is limited internal confidentiality as there are no formal sanctions on other focus group members from divulging your involvement, identity, or what you say to others during discussion.

Ethics

The information you provide will not be published in any way that specifically identifies your involvement with the study. All identifying information will be kept in the locked file cabinet and will not be available to others. We will refer you by a code number in any of the records that will be retained within the study. There are few ethical assurances. It is above the researcher's control to minimise harm.

Risk/ discomforts

There are some risks in taking part in focus group discussions and taking part concludes that you are willing to accept risks. This study will not involve invasive

intentions and does not expect any reportable discomforts. Should there be a need for access to a therapist to debrief you, this will be available to you.

Benefits

There are no immediate benefits to you from participating in this study. However, this study will be extremely helpful to promote an understanding of the experiences of school-going adolescents living with parents diagnosed with mental disorders

Who to contact if you have been harmed or have any concern

This study has been approved by the UNISA Research Ethics Committee. If you have any concerns about the ethical aspects of the research or feel that you have been harmed in any way by participating in this study. If you have concerns or questions about this study you may contact the researcher, 0725943181, research supervisor, 08278887031, and Ethics Committee, HSSREC@unisa.ac.za.

I hereby agree to tape-recording my participation in the study

Participant Name and Surname…………………………………..

Participant's signature……………………………Date………………

Annexure O: Recruitment poster

PARTICIPANTS NEEDED

I am looking for volunteers to take part in a study to support school going adolescents living with parents diagnosed with mental disorders. I invite school going adolescents, parents and teachers at Capricorn District high schools and clinics.

As a participant in this study, you will be interviewed about the experience related to adolescents living with parents diagnosed with mental disorders. Adolescents and parents will be interviewed through face-to-face semi-structured interviews and teachers will be interviewed through focus group interviews.

Taking part in this study is voluntary. The interviews will take place during official working hours, Monday to Friday. There are no immediate gains from taking part in this study. However, this study will be very helpful to promote an understanding of experiences of school going adolescents living with parents diagnosed with a mental disorder. The findings of this study aims to develop strategies that could support an adolescents living with parents diagnosed with mental disorders, parents and also assist the teachers to support adolescents as learners.

To participate into this study, or to learn more about this study,

Please contact:

Researcher: Mamokota Maggie Molepo

Cell:0725943181, E- mail: thebelemolepo@gmail.com

This study is supervised by: Prof Maritz JE

E- mail: maritje@unisa.ac.za

Ethics Committee, HSREC@unisa.ac.za.

Annexure P: Interview guide adolescents

Title: Strategies to support school going adolescents living with parents diagnosed with mental disorders

SEMI-STRUCTURED INTERVIEW GUIDE

A. Demographic Data

Participant Information

1. **Age:** ☐ 14- ☐ <14yrs ☐ 17 years ☐ <17 years.
2. **Grade:** ☐ **9** ☐ **10** ☐ **11** ☐ **12**
3. **MHCU:** ☐ Mother ☐ Father

B. Interview Guide

- Tell me how it is for you to live with a parent diagnosed with a mental disorder?
- What support do you need?

Probe further through reflecting, summarising, clarifying, probing

Annexure Q: Interview guide for parents

Title: Strategies to support school-going adolescents living with parents diagnosed with mental disorders

SEMI-STRUCTURED INTERVIEW GUIDE

A. Demographic Data

Participant Information

1. **Age:** ☐ 32 years -39 years ☐ 40years – 45 years ☐ 50 years – 55 years ☐ 60years – 65 years
2. **Role:** ☐ Mother ☐ Father

B. Interview Guide

- How will you describe your experiences with regard to the support of your school-going children?
- How, if in any way, does your diagnosis influence the support that you provide your child?

Probe further through reflecting, summarising, clarifying, probing

Annexure R: Interview guide for teachers

Title: Strategies to support school-going adolescents living with parents diagnosed with mental disorders

SEMI - STRUCTURED INTERVIEW GUIDE

A. **Demographic Data**

Participant Information

1. **Job title of the Participant:** ___________
2. **Age:** ☐22years -30years ☐31years – 40years ☐41years – 50years ☐51years – 60years
3. **Grade teaching:** ☐9 ☐10 ☐11 ☐12
4. **Years of experience:** ☐ 2 years ☐ >2

B. Interview Guide

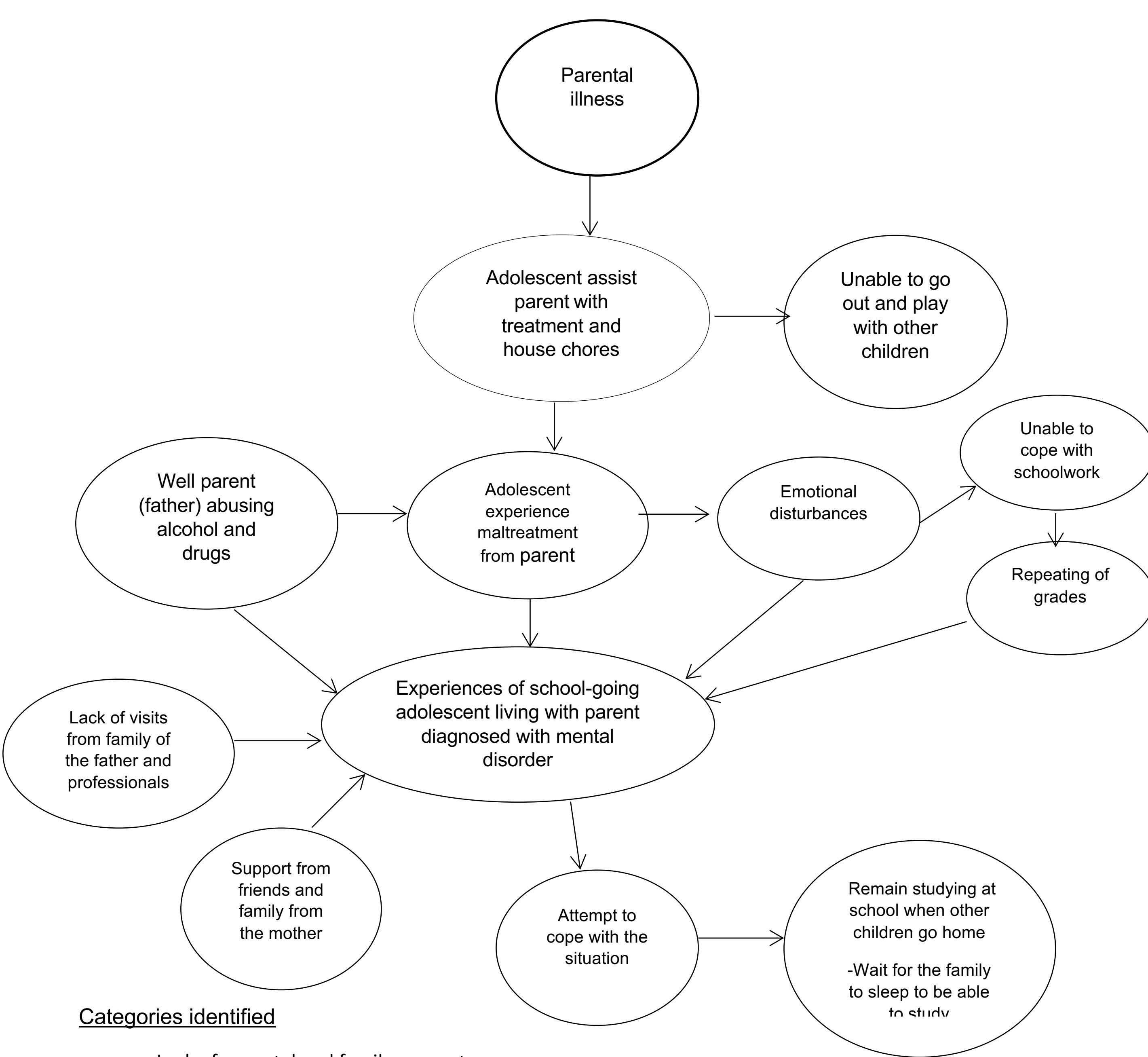
- Tell me about your experiences when dealing with school-going adolescents living with parents diagnosed with mental disorders
- How best can they be supported?

Annexure S: Sample memo

Memo No 1: Experiences of school-going adolescents

Date: 12 April 2021

CLUSTRING METHOD



Categories identified

- Lack of parental and family support
- Lack of support from professionals
- Positive aspects of support
- Additional responsibilities
- Poor school performance
- Psychological experiences
- Coping strategies

Annexure T: Sample interview transcript

Interview sample (Adolescents)

Participant no 1

I: Tell me, how it is for you to live with a parent diagnosed with a mental disorder?

P: It is not normal to me. Sometimes is a burden, is like I am forced to do some other things and on the other side focus on my studies. Sometimes I cannot cooperate on both because my parents support each other in the other words, but I still do not understand what is going on. Because I do not know the whole story of what is happening with my mom. I just notice that my mother was so fat and now she is so thin within time and ever since my dad came back from prison, my mom is being more diligent than what she is experiencing. My mother started to become so thin within time and ever since my dad came back. I have never seen her so unhappy in her life. I have decided that she is my mom and I am going to support her and there is nothing I can do.

I: Hmm!

I: How do you support your parent?

P: I support her by talking to her, at all times and sharing with her some other things that I do in my life. I am always there for her to give her more support. My focus is all on her. Yes, I do not go out to play with other children. She gets the best treatment. Every month end she goes to the clinic to get her treatment. I am sometimes helping her to take her treatment. I give all my best at the time she is taking treatment.

I: Hmm!

I: Is she able to take treatment by herself?

P: Yes, at all times she does.

I: Hmm!

I: Who is managing house chores?

P: Sometimes she does it and sometimes I do it.

I: Hmm!

I: How do you cope with your studies?

P: Most of the time when I say I can …. When I say I cope is when I remain here at school, when people are going home to be able to study. At home sometimes it is hard to study because of the situation but then the other thing is that I can wake up when they are gone to sleep and study. So I think I am doing well even though I do not understand other subjects.

I: Hmm!

I: Is your mother able to supervise your schoolwork?

P: No, she just checks up on me when I do my schoolwork.

I: Hmm!

I: How is your school performance?

P: So far I am performing well at school. So far I am doing better at any subject, but I have repeated grade eight and ten.

I: Hmm!

I: What was the reason behind the fail?

P: Maybe the stress was too much and I was not coping well with the situation at home

I: Hmm!

I: How is the school treating you?

P: I cannot complain because the school is treating me normal like any other child. I can operate through other children.

I: Hmm!

I: Do you have friends?

P: Yes.

I: How are they treating you?

P: They treat me like a normal human being

I: Hmm!

I: Is your mother's illness sometimes become worse?

P: The last time she had such a breakdown was 18 January 2021, when she was supposed to go to the hospital and suddenly she said she is fine, but she was not fine and she was given treatment and she was moved to my dad's home.

I: Hmm!

I: Is there anything that can disturb you to study at home?

P: Yes, when my dad is home it is the time where there is noise and fights at home because he is always drunk. He is a drunkard and he smokes. It happens a lot. Whenever I try to talk to him, he does not understand. I told him so many times that the cigarette he is smoking is affecting my mom's lungs. Sometimes he respects her and he goes aside but sometimes, just smoke in front of us.

I: Hmm!

I: How is the relationship at home?

P: My relationship with my brother is fine my relationship with my mother is also fine. My relationship with my father is not that nice. It is not stable. I do not know what is up. When he is drunk he assaulted me and my mom. He talks about stories that I do not know. When he is drunk, he is happy and we are not and we are supposed to be very careful because something can happen to us, but when he is sober he does not talk to us.

I: Hmm!

I: Is your father also sick?

P: No, he is just a drunkard.

I: Hmm!

I: Who is working at home?

P: My father is working. He works there and there. He is a builder. My mother is getting a social grant.

I: Hmm!

I: How are other family members supporting you?

P: I got lots of visits from my family. The family members from my mother side are treating us well, and on the other side, the family from my father is on and off because sometimes I can have them but sometimes they do not want to visit us.

I: Hmm!

I: How are the neighbours treating you?

P: There is no problem with the neighbours.

I: Hmm!

I: How are the professionals supporting you?

P: I do not have support from the professionals

I: Hmm!

I: Do you have a question?

P: So far, I do not have a question.

I: We are about to come to the end of our conversation.

P: Okay.

I: What support do you need?

P: I need support and love. I need people to respect me the way I respect them because I can give lots of respect to people. I do not underestimate other people. When he (my father) is around my mom is in tears. When he is around I cannot do anything. So what I can say is that someone can come to my home and talk to my dad about his drunkenness and his smoking behaviour because they are affecting me and my life. He is controlling my life like I have to go and buy cigarette and liquor for him and after that, he will drink and assault me. Some other day when I come home at 18hoo, he closed the gate for me and I was in a cold shirt and I was feeling cold. He does not consider my feelings and I was hungry. It was too much; I was unable to handle it. The pain of sleeping at the gate without blankets was unbearable. It was very painful. I end up going to my friend's place. I only feel comfortable when my dad is not at home gone to work in other countries.

I: Hmm!

I: We are about to end our conversation. Is there anything that you think I must know?

P: No.

I: I am going to summarise the important points that you have mentioned to check if I did hear you well.

P: Okay.

I: Reflective Summary

I: You said it is not normal for you to live with a parent diagnosed with a mental disorder. You are sometimes forced to do some other things like supporting your mother. Sometimes is a burden because, on the other hand, you have to do your schoolwork. You do not know what is going on with your mother. You have noticed that your mother is losing weight and unhappy ever since your father came back from prison. You have decided to support your mother always through talking to her about what you do in your life and also by staying with not going out to play with other children. You sometimes help her with her treatment. She can manage her treatment. It is hard to study at home but you cope by remaining after school at school and also waiting for your family to go to sleep so that you can be able to study, and you can also wake up in the morning to study. You assist your mother with house chores. Your mother just checks on when you write your homework. You repeated grade eight and grade ten. The school, your friends and neighbours are treating you well. Your father assaults you and your mother when he is drunk. The family from your mother's side are supporting you well, but the family from your father's side sometimes they do not want to visit you. Your father is not treating you and your mother well. You are only feeling comfortable at home when your father is not around and he is working far from home. You need someone to come to your home to talk to your father about his drinking and smoking behaviour because it is affecting your life. Your father is a bricklayer and your mother is getting a social grant.

I: Do you confirm the information?

P: Yes

I: Do you have a question?

P: No.

I: We have come to the end of our conversation. Is there anything that you think I should know?

P: No.

I: Thank you for participating in this study. I give you my contact details, you will call if you want to talk or you want to ask a question.

P: Thank you.

I: Do you mind if I can contact you again.

P: No, I do not mind.

I: Thank you.

Focus group no 2

I: Tell me about your experiences when dealing with the school-going adolescents living with parents

A: According to my experience those learners lack support from their parents. You find that the learner in class needs attention or she seeks attention.

I: Thank you, let us have other comments

B: My experience with these children living with the parents diagnosed with mental disorders they sit lonely in class. They do not participate in class. Most of the time they are afraid or somehow angry and they are not talkative.

I: How do others feel about this issue?

C: Yeah, my experience that I have and I had with these children, they act very strange. Let me talk about their behaviour. They develop anger. Sometimes they even think of committing suicide. You can realise that how life is too difficult for them to deal with. So they are not the same. Some may become responsible but they are few who can become very much responsible, trying to come out of the situation. However, most find themselves joining these groups of learners who are doing drugs. Yeah, life is too difficult for them to deal with.

I: Thank you, what do other people say?

D: To my experience, I can say it varies from one learner to the other. In my case someone cannot just realise their condition they are living with people who are suffering or experiencing mental disorders, they are very keen and disciplined. Is only a few who you will realise that the learner is going through a lot because in most cases the learner had to report to the school very late and he absents himself from the school because of accompanying the mother or the father to the clinic to get some medications. But some because of that our learners are now introduced to Life orientation as a subject, they are taught a lot on how to handle such cases. Even though it becomes a burden to them because of their age, but in short I can just say it varies from one learner to the other because of family support. The support they are getting from neighbours and other family members assist the learner to cope with schooling.

I: Thank you; let us have some other comments

E: I can say they struggle with support. They do not get support from the parents because if the mother or the father is mentally ill there is no way they can get support with teaching and learning. So I think they are struggling. They do need some support maybe from us as teachers, and maybe at home from other family members.

I: How is their class attendance?

D: My colleague was not even aware that the learner is living in such a situation. It varies from one learner to the other. The learner is neat and comes to school every day. He is always on time. But at times you find other learners abstain or absent from the school because he or she has to accompany his or her parent to collect medication or the parent is not well because of the condition.

I: Do the learners manage their schoolwork?

F: According to my knowledge they write their homework.

I: How is their school performance?

F: They do differ. Some catch up easily and some are struggling. Most of the times we as teachers try to make sure that we give them support and we try to understand their performance. But they do their homework. The school work they do

I: How is their behaviour to other learners?

A: Most of them are friendly.

I: How is the school supporting them?

C: Thank you once more. Yes, since we have talked about if the learner has been discovered then the school find itself finally getting to write a letter though I cannot talk about the names. We had such learners previously where we find that the family was struggling, only to find that mother was having a mental disorder. After the school have known about that they have taken this matter into recognised whereby they even made a plan that they get food every month. The process went through the social worker and finally, the learner gets food and they even are adopted by some of the teachers at school. They make sure that the learners are clean come to school every day and contributing every month for the learner to get food. If they are identified the school is very much ensuring that it intervene in such cases. Yes. Thank you.

I: Thank you; let us have some other comments

E: It is not a very easy thing to discover them. Like now we only learn two days back after you have consulted our school. We were not even aware of such a learner. But in our school here we have School Base Support Team. Once the learner is discovered like that, it is within our means to accommodate the learner. We do have a list of learners whom we provide them with the necessities of life, such as food, and if is a she then we even refer her to a social worker where she can be offered some toiletries other women things monthly.

I: How do you implement inclusive education here at school?

E: Yes, as I have already said that we have a School Base Support Team, they are responsible to attend such.

I: How best can the learners supported?

C: Okay, since we have said that it is not an easy thing to detect them, but after realising them we get into it. Let me talk I for one. I had a learner who was doing grade eight B and I realise that the behaviour was changing, starting all sorts of things of getting into smoking and drugs. I took the learner but I was not aware of the situation at home. Yes, I took the learner and try to talk to him that you are trying something

which cannot reach you too far and he tries to come back. That is when you can hear my colleague saying he is clean, and he comes to school every day and doing all kinds of work. Maybe it is because we have intervened in such cases. We were not aware that his parent has a mental disorder. Yes, thank you.

I: Thank you; let us have some other comments

D: Most of them are now adopted by our teachers. They provide for them and they buy them clothes. Even the visit of the family is very important. They visit the family to check if things are going well.

I: How do others feel about this issue?

B: Ask them a simple question. How are you? greeting them and to talk to them. This will make them stronger. Be friendly to them, to show that they are part of us.

I: I am also looking at support in general, what can be done?

A: Just love them. They are just loved because our school offer love. They are just loved.

I: Thank you, what do other people think?

B: I wonder if the university has something to do with the support of these learners. Maybe with the applications for taking further in tertiary school we help them up to here. After writing and pass their grade 12 examination, we do not have contacts with these learners most of the time and we do follow them up during the year. We assist them to apply. Can university do any means to try to assist these learners so that they can achieve in their studies when they get to tertiary?

I: I am not sure about that. Thank you; let us have some other comments

D: Your presence here empowers us because we considered that we are not on our own in this journey. There are people from other levels who can just come and interview us. So possibly from here, you will be coming up with something to empower us even more.

I: Thank you, what do other people say?

F: It become hard on them, it becomes difficult to talk to us. Love them. Be soft on them so that they can be able to trust us and be able to approach us.

I: We are about to come to the end of the session. Are there any other comments or questions?

Silence!

I: In the absence of comments or questions we have come to the end of our session. Thank you for participating in this session. Debriefing session is available.

All: Thank you.

Annexure U: Language editing certificate

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6 January 2023

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Annexure V: Turnitin receipt

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by

MAMOKOTA MAGGIE MOLEPO

submitted in accordance with the requirements for the degree of

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at the

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