THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MAJOR DEPRESSIVE DISORDER REGARDING TREATMENT

by

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Supervisor**: Mr Marang Tebogo Mamahlodi**

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DECLARATION

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I declare that "**THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MDD REGARDING TREATMENT**" 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 the appropriate originality detection system endorsed by the University of South Africa and that it meets the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for

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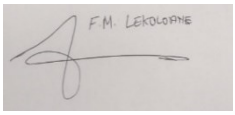

Frans Mmakwena Lekoloane	25 May 2024
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ABSTRACT

Major Depressive Disorder is a burden to public health affecting millions of people worldwide. However, many people do not receive treatment. More research has been done on the efficacy of medications rather than the subjective experiences of Mental Health Care Users.

This study was conducted to explore the experiences and perceptions of the MHCUs regarding treatment and to make recommendations that could bring about positive change. Seventeen Mental Health Care Users at a tertiary hospital in the Tshwane District were selected using purposive sampling. Observations, interviews, and focus group discussions were used to collect data, and the data were analysed using Grounded Theory. Research findings yielded the following themes: the quality of Major Depressive Disorder treatment, medication efficacy, and a holistic approach. Health practitioners should develop advanced, efficient, and cost-effective treatment methods to encourage accessibility and promote maximum efficacy. The relevant decision-makers should address the administrative-related challenges raised in this study.

Keywords:
Major Depressive Disorder, Mental Health Care Users, Treatment, Experiences and Perceptions.

DEDICATION

This dissertation is dedicated

to my beautiful wife

Marlene Mojabeng Lekoloane

for her love, support,

and encouragement.

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LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral treatment
CBT	Cognitive Behavioural Therapy
COVID-19	Coronavirus Disease of 2019
ECT	Electroconvulsive therapy
HADS	Hospital Anxiety and Depression Scale
HIV	Human immunodeficiency virus
MAOIs	Monoamine oxidase inhibitors
MBCT	Mindfulness-based cognitive therapy
MDD	Major Depressive Disorder
MHCPs	Mental health care practitioners
MHCUs	Mental health care users
OPD	Out-patients department
OT	Occupational therapy
PHQ-9	Patient Health Questionnaire-9
POPI Act	Protection of Personal Information Act
SNRIs	Norepinephrine reuptake inhibitors
SSRIs	Selective serotonin reuptake inhibitors
ST	Supportive Therapy
TCAs	Tricyclic antidepressants
USB	Universal Serial Bus
WHO	World Health Organization

CHAPTER 1. ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Major Depressive Disorder (MDD), commonly referred to as depression, is an extreme burden to public health (Proudman, Greenberg & Nellesen, 2021:619; Marwaha, Palmer, Suppes, Cons, Young & Upthegrove, 2023:141; Ross, VanDerwerker, Saladin & Gregory, 2022:1). Millions of people globally, suffer from MDD (Ross et al., 2022:1; Shrashimirova, Tyanev, Cubata, Wichniak, Vodickova-Borzova, Ruggieri, Bonelli, Lipone, Comandini & Cattaneo, 2023:1181; Al Dameery, Qutishat, Abu-Baker, Al Omari, Alhalaiqa, AlBashtawy, Alkhawaldeh, Al Sabei & Abu Shahrour, 2023:1).

MDD contributes significantly to disability globally (Marwaha et al., 2023:141; Moitra, Santomauro, Collins, Vos, Whiteford, Saxena & Ferrari, 2022:1; Fisher, Solomonov, Falkenström, Shamay-Tsoory & Zilcha-Mano, 2023:163). By 2030, it could account for the majority of the disease burden globally as per the World Health Organization (WHO) estimates (Nady, El-Derany, Michel & El-Demerdash, 2023:14; Dutta, Rajendran, Kumar, Varthya & Rajendran, 2023:1; Neyazi, Haidarzada, Rangelova, Erfan, Bashiri, Neyazi, Faizi, Konşuk-Ünlü & Griffiths, 2023:1; Dobersek, Teel, Altmeyer, Adkins, Wy & Peak, 2023:3556).

First World countries such as the United States of America, Germany, and Spain, show high rates of MDD (Roca, Bonelli, Cattaneo, Comandini, Di Dato, Heiman, Pegoraro, Kasper, Volz & Palao, 2023:59; Sachs, Yeung, Rekeda, Khan, Adams & Fava, 2023:1). South Africa, as a developing country, is not exempt from the burden of MDD (Booysen, Mahe-Poyo, & Grant, 2021:1; Thobela, Nyamaruze & Akintola, 2023:3; Qubekile, Paruk & Paruk, 2022:2).

Approximately one in six South Africans are more likely to suffer from MDD (Booysen et al., 2021:2; Nguse & Wassenaar, 2021:305). High levels of unemployment, a high number of cases of HIV and AIDS, diabetes, high crime rates and other stressful events, contribute towards South Africans being at risk of MDD (Stoddard, 2022:1; Qubekile et al., 2022:2; Parcesepe, Stockton, Remch, Wester, Bernard, Ross, Haas, Ajeh, Althoff, Enane, Pape, Minga, Kwobah, Tlali, Tanuma, Nsonde, Freeman, Duda, Nash & Lancaster, 2023:1)

The contribution of the Coronavirus pandemic (COVID-19) towards the prevalence of MDD worldwide, including in South Africa, cannot be ignored, due to its negative impact on the economy, high mortality rates, health vulnerabilities, feelings of uncertainty and or fear of the

unknown (Santomauro, Mantilla Herrera, Shadid, Zheng, Ashbaugh, Pigott, Abbafati, Adolph, Amlag, Aravkin, Bang-Jensen, Bertolacci, Bloom, Castellano, Castro, Chakrabarti, Chattopadhyay, Cogen, Collins, Ferrari, 2021: 1707; Van Niekerk & Van Gent, 2021:6; Ayuso-Mateos, Morillo, Haro, Olaya, Lara & Miret, 2023:4).

However, the majority of the South African population suffering from mental disorders such as MDD do not receive mental health treatment (Booysen et al., 2021:1; Benjamin, Vickerman-Delport & Roman, 2021:2). This is mostly due to limited resources, limited mental health care practitioners (MHCPs), expensive treatment, policy discrepancies and underinvestment in mental health by the government (Booysen et al., 2021:2; Benjamin et al., 2021:3; Baker & Naidu, 2021:1).

MDD requires a multi-disciplinary treatment approach, consisting of specialist psychiatrists, clinical psychologists, social workers, registered psychiatric nurses and or occupational therapists (Uche, 2023:2; Feldman, 2023:3; Ekeblad, Holmqvist, Andersson & Falkenströom, 2023:344). Pharmacotherapy, cognitive behavioural therapy, psychotherapy and family involvement or supportive therapy are common treatments for MDD (Remes, Mendes & Templeton, 2021:1; Al Dameery et al., 2023:1; Roca et al., 2023:60; Tu, Xiong, Lv, Wu, Hu, Fang & Shao, 2023:1069).

The treatment is available on an in-patient and out-patient basis. Hospitalisation is necessary when the mental health care user's life is threatened (Schwartz, Baune, Bedi, Berk, Cotton, Daglas-Georgiou, Glozier, Harrison, Hermens, Jennings, Lagopoulos, Loo, Mallawaarachchi, Martin, Phelan, Read, Rodgers, Schmaal, Somogyi, Thurston, Weller & Davey, 2023:22). Or there is an urgent need for adjustments and or combination of medications in case of medical resistance (Sachs et al., 2023:1).

Due to the high prevalence of MDD, there is an urgent need for improved treatment of MDD (Booysen et al., 2021:6; Tu et al., 2023:1069). MHCPs should consider cost-effective strategies, and easily accessible, holistic, and more advanced forms of treatment for MHCUs suffering from MDD (Van Vreede, Parker & Van Nugteren, 2022:1).

South African Legislation and Policies, advocate for the treatment of mental disorders such as MDD in primary care settings with the hope that more MHCUs will be catered for (Kathree, Bachman, Bhana, Grant, Mntambo, Gigaba, Kemp, Rao & Petersen, 2023:1262; National Department of Health, 2023:22). However, the primary care settings such as clinics, are not

adequately equipped to cater for MHCUs (Kathree et al., 2023:1262; Baker & Naidu, 2021:1).

Most MHCUs with MDD at private institutions have reported unawareness of MDD treatment in public hospitals. MHCUs with other psychiatric disorders such as psychosis, schizophrenia, and substance-use dependency, were commonly catered for in public hospitals.

In 2018, around 16% of the general population were members of medical aid schemes (Statista, 2022:1). This number may decrease due to high unemployment (Stoddard, 2022:1). This means that the majority of the population will continue to depend on public hospitals for mental health care services, including those with MDD.

The aforementioned led to the researcher's interest in the research study of MDD treatment in a public hospital, and the role the MHCUs can play in contributing towards a better MDD treatment. The researcher was guided by the client-centred approach to believe that MHCUs are important stakeholders in bringing positive change in the treatment of MDD (Renger, Macaskill & Naylor, 2020:4).

Literature shows that more attention is given to improving the efficacy of the pharmacological treatment (Ross et al., 2022:1; Simon, Arteaga-Henríquez, Algendy, Siepmann & Illigens, 2023:1; Sachs et al., 2023:1; Fisher et al., 2023:163). It is believed that almost half of the MHCUs receiving first-line treatment such as Selective Serotonin Reuptake Inhibitors (SSRIs) and Norepinephrine Reuptake Inhibitors (SNRIs) for management of MDD, do not respond positively (Ross et al., 2022:1; Simon et al., 2023:1; Sachs et al., 2023:1; Fisher et al., 2023:163). However, there is scarce literature focusing on the overall subjective experiences of MHCUs regarding MDD treatment.

Idris, Akhir, Mohamad and Sarnon (2023:2) investigated the subjective experiences of MDD survivors in their research study. However, they prioritised the subjective experiences of women, which cannot be generalised to another gender, despite the proven high prevalence of MDD among women (Idris et al., 2023:2; Tu et al., 2023:1069; Nahar, Sal-Sabil, Sohan, Qusar & Islam, 2022:2).

Therefore, this study was relevant because it was inclusive of all MHCUs suffering from MDD and intended to explore subjective experiences and perceptions of them, regarding the treatment they were receiving.

1.2 DESCRIPTION OF THE STUDY PROBLEM

The introduction and background to the study indicate that the treatment of MDD is expensive, less advanced, and inaccessible, which is a serious concern to public health due to the ever-rising prevalence of MDD cases (Booysen et al., 2021:2).

The hospital chosen for the study provides psychiatric interventions such as pharmacotherapy, psychotherapy, occupational therapy, counselling and social work. The hospital caters for various near -by and far communities around and beyond Tshwane District. The headcount for this hospital in terms of mental health care coverage extends beyond community level. And with a demand for high level of care from mental health care providers.

In view of the client-centred approach, MHCUs are important stakeholders in bringing positive change in the treatment of MDD (Renger et al., 2020:4). Although, the MHCPs are expert professionals, the MHCUs are the main stakeholders because there is no treatment without them (Renger et al., 2020:4).

Hattingh and Joubert (2019:2) mention a need for this type of study. They share a synonymous view with the researcher that "research on [MHCUs] opinions and experiences are essential to inform decision-makers on policies and the provision of mental healthcare within the general healthcare system" (Hattingh & Joubert, 2019: p.2). Therefore, the experiences and perceptions of MHCUs with MDD are important and need to be well established and explored in this research study because they should contribute to the positive change in the general treatment of MDD.

1.3 AIM OF THE STUDY

The aim was to investigate the experiences and perceptions of the MHCUs with MDD regarding the treatment they are currently receiving at a tertiary hospital in Tshwane District and make recommendations that could bring a positive change in the treatment of Major Depressive Disorder.

1.4 RESEARCH OBJECTIVES

1.4.1 Research Objectives

- To explore the personal experiences of mental health care users regarding the Major Depressive Disorder treatment they are currently receiving.
- To explore the perceptions of mental health care users regarding the Major Depressive Disorder treatment they are currently receiving.
- To make recommendations that, could bring a positive change in the treatment of Major Depressive Disorder

1.4.2 The Main Research Question

- What are the experiences of MHCUs suffering from MDD regarding the treatment they are currently receiving at a tertiary hospital in Tshwane District?

1.4.3 Research Questions

- What are the experiences of MHCUs suffering from MDD regarding the treatment they are currently receiving at a tertiary hospital in Tshwane District?
- What are the perceptions of MHCUs suffering from MDD regarding the treatment they are currently receiving at a tertiary hospital in Tshwane District?
- What are the recommendations that are necessary, to bring a positive change in the treatment of MDD?

1.5 SIGNIFICANCE OF THE STUDY

This study may establish the experiences and perceptions of mental health care users regarding the treatment of MDD they are currently receiving, which may contribute to the body of knowledge and research in public health studies. The study could contribute through; (1) making recommendations that could, if implemented, assist the decision-makers in understanding the treatment of MDD from mental health care users' perspective and utilise these to make policy changes; (2) providing an overview that could be used to inform the

mental health care providers about the experiences and perceptions of mental health care users regarding MDD treatment and to utilise these to make necessary treatment adjustments, to encourage cost-effective strategies and accessibility in the treatment of MDD.

1.6 DEFINITIONS OF KEY CONCEPTS

1.6.1 Major Depressive Disorder

Major Depressive Disorder (MDD), commonly known as depression, is a psychiatric disorder (Idris et al., 2023:1; Shrashimirova et al., 2023:1181; Roca et al., 2023:59). It presents with low mood, loss of interest in pleasurable activities, changes in weight and or appetite, sleep disturbances, low energy levels, feelings of worthlessness. Difficulty in concentration and suicidal thoughts emerge (Idris et al., 2023:1; Nahar et al., 2022:2). A person ought to experience at least four of the mentioned symptoms with the episode lasting for at least two weeks to be diagnosed with MDD (Idris et al., 2023:1; Nahar et al., 2022:2).

1.6.2 Mental Health Care Users

Mental health care users (MHCUs), refer to "a person receiving care, treatment and rehabilitation services or using a health establishment aimed at enhancing the mental health status of a user…" (National Department of Health, 2023: p.10).

1.6.3 Treatment

The term treatment, synonymously used with care and rehabilitation, refers to "the provision of health interventions to a person who consents to such interventions" (National Department of Health, 2023: p.13). Pharmacotherapy, cognitive behavioural therapy, psychotherapy and family involvement or supportive therapy are common treatments for MDD (Remes et al., 2021:1; Roca et al., 2023:60; Sachs et al., 2023:1; Tu, 2023:1069).

Pharmacotherapy refers to the usage of antidepressants medications for the management of MDD, cognitive behavioural therapy refers to psycho-social intervention for alleviation of MDD symptoms, and psychotherapy refers to an intervention that addresses the negative emotions, negative thoughts, and negative behaviours (Remes et al., 2021:1; Roca et al., 2023:60; Sachs et al., 2023).

1.6.4 Experiences

Experiences refer to "the fact of having gained knowledge through direct observation and/or participation" (Merriam-Webster, 2023: p.1). In this study, the researcher sought to establish the experiences of the MHCUs with MDD regarding the MDD treatment they are receiving at a tertiary hospital in Tshwane District.

1.6.5 Perceptions

Perception refers to, how we access the external world, the cognitive processes, and or conscious awareness (Morales & Firestone, 2023:15). In this research study, the researcher was interested in the thinking patterns of MHCUs regarding MDD treatment and how they make sense of the treatment that they are receiving.

1.7 THE THEORETICAL FRAMEWORK

This study used Grounded Theory. Grounded Theory was developed in 1967 by Glaser and Strauss (Mohajan & Mohajan, 2023:2). According to Creswell in Makri and Neely (2021: p.4), Grounded Theory is "a systematic, qualitative procedure used to generate a theory that explains, at a broad conceptual level, a process, an action, or an interaction about a substantive topic". When using Grounded Theory, data is collected and analysed and then a theory is developed (Stough & Lee, 2021:1).

1.8 RESEARCH PARADIGM

1.8.1 Interpretivist Paradigm

For this study the researcher used the Interpretivist Paradigm (Alharahsheh & Pius, 2020:39). This paradigm puts an effort into understanding and interpreting the subjective world of participants, their thoughts, and or their viewpoints (Alharahsheh & Pius, 2020:41). It argues that "truth and knowledge are subjective" and are based on people's experiences (Pervin & Mokhtar, 2022: p.420). Hence a need to establish the experiences and perceptions of MHCUs with MDD regarding treatment.

The researcher was interested in the meaning that participants give to the treatment of MDD (Pervin & Mokhtar, 2022:422). This paradigm assumes, a 'subjective epistemology, a relativist

ontology, a naturalistic methodology and a balanced axiology' (Alharahsheh & Pius, 2020:41; Chambers & Lim, 2022:8; Sprake & Palmer, 2022:57).

1.8.2 Subjective Epistemology

The concept of epistemology describes how "a researcher is aiming to uncover knowledge to reach reality" (Alharahsheh & Pius, 2020: p.40). In the usage of the interpretivist paradigm, the epistemology is subjective, which means that the researcher comes to know something through the interactions with the participants (Alharahsheh & Pius, 2020:42). The researcher came to know the truth about MDD treatment through interactions with MHCUs with MDD.

1.8.3 A Relativist Ontology

According to Chambers and Lim (2022:8), a relativist ontology suggests that "we perceive that there are multiple and fluid realities based on individual experiences…" (Chambers & Lim, 2022: p.8). The participants are unique; as a result, their thinking differs, they experience MDD treatment differently, and their perceptions regarding the MDD treatment are unique to each participant. This shows that what is the truth will be unique to each participant and, therefore, create multiple realities.

1.8.4 A Naturalistic Methodology

Methodology refers to a detailed plan of action and or general research strategy, regarding the whole research process (Alharahsheh & Pius, 2020:40). The researcher utilised observations, interviews, and focus group discussions to gather data to determine the experiences and perceptions of the MHCUs suffering from MDD regarding treatment.

1.8.5 A Balanced Axiology

Balanced axiology assumes that the researcher will present the research results that are balanced with the researcher's values (Sprake & Palmer, 2022:57). The researcher will use an interview schedule to guard against asking questions that will influence the participants' responses (Poto-Rapudi, 2021:61)

1.9 STUDY APPROACH AND DESIGN

1.9.1 Approaches

1.9.1.1 Qualitative Research Approach

Qualitative research is a type of social science research that is inductive (Ugwu & Eze, 2023:22). It helps the researcher to make interpretations of people's experiences and perceptions, to understand meaning (Ugwu & Eze, 2023:20). It is relevant in establishing the experiences and perceptions of MHCUs with MDD regarding treatment.

Qualitative research comprises the following methods that are relevant for this type of study; open-ended interviews, grounded theory, focus group discussions and observations (Ugwu & Eze, 2023:24).

Qualitative research was chosen for this study because it has a profound impact on the research area of health care, management and or education (Ugwu & Eze, 2023:20). It provides the researcher with 'a deeper understanding' of the phenomenon (Makri & Neely, 2021:1). It provides the researcher with data from the participant's point of view (Makri & Neely, 2021:1)

1.9.1.2 Grounded Theory

Grounded theory was developed in 1967 by Glaser and Strauss, it refers to a process whereby the researcher attempts to derive an abstract theory rooted in the views of the participants (Mohajan & Mohajan, 2023:2). It is relevant for this type of study because it emphasises the gathering of data (Burns, Bally, Burles, Holtslander & Peacock, 2022:3; Mohajan & Mohajan, 2023:2).

Grounded theory encourages the researcher to be open and thorough during data collection and analysis (Mohajan & Mohajan, 2023:2). When using a grounded theory, data is collected and analysed simultaneously, and then a theory is developed (Mohajan & Mohajan, 2023:5).

1.9.2 Research Design

A research design is a roadmap the researcher uses to gather and analyse data while addressing a research question (Mogotsi, 2021:32).

1.9.2.1 Exploratory Design

Exploratory design is relevant for this type of study, as it allows the researcher to explore in detail the experiences and perceptions of MHCUs suffering from MDD regarding the MDD treatment (Ogutogullari, 2022:31).

1.10 RESEARCH METHODS

Research methods are specific steps, procedures and or details that are going to be employed in investigating a research problem (Khumalo, 2022:75). Research methods include study setting, population, sampling, data collection and analysis (Khumalo, 2022:75).

1.10.1 Study Setting

A tertiary hospital in Tshwane District is an academic hospital situated in the township of Ga-Rankuwa, north of Pretoria, Gauteng, South Africa. It forms part of the public healthcare system. It is affiliated with Sefako Makgatho Health Sciences University and Nursing Colleges. It has a general adult psychiatry ward and out-patient programmes among many wards available.

This hospital was selected because, it has a high intake of mental health care users. It is among the largest hospitals in South Africa in terms of beds and infrastructure available for mental health care users. The types of services provided includes but not limited to psychiatric management, occupational therapy, psychotherapy, social work, and others.

1.10.2 Study Population

The target population was adult MHCUs diagnosed with MDD as a primary diagnosis. The MHCUs were between the ages of 22 and 56 years during the study. The MHCUs received MDD treatment as either in-patients or out-patients at a tertiary hospital in Tshwane District.

1.10.2.1 Eligible for Study

The MHCUs with MDD receiving MDD treatment at a tertiary hospital in Tshwane District were eligible for the study and were available and gave consent to participate in the research study.

1.10.2.2 Exclusion

The MHCUs with other psychiatric disorders such as Bipolar Mood Disorders, Schizophrenia, Substance-Use Dependency etc. The MHCUs who did not give consent to participate in the study, they thus excluded themselves.

1.10.3 Sampling

The researcher used purposive sampling. “Purposive sampling is a non-probability sampling technique where the researcher selects those subjects that satisfy the objectives of the study based on the researcher’s conviction” (Obilor, 2023:p.4). It involves identifying and selecting participants that know, the experience, availability, and willingness to participate (Obilor, 2023:4). The researcher looked purposely and specifically for MHCUs with MDD as a diagnosis, which has been receiving MDD treatment at a tertiary hospital in Tshwane District on both in-patients and out-patients basis.

The researcher used the assistance of an operational manager to identify the MHCUs with MDD and to commence with the recruitment of participants. A confidentiality agreement form was signed by the operational manager.

The psychiatric intervention at a tertiary hospital in Tshwane District consists of the out-patient department (OPD) and in-patient wards. The in-patient wards consist of female wards and male wards. The OPD and in-patient wards provide care and management for all kinds of psychiatric disorders. The adult MHCUs use OPD services three times a week. The researcher was only interested in MHCUs diagnosed with MDD. The researcher relied on the operational manager to identify the MHCUs with MDD and then the researcher commenced with recruitment. More recruitment information is presented in Chapter 3.

1.10.4 Sample Size

In Grounded Theory, sample size cannot be predetermined (Bekele & Ago, 2022:43). Sample size is dependent on the evolving theoretical categories (Bekele & Ago, 2022:44). The researcher interviewed 17 participants before the theoretical saturation was reached (Bekele & Ago, 2022:44). And therefore, there was no need to continue collecting data.

1.11 DATA COLLECTION METHODS AND PROCEDURE

Data collection commenced after receiving an ethical clearance certificate approval from the University of South Africa's College of Human Sciences Research Ethics Review Committee. An ethical approval certificate is attached (Annexure 1). Permission to conduct the research at a tertiary hospital in Tshwane District was granted by the Director of Clinical Services. The permission to conduct research is also been attached (Annexure 2). The researcher liaised with the Head of the Department of Psychiatry and Operations Management, which made the study to be comfortable.

Although the researcher conducted the research himself, it was advised, that the researcher use the services of a research assistant to assist with recruitment of participants, making field notes, and for quality control during collection of data. A confidentiality agreement form was signed by the research assistant which is a confidentiality agreement with research third parties. The sequence of data collection; observation was done first; interviews followed and focus group discussions were the last methods.

1.11.1 Observations

Observation is one of the most important methods of data collection in social science and it is vital in acquiring an understanding of participants in their interactions with the world (Rinaldo & Guhin, 2022:47). The researcher observed that adult MHCUs arrived around 08:00 am for psychiatric services, three times a week. They would queue to receive their files, to check for vitals and to see the MHCPs. The researcher used the assistance of the operational manager to identify MHCUs with MDD because the operational manager has access to their files. Objectively, there were few MHCUs with MDD as the diagnosis.

1.11.2 Interviews

Interviews are important data collection methods in qualitative, exploratory studies (Taherdoost, 2022:55). Interviews assist the researcher in understanding the participants' opinions, ideas, and experiences (Ugwu & Eze, 2023:26).

MHCUs with MDD were recruited and those who gave consent were interviewed. The researcher conducted the interviews in the office used by the operational manager. Permission

was given by the operational manager and no inconvenience was caused. The office provided a safe space to conduct the interviews and to uphold the principle of confidentiality. The researcher interviewed the MHCUs while they were waiting for their turn to see MHCPs so that there was no inconvenience caused. An interview schedule form with semi-structured open-ended questions is attached (Annexure 3).

1.11.3 Focus Group Discussion

The Focus Group discussion was the last method to collect data. The Focus Group discussion is a research method of collecting qualitative data through group interactions (Ugwu & Eze, 2023:24). The participants who were interviewed individually were recruited to participate in Focus Groups. Those participants who gave consent became part of the Focus Groups and those who did not gave consent were excused. Two Focus Groups were held with four participants each. This was done to avoid having no room for social distancing among the participants during this time of COVID-19. Focus Group Discussion questions are attached (Annexure 4).

1.11.4 Pilot Study

A pilot study was conducted in this research study to test the adequacy of the research instruments (Mogotsi, 2021:11). A pilot study is a preliminary, small-scale research study that is used to assess and evaluate the practicalities of the main study (Mogotsi, 2021:38). It assists inexperienced researchers to adjust into the field of research.

In this pilot study, three participants were selected. Purposive sampling was used. Grounded Theory was used for data gathering and data analysis. The following methods of data collection were used, observations and interviews. The semi-structured open-ended questions were tested and adjusted. The pilot study was necessary because it provided the researcher with much-needed insight into the practicalities of the research study, including the research setting. The main study did not include the pilot study data and results.

1.12 DATA ANALYSIS AND MANAGEMENT

The researcher used the Grounded Theory to collect and analyse data simultaneously. Four participants were interviewed, and their interviews were recorded. The recordings were transcribed. The recordings were stored safely in a USB with the whereabouts known by the

researcher and the transcriptions were locked safely in a cupboard at home. The consent form and agreement to be recorded form were locked safely in a cupboard. Researchers' notes containing biographical information of the participants, and or any information that can give away the identity of the participants were stored safely in a locked cupboard.

Open coding was done on the first four transcriptions and themes and or categories were developed. The themes and or categories were noted on the notes of the researcher. The researcher's notes were stored safely in a locked cupboard.

The themes and or categories that emerged during open coding guided the next interview questions for the next participants interviewed. Four more interviews were made, recorded and transcribed. Recordings and transcriptions were stored in a USB and a locked cupboard respectively. Open coding was used and themes and or categories emerged and were compared with the previous themes and or categories.

More interviews were conducted, guided by the developed themes and categories. This happened constantly, back, and forth, until theoretical saturation was reached. Theoretical saturation refers to when "it is no longer possible to find new information relevant to the study" (Sosa-Díaz & Valverde-Berrocoso, 2022: p.2).

Axial coding was used to connect themes and or categories that emerged during open coding. Selective coding was used to connect themes and or categories that emerged during axial coding. More information regarding data analysis is presented in Chapter 3. The recordings and the transcriptions will be shredded after five years. The computer used for research studies is password protected and only the researcher has access.

1.13. ENSURING RIGOUR (TRUSTWORTHINESS)

Four general criteria for ensuring the trustworthiness of a qualitative study approach include credibility, dependability, transferability, and confirmability (Bates, Le Gouais, Barnfield, Callway, Hasan, Koksal, Kwon, Montel, Peake-Jones, White, Bondy & Ayres, 2023:2).

1.13.1. Credibility

Credibility in qualitative research studies, refers to the truthfulness and confidence in the research findings and interpretations (Ogutogullari, 2022:12). The following strategies are

important in ensuring credibility; prolonged engagement, persistent observation, triangulation, and member check, and they are explained below (Ogutogullari, 2022:12; Khumalo, 2022:27; Jooste, 2022:16).

1.13.1.1. Prolonged Engagement

The researcher invested sufficient time at a tertiary hospital in Tshwane District to become acquainted with the research setting and had informal conversations with the participants that were not recorded, to develop rapport (Ogutogullari, 2022:13).

1.13.1.2. Persistent Observation

The researcher made it clear to the participants that the questions on the interview schedule were guidelines and that some questions would arise depending on the nature of responses provided. As a result, the researcher identified the responses that were relevant to the research problem during interviews and asked follow-up questions to get more details.

1.13.1.3. Triangulation

The researcher recruited and interviewed participants who were in-patients and those who were out-patients. The researcher used observations, semi-structured open-ended individual interviews, and focus group discussions, as various methods of collecting data.

1.13.1.4 Member Checking

The researcher wrote down a summary of interpretations during interviews and compared them with the field notes of a research assistant. The summary of interpretations was shared with the participants at the end of the interviews. The participants were given a chance to comment on the summary of interpretations.

1.13.2. Dependability

Dependability is concerned with whether the research results will be the same when this type of research study is executed in a similar context (Ogutogullari, 2022:13). The researcher safely stored the audio recorder, the transcriptions, the USB, the field notes that include observations and data analysis and any information related to the research study. Every method used and the steps taken were clearly explained. This was done so that if this study would be repeated with

similar participants in a similar context, the findings would be the same (Ogutogullari, 2022:13).

1.13.3. Transferability

The researcher provided a thick description of the experiences and perceptions of MHCUs from their context, which were aided by member checking discussed under subtheme 1.13.1.4 (Khumalo, 2022:119).

1.13.4. Confirmability

The researcher provided field notes, including observations, data analysis steps, summaries of interpretations, feedback from the participants, recordings, transcriptions, and any information related to the data collection. Data analysis was provided to the external auditor, who assisted with establishing confirmability (Molepo, 2023:58). A confidentiality agreement form was signed by the external auditor, and this is the confidentiality agreement with research third parties.

1.14. ETHICAL CONSIDERATIONS

The researcher received the ethical clearance certificate approval from the University of South Africa's College of Human Sciences Research Ethics Review Committee before the commencement of data collection. An ethical approval certificate has been attached (Annexure 1).

Permission to conduct research at a tertiary hospital in Tshwane District was granted by the Director of Clinical Services. The permission to conduct research certificate has been attached (Annexure 2). The researcher liaised with the Head of the Department of Psychiatry and Operations Management, which made the research study to be comfortable.

1.14.1. Ethical Principles

Research studies must be conducted based on ethical principles (Molepo, 2023:15).

1.14.1.1. Autonomy

The participants were informed that; they had the right to decide whether to participate in the

study or not; they had the right to pull out of the study at any point in time; their participation or lack of. They would not influence the care and management they were receiving at the time. The participants were not coerced in any way and were told in the event they felt otherwise, they should report to the operations manager (Khumalo, 2022:155).

The Informed Consent form was developed (Annexure 5) and was signed by the participants before the commencement of interviews. However, participants were assured that they had a right to drop out even after signing an informed consent form and without giving reasons.

1.14.1.2. Justice

Participants have the right to fair treatment and privacy (Khumalo, 2022:135). Participants' names and other sensitive information was not to be divulged by the researcher as guided by the Protection of Personal Information Act (POPI Act) (Raaf, Rothwell & Wynne, 2022:280). Participants were referred to as 'Participant A, B, C etc. immediately and there would not be any trace of their real names.

The participants were consistently assured that the information provided would be used for research purposes only and nothing else. The treating MHCPs would not be told anything regarding the participants.

1.14.1.3. Beneficence

The participants were provided with a Participant Information Sheet to read, after recruitment, while waiting for their turn to be interviewed. The study's purposes and benefits are outlined in the Participant Information Sheet which is attached (Annexure 6).

1.14.1.4. Non-maleficence

The questions were tested during the pilot study and feedback was requested from the participants on whether the questions were embarrassing, upsetting, degrading, stigmatising, or any information whatsoever that was deemed detrimental to the participants. The participants were assured that they were allowed to withdraw from the interview at any point when they felt discomfort. The participants were advised to see the psychiatric nurse for a debriefing at the end of the interview to evaluate any possibility of harm that could have been caused by the researcher's questions (Olum, 2022:5).

1.15 LIMITATIONS OF THE STUDY

This study focused on MHCUs with MDD as a primary diagnosis only. The research results did not represent the experiences and perceptions of MHCUs with other psychiatric disorders. The participants were cautious with their responses as they were already in the facility of the hospital. In a different setting such as their homes, they could have provided more information.

1.16 ORGANISATION OF THE CHAPTERS OF THE DISSERTATION

The chapters of the research dissertation will be organised as follows:

- Chapter 1: Orientation to the study

  This chapter provides background information for the study. It discusses the research problem. It provides the research aim, objectives, and questions. It also provides the definitions of keywords and research designs.

- Chapter 2: Literature review

  This chapter provides a detailed discussion of important concepts in this study. The researcher looks at different published sources to discuss the research topic.

- Chapter 3: Research methodology

  This chapter provides the detailed roadmap, the steps, and the processes undertaken in addressing the research problem

- Chapter 4: Research findings and data presentation

  This chapter provides the themes, subthemes, and categories emerged during data analysis. And it provides the participants' quotes.

- Chapter 5: Discussion of findings, recommendations, and conclusion

  This chapter provides discussion of themes, subthemes, and categories emerged in relation to literature. Recommendations, limitations, and field of further study are provided.

1.17 CONCLUSION

This chapter has provided the introduction and background of the research problem, purpose of the study, research objectives, research questions, and significance of the study. The research approach, research design, research methods, ensuring rigour, trustworthiness and ethical considerations were discussed. The organisation of the chapters of the research dissertation was provided. The following chapter, Chapter 2, will discuss the literature review of Major Depressive Disorder.

CHAPTER 2. LITERATURE REVIEW

2.1 INTRODUCTION

The preceding chapter provided the introduction and background of the research problem. This chapter will provide a literature review. A literature review refers to a systematic, rigorous analysis of research studies and or intellectual works, that align with the research problem under study (Mogotsi, 2021:14). A literature review was executed to provide clarity and status of the research problem (Khumalo, 2022:31; Breslin & Gatrell, 2023:140).

This chapter provides an in-depth discussion on Major Depressive Disorder (MDD), its prevalence, aetiology, risk factors, impact on individuals and its relation to the COVID-19 pandemic. The chapter further provides an in-depth discussion of the treatment of Major Depressive Disorder.

The research topic, aims and objectives of the study guided the literature review. The researcher searched for previously published literature and checked the similarities with the research topic. The researcher used recent literature from 2019 to 2024. Literature published before 2019 was also checked to establish the uniqueness of this research study.

Electronic databases such as Google scholar, ScienceDirect, Directory of Open Access Journals, PubMed, and CINAHL, were used for literature search. The keywords such as Major Depressive Disorder, prevalence of Major Depressive Disorder, risk factors associated with Major Depressive Disorder, causes of Major Depressive Disorder, treatment of Major Depressive Disorder, and the impact of COVID-19 on Major Depressive Disorder, were used in the literature search.

2.2 MAJOR DEPRESSIVE DISORDER

Major Depressive Disorder (MDD), commonly known as depression, is a psychiatric disorder (Idris et al., 2023:1; Shrashimirova et al., 2023:1181; Roca et al., 2023:59). It presents with low mood, loss of interest in pleasurable activities, changes in weight and or appetite, sleep disturbances, low energy levels, feelings of worthlessness, difficulty concentrating and suicidal thoughts (Idris et al., 2023:1; Nahar et al., 2022:2).

A person should experience at least four of the symptoms, with each episode lasting for at least

two weeks for a diagnosis to be made (Idris et al., 2023:1; Tu et al., 2023:1069; Nahar et al., 2022:2). When MDD is left untreated, it can reduce the quality of life and at its worst can lead to death (Rousseau, Thompson, Pileggi, Henry & Thomas, 2021).

MDD is one of the prominent causes of disability universally (Kern, Canuso, Daly, Johnson, Jing Fu, Doherty, Blauer-Peterson & Cepeda, 2023:2; Marwaha et al., 2023:141; Moitra et al., 2022:1; Fisher et al., 2023:163). It is estimated to be the first cause of disease within the next decade (Kern et al., 2023:2; Marwaha et al., 2023:141; Moitra et al., 2022:1; Fisher et al., 2023:163). Hence the need to give attention to this type of study.

2.2.1 The Prevalence of Major Depressive Disorder

Globally, millions of people suffer from Major Depressive Disorder (MDD) (Ross et al., 2022:1; Shrashimirova et al., 2023:1181; Al Dameery et al., 2023:1). The prevalence varies across countries (Marx, Penninx, Solmi, Furukawa, Firth, Carvalho & Ber., 2023:2). Countries such as the United States of America, Germany, Spain, and Greece, show high rates of MDD as compared to others (Roca et al., 2023:59; Sachs et al., 2023:1; Marx et al., 2023:2). However, this could be attributed to the fact that high-income countries such as the above-mentioned are superior in the diagnosis and treatment of MDD (Marx et al., 2023:2).

South Africa, as a developing country, is not excluded from the burden of MDD (Booysen et al., 2021:1; Thobela et al., 2023:3; Qubekile et al., 2022:2). Studies have shown constant increases in the prevalence of mental health challenges such as depression in South Africa between 2008 and 2018 (Craig, Rochat, Naicker, Mapanga, Mtintsilana, Dlamini, Ware, Du Toit, Draper, Richter & Norris, 2023:2). One in six South Africans is reported to be likely to be suffering from MDD and other mental disorders (Booysen et al., 2021:2).

With life stressors such as adverse childhood experiences, economic crisis and or high levels of anxiety in South Africa, it is reasonable to assume that mental health challenges such as depression will continue to rise (Craig et al., 2023:9). This is concerning and provides a serious challenge to the primary decision-makers about the treatment and management of mental health challenges such as depression.

As it is, only a few percentages of mental health care users suffering from mental health challenges such as depression do not receive treatment, due to factors such as stigma, inadequate treatment settings, and or lack of investment in the treatment of mental health (Craig

et al., 2023:2; Booysen et al., 2021:1). As millions of people worldwide continue to suffer from MDD, the knowledge, the treatment, implementation of policies and or investments in mental health such as MDD should keep up with the challenges (Booysen et al. 2021:2; Tu et al., 2023:1069).

2.2.2. COVID-19 and Major Depressive Disorder

Current studies suggest that the presence of the COVID-19 pandemic gave rise to the worldwide prevalence of Major Depressive Disorder (MDD) (Hawes, Szenczy, Klein, Hajcak & Nelson, 2022:3222; Van Niekerk & Van Gent, 2021:2 & Santomauro et al., 2021:1705). Although this has been mentioned by previous researchers about the probable increase in the prevalence of MDD worldwide by the year 2030, COVID-19 could have accelerated that prevalence (Hawes et al., 2022:3227).

Some studies indicate that there have been new incidences of MDD among the general population due to COVID-19-related stressors such as severe economic difficulties, general ill-health, and fear of death (Tundo, Betro & Necci, 2021:1; Hill, Nichter, Norman, Morland, Krystal & Pietrzak, 2023:945). However, due to the complex nature of MDD, it is difficult to attribute new cases of MDD specifically to COVID-19 (Solomou & Constantinidou, 2020:2; Tundo et al., 2021:2). Nevertheless, the effects of COVID-19 cannot be ignored (Solomou & Constantinidou, 2020:2).

Mental health care users (MHCUs) who had been suffering from MDD before the pandemic, were somewhat at a disadvantage as the pandemic brought more challenges to overcome in addition to pre-existing challenges (Tundo et al., 2021:2). Difficulties to regularly follow-up with their MHCPs could also have negatively affected their abilities to cope with the adverse effects of COVID-19 pandemic (Tundo et al., 2021:6; Dickerson, Katsafanas, Newman, Origoni, Rowe, Squire, Ziemann, Khushalani & Yolken, 2022:133). However, not all was lost as COVID-19 lockdown restrictions meant more rest and more family interactions (Tundo et al., 2021:2; Daniali, Martinussen, & Flaten, 2023:124).

2.2.3 The Aetiology of Major Depressive Disorder

The aetiological factors of Major Depressive Disorders (MDD) are complex. However, the biological, psychological, and social processes are thought to overdetermine the aetiology of

depression (Marx et al., 2023:2).

2.2.3.1 Biological Processes

Neurotransmitters such as norepinephrine, serotonin and dopamine are associated with Major Depressive Disorder (Jiang, Zou, Li, Gu, Dong, Ma, Xu, Wang & Huang, 2022:1-2). The reduction or dysregulation in the amount of these neurotransmitters is associated with MDD (Jiang et al., 2022:1; Correia & Vale, 2022:1; Arazi, Dadvand & Suzuki, 2022:118).

These neurotransmitters are known to be mediating emotions (Jiang et al., 2022:2). For example, dopamine is associated with the emotion of joy, norepinephrine with 'fear or anger' and serotonin with pathophysiology of depression (Jiang et al., 2022:2; Correia & Vale, 2022:3). Antidepressants such as Monoamine Oxidase Inhibitors (MAOIs), Tricyclic Antidepressants (TCAs), Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) exist for the treatment and management of these neurotransmitters and consequently, MDD (Kumari, Chaudhry, Sagot, Doumas, Abdullah, Alcera, Solhkhah & Afzal, 2024:2; Haider & Mehdi, 2024:71). However, SSRIs and SNRIs are commonly used compared to others due to having fewer severe side effects (Haider & Mehdi, 2024:71; Tan, Chen, Yan, Pan, Zhang & Hongyan, 2024:2; Abuhejail, Alzoman & Darwish, 2024:29-30; Mahmood, Wallace, Wiles, Kessler, Button & Fairchild, 2023:2).

2.2.3.1.1 Genetics factors

Children of individuals suffering from Major Depressive Disorder (MDD) have more chances of suffering from MDD (Marx et al., 2023:3; Zięba, Matosiuk & Kaczor, 2023:4; Gökdağ & Kiziltepe, 2023:259). The prevalence of MDD is higher among families with a history of MDD compared to the general population (Zięba et al., 2023:4; Gökdağ & Kiziltepe, 2023:259). This shows a need for an effective, holistic approach to the treatment of MDD, in an attempt to lessen the percentages of those that are at risk of having MDD.

2.2.3.2 Psychological Processes

Personality traits such as neuroticism, extraversion and conscientiousness are linked to depression (Gorgol, Waleriańczyk & Stolarski, 2022:107; Perkovic & Pechenkov, 2023:5; Weiss, Ginige, Shannon, Giribaldi, Murphy-Beiner, Murphy, Baker-Jones, Martell, Nutt, Carhart-Harris & Erritzoe, 2024:179). Life events and or stressors, and the environment, may

contribute to changes in personality (Gorgol et al., 2022:107). Some personality traits are evident from an early age, which may indicate the risk of depression, and earlier detection of personality may assist in early treatment (Gorgol et al., 2022:106; Weiss et al., 2024:179).

Negative emotions such as pain, sadness or anger, created by emotional traumatic events such as grief or abuse, are associated with mental disorders such as depression (Wahba & Hamza, 2022:97; Capitão, Chapman, Fillipini, Wright, Murphy, James, Cowen & Harmer, 2023:4801; Han, Li, Ke, Wang, Meng, Li, Cui & Tong, 2022:1; Zhang, Miao, He & Wang, 2022:1). Individuals struggling to cope with the emotional traumatic events, at worst, may attempt suicide, which is the devastating effect of depression (Wahba & Hamza, 2022:97; Klumpp, Chang, Bauer & Burgess, 2023:8; Han et al., 2022: 2; Jun & Jung, 2022:89).

2.2.3.3 Social Processes

MDD is associated with social factors. Adequate social support leads to a positive quality of life and mental health. Whereas inadequate social support leads to mental health challenges such as MDD (Özdoğan, Yalçin, Haspolat & Çelik, 2023:30; Siyal, Jiskani, Murtaza, Gul, Bhatti, Chandio, Dua e Suraya, Siyal, Nadeem, Abbas, Shaikh, Malik, Humayun, Shah & Shaikh, 2023:4; Herman, Patel, Kieling, Berk, Buchweitz, Cuijpers, Furukawa, Kessler, Maj, McGorry, Reynolds, Weissman, Chibanda, Dowrick, Howard, Hoven, Knapp, Kohrt, Mayberg, Pennix, Xiao, Trivedi, Uher, Vijayakumar & Wolpert, 2021:4).

There are common challenges in family relationships such as marriage distress and or parenting. If not addressed adequately, individuals may show signs and symptoms of MDD (Chen, Zhang, Yang, Zhang & Hu, 2023:278). When a family member suffers from MDD, other members are more likely to be affected and become at risk of MDD as well (Grangel, McMahon, Dunne & Gallagher, 2024:3). In a dysfunctional family where there are challenges such as substance-use, alcoholism, gambling etc, affected family members may be at risk of having MDD (Özdoğan et al., 2023:30).

The positive quality treatment of MDD, requires constant and adequate support from families, communities, and society. These social interventions may assist in addressing issues such as stigma and or discrimination and therefore improve the lives of those already affected by MDD and encourage others to seek assistance (Herman et al., 2021:4).

2.2.4 Risk Factors Associated with Major Depressive Disorder

2.2.4.1 General Life Stress

Chronic stress is associated with mental disorders such as depression. More than half of physical and mental disorders are having stress as a common risk factor. Most people experience stress in their lifetime, and if the stress is not addressed constructively, it may be chronic and lead to depression (Kim, Lee & Park, 2022:1; Zheng, Guo, Li, Yang, Liu, Zhang, Liu, Guo, Cao, Dong, Zhang, Chen, Xu, Hu & Cui, 2022:1400; Johnson, Skjerdingstad, Ebrahimi, Hoffart & Johnson, 2021:2; Ekici, 2023:407).

Several studies report that academic-related stress among university and or college students contributes to MDD (Zhang, Shi, Tian, Zhou, Peng, Shen, Li & Ou, 2022:547; Mushquash & Grassia, 2021:1; Rousseau et al., 2021). This is due to academic-related stress such as difficulties coping with the demands of the subjects and or modules, lack of financial resources, inability to adapt to a new environment, and or excessive responsibilities (Zhang et al., 2022:548; Mushquash & Grassia, 2021:1).

Work-related stressors such as unresolved conflicts, unsatisfactory remunerations, and long work hours, may lead to reduced job satisfaction, burnout, and poor work performance, which, if not addressed, may lead to mental health challenges such as depression (Agyapong, Obuobi-Donkor, Burback & Wei, 2022:1; Dabbagh, Alwatban, Alrubaiaan, Alharbi, Aldahkil, Almuteb, Alsahli & Almutairi, 2023:499).

Interpersonal relationship challenges such as partner violence may lead to excessive emotional trauma and stress, which may lead to disorders such as depression (Ford-Gilboe, Varcoe, Wuest, Campbell, Pajot, Heslop & Perrin, 2023:1541). Mostly, women are the victims of partner violence, which shows that women are more likely to experience chronic stress, which contributes to depression (Ford-Gilboe et al., 2023:1542). This is congruent with the research studies about depression being highly prevalent among females as compared to males (Marx et al., 2023:2). Almost anything can cause stress, but for this study, other stressful events were intentionally omitted, since the concept of stress does not form the primary basis of this study.

2.2.4.2 Chronic Conditions

Chronic conditions such as chronic pain, diabetes and HIV/AIDS are associated with MDD

(Marx et al., 2023:2; Van Vreede et al., 2022:1; Marks, Moghaddam, De Boos & Malins, 2023:339). The management of chronic conditions and depression simultaneously could lead to better responses (Oluboka, Katzman, Habert, Khullar, Oakander, Mclntosh, Mclntyre, Soares, Lam, Klaasen & Tanguay, 2023:145).

2.2.4.2.1 Chronic pain

There is a high prevalence of MDD among people suffering from chronic pain (Oluboka et al., 2023:146; Van Vreede et al., 2022:2). This suggests that the treatment of chronic pain should also include the screening and treatment of MDD (Van Vreede et al., 2022:2; Oluboka et al., 2023:146; Corlier, Tadayonnejad, Wilson, Lee, Marder, Ginder, Wilke, Levitt, Krantz & Leuchter, 2023:824). When there is a positive response to the treatment of MDD, the patient may respond better to chronic pain management (Van Vreede et al 2022:2; Oluboka et al., 2023:146).

When depression is not diagnosed and treated in an individual suffering from chronic pain, the individual may abuse chronic pain medication, which may lead to other comorbidities and or the individual may not adhere to chronic pain management plans due to negative emotions and therefore worsen the condition (Oluboka et al., 2023:146; Corlier et al., 2023:823).

Oluboka et al. (2023:145), report that, in 2017, low back pain, headache disorder, and depressive disorder, were the three leading causes of years lived with disability, globally. With depression estimated to be the leading cause of disability in this century, it is acceptable to assume that a combination of depression with low back pain will have detrimental effects on one's quality of life (Oluboka et al., 2023:146; Kern et al., 2023:2; Marwaha et al., 2023:141; Moitra et al., 2022:1; Fisher et al., 2023:163).

2.2.4.2.2 Diabetes

The association between Major Depressive Disorder (MDD) and diabetes is well documented (Marx et al., 2023:2; Deschênes, McInerney, Nearchou, Byrne, Nouwen & Schmitz, 2023:1; Berk, Köhler-Forsberg, Turner, Penninx, Wrobel, Firth, Loughman, Reavley, McGrath, Momen, Plana-Ripoli, O'Neil, Siskind, Williams, Carvalho, Schmaal, Walker, Dean, Walder, Berk, Dodd, Yung & Marx, 2023:370). The former can lead to the latter and vice versa (Deschênes et al., 2023:1; Berk et al., 2023:370).

There is a high prevalence of MDD among those with diabetes compared to the general population (Deschênes et al., 2023:1; Berk et al., 2023:370; Cuellar, 2023:4). The combination of the two has dire consequences such as high mortality rates and worse health outcomes (Berk et al., 2023:371; Cuellar, 2023:4).

Due to the bi-directional relationship between the two, clinicians should be aware of the presence of MDD while treating diabetes and managing holistically using a multi-disciplinary approach (Berk et al., 2023:378; Cuellar, 2023:4). Because, an individual suffering from diabetes with depressive symptoms, is more likely to have poor adherence to diabetes treatment, poor functioning in activities of daily living, and increased health costs, which will worsen the condition and the quality of life (Berk et al., 2023:370; Cuellar, 2023:4).

2.2.4.2.3 HIV and AIDS

There is a high prevalence of MDD among people living with HIV and AIDS compared to the general population (Mpinga, Lee, Mwale, Kamwiyo, Nyirongo, Ruderman, Connolly, Kayira, Munyaneza, Matanje, Kachimanga, Zaniku, Kulisewa, Udedi, Wagner & McBain, 2023a:1775; Mpinga, Rukundo, Mwale, Kamwiyo, Thengo, Ruderman, Matanje, Munyaneza, Connoly, Kulisewa, Udedi, Kachimanga, Dullie & McBain, 2023b:1). The combination of MDD and HIV/AIDS is detrimental, as it lowers the likelihood of receiving antiretroviral treatment (ART), worsen ART adherence and increases mortality rates (Mpinga et al., 2023b:1; Mpinga et al., 2023a:1775; Guareña, Kamalyan, Watson, Karcher, Umlauf, Morgan, Moore, Ellis, Grant, Cherner, Moore, Zlatar, Heaton & Marquine, 2023:2).

Sub-Saharan African countries such as Malawi, Kenya, and South Africa, have a high prevalence of HIV, which presumably could lead to the high prevalence of MDD (Mpinga et al., 2023a:1776; Mpinga et al., 2023b:1; Oyedun & Oluwatoyin, 2023:1; Mwangala, Nasambu, Wagner, Newton & Abubakar, 2022:57). Therefore, the treatment of HIV, should also include the screening and the treatment of depression to manage HIV successfully and to improve the quality of life (Zhao, Tang, Yan, Wang & Guo, 2023:1).

However, there is a challenge faced by clinicians in detecting depression symptoms among people living with HIV, due to HIV having similar symptoms to depression, which leads to the treatment focusing solely on HIV as opposed to both (Mpinga et al., 2023a:1775; Copenhagen & Duvenage, 2019:1). For example, fatigue and or social isolation, are common in both conditions (Vetkar, Sublok, Mukkannavar & Bembalgi, 2023:75; Mpinga et al., 2023a:1775;

Idris et al., 2023:1). Therefore, a multi-disciplinary approach is needed for the treatment of HIV.

2.2.4.3 Socioeconomic Status

The high prevalence of MDD is associated with low socioeconomic status (Jenkins, Sanchez, Miller, Allande, Urano & Pryor, 2023:784; Ju, Kim & Lee, 2023:53; Mpinga et al., 2023a:1776). The high unemployment rate in South Africa above 35 %, shows that more households have less or no income, which will increase the risk of having MDD (Stoddard, 2022:1).

The gap between the high and low-income populations continues to widen, which means that those in low-income settings continue to be at a disadvantage, and at a high risk of developing MDD (Jenkins et al., 2023:791; Mpinga et al., 2023a:1776). The presence of COVID-19 worsened the situation between 2020 and 2022 as many lost their sources of income (Jenkins et al., 2023:785).

At present, lower numbers of individuals suffering from MDD seek treatment (Booysen et al., 2021:1; Craig et al., 2023:2; Jenkins et al., 2023:791). Out of those few, a high percentage is those who can afford psychiatric services. This shows that the majority of low-income individuals with MDD did not receive treatment, which could lead to more episodes of MDD (Jenkins et al., 2023:791; Zhao et al., 2023:2).

2.2.4.4 Loss of a Loved One

People have experienced the loss of a loved one at some point in their lives. However, some people experience a longer-lasting level of grief, which can be accompanied by depressive symptoms (Cooper & Segrin, 2022:3; Huang, Birk & Bonanno, 2022:1). When no treatment has been received, individuals are more likely to experience deteriorating functioning in activities of daily living and poor quality of life (Huang et al., 2022:1).

Although losing a loved one is a natural part of life, coping with the loss is complex and unique to everyone, which creates a challenge for those providing care and management (Cooper & Segrin, 2022:3; Huang et al., 2022:1). However, when there is an improvement in the accessibility and effectiveness of psychiatric interventions, many may be assisted (Huang et al., 2022:2).

2.2.4.5 Gender

MDD is prevalent among females as compared to males (Marx et al., 2023:2; Shim, Hwang & Lee, 2023:199). Challenges such as hormonal changes, menstruation cycles, a high degree of sensitivity to issues, and being victims of abuse, increase the risk of MDD (Marx et al., 2023:2; Shim et al., 2023:199; Keynejad, Bitew, Sorsdahl, Myers, Honikman, Mulushoa, Demissie, Deyessa, Howard & Hanlon, 2023:2).

Destructive behaviour against women worldwide is undeniable, and it leaves serious harm among the victims (Longla, Ogum-Alangea, Van Hal, 2023:2; Keynejad et al., 2023:2; White, Sin, Sweeney, Salisbury, Wahlich, Guevara, Gillard, Brett, Allwright, Iqbal, Khan, Perot, Marks & Mantovani, 2023:1). In South Africa alone, gender-based violence and femicide have been on the rise (Interim Steering Committee, 2020:1). These various forms of harm, increase the risk of MDD among women (Keynejad et al., 2023:2; Longla et al., 2023:3).

It is therefore, vital that women are advised to screen for depressive symptoms when experiencing harmful situations, as early diagnosis of MDD may assist with proper treatment (Shim et al., 2023:200; Longla et al., 2023:18). Failure for early MDD diagnosis may lead to deteriorating functioning in activities of daily living and other comorbidities (Shim et al., 2023:200; Cordier, Chen, Chung, Mahoney, Martin, Dorozenko, Franzway, Moulding, Wendt & Zufferey, 2023:2).

2.2.5 The Impact of Major Depressive Disorder on an Individual

MDD also has an impact on the economy, social and health aspects of an individual (Mashaba, Moodley & Ledibane, 2021; Marx et al., 2023:2).

2.2.5.1 Economy

MDD, has cognitive consequences such as poor attention and poor memory, which are vital in properly executing work duties and coping with work activities (Tu et al., 2023:1069; Zhu, Tong, Pei, Zhang & Sun, 2023:2; Hammar, Ronold & Rekkedal, 2022:1). Those suffering from MDD, if not properly treated, are more likely to perform poorly at work and school (Zhu et al., 2023:2; Kriesche, Woll, Tschentscher, Engel & Karch, 2022:1105; Rousseau et al. 2021).

Those who are suffering from MDD, are more likely to be absent from work for longer periods, which may negatively affect the production at work (Roca et al., 2023:60; Greenberg, Chitnis,

Louie, Suthoff, Chen, Maitland, Gagnon-Sanschagrin, Fournier & Kessler, 2023:4465; Marx et al., 2023:15). When an employee has been on long-term sick leave, company is somewhat forced to look for a replacement. This may require new skills training at the cost of the company (Roca et al., 2023:60; Greenberg et al., 2023:4466).

Due to being away from work longer, work performance may decline, which may lead to inadequate quality of work (Greenberg et al., 2023:4465). At times, employees are somewhat forced to exit the workplace, which contributes to lower employment rates (Roca et al., 2023:60; Greenberg et al., 2023:4466). High rates of MDD at work combined with inadequate treatment, may affect the economy of an individual, the society and or the country (Roca et al., 2023:60).

2.2.5.2 Social

MDD is associated with impaired social functioning (Atta & Ghazi, 2023:2; Zhu et al., 2023:2; Hammar et al., 2022:2; Greenberg et al., 2023:4461). It significantly affects interpersonal skills as the person with MDD is more likely to be withdrawn with minimal communication (Hammar et al., 2022:2; Atta & Ghazi, 2023:2). This may have a negative effect on work life and personal life (Hammar et al., 2022:2; Atta & Ghazi, 2023:2; Marx et al., 2023:15).

One of the major symptoms of MDD is losing interest in pleasurable activities (Watson, Harvey, McCabe & Reynolds, 2020:489; Chamsil, 2023:2; Marx et al., 2023:1). These pleasurable activities include but are not limited to sexual relations, which are more likely to cause tension in marital functioning (Marx et al., 2023:15).

2.2.5.3 Health

Major Depressive Disorder is associated with poor health (Mashaba et al., 2021:2). It increases the years lived with disability (Berk et al., 2023:366; Mashaba et al., 2021:2). The years lived with disability due to MDD have increased by 58% from 1990 to 2013 (Mashaba et al., 2021:2).

MDD, has a bi-directional relationship with medical conditions such as cardiovascular diseases, diabetes, cancer, and other physical diseases (Berk et al., 2023:366; Berk et al., 2023:371; Cuellar, 2023:4). Those suffering from MDD are likely to develop destructive habits such as substance abuse, which is detrimental to the health of an individual (Berk et al., 2023:366).

If MDD is untreated, it may lead to poor quality of life, increased hospitalisations, and mortality (Berk et al., 2023:371; Cuellar, 2023:4). It may also lead to non-adherence to crucial treatments (Berk et al., 2023:366; Mpinga et al., 2023b:1; Guareña et al., 2023:2). At its worst, MDD may lead to premature death through suicide (Idris et al., 2023:1; Marx et al., 2023:2; Kern et al., 2023:2). More than half of those individuals who have attempted suicide, suffer from MDD (Kern et al., 2023:2; Wahba & Hamza, 2022:96).

More than half a million people die every year due to suicide globally (Wahba & Hamza, 2022:96). Suicide is the leading cause of death among teenagers and young adults (Wahba & Hamza, 2022:96; Idris et al., 2023:1). In South Africa alone, there are around twenty-three reported cases of suicides every day and the numbers continue to rise. These suicide cases are arguably because of MDD (Motsoari, 2021:1). This shows the urgent need to address MDD as a serious public health concern.

2.2.6. The Treatment of Major Depressive Disorder

2.2.6.1 Challenges Related to Major Depressive Disorder Diagnosis

Real-world situations make it difficult for a proper diagnosis of MDD to be made (Jiang et al., 2022:1; Malhi, Bell, Bassett, Boyce, Hopwood, Mulder & Porter, 2023:375). This is due to the presence of some MDD symptoms among other medical conditions (Malhi et al., 2023:375). For example, an individual with diabetes is more likely to present with symptoms such as changes in weight, sleep disturbances and difficulty concentrating (Malhi et al., 2023:375). This challenge contributes to many individuals being misdiagnosed when already having multiple episodes (Malhi et al., 2023:375).

The misdiagnosis or late diagnosis of MDD could be avoided if the treating clinicians normalise screening for MDD in their practices and refer to Specialists when necessary (Berk et al., 2023:378; Cuellar, 2023:4). The mental health care users (MHCUs) should also report the depressive symptoms to their treating clinicians (Malhi et al., 2023:375). Validated tools such as the Patient Health Questionnaire-9 (PHQ-9) and or Hospital Anxiety and Depression Scale (HADS) are easily accessible and can be utilised for screening of MDD (Bianchi, Verkuilen, Toker, Schonfeld & Gerber, 2022:596; Fernández-de-las-Peñas, Rodríguez-Jiménez, Palacios-Ceña, de-la-Llave-Rincón, Fuensalida-Novo, Florencio, Ambite-Quesada, Ortega-Santiago, Arias-Buría, Liew, Hernández-Barrera & Cigarán-Méndez, 2022:2).

It will take a consistent multi-disciplinary approach to improve the screening and management of MDD (Jeffrey, Bhanu, Walters, Wong, Osborn & Hayes, 2023: e392). Especially due to the bi-directional relationship between MDD and other medical conditions such as diabetes (Berk et al., 2023:378; Cuellar, 2023:4).

2.2.6.2 Challenges Regarding the Treatment of Major Depressive Disorder (MDD)

According to Booysen et al. (2021:1), in South Africa alone, approximately, 80% of individuals suffering from mental disorders such as depression do not receive treatment. Those that receive treatment, report difficulties such as, limited resources, financial difficulties and or harmful experiences (Booysen et al., 2021:2; Craig et al., 2023:2). The inadequate knowledge by primary health providers regarding mental disorders such as MDD leads to many individuals exiting the primary health settings without receiving mental health assistance (Jiang et al., 2022:1). The very low ratio of psychiatrists and other MHCPs to MHCUs, indicates the serious challenge in the treatment of mental disorders such as MDD (Van Rensburg, Kotze, Moxley, Subramaney, Zingela & Seedat, 2021:1).

2.2.6.3 The Quality of Major Depressive Disorder (MDD) Treatment

Quality treatment for MDD requires a multi-disciplinary team approach that consists of a specialist psychiatrist, a clinical psychologist, a psychiatric nurse, a social worker, and an occupational therapist (Uche, 2023:2; Feldman, 2023:3; Ekeblad et al., 2023:344). These MHCPs have different scopes of practices, which positively contribute to the mental health of those suffering from MDD.

The common treatment of MDD includes but is not limited to pharmacotherapy, cognitive behavioural therapy, psychotherapy and family involvement or supportive therapy (Dean, Eldering, Schoevers & Van Driel, 2024:2). Research studies show that a combination of pharmacotherapy and other therapies such as psychotherapy is more beneficial in inducing remission in MHCUs with MDD as opposed to only one type of intervention (Tu et al., 2023:1070).

The treatment of MDD can be done on both in-patient and out-patient basis. Hospitalisation is usually necessary when there is a risk of self-harm or a need for adjustments of medications (Schwartz et al., 2023:22; Sachs et al., 2023:1). The recommended minimum treatment length of MDD is six months (Kulisewa, Minnick, Stockton, Gaynes, Hosseinipour, Mphonda,

Sansbury, Udedi & Pence, 2023:5).

2.2.6.4 Pharmacotherapy

Antidepressants are common medications used in the treatment of MDD (Tu et al., 2023:1070). The specialist psychiatrist prescribes the medication by taking into consideration the medication history of mental health care users (MHCUs), comorbidities, and the efficacy and safety profile of the medication (Santi, Biswal, Naik, Sahoo & Rath, 2023:1; Zhu, Wu, Zhao, Wu, He, WaPeng & Fang, 2023:829).

The common antidepressants prescribed are Selective Serotonin Reuptake Inhibitors (SSRI), Selective Norepinephrine Reuptake Inhibitors (SNRI), Tricyclic Antidepressants (TCAs) and Monoamine Oxidase Inhibitors (MAOIs) (Mehdi, Manohar, Shariff, Wani, Almuqbil, Alshehri, Shakeel, Imam & Krishna, 2022:2; Jiang et al., 2022:1).

The challenge regarding antidepressants medications is that they have side effects such as weight gain, sexual dysfunction, gastro-intestinal issues, and other side effects (Da Cunha, Feter, Alt & Rombaldi, 2023:3; Tian, Hu, Xu & Wang, 2022:6). These side effects have the potential of negatively affecting the livelihood of MHCUs, who are already facing other difficulties (Tian et al., 2022:6). These side effects should be discussed with the MHCUs as they may contribute to non-adherence to medication (Dell'Osso, Albert, Carrà, Pompili, Nanni, Pasquini, Poloni, Raballo, Sambataro, Serafini, Viganò, Demyttenaere, Mclntyre & Fiorillo, 2020:2).

Where possible, antidepressants with lower detrimental side effects should be opted for (Agbo, Chima, Nwachuya, Enang, Okoye, Mbaji, Uzokwe, Ngige, Iwuchukwu & Okoloekwe, 2023:3). Non-adherence to treatment due to side effects and or other reasons such as poor insight, may result in the deterioration of the disorder and re-hospitalisation (Al Dameery et al., 2023:1; Dell'Osso et al., 2020:2).

The switching and or combination of antidepressants by psychiatrists has shown to be working (Sachs et al., 2023:1). The active involvement of other healthcare practitioners in the treatment of MDD is also vital as it could assist with managing some of the side effects. For example, being involved in an exercise programme drawn by the physiotherapist can assist with the management of weight gain and improve general physical function (Ross et al., 2022:2).

Other treatment models such as Electroconvulsive Therapy (ECT) have been regarded as better treatment for MDD for preventing recurrences and relapses (Dar, Vuthaluru, Folajimi, Maheshwari, Shah, Senaratne, Pizzorno & Ali, 2023:2). Electroconvulsive therapy (ECT) is mostly preferred when there is no remission after the initial treatment (Dar et al., 2023:1).

Research studies suggest that new treatment agents that have less detrimental effects on the MHCUs, should be considered and developed, that are more effective when compared to the traditional methods of treatments (Borissova & Rucker, 2024:38; Hawajri, Lindberg & Suominen, 2023:245; Mielacher, Scheele, Kiebs, Schmitt, Dellert, Philipsen, Lamm & Hurlemann, 2024:308).

However, most research studies focus more on the biological or pharmacological changes but less attention is given to the subjective experiences of the MHCUs who are the primary receivers or stakeholders of these developed and under-developing treatment agents.

2.2.6.5 Psychotherapy

Psychotherapy is one of the common therapies used in the treatment of MDD (Marx et al., 2023:9: Ekeblad et al., 2023:343; Lee, Choi, Shin & Suh, 2023:2). It is an effective psychological intervention for psychological, behavioural, and somatic problems (Ekeblad et al., 2023:343; Balint, Daniele, Langgartner, Reber, Rothermund, Gündel, Wietersheim, Buckley & Jarczok, 2022:2; Lee et al., 2023:2). It is aimed at changing the general level of functioning as well as reducing the symptoms of the disorder (Balint et al., 2022:2; Lee et al., 2023:2). It is believed that it helps those afflicted with MDD to recover quickly (Marx et al., 2023:9; Lee et al., 2023:2). It is regarded as the first line of treatment together with pharmacotherapy (Marx et al., 2023:9; Nabila, 2022:26). Studies report efficacy in the combination of psychotherapy and pharmacotherapy in the treatment of MDD (Marx et al., 2023:9; Tadmon & Olfson, 2022:110; Lee et al., 2023:2).

2.2.6.6 Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is effective in the treatment of MDD (Zarotti, Eccles, Broyd, Longinotti, Mobley & Simpson, 2023:1721; Cuijpers, Miguel, Harrer, Plessen, Ciharova, Ebert & Karyotaki, 2023:105). It is believed that people suffering from MDD have persistent negative thoughts about their situations (Zarotti et al., 2023:1721; Tseng, Chou, Chen & Chang, 2023:2). Mental Health Care Practitioners (MHCPs), use CBT to challenge the

negative perceptions and or thoughts of those suffering from MDD (Zarotti et al., 2023:1721; Ferguson, Rice, Gleeson, Davey & Hetrick, 2023:48; Tseng et al., 2023:2). CBT, is effective because, it is problem-oriented and focuses on the 'here and now' challenges (Zarotti et al., 2023:1721; Cuijpers et al., 2023:105; Tseng et al., 2023:2).

2.2.6.7 Supportive Therapy

Supportive therapy is "the integration of various psychotherapeutic approaches to provide therapeutic support" (Karulkar, 2020: p.302). It uses a combination of psychodynamic, cognitive behavioural therapy and interpersonal approaches (Karulkar, 2020:302; Hewitt, Kealy, Mikail, Smith, Ge, Chen, Sochting, Tasca, Flett & Ko, 2023:3). Supportive therapy aims at reducing symptoms, distress, and behavioural disruptions. It uses guidance, encouragement, affirmation, advice, confrontation, and interpretation to help the patient (Karulkar, 2020:302; Hewitt et al., 2023:3).

2.3 MENTAL HEALTH CARE USERS

Mental Health Care Users (MHCU) refer to "a person receiving care, treatment and rehabilitation services or using a health establishment aimed at enhancing the mental health status of a user…" (National Department of Health, 2023: p.10). The term mental health care user (MHCU) is used synonymously with the term, 'patient' (Priebe, 2021:328). However, MHCU is specific when referring to a person who specifically uses mental health care services. And the term, 'patient' is generalising. The term MHCU is preferred in this research study as it refers specifically to individuals suffering from mental health disorders known as MDD.

Mental health care practitioners alternatively, refers to "a psychiatrist or registered medical practitioner or a nurse, occupational therapist, psychologist or social worker who has been trained to provide prescribed mental health care, treatment and rehabilitation services" (National Department of Health, 2023: p.10). It is used synonymously with the terms, mental health care provider or mental health care professionals (National Department of Health, 2023:10). In this research study, the term mental health care practitioner is preferred.

2.4 PERCEPTIONS

Perception refers to, how we access the external world, the cognitive processes, and or conscious awareness (Morales & Firestone, 2023: 15). In this study, the researcher is interested

in the thinking patterns of mental health care users regarding treatment they are receiving for MDD. And how they make sense of the treatment that they are receiving. The perceptions of MHCUs regarding MDD treatment are vital to address the research problem.

2.5 EXPERIENCES

Experiences refer to "the fact of having gained knowledge through direct observation and or participation" (Merriam-Webster, 2023: p.1). In this study, the researcher was looking to establish the experiences of the mental health care users (MHCUs) with MDD regarding the treatment they are receiving at a tertiary institution.

2.6 CLIENT-CENTRED APPROACH

Client-centred approach is a non-directive approach developed by Carl Rogers (Renger, 2023:238; Ntege, Kasule, Owino & Mugizi, 2023:1557; Renger et al., 2020:4). It highlights non-directive principles such as empathy, unconditional positive regard, respect and is non-judgemental (Renger, 2023:238; Özdemir, Hall, Lovell & Ellahi, 2023:76; Smith, 2023:51). This approach emphasises the importance of putting the MHCU first in a therapeutic relationship (Özdemir et al., 2023:75; Smith, 2023:33). About this approach, only MHCUs can provide meaning for the type of treatment they receive. Clinicians provide the expertise but MHCUs provide meaning (Smith, 2023:47).

This type of research shows respect for the MHCU's experiences and perceptions (Özdemir et al., 2023:75; Fitri, Rasmanah & Kushendar, 2022:177). It trusts that the MHCU has abilities to bring positive change (Renger et al., 2020:5; Özdemir et al., 2023:75). It allows the researcher to see things from the perspective of the MHCUs (Renger et al., 2020:7; Özdemir et al., 2023:75). This type of research believes that the MHCUs have a say about the treatment they receive (Özdemir et al., 2023:75). The researcher follows the data provided by the MHCUs regarding MDD treatment to address the research problem (Renger, 2023:239).

2.7 CONCLUSION

This chapter provided discussions on Major Depressive Disorder, its prevalence, aetiology, risk factors, impact on individuals and its relation to COVID-19. The chapter further discussed the treatment of Major Depressive Disorder and described terms such as mental health care user,

perception, and experience. The chapter was concluded with a discussion of the client-centred approach. The following chapter will discuss the research methodology that was followed during the study.

CHAPTER 3. RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology refers to the logical, and systematic way of addressing a research problem (Khumalo, 2022:68; Poto-Rapudi, 2021:63). It provides a theoretical analysis of the methods used, how it was executed, and the whole process of addressing a research problem (Khumalo, 2022:69). In this chapter, the researcher discusses the research methodology followed, a qualitative research approach, grounded theory, research design, research methods, study setting, population, sampling, data collection and data analysis, ensuring rigour or trustworthiness in qualitative research and ethical considerations.

3.2 A QUALITATIVE RESEARCH APPROACH

Qualitative research is a type of social science research that is inductive (Ugwu & Eze, 2023:22; Mphaphuli, 2020:95). Qualitative research differs from the quantitative research approach because, the latter focuses on numerical values and the former focuses on the in-depth meaning and understanding (Taherdoost, 2022:54; Costa, 2023:69; Song, 2023:102). Qualitative research is vital in formulating, exploring, and understanding people's experiences, perspectives, and attitudes (Khumalo, 2022:69; Mphaphuli, 2020:92; Suwedi-Kapesa, Kinshella, Mitchell, Vidler, Dube, Goldfarb, Kawaza & Nyondo-Mipando, 2023:2). It focuses on the subjective meanings (Mphaphuli, 2020:99).

Qualitative research uses approaches such as ethnographic, narrative, phenomenological, and grounded theory (Molepo, 2023:37; Mphaphuli, 2020:92; Taherdoost, 2022:56). In this study, the researcher used a grounded theory approach to explore and understand the experiences and perceptions of mental health care users (MHCUs) suffering from Major Depressive Disorder (MDD) regarding treatment (Molepo, 2023:38).

Qualitative research allows the researcher to extensively explore and develop an in-depth understanding of the phenomenon (Khumalo, 2022:69; Molepo, 2023:36; Song, 2023:103; Makri & Neely, 2021:1). It broadens the researcher's capabilities and allows for a holistic interpretation of events (Khumalo, 2022:70; Ogutogullari, 2022:30; Mphaphuli, 2020:96). It assists the researcher in making interpretations of people's experiences, and perceptions, to understand meaning (Ugwu & Eze, 2023:20). It allows the researcher to understand the

research problem from participants' perspectives (Khumalo, 2022:69).

It is relevant in establishing the experiences and perceptions of MHCUs suffering from MDD regarding the treatment they are receiving in a public hospital. It provides an opportunity for the MHCUs to voice their experiences regarding the treatment of MDD since they are the main stakeholders of the research topic (Mphaphuli, 2020:93).

Qualitative research was chosen for this study because, it has a profound impact on the research area of health care, management, and or education (Ugwu & Eze, 2023:20; Suwedi-Kapesa et al., 2023:2). It provides the researcher with data from the participant's point of view (Makri & Neely, 2021:1).

The qualitative research study is naturalistic, and it comprises some of the following research methods that are relevant for this type of study; open-ended interviews, grounded theory, focus group discussions and observations (Ugwu & Eze, 2023:24; Mphaphuli, 2020:94; Taherdoost, 2022:55). This study, occurs in the natural setting of the MHCUs, since they attend to the treatment of MDD at the chosen public hospital frequently (Mphaphuli, 2020:94).

The qualitative research approach was flexible, which allowed the researcher to modify the interview questions as guided by the categories that emerged during open coding as data were collected and analysed simultaneously (Mphaphuli, 2020:98; Song, 2023:103).

3.3 GROUNDED THEORY

Grounded theory is associated with qualitative research approach (Molepo, 2023:37; Mphaphuli, 2020:92; Taherdoost, 2022:56). It was developed in 1967 by Glaser and Strauss (Mohajan & Mohajan, 2023:2). In addition to the aforementioned authors, Charmaz has also played a pivotal role in advancing the grounded theory approach (Mohajan & Mohajan, 2023:2; Molepo, 2023:38).

Grounded theory refers to a process whereby the researcher attempts to derive an abstract theory rooted in the views of the participants (Mohajan & Mohajan, 2023:2). It assists the researcher in establishing and exploring various experiences of the mental health care users (MHCUs) (Molepo, 2023:38).

Grounded Theory encourages the researcher to be 'hands on' or to be actively involved during the study (Molepo, 2023:40; Taherdoost, 2022:59; Costa, 2023:73). This includes observing

the environment where research takes place, being aware of the distractions, and making field notes. Experiences are also included, thought processes and engagements of the researcher by asking for clarity and evaluation from participants so that no information is lost (Molepo, 2023:38).

When using a grounded theory, data is collected and analysed simultaneously, which assists the researcher in identifying the gaps and making necessary adjustments to the interview questions (Molepo, 2023:40; Mohajan & Mohajan, 2022:8). As a result, a researcher should be flexible (Molepo, 2023:40; Mohajan & Mohajan, 2022:2).

Grounded theory uses a constant comparison method/analysis, which is a procedure for coding and category development (Molepo, 2023:40; Mohajan & Mohajan, 2022: pp2-3). It involves evaluating coded data and comparing it across categories and then patterns are identified (Mohajan & Mohajan, 2022:8). These patterns are refined as new data (Mohajan & Mohajan, 2022:8). It simply refers to, “comparing data with data, data with codes, codes with codes, codes with categories and categories with categories” (Molepo, 2023:39; Bingham, 2023:2). This is done until theoretical saturation is reached (Mohajan & Mohajan, 2023:11).

Theoretical saturation in grounded theory is a stage where new data does not warrant adjustment to existing categories (Ünlü & Qureshi, 2023:141). This is the point where collecting more data is counterproductive as additional data gets repetitive (Ünlü & Qureshi, 2023:141).

Grounded theory is relevant for this type of study because it allows mental health care users (MHCUs) to freely express their experiences and perceptions regarding the treatment of MDD. Due to its flexibility, the researcher manages to adjust the interview questions, use focus groups and observations, gather more information, and gain an in-depth understanding of the experiences of mental health care users (Burns et al., 2022:3; Mohajan & Mohajan, 2023:2; Molepo, 2023:39).

3.4 THE RESEARCH DESIGN

A research design is a roadmap used by the researcher to gather and analyse data while addressing a research question (Mogotsi, 2021:32). It ensures that the researcher is adhering to ethical standards while addressing research aims and objectives (Mogotsi, 2021:32). It guides the researcher to use research methods that are relevant and appropriate to the study subject

(Ogutogullari, 2022:30). It is a detailed representation on how the research will be approached (Khumalo, 2022:71).

3.4.1. Exploratory Design

An exploratory research design is a qualitative research design aimed at exploring a research problem (Khumalo, 2022:71). An exploratory research study assists the researcher in assessing existing treatment/s of MDD and generating an understanding of the experiences and perceptions of mental health care users (MHCUs) regarding the treatment that they are receiving (Khumalo, 2022:71; Ogutogullari, 2022:31; 29).

An exploratory research design, allows the researcher to gain an in-depth understanding and meaning of the experiences and perceptions of MHCUs (Khumalo, 2022:72). It allows for intense involvement by the researcher in collecting data (Poto-Rapudi, 2021:62). Open-ended interview questions and focus group discussions were used to assist with exploring the experiences of mental health care users in detail (Negasa, Human & Roro, 2023:3407).

3.5 RESEARCH METHODS

Research methods are specific steps, procedures, strategies and or processes that are employed in investigating a research problem (Khumalo, 2022:75; Ogutogullari, 2022:6; Poto-Rapudi, 2021:17). Research methods include study setting, population, sampling, data collection and analysis (Khumalo, 2022:75; Mphaphuli, 2020:104).

3.5.1 Study Setting

A study setting is a specific place where the research study will be conducted (Poto-Rapudi, 2021:63). A naturalistic environment that cannot be manipulated (Khumalo, 2022:75). The research study took place at a tertiary hospital in Tshwane District. It is an academic hospital situated in the township of Ga-Rankuwa, north of Pretoria, Gauteng, South Africa. It forms part of the public healthcare system. It is affiliated with Sefako Makgatho Health Sciences University and Nursing colleges. It has a general adult psychiatry ward and out-patient programmes among many wards available.

This hospital was selected because, it has a high intake of mental health care users. It is among the largest hospitals in South Africa in terms of beds and infrastructure available for mental

health care users. The types of services provided includes but not limited to psychiatric management, occupational therapy, psychotherapy, social work, and others.

3.5.2. Target Population

Population refers to a large group of people with characteristics that are of interest to the researcher (Mphaphuli, 2020:104-105). The researcher drew a sample from this group of people to investigate a research problem (Mphaphuli, 2020:104-105). The target population was the adult mental health care users (MHCUs) diagnosed with MDD as a primary diagnosis. The MHCUs were between the ages of 22 and 56 years during the study. The MHCUs receive MDD treatment as either in-patients or out-patients at a tertiary hospital in Tshwane District.

3.5.2.1 Eligibility for the Study

Eligibility criteria refer to the target population's characteristics (Mogotsi, 2021:10; Molepo, 2023:42). The eligible MHCUs were:

- The MHCUs with (MDD receiving MDD treatment at a tertiary hospital in Tshwane District. The MHCUs who were available and gave consent to participate in the study

3.5.2.2 Exclusion

Exclusion criteria refer to unwanted characteristics of the population (Mogotsi, 2021:10; Molepo, 2023:42). The excluded mental health care users (MHCUs) were:

- The MHCUs with other psychiatric disorders such as Bipolar Mood Disorders, Schizophrenia, Substance-Use dependency etc.

- The MHCUs who did not give consent to participate in the study

3.5.3 Sampling

Sampling refers to the selection and or the identification of a group of people of particular interest to the researcher for conducting a research study (Mogotsi, 2021:35; Ogutogullari, 2022:8). The representatives of the population under study (Jooste, 2022:13; 18).

3.5.3.1 Purposive Sampling

Purposive sampling is a non-probability sampling technique (Obilor, 2023:2; Thomas, 2022:1; Poto-Rapudi, 2021:19). Purposive sampling is generally used in qualitative studies (Poto-Rapudi, 2021:19). During purposive sampling, the researcher identified and selected the mental health care users (MHCUs) that satisfied the objectives of the research study (Obilor, 2023:4). The researcher identifies and selects the MHCUs that fit the eligibility criteria mentioned in subtheme 3.5.2.1 because they had the knowledge and experiences of MDD treatment (Obilor, 2023:4).

The researcher deliberately chose the MHCUs with MDD to acquire in-depth information to address the research problem (Obilor, 2023:4; Molepo, 2023:42). In addition to enabling the researcher to acquire in-depth information, purposive sampling is also cost-effective and less time-consuming (Thomas, 2022:5; Obilor, 2023:4). Purposive sampling is subjective, which minimises the margin of sampling error (Obilor, 2023:4). The researcher depends on their judgement to select potential participants (Khumalo, 2022:25).

3.5.3.2 Recruitment of Mental Health Care Users

The researcher used the assistance of an operational manager to identify the mental health care users (MHCUs) diagnosed with MDD and to commence with the recruitment of participants. A confidentiality, third-party agreement form was signed by the operational manager.

The psychiatric intervention at a tertiary hospital in Tshwane District consists of out-patients departments (OPD) and in-patient wards. The in-patient wards consist of female wards and male wards. The OPD and in-patient wards provide care and management for all kinds of psychiatric disorders.

The adult MHCUs use OPD services three times a week. The researcher was only interested in MHCUs diagnosed with MDD. The researcher depended on the operational manager to identify the MHCUs with MDD and then the researcher commenced with recruitment.

The participants were recruited while waiting for their turn to be seen by the MHCPs, while waiting for their medications to be dispensed and after they had received their medications and had time to spare for the interview. The recruited MHCUs were given a participant information sheet to read while waiting for their turn to be assisted by the MHCPs. This was done so that

the normal work routine of the MHCPs is not tempered.

While the recruit was reading a participant information sheet, the researcher took another recruit to an available room and explained the research study. The researcher allowed the recruit to ask questions for clarity.

The recruit who understood the research study and agreed to participate was requested to sign a consent form and an agreement to be recorded form, before the commencement of the interview.

At the end of the interview, the researcher called the next recruit who was already reading a participant information sheet, and determined whether the recruit understood the study. Explanations and clarity were provided. This process continued for the duration of data collection.

3.5.3.3 Sample Size

In grounded theory, sample size cannot be predetermined (Bekele & Ago, 2022:43; Molepo, 2023:41). Sample size is dependent on the evolving theoretical categories (Bekele & Ago, 2022:44). The researcher interviewed 17 participants before the theoretical saturation was reached (Bekele & Ago, 2022:44). Therefore, there was no need to continue collecting data (Molepo, 2023:41).

3.5.4 Data Collection Methods and Procedure

Data collection is the planned process of collecting data and it includes all the methods, materials and or equipment necessary to assist with collecting data that is relevant to the purpose of the study (Mogotsi, 2021:38; Khumalo, 2022:87; Molepo, 2023:43).

The researcher commenced with data collection on the 15th of August 2023 and concluded on the 09th of October 2023. The researcher interviewed 17 mental health care users (MHCUs). 11 female MHCUs and six male MHCUs. Data collection methods used in this research study were; observations, semi-structured open-ended interviews, and focus group discussions. Field notes were created by the researcher for the recording of own observations, thoughts, experiences, and responses of MHCUs during interviews. Data collection commenced after receiving the ethical clearance certificate approval from the University of South Africa's College of Human Sciences Research Ethics Review Committee. An ethical approval

certificate has been attached (Annexure 1).

Permission to conduct research at D a tertiary hospital in Tshwane District was granted by the Director of Clinical Services. The permission to conduct research letter has been attached (Annexure 2). The researcher liaised with the Head of the Department of Psychiatry and Operations Management, which made the study to be comfortable. Although the researcher conducted the research himself, it was advised, that the researcher use the services of a research assistant to assist with recruitment of participants, making field notes, and for quality control during collection of data. A confidentiality agreement with the research third parties form was signed by the research assistant. The sequence of data collection included observation first, interviews followed, and focus group discussions were the last methods.

3.5.4.1 Pilot Study

A pilot study was conducted in this research study to test the adequacy of the research instruments (Mogotsi, 2021:11). A pilot study is a preliminary, small-scale study that is used to assess and evaluate the practicalities of the main study (Mogotsi, 2021:38). It assists inexperienced researchers to adjust into the field of research. It allowed the research assistant to be familiar with the study and to manage expectations.

In this pilot study, three MHCUs were selected. Purposive sampling was used. Grounded Theory was used for data gathering and data analysis. The following methods of data collection were used; observation and interviews. The semi-structured open-ended questions were tested and adjusted. Focus Group discussions were not conducted during the pilot study, due to the lack of adequate space necessary to allow social distancing. The pilot study was necessary because it provided the researcher with much-needed insight into the practicalities of the study, including the research setting. The main study did not include the pilot study data and results.

3.5.4.2 Observations

Observation is one of the most important methods of data collection in social sciences and it is vital in acquiring an understanding of participants in their interactions with the world (Rinaldo & Guhin, 2022:47). The unstructured observations were made at the study setting to understand the natural setting of the participants. The unstructured observations were made during interviews as well. The non-verbal cues observed during interviews were followed up with questions to establish the thinking patterns of the participants. The participants consented to

observation using the informed consent form attached (Annexure 5). The field notes made during observations were compared with data gathered using interviews and focus group discussions, and themes or categories emerged.

The researcher observed that MHCUs at the out-patient department arrived around 08:00 am for psychiatric services; three times a week, Mondays, Tuesdays and Thursdays.

Mental health care users' queue to receive their files, to check for vitals and to see the MHCPs. Objectively, many MHCUs attended OPD on the aforementioned days. There was a high percentage of MHCUs suffering from other psychiatric disorders as compared to those with MDD. During the data collection period, two female MHCUs with MDD were admitted to the female ward. And five male MHCUs with MDD were admitted to the male ward.

3.5.4.3 Interviews

Interviews are important data collection tools in qualitative studies (Taherdoost, 2022:55). Interviews assist the researcher in understanding the MHCUs opinions, ideas, and experiences (Ugwu & Eze, 2023:26). Face-to-face individual interviews were conducted.

The languages used during data collection were English and Setswana. The MHCUs were allowed to choose the language that they preferred between English and Setswana. The options existed to enable the MHCUs to express themselves freely. The MHCUs understood basic English and therefore, there was no need to use a translator for the interview questions. Both the researcher and research assistant were proficient in both English and Setswana, which made the interviews flow.

Mental health care users (MHCUs) with MDD were recruited and those who gave consent were interviewed. The researcher conducted the interviews in the office used by the Operations Manager. Permission was granted by the Operations Manager and no inconvenience was caused on either side. The office provided a safe space to conduct the interviews and to uphold confidentiality.

The researcher interviewed the MHCUs while they were waiting for their turn to see a mental health care provider (MHCP) so that there would be no inconvenience caused. An interview schedule form with semi-structured questions is attached (Annexure 3).

Four MHCUs were interviewed initially, and their interviews were recorded. The recordings

were transcribed. The four transcriptions were analysed and categories emerged. The interview questions were adjusted according to the emerging categories.

Four more interviews were made with adjusted questions, recorded, and transcribed. More categories emerged and more questions emerged and were adjusted to the interview schedule. This process continued until data saturation was reached, which was after interviewing 17 mental health care users.

3.5.4.3.1 Communication skills

The following communication skills were applied during the interviews of the mental health care users:

- Active listening

  The researcher allowed the mental health care users to express themselves freely, without interjecting. The researcher made notes for follow-up questions about inconsistencies and asked questions for clarity. The researcher observed non-verbal cues such as facial expressions, and body language, and asked questions where necessary. The researcher used an interview schedule to be on track in addressing the research problem (Roberts, 2020:3195).

- Probing

  Probing assists with keeping the MHCU focused on the interview process (Roberts, 2020:3196). The researcher encouraged the interviewees to express themselves more by using phrases such as ‘tell me more.’ The researcher made use of verbal probes such as ‘yes’ or ‘uh-huh’, to show interest in what was being said and for the interview to flow (Roberts, 2020:3196).

- Paraphrasing

  Paraphrasing was used since most mental health care users (MHCUs) were non-native English speakers (Yahia & Ebert, 2023:306). Most paraphrasing was done in a mixture of Setswana and English for the MHCUs to comprehend what had been asked fully. The researcher paraphrased some questions to determine the consistency of responses and to explore the research questions, to get rich data.

3.5.4.4 Focus Group Discussions

The Focus Group Discussion is a research method for collecting qualitative data through group interactions (Ugwu & Eze, 2023:24). During the Focus Group Discussion, the researcher discussed and explored the study topic with the participants in-depth (Gundumogula, 2021:299). Focus Group Discussions were the last method used to collect data. The participants were interviewed individually and were recruited to participate in focus groups and those participants who gave consent became part of the focus groups.

Focus Group Discussions were necessary because they provided a platform for MHCUs to discuss something in common, which was the treatment of MDD, which they all had experienced. As other MHCUs were expressing their views, those who were initially reluctant felt encouraged to express themselves more. Focus Group Discussions, interviews, and observations were important in achieving triangulation of the research findings (McGill, McCloskey, Smith & Veitch, 2023:6).

Two Focus Groups were facilitated. The Focus Groups had four participants each. This was done to avoid having no room for social distancing among the participants during this time of COVID-19. An alternative venue was requested, which could accommodate at least five people and to exercise social distancing.

Focus Group discussion questions are attached (Annexure 4). And they do not differ much from the individual interview questions in subtheme, 3.5.4.3. The scheduled questions were added by follow-up questions to gather rich data.

3.5.4.5 Challenges Related to Data Collection

The researcher used the office used by the operational manager, which was enough for individual interviews but not enough for a focus group. There were disturbances from the nursing staff in the operational manager's office, which led to some interviews being paused until it was okay to resume. There were noises in the corridors due to the overflowing of mental health care users (MHCUs). The researcher informed the nursing staff that interviews are conducted and asked them to minimise using the operational manager's office as reasonably possible. The participants were also notified of the possibilities of nursing staff walking in and that they should not be distracted, and if it happens, we will pause and resume later.

3.5.4.6 Data Management

Informed consent forms, agreement to be recorded forms, and confidentiality forms, are placed in a locked cupboard at the researcher's home. All interviews and focus groups were recorded using a mobile phone voice recorder. All the recordings were transferred to the laptop and the USB after the interviews. The recordings were deleted from the mobile phone after transferring to a USB and laptop. The laptop was password-protected and only known by the researcher. The USB was safely placed in a locked cupboard at the researcher's home. The field notes created, were safely placed in a locked cupboard. The audio transcriptions, third parties' confidential forms, ethical clearance, and permission to conduct the study letters, were placed safely in a locked cupboard. Recordings will be deleted after five years and transcriptions shredded after five years.

3.5.5 Data Analysis

Data analysis is a process of interpreting collected research data about the research problem that is under study (Sukmawati, 2023:367). Data analysis in the grounded Theory approach uses the Constant Comparative Analysis (Molepo, 2023:40). Constant Comparative Analysis refers to a procedure for coding and category development (Molepo, 2023:40; Mohajan & Mohajan, 2022: pp2-3). It involves evaluating coded data and comparing it across categories and then patterns are identified (Mohajan & Mohajan, 2022:8).

There was an integration of the three data sets during data analysis. Field notes made during observations were compared with the transcriptions of interviews and the transcriptions of focus group discussions. The themes and or categories were developed on the three sets of data and they were compared. Similar themes or categories were grouped together. The questions arising from the overall data analysed as guided by the research problem, were added to the existing interview schedule, and were used in the next interviews.

Data analysis commenced after interviewing four mental health care users (MHCUs). In Grounded Theory, data collection and data analysis occur simultaneously (Molepo, 2023:40; Mohajan & Mohajan, 2022:8). According to Grounded Theory, data analysis has three main stages: open coding, axial coding and selective coding (Phillips, Tichavakunda & Sedaghat, 2023:3).

3.5.5.1 Open Coding

The researcher and the assistant researcher transcribed the first four interviews' recordings manually. The researcher used line-by-line coding and grouped similar data from all four transcriptions (Mohajan & Mohajan, 2022:10). Similar data group were categorised and compared to field notes from observations. The categorisations led to more questions. More questions were developed and added to the existing questions so that the researcher did not lose track of the research problem.

Four more interviews were done to address the emerging questions and to gather more data on the existing questions. One focus group was conducted with the same four mental health care users. The four interviews and focus group discussions were recorded and transcribed. The transcriptions were analysed using line-by-line coding. Similar data were grouped. Categorisations were made on the grouped data, and compared to field notes from observations. As categorisations were made, more questions developed. The researcher added the newly developed questions to the already existing questions.

Four more interviews were conducted to address recently emerged questions and already existing questions. One focus group was conducted with the same four mental health care users. The four interviews and focus group discussions were recorded and transcribed. The transcriptions were analysed using line-by-line coding. Similar data were grouped and categorisations was made. The categorisations led to more questions.

Five more interviews were conducted. Five instead of four because one more mental health care user (MHCU), who met the eligibility criteria, volunteered to participate in the study. A third focus group was not conducted since the mental health care users did not consent to it. The five interviews were recorded and transcribed. The transcriptions were analysed using line-by-line coding. Similar data were grouped and categorised and compared to field notes from observations. The researcher was of the opinion that the additional data were repeating itself and that no new categories were emerging and therefore, data collection was discontinued (Ünlü & Qureshi, 2023:141). The above-mentioned process occurred continuously, back, and forth, until data saturation was reached. Data saturation refers to when the same data is repeated and there is no longer new data relevant to the research study (Sosa-Díaz & Valverde-Berrocoso, 2022:2).

3.5.5.2 Axial Coding

The categorisations that emerged during open coding, as a result of grouping similar data, were compared. Similar categorisations were grouped and re-categorised and themes developed. The developed themes were compared to the data gathered, to determine whether the themes that emerged were the true reflection of the data gathered. The themes were compared with the categorisations, to determine whether the themes were a true reflection of the categorisations developed and whether necessary changes were made.

3.5.5.3 Selective Coding

Selective coding is the last step of data analysis in Grounded Theory (Phillips et al., 2023:3). The themes that emerged during axial coding were compared. Similar themes were grouped and new themes developed. Similar themes are referred to as sub-themes. The emerged themes as a result of comparing themes with themes, are the theoretical codes of the study. The researcher compared the theoretical codes with transcribed data gathered, categorisations, and sub-themes, to determine the connections, and an abstract theory developed. An abstract theory developed to explain the experiences and perceptions of mental health care users regarding the treatment of MDD. The study findings are detailed in Chapter 4.

3.6 TRUSTWORTHINESS

Four general criteria for ensuring the trustworthiness of a qualitative study approach include credibility, dependability, transferability, and confirmability (Bates et al., 2023:2).

3.6.1 Credibility

Credibility in qualitative studies refers to the truthfulness and confidence in the research findings and interpretations (Ogutogullari, 2022:12). The following strategies are important in ensuring credibility; prolonged engagement, persistent observation, triangulation, and member checking (Ogutogullari, 2022:12; Khumalo, 2022:27; Jooste, 2022:16).

3.6.1.1 Prolonged Engagement

Prolonged engagement refers to sufficient time invested in the research setting and with participants, to build trust and encourage honesty with the participants (Dado, Spence & Elliot, 2023:2; McGill et al., 2023:8; Lavee & Itzchakov, 2023:616). The researcher spent two days

at a tertiary hospital in Tshwane District, to familiarise himself with the study setting, to introduce himself to the staff, and to meet potential participants that were admitted at that time. When the researcher met the MHCUs at the Out-Patients Department, on day one of data collection, the staff was already familiar with the researcher. Upon meeting the MHCUs, the researcher introduced himself and used languages that they understood, to make them comfortable.

The researcher had informal conversations with the MHCUs, that were not recorded, to develop rapport (Ogutogullari, 2022:13; Lavee & Itzchakov, 2023:616). MHCUs emotional levels were determined through conversations before the interviews commenced. As a result, the researcher met with one MHCU who reported being unwell and the MHCU asked to be excused from participating.

There were two groups during recruitment. One group was outpatient group and they were sensitized a day before and data collection was done the next day. The second group which was in-hospital group was recruited at the same time and interviewed two days later to avoid interference with hospital workflow and prolong engagement.

3.6.1.2 Persistent Observation

Persistent observation refers to a plan of action aimed at gaining an in-depth understanding of the experiences and perceptions of MHCUs (McGill et al., 2023:8). The researcher made it clear to the MHCUs that the questions on the interview schedule were guidelines and that more questions would arise from the responses provided. The researcher noted the responses developed more questions and asked follow-up questions that were relevant to addressing the research problem.

3.6.1.3 Triangulation

Triangulation was attained by using various methods of data collection, various data sources and various investigators (McGill et al., 2023:6; Bans-Akutey & Tiimub, 2021:2; Zelĉãne & Pipere, 2023:4). This was done to gain a deeper understanding into the experiences and perceptions of MHCUs (McGill et al., 2023:6; Zelĉãne & Pipere, 2023:4).

The researcher recruited MHCUs who were in-hospital-admissions, 7 MHCUs and those who were out-patients, 10 MHCUs. The researcher used observations, semi-structured face-to-face

individual interviews, and focus group discussions, as various methods of collecting data. The researcher used the assistance of a research assistant for interpretation and discussion of field notes.

3.6.1.4 Member Checking

Member checking is attained through presenting data obtained to the mental health care users (MHCUs) for feedback (McKim, 2023:45; Humphreys, Lewis Jr, Sender & Won, 2021:857; Erdmann & Potthoff, 2023:1). Member checking ensures that the researcher interprets the MHCUs correctly (Enworo, 2023:377; Erdmann & Potthoff, 2023:1).

The researcher wrote down a summary of interpretations during interviews and compared them with the field notes of a research assistant. The summary of interpretations was shared with the MHCUs at the end of the interviews (Humphreys et al., 2021:857). The MHCUs were given an opportunity to comment on the summaries of interpretations, and, on whether the interpretations represented their personal opinions or not (Erdmann & Potthoff, 2023:1).

3.6.2 Dependability

Dependability is concerned with whether the research findings will be the same when this type of research study is executed in a similar context (Ogutogullari, 2022:39; Megheirkouni & Moir, 2023:849). Dependability also refers to the stability and consistency of the research findings over time (Awan, Yahya & Arif, 2023:69; McGill et al., 2023:5; Megheirkouni & Moir, 2023:849).

The researcher used a reliable mobile phone audio recorder. The interview transcriptions, the USB, the field notes including the interview interpretations, follow-up questions, the researcher's observations, thoughts, experiences, data analysis and any information related to the research study, were safely stored in a locked cupboard at the researcher's home. This was done so that if this study was repeated with similar participants in a similar context, the finding would be similar (Ogutogullari, 2022:13; McGill et al., 2023:5).

Additionally, enough time had been invested in executing this study (Dado et al., 2023:2). Various data sources, data collection methods and investigations involved have been mentioned in this research report (McGill et al., 2023:6). In addition to the guideline questions provided, follow-up questions were asked about participants' responses to gain a deeper

understanding (McGill et al., 2023:8). Researchers' interpretations of participants' responses were shared with participants for feedback (McKim, 2023:45). This ensured credibility of the research findings, and confidence that when this type of a study is executed in a similar context, the research findings would be the same (Ogutogullari, 2022:13; McGill et al., 2023:5).

3.6.3 Transferability

Transferability is attained when research findings are transferrable to different settings with other participants (Awan et al., 2023:69; Megheirkouni & Moir, 2023:849; Khumalo, 2022:119). The interview transcriptions provided clear descriptions of the experiences and perceptions of MHCUs suffering from MDD regarding treatment at a tertiary hospital. This was aided by the member checking principle discussed in subtheme 3.6.1.4. Furthermore, a thick description of the research problem and research findings was sufficiently detailed in this research report (Khumalo, 2022:119). Therefore, to some degree, the research findings of this study could be transferred to different settings (Awan et al., 2023:69; Megheirkouni & Moir, 2023:849; Khumalo, 2022:119).

3.6.4 Confirmability

Confirmability refers to the involvement of other researchers to validate the research findings (Awan et al., 2023:69; Megheirkouni & Moir, 2023:849). As mentioned in subtheme 3.6.1.3, the researcher used the services of a research assistant who had experience in qualitative research for interpretation and discussion of field notes. The researcher provided field notes, including observations, data analysis steps, and summaries of interpretations. Feedback from the participants, recordings, transcriptions, and any information related to the data collection and data analysis were handed to the external auditor (Molepo, 2023:58). A confidentiality agreement form was signed by the external auditor (confidentiality agreement with research third parties).

3.7 ETHICAL CONSIDERATIONS

The researcher received an ethical clearance certificate approval from the University of South Africa's College of Human Sciences Research Ethics Review Committee before the commencement of data collection. The ethical approval certificate has been attached (Annexure 1).

The Director of Clinical Services granted permission to conduct research at a tertiary hospital in Tshwane District. The permission to conduct research study was given, and an ethical certificate was issued, please find the attached (Annexure 2). The researcher liaised with the Head of the Department of Psychiatry and Operations Management, which made the study comfortable.

3.7.1 Ethical Principles

Research studies must be conducted based on ethical principles as follows (Molepo, 2023:15).

3.7.1.1 Autonomy

Autonomy refers to the provision of adequate information to the participants to enable them to make informed decisions (Zhang, Sankaran & Aarts, 2023:567; Niemczyk & Rónay, 2023:331; Khumalo, 2022:156). The participants were given enough information regarding the study. The participants were given enough information regarding the study. The participants were given the participant information sheet (attached as Annexure 6) to read, understand and they were allowed to ask questions for clarity. The participants were informed that; they had the right to decide whether to participate in the study; they had the right to pull out of the study at any point in time; their participation or lack of it, would not influence the care and management they were receiving at the time; and they were not coerced in any way and should they have felt otherwise, they would report to the Operations Manager (Khumalo, 2022:155; Mogotsi, 2021:46).

The informed consent form was developed (Annexure 5) and was signed by the participants before the commencement of the interviews. However, participants were assured that they had a right to withdraw from the interviews even after signing an informed consent form and without providing reasons. The in-hospital group of participants were admitted voluntarily before the study was conducted. They did not show any psychotic symptoms that could have affected their ability to consent. They showed reasonable comprehension and understanding of what the study was all about and what was expected from them.

3.7.1.2 Justice

Participants have the right to fair selection, fair treatment, and privacy (Khumalo, 2022:134). Purposive sampling was used to fairly select the participants. The researcher was specifically

looking for MHCUs that met the eligibility criteria mentioned in subtheme 3.5.2.1. Those who met the criteria were recruited for the study regardless of their age, gender, and race.

Participants' names and other sensitive information were not divulged by the researcher as guided by the POPI Act (Raaf, et al., 2022:280; Thaldar, Edgcumbe & Donnelly, 2023:2). The POPI Act is concerned with the protection of personal information (Thaldar et al., 2023:2). As a result, participants were referred to, as 'Participant A, B, C etc.' immediately and there was no trace of their real names.

The participants were consistently assured that the information provided would be used for research purposes only and nothing else. The treating MHCPs were not told anything regarding the participants.

3.7.1.3 Beneficence

Beneficence refers to the researcher's responsibility to do good (Cheraghi, Valizadeh, Zamanzadeh, Hassankhani & Jafarzadeh, 2023:2). The participants were provided with a participant information sheet to read (Annexure 6), which clearly outlined the study purpose and benefits. One of the benefits is that the participants' experiences and perceptions, including interpretations, are well-detailed in research findings, to make recommendations that, if implemented, could bring a positive change in the treatment of MDD.

3.7.1.4 Non-maleficence

Non-maleficence refers to the degree to which harm was caused during the study (Rodrigues, Ostyn, Mroz, Ronsse, Menten & Gastmans, 2022:6). The researcher tested the questions during the pilot study and feedback was requested from the participants on whether the questions were embarrassing, upsetting, degrading, stigmatising, and any information whatsoever that was deemed detrimental to the participants. No such information was received. The participants were assured during interviews that they would be allowed to withdraw from the interview at any point when they felt discomfort and there were no withdrawals. The participants were advised to see the psychiatric nurse and or social worker, for debriefing at the end of the interview to evaluate any possibility of harm that could have been caused by the researcher's questions (Olum, 2022:5). There was no report of anyone who consulted with a psychiatric nurse or social worker, which showed that the degree of harm was at a minimal level.

3.8 LIMITATIONS OF THE STUDY

This study focused on MHCUs with MDD as a primary diagnosis only. The research findings do not represent the experiences and perceptions of MHCUs with other psychiatric disorders. The participants could have been cautious with their responses as they were already in the hospital facility. In a different setting such as their homes, they could have provided more information.

3.9 CONCLUSION

This chapter provided detailed research methodology undertaken in this study. A detailed discussion on qualitative research approach, grounded theory, research design, research methods was provided. The study setting, population, sampling, data collection and data analysis, ensuring trustworthiness in qualitative research and ethical considerations, received attention. The following chapter will report on the research findings, presentation. and analysis.

CHAPTER 4. RESEARCH FINDINGS AND DATA PRESENTATION

4.1 INTRODUCTION

The previous chapter provided a detailed research methodology undertaken for this study. It also provided a detailed discussion of the qualitative research approach, grounded theory, research design, research methods, ensuring rigour in qualitative research, and ethical considerations. This Chapter presents the research findings. It provides the demographic information of participants and details of the themes, sub-themes, and categories that emerged during the data analysis.

4.2 DEMOGRAPHIC INFORMATION OF PARTICIPANTS

A total of 17 mental health care users (MHCUs) participated in this\ study. Female participants were 11, whereas male participants were six. The ages of the participants were between 22 and 56. Out of a total of 17 participants, seven were in-patients and 10 were out-patients, during data collection. The demographic information of participants is presented in Table 4.1.

Table 4-1 Participants demographic information

Participants	Age	Gender	Race	Years lived with MDD
Participant 1	37	Female	African	2 years
Participant 2	24	Female	African	2 years
Participant 3	27	Male	African	1 year 8 months
Participant 4	34	Male	African	11 years
Participant 5	29	Male	African	7 months
Participant 6	56	Female	African	4 years
Participant 7	53	Female	African	5 years
Participant 8	22	Female	African	2 months
Participant 9	27	Female	African	6 months
Participant 10	34	Female	African	2 months
Participant 11	43	Female	African	1 year
Participant 12	27	Female	African	2 years
Participant 13	53	Female	African	24 years
Participant 14	51	Female	African	1 year 8 months
Participant 15	37	Male	African	4 weeks
Participant 16	28	Male	Coloured	4 weeks
Participant 17	27	Male	Coloured	4 weeks

4.3 RESEARCH FINDINGS

This research study was conducted to establish and or to determine the experiences and perceptions of MHCUs suffering from Major Depressive Disorder (MDD) regarding MDD treatment. During the data analysis procedure that was discussed in Chapter 3, themes, sub-themes, and categories emerged as presented in Table 4.2. The quotes of the participants are also presented.

Table 4-2 List of themes, sub-themes, and categories

Themes	Sub-themes	Categories
Theme A	**Sub-themes A**	**Category A**
• The quality of MDD treatment	• The effectiveness of MDD treatment • Administration of mental health services	• Beneficial treatment • Multi-disciplinary interventions • Treatment challenges (lack of urgency, infrequency of therapy sessions, and negative attitudes of MHCPs) • Shortage of MHCPs
Theme B	**Sub-themes B**	**Category B**
• Medication efficacy	• The effects of side effects on wellbeing (physical, psychological, and social wellbeing) • Coping mechanisms	• Side effects of medication • Duration of medication usage • Quantity of medications
Theme C	**Sub-themes C**	**Category C**
• Holistic approach	• Addressing stigma • Creating awareness	• Knowing the signs and symptoms of MDD • Accepting MDD diagnosis • Imparting information regarding MDD

4.3.1 Theme A

4.3.1.1 The quality of MDD treatment

The participants' responses showed that the quality of MDD treatment was adequate and involved various therapy interventions such as pharmacotherapy, psychotherapy, occupational therapy, social work, and nursing management among others. This is what one of the participants had to say:

> *It [treatment of MDD] helped me a lot… ever since I got here, I have been helped. The treatment has helped me a lot. I had headaches, stress, hearing voices, dizziness but now I am fine.* (Participant 11)

> *…through the help of the social workers, psychologists and even going to the OTs [occupational therapists] and in the ward, being actively involved if there are games in the ward or through the interviews, it helps a lot, it alleviates things that are on my mind.* (Participant 14)

However, challenges such as lack of urgency, infrequent therapy sessions, negative attitudes toward MHCPs, and inadequate access to mental health services need to be addressed. Some of these challenges could be attributed to factors such as the shortage of MHCPs, administrative-related issues, and the complexity of mental illnesses such as MDD.

> *It takes a while to get follow-up appointments with them [mental health care practitioners].* (Participant 5)

> *…we only have sessions I think once or twice a week. More sessions will be helpful.* (Participant 1)

> *… [the staff] they are disrespecting us, and we came here because we are sick and we need help and it does not mean we are useless people, it is not right*. (Participant 6)

> *… I am staying far away; I do not even know if I can make it to the appointment [Participant 8 is from Tembisa]. It has been difficult for me to get help where I am from. My problem is the distance*... (Participant 8)

4.3.2 Sub-themes A

The following sub-themes emerged from grouping similar categories (category A): the effectiveness of MDD treatment and the administration of mental health services.

4.3.2.1 The Effectiveness of MDD Treatment

The current treatment of MDD was reported to be effective by most participants. The following participants had the following responses concerning the effectiveness of MDD treatment:

> *They are helping me to do something with my life. I have now opened a business of selling muffins… I have a business to run.* (Participant 2)

> … [*Occupational therapy] helping me to become occupational, learning how to work.* (Participant 3)

I never understood the importance of treatment until I got hospitalised again and took medication. Now I understand. (Participant 4)

[The] treatment has been good to me. It treats me well in so many ways. I am living because of the treatment. (Participant 6)

It helps because, I am always down to earth, no matter what happens or what comes my way, I can handle it, it is not like before. (Participant 10)

It [treatment of MDD] helped me a lot. I attempted suicide. Ever since I got here, I have been helped. The treatment has helped me a lot. I had headaches, stress, hearing voices, dizziness but now I am fine. (Participant 1)

It helps me not to fall into depression and it helps me to cope with my disorder. (Participant 17)

4.3.2.2 Administration of Mental Health Services

Some challenges that were reported could be attributed to administrative issues. The following responses by participants could be associated with administrative issues:

They must expand the facility, renew the infrastructure, more [physical] space for therapy. They should be closer to our homes [Participant 3 is from Randfontein]. (Participant 3)

It takes a while to get follow-up appointments with them [mental health care practitioners]. (Participant 5)

…the unavailability of staff and [since] the staff also arrives late. (Participant 7)

…and I am staying far I don't even know if I can make it to the appointment [Participant 8 is from Tembisa]. *It has been difficult for me to get help where I am from. My problem is the distance. I think if I was admitted I would get more help*. (Participant 8)

I stayed in casualty for 20 days and there were no beds in the ward. There were many of us without beds…If there was one bed available then they would take one, if there were two beds available then they would take two just like that. (Participant 10)

It is so challenging. Because I am not staying in the ward where we are having patients

with depression, we are just mixed. Some they are praying; some they are singing and I do not want noise. (Participant 13)

…since admission is my second week, I am still waiting for the social worker. I do not know whether he or she will still come and the psychologist... the sister said, the social worker is still busy because there are a lot of patients in the hospital, so I am still in the queue waiting for him or her to see me. (Participant 14)

4.3.3 Categories A

The following categories were grouped due to similarities; beneficial treatment, multi-disciplinary interventions, treatment challenges (lack of urgency, infrequency of therapy sessions, and negative attitudes of MHCPs and shortage of MHCPs).

4.3.3.1 Beneficial Treatment

The majority of the participants (n = 16), reported to have benefited from the general MDD treatment. These were some of the responses of the participants regarding MDD treatment:

…the treatment that I have been getting in this hospital has been okay so far. No complaints… I am happy with the treatment. (Participant 1)

The treatment of depression is alright. It is good. So far it is benefiting me a lot. (Participant 2)

The treatment assists me because I am living. It [has been] years and I am living. (Participant 3)

The treatment and everything are quite good, quite good. (Participant 4)

The treatment of depression in this hospital is okay. I am happy with the treatment that I am receiving. It helps me a lot. (Participant 7)

The treatment of depression is okay. I cannot complain. The treatment is working for me. I had headaches, muscle tension, panic attacks and I feel better now. It makes me feel better. (Participant 9)

It [treatment of MDD] helps my mood to be stable. It helps me not to be depressed too

much because there will be some days that I will not wake up on a good side. (Participant 12)

I will say being depressed is not a death sentence, through the help of the social workers, psychologists and even going to the OTs [occupational therapists] *and in the ward, being actively involved if there are games in the ward or through the interviews, it helps a lot, it alleviates things that are on my mind.* (Participant 14)

Only one participant reported some concerns regarding the MDD treatment. This is what the participant said:

Presently I cannot say it [MDD treatment] is assisting me. But it is just doing better… (Participant 13)

4.3.3.2 Multi-Disciplinary Approach

Participants reported to have attended various therapy interventions conducted by various MHCPs for the treatment of Major Depressive Disorder (MDD). The therapy interventions included but were not limited to; pharmacotherapy, occupational therapy, psychological therapy, social work, nursing care, and physiotherapy. The following are the words of participants regarding various therapy interventions.

After the conversation I had with the GP then he concluded that I might have depression. That is why he referred me to a psychologist. (Participant 1)

…the nurses are helping us with everything like issuing the treatment [medication], the OT [occupational therapist] helping us with everything that we need, the social workers as well, they are with us [helping us], the doctors [are helping us] … (Participant 4)

I attended a counselling session with a therapist…psychologist [and] I saw an OT [occupational therapist]. (Participant 10)

I attended occupational therapy, to assess my functioning level because at work they also wanted a report on how I am functioning… (Participant 13)

I will say being depressed is not a death sentence, through the help of the social workers, psychologists and even going to the OTs [occupational therapists] and in the ward, being actively involved if there are games in the ward or through the interviews,

it helps a lot, it alleviates things that are on my mind. (Participant 14)

We attend activity sessions and sometimes we go to physio to exercise, do some weight. (Participant 16)

4.3.3.3 Treatment Challenges

4.3.3.3.1 Lack of urgency

Participants reported a lack of urgency in the treatment of Major Depressive Disorder (MDD). The rate at which mental health care users (MHCUs) attend mental health care services is reported to be slow.

Participant 3 puts it this way;

…things tend to be slow. (Participant 3)

Other participants said:

It takes longer for us to get appointments. (Participant 1)

We wait a long time before being seen by the doctor. (Participant 2)

It takes a while to get appointment follow-up appointments with them [mental health care practitioners]. (Participant 5)

… since admission is my second week, I am still waiting for the social worker. I do not know whether he or she will still come and the psychologist… (Participant 14)

4.3.3.3.2 Infrequency of therapy sessions

Those participants that had been hospitalised, reported concerns regarding the frequency of therapy sessions.

More sessions. We only have sessions, I think, once or twice a week. More sessions will be helpful. (Participant 1)

More sessions are needed. Sometimes we can stay the whole week without attending a therapy session, which is not good (Participant 5)

We rarely attend sessions, since I came here, I attended one [1] individual session by the OT [occupational therapy] and one [1] group by the OT [occupational therapy] and I think that is why we stay long in the hospital (Participant 6)

Tasks for people who suffers from depression like me on a daily basis [are needed]. (Participant 10)

4.3.3.3.3 Negative Attitudes of MHCPs

Participants reported some concerns regarding the negative attitudes of mental health care practitioners (MHCPs), and this is what they had to say:

I am not happy with the way the nurses treat us. They disrespect us. The way they talk to us is not nice. We are undermined. And they lose our documents and blame us for losing them. (Participant 7)

…the way the staff addresses us is not good, it is like they are disrespecting us, and we came here because we are sick and we need help and it does not mean we are useless people, it is not right. (Participant 6)

…I have realised that 90% of the staff in the ward do not know anything about the mental health care users they are just here for the paycheque so if there would be enough staff that are trained it is going to be easier for them to treat us and for us to comply to the treatment… (Participant 14)

The treatment is fine is just that they must exercise patient's right. You must see other patients' point of view before jumping to conclusion… (Participant 16)

4.3.3.4 Shortage of MHCPs

Participants complained of the shortage of mental health care practitioners (MHCPs). This is what they said:

It would be nice if there were more psychologists and more OTs [occupational therapists] at the hospitals. I think they are short-staffed. More psychologists and more OTs will be helpful in public institutions. (Participant 1)

In my observation, the hospital is short-staffed. I do not know if the doctors do not want

to come to the wards or they are too busy but I believe they are short-staffed (Participant 5)

I will suggest that there should be more psychiatric nurses hired and who are skilled… (Participant 14)

4.3.4 Theme B

4.3.4.1 Medication Efficacy

The participants reported that the medications for MDD are effective. However, there were challenges such as the discomfort from side effects, and their negative effect on physical, psychological, and social wellbeing. Challenges such as the duration of medication usage, and the number of medications that was used was also raised.

The [medication]… assist me because I am living. It [has been] years and I am living. (Participant 3)

…[*medication] make me feel a bit tired... it does not want me to work a lot… I must rest, now and then*. (Participant 1)

… gaining weight [affects] … my self-esteem…even my partner, he told me that, he wants a slender, so the medications, when I am overweight, it is going to be a problem. (Participant 12)

we are supposed to take [medications] for a very long time. It is exhausting (Participant 6)

…If it is one or two pills once in a month then that will be manageable…the medication is too much... (Participation 9)

4.3.5 Sub-themes B

The following sub-themes emerged from grouping similar categories (Category B); the effects of side effects on one's physical, psychological, and social wellbeing; and coping mechanisms.

4.3.5.1 The Effects of Side Effects on Wellbeing

The participants revealed the effects of side effects on general wellbeing. The participants reported the following about the effects of side effects of medications on one's physical, psychological, and social wellbeing:

> *…if you have been depressed for a long time you will struggle to get jobs. I used to work at retail. I left because I was not coping due to medication. I was always sleeping, being late and lazy*. (Participant 7)

> *I sleep a lot and I am gaining weight… it puts my self-esteem down. Even my partner, told me that, he wants a slender, so the medications, when I am overweight, it is going to be a problem*. (Participant 12)

> *…I used to have milk in my breast and then when I told them they said it was just the side effects and imagine I do not even have children mara [but] I am having this milk because of depression, so it was not good for me*. (Participant 13)

4.3.5.2 Coping Mechanisms

The participants reported that, sometimes, the medications did not work as they should. As a result, MHCUs resorted to other mechanisms of coping. The following participants put it in this way:

> *I have been sleeping during the start of the medication but now I am struggling to sleep. I even use alcohol to sleep*. (Participant 5)

> *Sometimes I honestly do not take them [medications] and then I will take more at night so that I can sleep…also when I am going out, I do not take them [medications] so that I do not mix them with alcohol...the alcohol issue, it is not like I am addicted or anything, it is just to unwind. I am still young and I should enjoy myself*. (Participant 9)

> *If I am producing milk [side effects] and I do not have children, is better for me to stop the treatment and maybe go to a traditional healer who can help me or to somebody who can be a faith healer and pray for me*. (Participant 13)

4.3.6 Categories B

The following categories were grouped due to similarities, side effects of medications, duration of medication usage, and quantity of medications.

4.3.6.1 Side Effects of Medications

The majority of the participants (n = 15), reported to have experienced the side effects of medications. These are some of the responses of the participants regarding the side effects of medications:

> *Just fatigue. It [medication] makes me feel a bit tired... it does not want me to work a lot. Ya [Yes]. I must rest, now and then.* (Participant 1)

> *The thing that I would like to be removed from the medication is that it has a lot of side effects and like eish, most of it is side effects because when I take it is fine, it keeps me well and healthy but the only major problem that I am facing is side effects.* (Participant 4)

> *Ever since I am taking antidepressants, I have gained a lot of weight. I no longer look the way I used to look. I was good looking*. (Participant 7)

> *Eish, the side effects are a problem. I have gained weight. I am always tired and sleepy. I am lazy. I get to work late. And I do not want them to know I am taking medications. They will treat me differently. And I cannot afford to lose my job. I am the main provider at home*. (Participant 9)

> *I used to have so many side effects, I used to have milk in my breast*… (Participant 13)

> *Sometimes after taking them (medications), I feel sleepy, I feel drowsy, and sometimes I just feel like I do not want to take them anymore because I can feel in my body system that I am not myself before the treatment*. (Participant 14)

> *The Epilim is not helping us because it makes us pick up weight*. (Participant 17)

4.3.6.2 Duration of Medication Usage

Participants reported some concerns regarding the duration of medication usage. These are

some of the responses of the participants regarding the duration of medication usage:

> *…we are supposed to take these medications for a long time and that is frustrating*. (Participant 5)

> *The medications are tiring. We are supposed to take them for a very long time. It is exhausting*. (Participant 6)

> *…and not to take them [medication] for a very long time. I have been taking them for six months. It is too much*. (Participant 9)

> *… according to what the doctor told me, they [Medications] do not act fast, it will take so many weeks without boasting the mood…* (Participant 13)

4.3.6.3 Quantity of Medications

Participants report concerns over the number of medications that they take. These are some of the responses of the participants regarding quantity of medications:

> *We are taking more pills. Like I am taking six different pills.* (Participant 2)

> *I think if medication can be reduced, I can be able to cope with household duties and be able to return to work*. (Participant 7)

> *…If it is one or two pills once in a month then that will be manageable…the medication is too much. Something must be done*. (Participation 9)

> *The pills are many and it is difficult to know them, because it is different pills, even the colours, there are big ones, purple, there are small ones, white, yes so, I'm not sure about them, four or five pills… they are many and they are big, yes*. (Participant 12)

4.3.7 Theme C

4.3.7.1 Holistic Approach

Participants reported the importance of a holistic approach in treating MDD. However, some of the participants in this study experienced an inadequate holistic approach. This is what the participants said:

I have been to the social workers with children and a partner. They have been very helpful (Participant 6)

Family therapy [is needed] ...because some of them [family members] do not understand our sicknesses. (Participant 2)

My husband does not want to understand…he is suggesting that I stop drinking medications because when I am on medication, I do not have interest for intimacy…they have been calling him for sessions, but he is not interested. (Participant 7)

…we do not have a support system outside. When we are discharged, we are only depending on the hospital and then when I read some other countries, they have got support system for people who are depressed where they can go and ventilate their feelings, they share. (Participant 13)

4.3.8 Sub-themes C

The following sub-themes emerged from grouping similar categories (Category C); addressing stigma, and creating awareness.

4.3.8.1 Addressing the Stigma

The participants reported that stigma was a challenge for those suffering from (MDD). This is what they had to say:

The thing about depression is that it is not easy to talk to people about it because people think that you are weak and you cannot solve your problems and they look at you funny, the stigma is there and it is difficult to deal with it. (Participant 5)

Family sometimes can be your downfall. When you share with them your challenges, they will use them against you next time you disagree with them. They have a stigma. They look at you funny. It is tough. (Participant 8)

The doctors must explain to the family. When you tell them you have depression, they say you are weak. They contribute to my depression. (P9)

…with my boss at work I was afraid of the stigma because when people notice that I am suffering from depression, they thought I am failing to cope with life's demands…

(Participant 13)

4.3.8.2 Creating Awareness

The participants reported that there was a need to create awareness of MDD. This is what the participants said:

> *Awareness is needed. Because people do not know or understand depression*. (Participant 2)

> *My husband does not want to understand…he is suggesting that I stop drinking medication because when I am on medication, I do not have interest for intimacy…they have been calling him for sessions, but he is not interested.* (Participant 7)

> *I will say the awareness campaigns need to be done so that people out there who do not understand what we are going through can understand, there should be enough knowledge and the pamphlets should be given to the public to understand what is depression* (Participant 10)

4.3.9 Categories C

The following categories were grouped due to similarities, knowing the signs and symptoms of MDD, accepting MDD diagnosis, and imparting information regarding MDD.

4.3.9.1 Knowing the Signs and Symptoms of MDD

This is what the participants had to say regarding the signs and symptoms of MDD that they have experienced:

> *I was isolating myself; I was unable to sleep* (Participant 2)

> *I had headaches, muscle tension, panic attacks*... (Participant 9)

> *When I started, I felt like I wanted to be alone. So, the first time I was sitting alone in a dark room*… (Participant 12)

> *…sometimes I feel bored when I am around people, I feel stressed because other people do not understand what I am going through*… (Participant 14)

4.3.9.2 Accepting MDD Diagnosis

The participants reported the importance of accepting the diagnosis of MDD. This is what they had to say.

> *Depression is not a train smash. It is just like any other condition or sickness. With treatment, you can be normal again*. (Participant 8)

> *…I was in denial. So now I am starting to see that I do have depression and I want to take the treatment so that I get better*. (Participant 12)

> *With my experience at first, I used not to take them, because I used not to believe, when the doctor told me that I am suffering from Major Depressive Disorder, the diagnosis was too heavy for me*… (Participant 13)

4.3.9.3 Imparting Information Regarding MDD

The participants reported concerns that they did not receive sufficient information regarding the general treatment of MDD, including medications that they are receiving. This is what the participants had to say regarding information related to MDD diagnosis:

> *When you are new to this depression thing, you need more information because this journey can be confusing. I do not think they are giving more information. If you do not ask, you will not be told anything*. (Participant 5)

> *They are not giving us enough information. I can understand because I have been coming here for a while but others do not understand*... (Participant 7)

> *…more information should be given and the health education about the treatment* (Participant 14)

4.4 CONCLUSION

This chapter presented data from participants and the research findings. The themes, sub-themes, and categories that emerged during data analysis were presented with quotes from the participants. The following chapter will discuss the research findings in relation to literature, interpretations, recommendations, limitations of the study and conclusion.

CHAPTER 5. DISCUSSION OF FINDINGS, RECOMMENDATIONS, AND CONCLUSION

5.1 INTRODUCTION

The experiences and perceptions of mental health care users (MHCUs) regarding Major Depressive Disorder (MDD) treatment were presented in Chapter 4. This current chapter presents discussions of the research findings in relation to the literature. And it also provides recommendations, and limitations of this study. This chapter is the last on this report.

5.2 DISCUSSIONS OF THEMES, SUB-THEMES AND CATEGORIES

5.2.1 Theme A

5.2.1.1 The Quality of MDD Treatment

For the treatment of MDD to be classified as of good quality, it should benefit the MHCUs (Christensen, Mclntyre, Adair, Florea, Loft & Fagiolini, 2023:693; Marwaha, et al., 2023:141). In this study, the participants reported to have benefited from the MDD treatment received.

> *The treatment assists me because I am living. It [has been] years and I am living.* (Participant 3)

> *It [treatment of MDD] helped me a lot. I attempted suicide. Ever since I got here, I have been helped. The treatment has helped me a lot. I had headaches, stress, hearing voices, dizziness but now I am fine.* (Participant 11)

This study is similar to studies by Christensen et al. (2023:693), Alva (2023:521) and Marwaha et al., (2023:150), who established that the treatment of MDD should assist the participants reach full symptomatic and functional recovery. Furthermore, this study showed that the quality treatment of MDD involves various therapeutic interventions such as pharmacotherapy, psychotherapy, occupational therapy, social work, nursing management and others. This is supported by various studies such as Alva (2023:521), Marx et al. (2023:1), and Marwaha et al. (2023:141), who established that various therapeutic interventions are effective and form part of the recommended guidelines for the treatment of MDD.

However, in this study, there were some concerns regarding the consistency of various therapeutic interventions. These inconsistencies could be attributed to factors such as the shortage of MHCPs, which is a widely documented challenge (Hassem & Laher, 2022:2; Matseke, 2023:71). Therefore, there is an urgent need for efforts to improve the ratio of MHCPs to MHCUs as suggested by Matseke (2023:71) and Mumbauer, Strauss, George, Ngwepe, Bezuidenhout, De Vos and Medina-Marino (2021:2), to improve the quality of MDD treatment.

Once more, the quality treatment of MDD involves adequate access to mental health services, which was shown to be a challenge in this study. The issue of access to mental health services in South Africa is a serious burden as discussed by various authors such as Benjamin et al. (2021:1); Baker and Naidu (2021:1); and Sorsdahl, Petersen, Myers, Lund and van der Westhuizen (2023:2). It also negatively affects the treatment of MDD (Benjamin et al., 2021:1; Baker & Naidu, 2021:1; Sorsdahl et al., 2023:2).

In addition, the quality treatment of MDD involves adherence to ethical principles by the MHCPs (Health Professions Council of South Africa, 2021:9). However, the study showed that there have been questionable ethical standards by the MHCPs. This is congruent with studies by Dickens Schoultz and Hallet (2022:789); and Patel, Pal, Rahat, Yadav, Tiwari and Alam (2023:757) who established the continuous existence of stigma, negative attitude, and discrimination by MHCPs towards MHCPs.

5.2.2 Sub-Themes A

Sub-themes A consists of the following: the effectiveness of MDD treatment, and the administration of mental health services.

5.2.2.1 The Effectiveness of MDD Treatment

This study showed that the current treatment of MDD has been effective. And this is supported by the studies of Moshe, Terhorst, Philippi, Domhardt, Cuijpers, Cristea, Pulkki-Råback, Baumeister and Sander (2021:2), Christensen et al. (2023:693), and Zhao et al. (2020:886) who confirmed the effectiveness of MDD treatment.

Moshe et al. (2021:2) highlights the effectiveness of psychotherapy, Christensen et al. (2023:693) highlights the effectiveness of antidepressant therapy, and Zhao et al. (2020:886) highlights the effectiveness of exercises.

In this study, the participants reported having experienced diminished signs and symptoms of MDD, and an improved ability to cope with instrumental activities of daily living.

> *The treatment of depression is okay. I cannot complain. The treatment is working for me. I had headaches, muscle tension, panic attacks and I feel better now. It makes me feel better*. (Participant 9)

> *They are helping me to do something with my life. I have now opened a business of selling muffins…I have a business to run*. (Participant 2)

This is consistent with the studies of Malhi et al. (2020:791) and Christensen et al. (2023:693) who mention that the effectiveness of MDD treatment is seen when participants reach full symptomatic and functional recovery.

However, the effectiveness of MDD treatment is mostly viewed from the pharmacological perspective as confirmed by numerous studies (Paolini, Harrington, Colombo, Bettonagli, Poletti, Carminati, Colombo, Benedetti & Zanardi, 2023:1070; Simon et al., 2023:1; Ruberto, Jha & Murrough, 2020:1). The effectiveness of MDD treatment involves other forms of interventions as well, such as psychotherapy and or supportive therapy among others (Marx et al., 2023:1; Cuijpers, Noma, Karyotaki, Vinkers, Cipriani & Furukwa, 2020:92).

Although participants in this study reported inconsistency in engaging in various therapeutic interventions, the effectiveness of combining antidepressant medications and other forms of therapy, such as psychotherapy, cannot be ignored, as supported by various authors, such as Marx et al. (2023:1) and Cuijpers et al. (2020:92).

> *More therapy sessions are needed. Sometimes we can stay the whole week without attending a therapy session, which is not good*. (Participant 5)

> *We rarely attend sessions, since I came here, I attended 1 [one] individual session by the OT (occupational therapist) and 1 [one] group [session] by the OT (occupational therapist) and I think that is why we stay long in the hospital* (Participant 6)

Cuijpers et al. (2020:101) study about the effects of psychotherapies, pharmacotherapies, and their combination shows that pharmacotherapy alone has limited benefits as compared to a combination of treatment or various therapeutic interventions. This is congruent to this study because the research findings show that the various therapeutic interventions have been

effective, despite the concerns regarding the inconsistency of receiving these combined forms of treatment.

5.2.2.2 Administration of Mental Health Services

This study revealed concerns regarding the administration of mental health services. Concerns such as inaccessibility of mental health services, staff shortages, and infrastructure inadequacy were some of the leading administrative-related concerns, as reported in various studies by Truter (2023:24), Peters (2023:247), and Marx et al. (2023:10).

The Minister of Health in South Africa reports on progress related to accessing services of mental health (Minister of Health, 2023:7). The Minister mentions; (1) the development of guidelines at primary settings to assist with screening and management of MDD, (2) availability of psychiatric medications at primary settings, (3) mental health care training and skills development, (4) budget for contracted mental health care practitioners (MHCPs), and (5) the attachment of mental health services to general hospitals (Minister of Health, 2023:7).

However, this study shows that access to mental health services is still inadequate. Lucas (2024:41) and Stein, Shoptaw, Vigo, Lund, Cuijpers, Bantjes, Sartorius & Maj (2022:395) confirm this, as some participants travel far to access mental health services, and the primary settings near them were ill-equipped to provide them.

> *…and I am staying far I do not even know if I can make it to the appointment [Participant 8 is from Tembisa]. It has been difficult for me to get help where I am from. My problem is the distance*. (Participant 8)

This inadequacy of access to mental health care services is also acknowledged by the study of Stockton, Mazinyo, Mlanjeni, Nogemane, Ngcelwane, Sweetland, Basaraba, Bezuidenhout, Sansbury, Lovero, Olivier, Grobler, Wall, Medina-Marino, Nobatyi and Wainberg (2024:2) as they reported a need for the expansion of screening of mental health care services.

This study also showed the shortage of MHCPs in the treatment of MDD, which is supported by the study by Peters (2023:247), who declares the shortage of staff as “a century of history on a worldwide scale” (Peters, 2023:247). The shortage of staff negatively affected the quality of MDD treatment (Kiilu, Mandela, Ngei & Chemitei, 2024:36-37; Booysen et al., 2021:2).

The shortage of MHCPs led to challenges such as burnout, which was reported by Peters

(2023:247), Vogt Simms-Ellis, Grange, Griffiths, Coleman, Harrison, Shearman, Horsfield, Budworth, Marran and Johnson, (2023:7128) and Moses et al. (2024:1). This burnout leads to decreased job performance, the infrequency of therapy sessions, delayed follow-ups, and may contribute to the negative behaviour by the staff towards mental health care users (MHCUs) (Lopez-Del-Hoyo et al., 2023:5515; Peters et al., 2023:247; Vogt, 2023:7128; Moses, Dreyer & Robertson, 2024:1).

This study highlighted infrastructure inadequacy, which led to overcrowding and limited or inadequate mental health care services provision. This is supported by the studies by Mohammed, Melak, Bayou, Yasin, Zerga, Wagaye, Ayele, Asfaw, Kebede, Mekonen, Mihiretsu, Tsega, Addisu, Cherie, Birhane, Endris, Abegaz and Endawkie (2024:7), and Kim (2024:7), who mention the infrastructure inadequacy, and the latter reports the infrastructure inadequacy as a "long history of unequal healthcare infrastructure".

The Minister of Health acknowledges the infrastructure inadequacies in South Africa (Minister of Health, 2023:8). And they responded by attaching mental health services units to general health services, renovations, and refurbishments of existing psychiatric infrastructures (Minister of Health, 2023:7). However, this study showed that there was an urgent need for the expansion of infrastructure for mental health services due to the ever-increasing prevalence of MDD (Booysen et al., 2021:2).

5.2.3 Categories A

The following categories were grouped due to similarities as mentioned in Chapter 4; beneficial treatment, multi-disciplinary interventions, treatment challenges urgency, frequency of therapy sessions, attitudes of MHCPs and the shortage of MHCPs.

5.2.3.1 Beneficial Treatment

This study showed that the treatment of Major Depressive Disorder (MDD) had been beneficial. This is supported by Christensen et al. (2023:693), Marwaha et al., (2023:150) and Alva (2023:521), who established that for the MDD treatment to be beneficial, it should alleviate the presenting MDD signs and symptoms, and restore maximum functioning of the mental health care users (MHCUs), which were reported in this study.

5.2.3.2 Multi-disciplinary Approach

This study shows that the quality treatment of MDD requires a multi-disciplinary approach. A multi-disciplinary approach is well documented and encouraged by various studies, and it includes psychotherapy, occupational therapy, and social work, among others (Alva, 2023:521; Marx et al., 2023:1; Uche, 2023:2; Feldman, 2023:3).

MDD negatively affects various aspects of lives such as work, social, and or personal management (Gurung & Shrestha, 2023:1). A multi-disciplinary approach assisted with effectively addressing challenges in various aspects of lives with various scopes of practices (Tu et al., 2023:1069; Zhu et al., 2023:2; Hammar et al., 2022:2; Marx et al., 2023:15).

As mentioned by Cuijpers et al. (2020:101), pharmacotherapy alone, as mostly preferred, had limited benefits. However, a combination of treatments, which refers to a multi-disciplinary approach was more beneficial (Cuijpers et al., 2020:101; Marx et al., 2023; Tadmon & Olfson, 2022:110). Although this study showed an inconsistent multi-disciplinary approach, the effectiveness of various therapy interventions cannot be ignored.

5.2.3.3 Treatment Challenges

It is common knowledge that the quality treatment of MDD had challenges. This study showed challenges such as lack of urgency, infrequent therapy sessions, and negative attitudes of MHCPs.

5.2.3.3.1 Lack of Urgency

This study showed some concerns regarding the lack of urgency in the treatment of MDD. This lack of urgency is acknowledged by Alva (2023:521) and Marx et al. (2023:2) in their studies. The lack of urgency is contributed by factors such as the nature of the disorder, the response by MHCUs to medications or therapy and or the recommended guidelines of MDD treatment.

This study also showed the need for advanced and effective treatment modalities, to lessen the period for MDD treatment and for quicker improvement. This need is well documented and vital to lessen burdens associated with prolonged interventions such as finances, defaulting treatment, and job security among others (Alva, 2023:522; Hawajri et al., 2023:245; Marx et al., 2023:2; Marwaha et al., 2023:141).

5.2.3.3.2 Infrequent Therapy Sessions

This study showed infrequent therapy sessions, leading to uncertainties from the participants on whether their issues would be attended to or not.

> *…since admission is my second week, I am still waiting for the social worker. I do not know whether he or she will still come and the psychologist…* (Participant 14)

Infrequent therapy sessions can be attributed to issues such as the shortage or the unavailability of the MHCPs (Matseke, 2023:71).

Nevertheless, the quality treatment of MDD requires consistency as much as reasonably possible. This is supported in the study by Tseng et al. (2023:14), who investigated the effects of Mindfulness-Based Cognitive Therapy (MBCT) on MDD with multiple episodes. They reported that the execution of MBCT, five times per week for eight weeks yielded better outcomes (Tseng et al., 2023:14) than non-repetitive sessions. This confirmed the effectiveness of frequent therapy sessions.

5.2.3.3.3 Negative Attitudes of MHCPs

This study showed the existence of the negative attitudes of the MHCPs towards the MHCUs. The subject of negative attitudes by MHCPs is well documented and concerning (Dickens et al., 2022:789; McKenzie, Gregory & Hogg, 2022:2; Peñuela-O'Brien, Wan, Edge & Berry, 2023:176; Sreeram, Cross & Townsin, 2023:1112). Because it could contribute to defaulting treatment, and not seeking treatment, which could be detrimental to the mental health of participants.

This study showed an urgent need for the relevant authorities and decision-makers to intervene and address this challenge, as it violates the ethical principles that are necessary for the adequate treatment of mental health challenges such as MDD (HPCSA, 2021:9). This urgent need is supported by Dickens et al. (2022:789) study, who suggested "addressing disparities between MHCPs attitudes and those of MHCUs and more robust research to change attitudes…" (Dickens et al., 2022: p.789).

5.2.3.4 Shortage of MHCPs

This study showed the shortage of MHCPs in the treatment of MDD. This is consistent with

numerous studies since it is a well-known challenge and one of the common barriers to the provision of quality treatment of MDD (Peters, 2023:247; Hassem & Laher, 2022:2).

This shortage of MHCPs could be attributed to; the inadequate budget by the government towards the care and management of mental illnesses; universities and colleges not producing enough graduates, and the lack of interest towards mental illness practices from graduated health practitioners (Truter, 2023:19; Jordan, Iwu-Jaja, Mokoka, Kearns, Oamen, de Lange, Schutte & Naidoo, 2023:377).

Numerous studies show slow progress in addressing the shortage of MHCPs in the treatment of MDD (Matseke, 2023:71; Peters, 2023:247; Hassem & Laher, 2022:2; Truter, 2023:24). As a result, the South African Government responded, by suggesting mental health care training and skills development for community health care workers, and allocation of the budget for contracted MHCPs for the purpose of curbing the shortage of MHCPs (Minister of Health, 2023:7).

5.2.4 Theme B

5.2.4.1 Medication Efficacy

This study showed that MHCUs had benefited from the use of antidepressant medications.

> *It [medication] helps because, I am always down to earth, no matter what happens or what comes my way, I can handle it, it is not like before.* (Participant 10)

> *It [medication] helps my mood to be stable. It helps me not to be depressed too much because there will be some days that I will not wake up on a good side.* (Participant 12)

Various studies support this, showing that antidepressant medications could effectively manage MDD (Tu et al., 2023:1070; Paolini et al., 2023:1070).

Antidepressant medications have been used as the first-line of treatment for MDD for years (Paolini et al., 2023:1070; Lampela, Tanskanen, Lähteenvuo, Tiihonen & Taipale, 2024:42). Commonly prescribed antidepressant medications are; Selective Serotonin Reuptake Inhibitors (SSRI), Tricyclic Antidepressants (TCAs) and Monoamine Oxidase Inhibitors (MAOIs) (Mehdi et al., 2022:2; Lampela et al., 2024:42).

However, some of the participants in this study reported concerns regarding the efficacy of some antidepressant medications.

> *…we are supposed to take these medications for a long time and that is frustrating.* (Participant 5)

> *… according to what the doctor told me, they (medications) do not act fast, it will take so many weeks without boasting the mood…* (Participant 13)

This is supported by numerous studies which established that almost half of the MHCUs on antidepressants do not achieve remission (Marwaha et al., 2023:141; Lampela et al., 2024:42). Nevertheless, in this study, those who reported concerns were fewer than those who reported efficacy. This affirms the effectiveness of antidepressants in the treatment of MDD. This is consistent with Marx et al. (2023:11), as well as Borhannejad, Shariati, Naderi, Shalbafan, Mortezaei, Sahebolzamani, Saeb, Mortazavi, Kamalzadeh, Aqamolaei, Noorbala, Namazi-Shabestari and Akhondzadeh, (2020:2) studies, who reported that there was clinical improvement and efficacy with most antidepressants' usage, especially among older MHCUs (Marx et al., 2023:11; Borhannejad et al., 2020:2).

Cuijper et al. (2020:101) in their study, cautioned the sole use of antidepressants and encouraged the combination of antidepressants with other therapies such as psychotherapy for maximum efficacy (Cuijpers et al., 2020:101). This is congruent with this study as participants reported the benefits of various therapy interventions.

> *…the nurses are helping us with everything…the OT [occupational therapy] helping us with everything that we need, the social workers as well…[and] the doctors [are helping us] …* (Participants 4)

> *…through the help of social workers, psychologists, and even going to occupational therapy and in the ward, being actively involved if there were games in the ward or through the interviews, it helps a lot; it alleviates things that are on my mind.* (Participant 14)

In this study, many participants reported concerns regarding the side effects of antidepressant medications.

> *Just fatigue. It [medication] makes me feel a bit tired… it does not want me to work a*

lot (Participant 1)

Ever since I am taking antidepressants, I have gained a lot of weight. I no longer look the way I used to look. I was good looking (Participant 7)

I used to have so many side effects, I used to have milk in my breast… (Participant 13)

These concerns about side effects of antidepressants are well documented by Da Cunha et al. (2023:3) and Tian et al. (2022:6). And they may be barriers to full remission of the MHCUs (Dell'Osso et al., 2020:2; Alva, 2023:521). This study shows that these side effects among others, could negatively affect various aspects of lives including physical, psychological, and social well-being (Alva, 2023:521).

This study also showed the need for constructive coping mechanisms to manage challenges associated with the side effects of antidepressants. This is supported in the study by Close (2022:19-20), who mentioned various coping mechanisms such as pharmacotherapy adjustment treatment, effective lifestyle modification and dietary management among others (Close, 2022:19-20).

This study showed a need for the development of an alternative treatment that would be effective and reasonably quick to minimise prolonged use of medication and to minimise the side effects. This mentioned need is supported by numerous studies, that recommended a combination of medications, the development of new medications and an extensive focus on non-pharmacological treatments such as Electroconvulsive Therapy (ECT) (Sachs et al., 2023:1; Dar et al., 2023:1; Hawajri et al., 2023:245; Borissova & Rucker, 2024:38).

5.2.5 Sub-Themes B

Sub-themes B are the effects of side effects on well-being (physical, psychological, and social well-being) and coping mechanisms.

5.2.5.1 The Effects of Side Effects on Well-Being (physical, psychological, and social well-being)

This study showed that the side effects of antidepressant medications negatively affected the physical, psychological, and social well-being of the participants. This is supported by McLaughlin, Nikkheslat, Hastings, Nettis, Kose, Worrel, Zajkowska, Mariani, Enache,

Lombardo, Pointon, Consortium, Cowen, Cavanagh, Harrison, Bullmore, Pariante and Mondelli (2022:3289); Byth, Frijters and Beatton, (2022:3289), and Powel, Kumar, Galecki, Kabeto, Clauw, Williams, Hassett & Silveira, (2022:2226), who revealed the physical effects, psychological effects, and social effects caused by side effects of antidepressants respectively (McLaughlin et al., 2022:1; Powell et al., 2022:2226).

The commonly reported side effects were; weight gain, sexual dysfunction, gastro-intestinal issues, disturbed sleep, fatigue, etc. (Alva, 2023:521; Marwaha et al., 2023:141; Hashimoto, Takeuchi, Murasaki, Hiiragi, Koyama, Nakamura & Hashizume, 2023:26). This study shows that side effects of antidepressants caused distress among participants. For example, the side effects of weight gain could be associated with diseases such as obesity, diabetes and heart diseases, which is supported in the study by McLaughlin et al. (2022:3289).

The research findings revealed psychological challenges such as poor self-esteem and/or poor body image due to weight gain. This is supported in the study by Byth et al. (2022:1), which reported the correlation between obesity and poor self-esteem (Byth et al., 2022:1).

Sleep disturbances among participants were revealed in this study

> *I sleep a lot, and I am gaining weight…* (Participant 12)

> *I am always tired and sleepy…I get to work late…* (Participant 9)

These sleeping disturbances negatively affected work-related tasks and other instrumental daily tasks. This is supported by Boubekri, Lee, MacNaughton, Woo, Schuyler, Tinianov and Satish (2020:14) who revealed that sleep disturbance is associated with poor cognitive performance in their study of sleep duration and cognitive performance among workers (Boubekri et al., 2020:14).

Side effects such as fatigue, contribute to inadequate interpersonal relationships as affected individuals isolate themselves. This is supported by Powel et al. (2022:2226), who revealed that fatigue impacted the quality of life and led to loneliness (Powell et al., 2022:2226).

Other side effects such as sexual dysfunction, negatively affected romantic relationships. This is supported by Wang, Corsini-Munt, Dube, McClung & Rosen (2022:3), who revealed that individuals with sexual difficulties, may experience sexual-related distress, which could negatively impact their romantic relationships.

5.2.5.2 Coping Mechanisms

This study showed that when MHCUs experience uncomfortable side effects from the antidepressants, they were more likely to look for coping mechanisms. However, some of the coping mechanisms could be destructive such as alcohol intake. This is supported by the study of Chakravorty, Kember, Mazzotti, Dashti, Toikumo, Gehrman and Kranzler (2023:2) who established that disturbed sleep is accompanied by heavy alcohol consumption (Chakravorty et al., 2023:2). Alcohol was also identified as a contributor to MDD (Alsheikh, Elemam, El-bahnasawi, 2020:1).

This study showed that constructive management of side effects of medications was required to prevent non-adherence, and this is supported in numerous studies by Rothemore (2020:330-331), Guerra, Dias, Brilhante, Terra, García-Arévalo and Figueira (2021:5-6) and Close (2020:19).

In managing sexual dysfunction, Rothmore (2020:330-331), suggests some of the following; considering other causes of sexual dysfunction, allowing time for sexual dysfunction to subside spontaneously, dose reduction, switching to different antidepressants, and non-pharmacological treatments such as exercise and couples therapy (Rothmore, 2020:330-331).

In managing weight gain, Guerra et al. (2021:5-6) and Close (2020:20) suggest some of the following; dietary interventions, comprehensive lifestyle interventions, the inclusion of physical activity, and newer antidepressant agents with less weight gain effects.

In managing sleep disturbances, Ekholm et al. (2020:1568) suggested; cognitive behavioural therapy, pharmacological treatment and therapeutic use of compression and weight (Ekholm et al., 2020:1568). In managing fatigue, Close (2020:20) suggested the assessment of sleep patterns and counselling, pharmacological adjustments, and increased involvement in physical exercises (2020:20). Close (2020:19), also suggested pharmacological treatment for managing gastro-intestinal difficulties.

5.2.6 Categories B

The following categories were grouped due to similarities as mentioned in Chapter 4; side effects of medications, duration of medication usage, and quantity of medications

5.2.6.1 Side Effects of Medications

The research results showed that the side effects of medications were a serious concern to MHCUs and required urgent attention. This is supported in the study by Harel (2021:5-6), who established that side effects tend to emerge before the recommendable outcomes, and create barriers to MDD treatment, and they were problematic.

Participants in this study reported side effects such as; weight gain, sleep disturbances, fatigue, general physical discomfort, etc.

> …*the Epilim is not helping us because it makes us pick up weight*. (Participant 17)
>
> *There are some medications that are making me sick*. (Participant 4)
>
> …*I have a little saliva that comes out of my mouth and I shake a little bit*. (Participant 15)

The reported side effects are supported in the studies by Alva (2023:521), Marwaha et al., (2023:141) and Hashimoto et al. (2023:26).

This study showed that side effects affect the quality of life of the participants. This is supported by Harel (2021:6), who established that side effects may lead to a diminished quality of life (Harel, 2021:6). Aspects of life such as work, social and instrumental activities of daily living become affected (Boubekri et al., 2020:14; Powell et al., 2022:2226; Marwaha et al., 2023:141).

This study also showed that when MHCUs struggle to cope with side effects, they are more likely to default on medications. Harel (2021:5) supports this, establishing that side effects may cause non-compliance and that MHCPs should consider side effects before prescribing medications (Harel, 2021:5).

5.2.6.2 Duration of Medication Usage

The participants were concerned with the prolonged use of medications.

> …*we are supposed to take these medications for a long time and that is frustrating*. (Participant 5).
>
> *The medications are tiring. We are supposed to take them for a very long time. It is*

exhausting. (Participant 6)

This is supported by Kendrick (2021:23) and Donald, Partanen, Sharman, Lynch, Dingle, Haslam and Van Driel (2021:508), who established that MHCPs should review the long-term use of medications because adverse side effects may increase with longer use of medications.

It takes several weeks of usage of antidepressants for MHCUs to reach maximum efficacy (Alva, 2023:521; Marwaha et al., 2023:141; Christensen et al., 2023:141). And the median length of usage can be around two years, which could be too much (Kendrick, 2021:23; Lunghi, Antonazzo, Burato, Raschi, Zoffoli, Forces, Sangiorgi, Menchetti, Roberge & Poluzzi, 2020:1158).

This study revealed that prolonged use of antidepressants was exhausting and contributed to non-compliance. This is supported by Khan, Naqvi, Rizwan, Ansari, Emad, Khan, Akhtar, Syed, Ehsan and Moorad (2021:25), and Tijani Nunez, Singh, Khanna and Puri (2021:1) who revealed that MHCUs with MDD are likely to have difficulty adhering to medications due to prolonged use and could also lead to a relapse (Khan et al., 2021:25, Tijani et al., 2021:1).

5.2.6.3 Quantity of Medications

Participants in this study expressed concerns regarding multiple medication usage.

> *We are taking more pills. Like I am taking six different pills*. (Participant 2)

> *If it is one or two pills once in a month then that will be manageable and not to take them for a very long time.* (Participant 9)

> *I think if medication can be reduced, I can be able to cope with household duties and be able to return to work.* (Participant 7)

These multiple medications are referred to as polypharmacy, and sometimes, occur when MHCUs have other comorbidities (Doumat, Daher, Itani, Abdouni, El Asmar & Assaf, 2023:2; Wiersema, Oude Voshaar, van den Brink, Wouters, Verhaak, Comijs & Jeuring, 2022:86). These concerns are shared by Palapinyo, Methaneethorn and Leelakanok (2021:295), and Wiersema et al. (2022:86), who reported that polypharmacy is associated with adverse drug reactions and negative health outcomes.

Polypharmacy was also reported to reduce adherence. Doumat et al. (2023:2) and Mair, Wilson,

and Dreischulte (2020:661) support this, suggesting that MHCUs will default medications because they cannot cope with the associated side effects and financial implications.

5.2.7 Theme C

5.2.7.1 The Holistic Approach

The importance of a holistic approach towards MDD treatment was also revealed. A holistic approach refers to "consideration of all possible human components, their interaction, and the way they relate to one another" (Stebletsova & Scanlan, 2023: p.40).

Participants in this study were found to have experienced a holistic approach.

> *They [family] saw the social worker and the psychologist…and even the OT [occupational therapist], they were invited and then they also counselled them that with Major Depressive Disorder, anybody can have it in his or her lifetime…* (Participant 13)

> *I have been to the social workers with children and a partner. They have been very helpful*. (Participant 6)

A holistic approach includes collaboration with other professionals, to address challenges in various aspects of lives, and it is supported by Close (2020:20), Zhao et al. (2020:886), Guerra et al. (2021:5-6), and Marx et al. (2023:1), in their studies.

However, some participants in this study, experienced the inadequate holistic approach as they believed some of their stressors were not properly addressed. This showed that lack of a holistic approach may negatively affect the quality of life of participants as supported by the National Department of Health (2023:9), which suggested that holistic provision of care of MHCUs could be associated with quality life.

> *They must involve family. Our family do not understand depression. The doctors must explain this to the family. When you tell them [family] you have depression, they say you are weak and they contribute to my depression*. (Participant 9)

> *…my partner does not understand… he is suggesting that I stop drinking medication because when I am on medication, I do not have an interest in intimacy...* (Participant

7)

This study revealed that when a holistic approach is adequately executed, for example, calling all family members for family therapy, challenges such as stigma could be eradicated thus creating awareness. This is supported by Ramírez-Vielma Vaccari, Cova, Saldivia, Vielma-Aguilera and Grandón (2023:2), who suggested the importance of correcting negative attitudes towards people such as family.

5.2.8 Sub-themes C

Sub-themes C is addressing stigma and creating awareness.

5.2.8.1 Addressing Stigma

Participants in this study reported that stigma was a challenge for those suffering from MDD.

> *The thing about depression is that it is not easy to talk to people about it because people think that you are weak, and you cannot solve your problems and they look at you funny. The stigma is there, and it is difficult to deal with it* (Participant 5)

> *Family sometimes can be your downfall. When you share with them your challenges, they will use them against you next time…They have a stigma*. (Participant 8)

> *… with my boss at work I was afraid of the stigma because when people notice that I am suffering from depression, they thought I am failing to cope with life's demands…* (Participant 13)

The challenges related to stigma are well documented and are supported by numerous studies such as Kapadia (2023:857), Özaslan, Yildirim, Guney, Ílhan and Vostanis, 2023:2; Mawey, Karimah and Kusmiati, (2023:2), and Ramírez-Vielma et al. (2023:2), who established the presence of a negative attitude towards people suffering from mental health challenges such as MDD (Kapadia, 2023:857; Özaslan et al., 2023:1353; Ramírez-Vielma et al., 2023:2).

This study shows that stigma is present among members of the public, family, friends, colleagues, and healthcare practitioners. Studies by Kapadia (2023:857), Ramírez-Vielma et al. (2023:2), and Gould (2023:8) support this, establishing that stigma could negatively affect the quality of life of MHCUs.

This study showed that stigma contributes to non-adherence and people not seeking assistance. This is supported by Taheri, Shamsaei, Tapak, and Sadeghian (2021:32) and Shehu, Gommaa, Abdelateef, Anyebe, Argungun, Usman, Ayuba, Mustapha, Balarabe, and MuftahuSa'adu (2023:9), who established that stigma was one of the major barriers to accessing mental health care services and aggravated non-adherence.

5.2.8.2 Creating Awareness

The need to create awareness among those who are close to the participants and the public was prevalent during the study. This is consistent with the speech made by the Minister of Health in South Africa, Dr MJ Phaahla, on 10 October 2023, who reported the need to raise awareness of mental health challenges such as MDD, access to treatment, and the importance of support systems (Minister of Health, 2023:1).

The creation of awareness to eradicate stigma was one of the revelations. This is supported by the Department of Health, which reported that mental health awareness campaigns will educate the public and reduce the stigma associated with mental illnesses such as MDD (Minister of Health, 2023:2; National Department of Health, 2023:13).

Participants reported a need for various communication methods that could assist with preaching the message of awareness.

> *…they need to health educate the people, maybe the flyers, the posters so that people must know that depression is not a matter of not coping [inadequacies]…* (Participant 13)

> *I will say the awareness campaign needs to be done so that people out there who do not understand what we are going through there should be enough knowledge and the pamphlets should be given to the public to understand what depression is.* (Participant 10)

This is supported by Lunjalu's (2020:2) study, which reported that awareness creation could be done through various media platforms, government programmes, curricula at schools and social media (Lunjalu, 2020:2).

When people have knowledge and understanding of mental illness such as MDD, they may change their negative attitudes, and react differently to those suffering from the MDD

according to the study (Radwan & Emad, 2022:8).

5.2.9 Categories C

The following categories were grouped due to similarities as mentioned in Chapter 4; knowing the signs and symptoms of MDD, accepting MDD diagnosis, and imparting information regarding MDD.

5.2.9.1 Knowing the Signs and Symptoms of MDD

Knowing the signs and symptoms of MDD could assist with seeking treatment earlier rather than later, and MHCUs could also be able to notice when they were relapsing. This is consistent with the study by De Berardis, Olivieri, Rapini, Serroni, Fornaro, Valchera, Carano, Vellante, Bustini, Serafini, Pompili, Ventriglio, Perna, Fracticelli, Martinotti & Di Giannantonio (2020:2), who established that knowing the signs and symptoms or risk factors in MDD, could save lives.

MDD includes some of these symptoms; low mood, loss of interest in pleasurable activities, changes in weight and appetite, sleep disturbances, low energy levels, feelings of worthlessness, difficulty concentrating and suicidal thoughts (Marx et al., 2023:2). Some participants reported the following:

> *I was isolating myself; I was unable to sleep* (Participant 2)
>
> *…sometimes I feel bored when I am around people, I feel stressed because other people do not understand what I am going through…* (Participant 14)
>
> *I had headaches, muscle tension, and panic attacks*. (Participant 9)

The mentioned symptoms are supported by numerous studies and warrant MDD diagnosis if experienced for at least two weeks consistently (Idris et al., 2023:1; Nahar et al., 2022:2; Tu et al., 2023:1069; Marx et al., 2023:2).

5.2.9.2 Accepting MDD Diagnosis

The need for participants to accept the diagnosis of MDD was identified. This is supported by Riffel and Chen (2020:5), and Cripps and Hood (2020:112), who mention the importance of developing a positive attitude towards one's diagnosis and the ability to handle both strengths

and weaknesses associated with the diagnosis.

According to the study, accepting the diagnosis of MDD would lead to functional recovery. This is supported by Ma and Siu (2020:158) and Jonsdottir and Halldorsdottir (2023:1), who established that when MHCUs have accepted the MDD diagnosis, they are more likely to respond better to treatment.

5.2.9.3 Imparting Information Regarding MDD

The participants in this study reported that they had been receiving inadequate information regarding the general treatment of MDD.

> *When you are new to this depression thing, you need more information because this journey can be confusing…* (Participant 5)

> *… more information should be given and the health education about the treatment* (Participant 14)

The provision of adequate information is supported by the Batho Pele principles (Mokitimi, Jonas, Schneider & de Vries, 2023:4). And the lack of it is concerning because, the provision of information assists with improving the insight of the MHCUs, and encourages compliance (Sercu, 2022:2; Chan, Lin, Griva, Subramaniam, Ćelić & Car, 2022:2).

Information related to medication was also reported as inadequate by the participants.

> *I will say…the sisters [nursing staff] are different… sister x… will explain to me you are taking this pill, Risperdal, is for one, two three. Tomorrow is sister b, she … does not give us any information… how are you going to adhere to something you do not know about...* (Participant 14)

> *Explanation of medication…They are not giving us enough information. I can understand because I have been coming here for a while but others do not understand* (Participant 7)

This was concerning because the MHCUs ought to know the medication that they are taking, the reasons for intake, the duration of possible side effects, and alternative treatment if available to encourage adherence (Mojapelo, Modiba & Saurombe, 2021:11).

5.3 SUMMARY OF RESULTS

The purpose of this study was to explore the experiences and perceptions of the MHCUs with MDD regarding the treatment they were currently receiving at a tertiary hospital in Tshwane. It was also to make recommendations that, could bring a positive change in the treatment of MDD.

The study had the following research objectives;

- To explore the personal experiences of the MHCUs regarding the MDD treatment they are currently receiving
- To explore the perceptions of the MHCUs regarding the MDD treatment they are currently receiving and
- To make recommendations that, could bring a positive change in the treatment of MDD.

The qualitative research approach was used in this study to address the research problem, and the findings of this research study have been summarised with the following themes, as guided by the Grounded Theory Approach; Theme A (the quality of MDD treatment), Theme B (medication efficacy), and Theme C (holistic approach).

5..3.1 Theme A: (The quality of MDD treatment)

This study showed that the current treatment of MDD was effective and beneficial to MHCUs. Most MHCUs experienced symptomatic and functional recovery. The MDD treatment involved a multi-disciplinary team that used a variety of specialisations or scopes of practices to address various stressors of MHCUs.

However, the current treatment was not without challenges. This study showed challenges such as;

a. Inconsistency of various therapy interventions, which suggested that MHCUs may be discharged from the hospital without addressing some of their stressors, and this could lead to frustrations and relapses.

b. Shortage of MHCPs, which negatively affected the quality provision of mental health

services, as MHCPs experience burnout among other issues, and could exit the tertiary institutions, which could become detrimental to the provision of mental services.

c. Access to mental health services was still inadequate. However, some positivity is that the challenge had been acknowledged by the Department of Health and strategies had been placed. Hopefully, there would be rapid progress due to the ever-increasing prevalence of MDD.

d. Negative attitudes of MHCPs towards MHCUs were widely reported in this study. However, complaints could be subjective. Nevertheless, measures needed to be in place to assess the objectivity of the complaints so that the decision-makers should intervene.

5.3.2 Theme B: (Medication efficacy)

This study showed the efficacy of antidepressants in managing MDD. Most MHCUs reported to have benefited from the use of antidepressants. The antidepressants were used as first-line treatment for years and had been effective, especially with the combination of other forms of treatment.

However, there were challenges that were reported concerning the use of antidepressants. This study showed challenges such as.

a. Side effects of antidepressants which were well documented. These were barriers to the full recovery of the MHCUs. Common side effects included, but not limited to weight gain, sexual dysfunction, gastro-intestinal issues etc, and were reported by MHCUs in this study.

b. The effects of side effects on the well-being (physical, psychological, and social wellbeing) of MHCUs. For example, side effects of weight gain could be associated with diseases such as obesity, diabetes, and heart disease. Psychological challenges such as poor self-esteem and or poor body image due to weight gain; poor cognitive performance affecting work tasks and activities of daily living; and interpersonal relationships remained as challenges.

c. Due to the discomfort of side effects, MHCUs looked for coping mechanisms. Some of the coping mechanisms could be destructive such as alcohol intake. Constructive coping mechanisms included but were not limited to the changing of antidepressant

medications or doses, dietary management, comprehensive lifestyle interventions, counselling, and physical exercises.

d. Limitations of antidepressants were supported by numerous studies and show a need for the development of alternative treatments that would be effective and reasonably quick to minimise prolonged use of medications and to minimise the side effects. Non-pharmacological treatments such as Electroconvulsive Therapy (ECT) were not determined in this study and may be reasonably effective on other MHCUs.

5.3.3 Theme C (Holistic approach)

This study showed the importance of a holistic approach towards MDD treatment. A holistic approach requires collaboration with various professionals and is not only limited to psychiatric multi-disciplinary teams.

However, in this study, a holistic approach was inadequate. The lack of a holistic approach could negatively affect the quality of life of participants. A holistic approach may involve creating awareness, especially with close family members, to impart information and to eradicate stigma. This study shows that when the family and the public have developed knowledge and understanding regarding mental illness such as MDD, they are more likely to change their negative attitude, referred to as stigma. Awareness campaigns are important and can be best executed through the consistent involvement of the media, government, and social media.

This study revealed concerns regarding the impartation of information related to MDD treatment. Information regarding medications and the general treatment is important and could assist with improving insight into the condition of the MHCU and could lead to adherence to treatment. When MHCUs have adequate information, they are more likely to accept the MDD diagnosis, which could assist with full recovery.

5.4 RECOMMENDATIONS

5.4.1 Mental Health Care Providers

Theme A: The quality of MDD treatment

The research findings of this research study show that MHCPs should develop advanced, efficient, cost-effective treatment methods, to encourage accessibility in the treatment of MDD, and to promote maximum efficacy.

Theme B: Medication efficacy

Non-pharmacological therapies with minimum side effects should be considered.

Theme C: Holistic approach

The quality treatment of MDD should always involve consistent and a frequent multi-disciplinary team and or holistic approach, to address various areas of MHCUs' lives to promote total recovery.

5.4.2 Decision-makers

The relevant decision-makers such as the National Department of Health, Provincial Health Departments, and Municipal Health Departments, should address the administrative-related challenges raised in this study. They should advance the processes in accessing mental health care services and improve the psychiatric services in the primary settings to alleviate pressure in tertiary settings. They should also consider; increasing the ratio of MHCPs towards MHCUs through more recruitment of MHCPs, construction of more psychiatric facilities and more budgeting in awareness campaigns. They should also, put strict measures to encourage ethical behaviour by MHCPs.

5.5 CONTRIBUTIONS OF THE STUDY

Literature shows that more attention is given to improving the efficacy of pharmacological treatment. However, there is scarce literature focusing on the overall subjective experiences and perceptions of MHCUs regarding MDD treatment. This study provided the subjective experiences and perceptions of the MHCUs with MDD regarding treatment. It also contributes

to the body of knowledge of research in the care and management of MHCUs with MDD.

5.6 LIMITATIONS OF THE STUDY

This research study focused on MHCUs with MDD as a primary diagnosis. The research findings do not represent the experiences and perceptions of all MHCUs with other psychiatric disorders. The participants could have been cautious with their responses as they were already in the facility of the hospital. In a different setting such as their homes, they could have provided more information.

5.7 FIELD OF FURTHER STUDY

More research on the subjective experiences of mental health care users (MHCUs) suffering from various psychiatric disorders such as schizophrenia, Bipolar Mood Disorders, and others, regarding general psychiatric treatment is needed.

5.8 CONCLUSION

This study explored the experiences and perceptions of the MHCUs with MDD regarding treatment. The research findings showed that the current MDD treatment is acceptable. However, some challenges should not be ignored and should receive urgent attention of the relevant stakeholders. This study also presented discussions of the research findings about the literature. It also provided the summary, recommendations, contributions, limitations, and field of further study.

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ANNEXURE 1: ETHICAL CLEARANCE UNIVERSITY OF SOUTH AFRICA

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

19 July 2023

NHREC Registration # :
Rec-240816-052
CREC Reference # :
46963774_CREC_CHS_2023

Dear Mr Frans Mmakwena Lekoloane

Decision:
Ethics Approval from 19 July 2023 to 19 July 2024

Researcher(s): Name: Mr. F. M. Lekoloane
Contact details: 46963774@mylife.unisa.ac.za
Supervisor(s): Name: Mr. M. T. Mamahlodi
Contact details: Mamahmt@unisa.ac.za

Title: THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MDD REGARDING TREATMENT

Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The ***medium risk application*** *was reviewed by* College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions 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 should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

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4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. 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. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(19 July 2024).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **46963774_CREC_CHS_2023** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature: 

Prof. KB Khan
CHS Research Ethics Committee Chairperson
Email: khankb@unisa.ac.za
Tel: (012) 429 8210

Signature: PP 

Prof ZZ Nkosi
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ANNEXURE 2: PERMISSION TO CONDUCT STUDY

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Dr. George Mukhari Academic Hospital

Office of the Director Clinical Services
Enquiries : Dr. C Holm
Tel : (012) 529 38767
Fax : (012) 560 0099
Email:Christene.Holm @gauteng.go.za
keitumetse.mongale@gauteng.gov.za

To Mr F.M Lekoloane
Department of Psychology
University of South Africa

Date :27 July 2023

PERMISSION TO CONDUCT RESEARCH:GP_ 202307_067

The Dr. George Mukhari Academic Hospital hereby grants you permission to conduct research on "The experiences and perceptions of Mental Health Care Users suffering from MDD regarding treatment" at Dr George Mukhari Academic Hospital

This permission is granted subject to the following conditions:

- ☑ That you obtain Ethical Clearance from the Human Research Ethics Committee of the relevant University
- ☑ That the Hospital incurs no cost in the course of your research
- ☑ That access to the staff and patients at the Dr George Mukhari Hospital will not interrupt the daily provision of services.
- ☑ That prior to conducting the research you will liaise with the supervisors of the relevant sections to introduce yourself (with this letter) and to make arrangements with them in a manner that is convenient to the sections.
- ☑ Formal written feedback on research outcomes must be given to the Director: Clinical Services
- ☑ Permission for publication of research must be obtained from the Chief Executive Officer

Yours sincerely

DR. C. HOLM
DIRECTOR CLINICAL SERVICES
DATE:

2023 -07- 27

ANNEXURE 3: INTERVIEW SCHEDULE FORM

UNISA university of south africa

Data collection tool(s) (interview questions/schedule)

Research title:

THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MDD REGARDING TREATMENT

Researcher
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Chairperson of College Research Ethics Committee
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012 429 6173

The following open-ended questions guide the study:

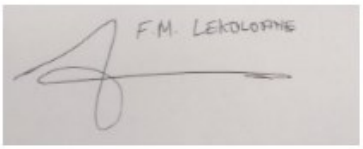
- *Examples of open-ended questions for the study:*

  - Please share with me about your experiences regarding the treatment of MDD.
  - What do you think about the overall treatment that you are receiving?
  - How does the treatment assist you?
  - What types of sessions are you attending? Tell me more about them. How do they help you?
  - How long have you been admitted or how long have you been attending the treatment?
  - What is it that you wish can be changed in the treatment that you are receiving?
  - What is it that you wish can be added to the treatment that you are receiving?
  - What should be removed from the treatment that you are receiving? Please explain.

- Any suggestions regarding the MDD treatment?

Thank you.

Student Name: **Frans Mmakwena Lekoloane**



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ANNEXURE 4: FOCUS GROUP DISCUSSION QUESTIONS

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Focus group questions

Research title:

THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MDD REGARDING TREATMENT

Researcher
Frans Mmakwena Lekoloane
3314 Clinton Section, Mmotla, Hammanskraal, 0400
46963774@mylife.unisa.ac.za
0605744266

Chairperson of College Research Ethics Committee
Prof KB Khan
College of Human Sciences
Theo van Wyk building 04-26, Unisa Main Campus, Muckleneuk, Pretoria, 0003
khana@unisa.ac.za
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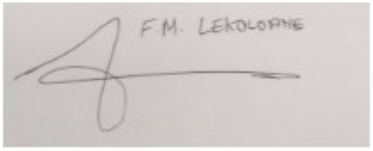
The following questions will be used:

- What do you all think of the major depressive disorder (MDD) treatment in Dr George Mukhari Academic Hospital?
- What types of interventions or sessions you are attending?
- How long have you been attending the interventions or sessions available in the hospital?
- Which interventions or sessions benefited you the most?
- Which interventions or sessions did you find unhelpful?
- What is it that needs to be changed about the MDD treatment?
- Any suggestions regarding the treatment of MDD?

Name: **Frans Mmakwena Lekoloane**



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ANNEXURE 5: AN INFORMED CONSENT FORM

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CONSENT TO PARTICIPATE IN THIS STUDY

Researcher
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0605744266

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

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

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

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty.

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 observations, recording of the interview and recording of focus group discussions.

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

Participant Name & Surname …… (please print)

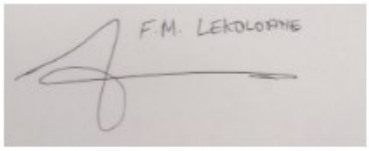
Participant Signature : ……

Date : ……..

Researcher's Name & Surname: **FRANS MMAKWENA LEKOLOANE**

Researcher's signature: FM LEKOLOANE

Date: ……



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ANNEXURE 6: PARTICIPANT INFORMATION SHEET

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PARTICIPANT INFORMATION SHEET

Researcher
Frans Mmakwena Lekoloane
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0605744266

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Date:

Title: THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MAJOR DEPRESSIVE DISORDER REGARDING TREATMENT

Dear Prospective Participant

My name is **Frans Mmakwena Lekoloane** and I am doing research with **Marang Tebogo Mamahlodi**, a lecturer, in the Department of Health Studies towards a MA Public Health at the University of South Africa. We are inviting you to participate in a study entitled THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MAJOR DEPRESSIVE DISORDER REGARDING TREATMENT.

WHAT IS THE PURPOSE OF THE STUDY?

To explore the experiences and perceptions of the mental health care users with major depressive disorder regarding treatment they are currently receiving at Dr George

Mukhari Academic Hospital, and to make recommendations that, if implemented, could bring a positive change in the treatment of major depressive disorder.

WHY AM I BEING INVITED TO PARTICIPATE?

The study is looking for mental health care users suffering from major depressive disorder also known as depression. With your cooperation, the researcher will be able to gather data about the perceptions and experiences of mental health care users with major depressive disorder. The researcher is looking for around 20 participants who are willing to participate in the study.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

You will be observed during your stay in the hospital. The way you conduct yourself and respond to the treatment sessions available. Your efforts, interests, and anything whatsoever that can be picked up during the observations.

You will be interviewed individually by the researcher or an assistant researcher. During the interview, few questions regarding the treatment you are receiving in this hospital will be asked. The interview may last for 15 to 30 minutes.

The followings are examples of questions that will be asked:

- *Examples of open-ended questions for the study:*

  - Please share with me about your experiences regarding the treatment of MDD.
  - What do you think about the overall treatment that you are receiving?
  - How does the treatment assist you?
  - What types of sessions are you attending? Tell me more about them. How do they help you?
  - How long have you been admitted or how long have you been attending the treatment?

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- What is it that you wish can be changed in the treatment that you are receiving?
- What is it that you wish can be added to the treatment that you are receiving?
- What should be removed from the treatment that you are receiving? Please explain.
- Any suggestions regarding the MDD treatment?

The researcher may ask you to join other participants for a focus group discussions. A focus group discussion may take 45 to 60 minutes. But you have a right to refuse to be part of the focus group. The focus group may include some of the questions that will be asked on an individual interview. However, the following are questions to guide the focus group discussions.

- What do you all think of the major depressive disorder (MDD) treatment in Dr George Mukhari Academic Hospital?
- What types of interventions or sessions you are attending?
- How long have you been attending the interventions or sessions available in the hospital?
- Which interventions or sessions benefited you the most?
- Which interventions or sessions did you find unhelpful?
- What is it that needs to be changed about the MDD treatment?
- Any suggestions regarding the treatment of MDD?

Please note that the individual interview and focus group discussions will be recorded. You will be provided with an agreement form to state whether you agree or disagree with being interviewed individually, be involved in focus group discussions, and being recorded.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Yes, you can. Participation is completely voluntary and there is no penalty or loss of benefit for non-participation.

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WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

There are no tangible benefits. However, the data gathered will assist to make recommendations that, if implemented, could bring a positive change in the treatment of major depressive disorder.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The researcher will ask lots of questions during the interviews to gather as much information as possible. Some questions may be uncomfortable or difficult, which may lead to psychological distress. However, it is not the researcher's intention to cause you harm in whatever way. And you are free to discuss how the interview made you feel.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Yes. Your personal information including a name will only be known by the researcher and it will not appear anywhere on the documents or on the audio recorder. The information recorded will be in codes and pseudonyms. Only the codes and pseudonyms will appear on publications.

No one will know of your participation in the study, your views, your comments, apart from the researcher. If it happens that a verbatim quote is made, a pseudonym will be used.

Your answers may be reviewed by people responsible for making sure that research is done properly, including but not limited to, the transcriber, external coder, and members of the Research Ethics Review Committee but the answers will not be traced back to you.

If you agree to take part in focus group discussions, it may be difficult to guarantee confidentiality because focus group involves other participants. However, confidentiality will be discussed at the beginning and the end of the focus group discussions.

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HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researcher for a period of five years in a locked cupboard/filing cabinet at Unisa library for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable.

After five years, hard copies will be shredded. Electronic copies will be permanently deleted.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

No. There will be no payment or incentive. However, your participation will assist the researcher with partial fulfillment of the Master's degree, which he will forever be grateful.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Review Committee of the health research studies, Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact FRANS MMAKWENA LEKOLOANE on 060 5744 266, 46963774@mylife.unisa.ac.za

Should you have concerns about the way in which the research has been conducted, you may contact MT MAMAHLODI at Mamahmt@unisa.ac.za or call 012 429 6757

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.

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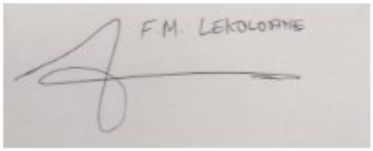
The researcher will explain the research study as clear as possible until the participant is satisfied and understands what is expected of him or her. And then he or she can sign the consent form.

Signature: **FM LEKOLOANE**

Name: **FRANS MMAKWENA LEKOLOANE**



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ANNEXURE 7: AGREEMENT TO BE RECORDED FORM

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AGREEMENT TO BEING RECORDED.

Researcher
Frans Mmakwena Lekoloane
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46963774@mylife.unisa.ac.za
0605744266

Chairperson of College Research Ethics Committee
Prof KB Khan
College of Human Sciences
Theo van Wyk building 04-26, Unisa Main Campus, Muckleneuk, Pretoria, 0003
khana@unisa.ac.za
012 429 6173

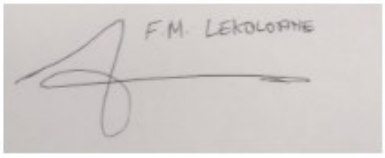
Hereby, I ....., ID number ..... in collaboration with **Frans Mmakwena Lekoloane** on a research titled, **THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MDD REGARDING TREATMENT,** agree to being recorded during the individual interview.

I also confirm that I have been briefed by the research team on the protocols and expectations of my behaviour and involvement in the research study.

SIGNED:……..

Date:……

Frans Mmakwena Lekoloane



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ANNEXURE 8: CONFIDENTIALITY AGREEMENT WITH RESEARCH THIRD PARTIES

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CONFIDENTIALITY AGREEMENT WITH RESEARCH THIRD PARTIES

Researcher
Frans Mmakwena Lekoloane
3314 Clinton Section, Mmotla, Hammanskraal, 0400
46963774@mylife.unisa.ac.za
0605744266

Chairperson of College Research Ethics Committee
Prof KB Khan
College of Human Sciences
Theo van Wyk building 04-26, Unisa Main Campus, Muckleneuk, Pretoria, 0003
khana@unisa.ac.za
012 429 6173

Hereby, I ....., ID number ..... in my personal capacity as a ....., collaborating with **Frans Mmakwena Lekoloane** on a research titled, **THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MDD REGARDING TREATMENT,** acknowledge that I am aware of and familiar with the stipulations and contents of the conditions of ethical clearance specific to this study. I shall conform to and abide by these conditions. Furthermore, I am aware of the sensitivity of the information collected and the need for strict controls to ensure confidentiality obligations associated with the study.

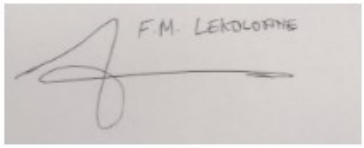
I agree to the privacy and confidentiality of the information that I am granted access to in my duties as a ..... I will not disclose nor sell the information that I have been granted permission to gain access to in good faith, to anyone.

I also confirm that I have been briefed by the research team on the protocols and expectations of my behaviour and involvement in the research.

SIGNED:.....

Date:.....

Frans Mmakwena Lekoloane



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ANNEXURE 9: FOCUS GROUP CONFIDENTIALITY AGREEMENT FORM

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CONFIDENTIALITY AGREEMENT FOCUS GROUPS

Researcher
Frans Mmakwena Lekoloane
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Prof KB Khan
College of Human Sciences
Theo van Wyk building 04-26, Unisa Main Campus, Muckleneuk, Pretoria, 0003
khana@unisa.ac.za
012 429 6173

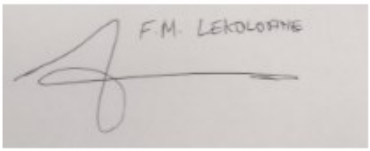
Hereby, I ……., ID number …… collaborating with **Frans Mmakwena Lekoloane** on a research titled, **THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MDD REGARDING TREATMENT,** agree to the privacy and confidentiality of the information during the focus group discussions.

I also confirm that I have been briefed by the research team on the protocols and expectations of my behaviour and involvement in the research.

SIGNED: ……..

Date: ……

Frans Mmakwena Lekoloane



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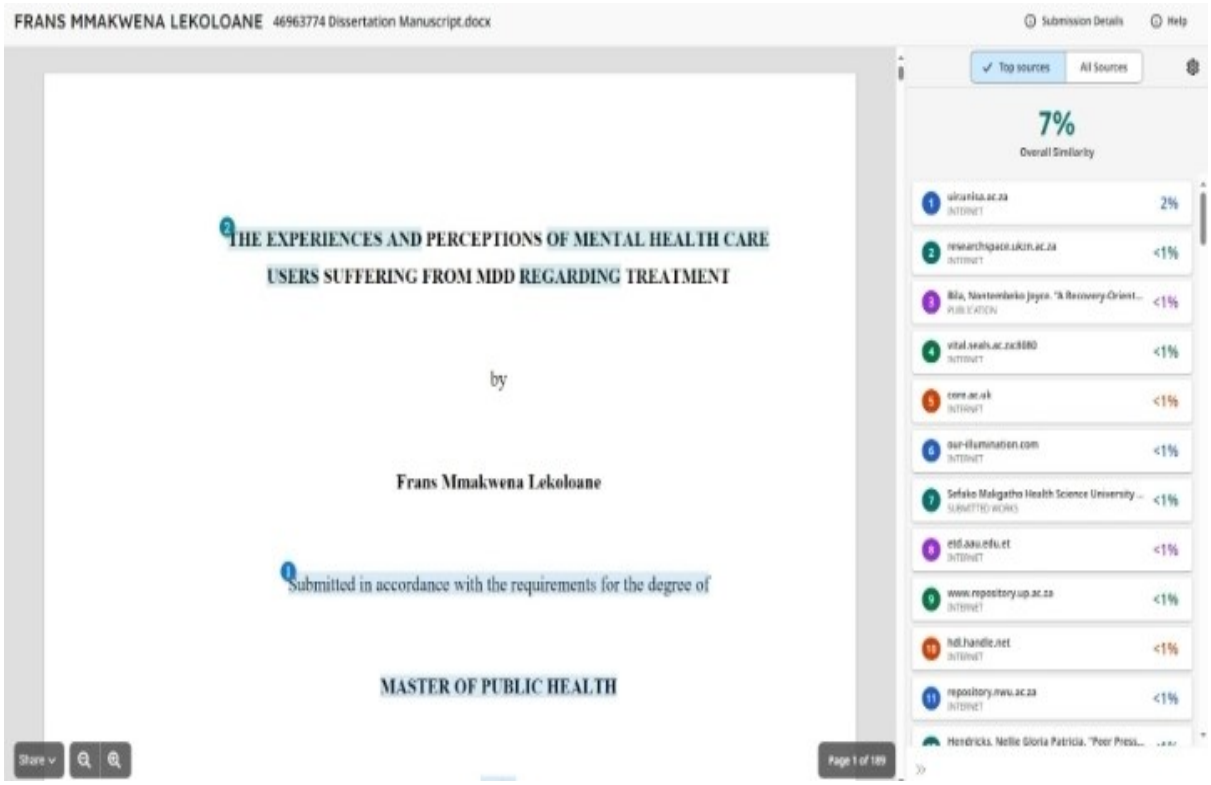
ANNEXURE 10: TURNITIN RECEIPT



ANNEXURE 11: DECLARATION OF PROFESSIONAL EDIT

ZENEDIT
professional services

05 Gwai Place,
10 Kudu Heights
Faerie Glen,
PTA, SA

3 May 2024

DECLARATION OF PROFESSIONAL EDIT

I declare that I have edited and proofread the Master of Public Health manuscript entitled: **THE EXPERIENCES AND PERCEPTIONS OF MENTAL HEALTH CARE USERS SUFFERING FROM MAJOR DEPRESSIVE DISORDER REGARDING TREATMENT by Frans Mmakwena Lekoloane.**

My involvement was limited to professional language editing: contextual spelling, grammar, punctuation, unclear antecedent, wordiness, vocabulary enhancement, sentence structure and style, sentence completeness, sentence rewriting, consistency, referencing style, editing of headings and captions. I did not do structural re-writing of the content. Kindly note that the manuscript was not formatted as per agreement with the client.

No responsibility is taken for any occurrences of plagiarism, which may not be obvious to the editor. The client is responsible for ensuring that all sources are listed in the reference list/bibliography. The editor is not accountable for any changes made to this document by the author or any other party after my edit.

The client remains responsible for the quality and accuracy of the final submission.

Sincerely,

Prof Thulani Zengele (BA, B.Ed., PGDE, M.Ed., D.Ed.)

Professional EDITORS Guild 30 1993–2023
Promoting excellence in editing

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Associate Member
Membership number: ZEN002
Membership year: March 2023 to February 2024
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