

## The importance of family and service provider involvement with service users from three perspectives in a South African context.

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Recovery-oriented practice as a treatment approach for psychiatric disabilities is still an emerging area in the mental health field in South Africa. Existing research in recovery and recovery-oriented practice for serious mental illness in South Africa have thus far focused on exploring the perception of recovery among South African service users and their caregivers (Brooke-Sumner, 2016; De Wet et al., 2015; De Wet & Pretorius, 2021; Gamieldien et al., 2023). Recovery-oriented psychosocial interventions, including community-based psychosocial programs and peer-led recovery group interventions (Asher, et al., 2023; Brooke-Sumner, 2016; Brooke-Sumner et al., 2018), have also been developed and tested for its efficacy. Alongside these research developments, the newly adopted South African National Mental Health Policy Framework and Strategic Plan 2023-2030 is also advocating for recovery-oriented practice in public mental health care by incorporating recovery values and principles into its latest policy (South African National Department of Health, 2023).

Social support is one of the core facilitators of recovery for service users in both high- (Garverich et al., 2021; Leamy et al., 2011; Van Weeghel, et al., 2019) and low-and-middle-income countries (Brooke-Sumner et al., 2014; De Wet et al., 2015; De Wet & Pretorius, 2021). Furthermore, the South African National Mental Health Policy Framework and Strategic Plan 2023-2030 promotes the value of “social support and integration” in the public mental health care system, emphasizing that “maximum support should be provided to families, carers, and communities of those with mental illness to broaden the network of support and care...” (South African National Department of Health, 2023, p. 32). Now, more than ever, there is a growing need for workforce development based on the principles of recovery (Anthony, 1993) for clinicians in South Africa to ensure the successful adoption of recovery-oriented practice in mental health care. However, there are very few studies that have examined the perspectives of service providers (Bila, 2019; Chisholm et al., 2023; Gamieldien et al., 2022) on the delivery of recovery-oriented practice. Furthermore, there is still limited knowledge of how service users, caregivers, and service providers conceptualize support guided by recovery-based principles and values. This paper thus explored the perceptions of mental health service users, caregivers, and service providers in South Africa understand the role of clinical and social (e.g., caregiver) support using a recovery framework, to enrich the body of knowledge on recovery and recovery-oriented practice in South African contexts.

### Materials and Methods

The present study is a qualitative sub-study of a larger mixed methods study conducted at three tertiary psychiatric hospitals in the Western Cape province of South Africa. The goal of the larger study was to develop a contextually appropriate measure of individual recovery for mental health service users in a South African context. Semi-structured, individual interviews were conducted with three cohorts of participants: service users, caregivers, and service providers. See Table 1 for further details of participants. Participants were consented prior to data collection.

**Table 1***Participants in the larger study*

Cohort of participants	Inclusion criteria
Service users (n=13)	1) At least 6 months in total in one of the tertiary psychiatric hospitals in the Western Cape; 2) Able to communicate in either English or Afrikaans without assistance of a translator; 3) Diagnosed with a chronic and severe psychosocial disability (for example schizophrenia, bi-polar disorder, schizoaffective disorder), and 4) In their time at the hospital participated in some form of recovery or psychosocial intervention or program, available to service users at the hospital.
Carers (n=12)	Family members or otherwise, who are involved in the financial or emotional support of and caring for service users.
Service providers (n=12)	Either directly or indirectly involved in the provision of services, interventions and programs to the service user participants at the hospitals, such as nurses, psychologists, psychiatrists, occupational therapists, social workers

All interviews were audio-recorded and transcribed verbatim. Ethical approval for the study was obtained from Stellenbosch University's Research Ethics Committee: Human Research (Humanities) and the Western Cape Provincial Department of Health.

Data was organized into three triads, comprising a service user, their caregiver, and their provider. Actual names were replaced with pseudonyms to protect privacy and confidentiality. Service providers' occupations were not included to protect their identity, since they are from a small pool of public mental health service providers at the three public tertiary psychiatric hospitals in the Western Cape province. The larger study included service providers consisting of social workers, nurses, psychologists, occupational therapists and psychiatrists. We used reflexive thematic analysis (Braun & Clarke, 2019) with the constant comparison method and generated themes by triad and examined where narratives varied or intersected by social role. Atlas.ti (Atlas.ti, Version 8.4.4, 2018) was used for analysis.

### Results

Table 2 provides details of the nine participants.

**Table 2***Details of participants and their group membership*

Service user (SU)	Name: Adela Gender: Female Age: 30 Diagnosis: Bipolar disorder	Name: Mpho Gender: Male Age: 35 Diagnosis: Schizophrenia	Name: Enzokuhle Gender: Male Age: 29 Diagnosis: Schizophrenia
Carer	Name: Tamara Gender: Female Age: 38 Relationship to SU: Sister	Name: Hope Gender: Female Age: 61 Relationship to SU: Mother	Name: Felecia Gender: Female Age: 52 Relationship to SU: Aunt
Service provider	Name: Rita Age: Not disclosed	Name: Jonathan Age: Not disclosed	Name: Jana Age: 36

## Service Users

### *Receiving Social Support*

All three service users discussed the powerful role that social support plays in their recovery. Adela, a 30-year-old female, spoke of her support system both at home and the hospital playing a crucial role in her recovery. She described that she reaches out to her family when she recognizes her early warning signs of her mental health declining: *“I go to my support, like my father or my sister and I tell them, ‘ok, I’m not feeling so well today.’”* Enzokuhle, a 29-year-old male, similarly reported that the support and sense of belonging he cultivated through close relationships with his service providers and friends were key contributors to his recovery. He stated: *“If you [have] a good support system, then you’re going to be able to recover.”* Enzokuhle also explained how his support system assisted him in his recovery through words of encouragement and positive affirmations:

*All these people they started to motivate me and tell me and now this is not the end of the world... It’s just trying to help you because we see there is a light in you. But you don’t see it... So, they’re trying to drag you out of the dark side in future with the light.*

He also referred to the importance of peer support, *“What helps me is also to talk with people... when you’re running a [sic] groups, and there we talk [to] people and then I start to get some ideas from other people. The ideas that I was not thinking.”* Mpho, a 35-year-old male, also shared how his relationships with others and the encouragement he receives from family and others helps his motivation to continue working on his recovery: *“...to have people who’s going to advise you and encourage you and inspire you for you to go and reach your goals.”*

### *Providing Social Support*

Two of the service users discussed that providing social support was also a part of their recovery goals. For them, providing tangible support as a parent or partner was part of meeting their larger recovery goal of fulfilling meaningful social roles. Mpho, who has a history of psychiatric hospitalization over a span of 8 years, discussed that his current two recovery goals are to get a job and to support his mother and his child. *“When I get a decent job, then I can go live back with my mother and take care of her.”* He shared that being able to support his child as a father is an important aspect of masculinity in his culture. He poignantly mentioned, *“I’m worried about my daughter. I want... I don’t want her to depend on her mother only. She must also be supported by me, and she must know that her father loves her..”*

Enzokuhle had spent 3 years in a psychiatric hospital at the time of his interview. Similar to Mpho, an important aspect to his recovery was to earn a living to take care of himself financially and be independent. *“...that’s [sic] someone is going to be able to be not depending on family in terms of money-wise that I can be able to look after myself... You know, can be able to take care of myself... A job is very important.”* Having a family and children was also an important social recovery goal as well as part of his cultural values for Enzokuhle: *“It is important. I want to leave my... what do you call? My image. My image in the world. I don’t want to die without children.”*

## Caregivers

### *Recognizing and Supporting What is Best for the Service User’s Recovery*

Tamara, a 38-year-old female, is Adela’s older sister and caregiver. Adela had been living with Tamara and her family for several years. Tamara described herself as a compassionate yet assertive caregiver. She sets reasonable expectations for Adela to help her stay engaged in a healthy lifestyle. *“...we go out and we say [to my sister], ‘No, no, you’re not staying at home today. Get up. We’re going somewhere’ and she has to go.”* Tamara also discussed giving responsibilities at home for her sister to contribute as a member of her household: *“she takes a lot of my home responsibilities... I kind of insist on.”* She also highlighted the importance of acknowledging and expressing positive comments and continuing to encourage the service user for any efforts they make, such as waking up in the morning, *“So, you got up today. You did something great.”* Tamara emphasized

the importance of the person-centered approach where the service users themselves feel supported and empowered to take the lead in their recovery, *“recovery of yourself, your personality, your being”*.

Hope is Mpho’s 61-year-old mother, who had been estranged from her husband and living alone in a neighborhood with high levels of drug abuse and poverty. She shared that she wanted her son to live with her as she needed his help around the house. Yet, she was afraid that living in her neighborhood could potentially increase the risk of her son’s substance use to relapse. She shared, *“He needs not to come here, though I need him. I need him. But [he] doesn’t need to come here. Because when he comes, when he comes here, it’s hopeless. It goes back to square one.”* Instead of having Mpho return to her home, she was looking for a safer community for him to live in upon discharge from the hospital. She also mentioned that if her son could find a job, it would be beneficial to them both: *“...And he even tells me if he can find a job and work, he will upgrade the house and everything.”*

Felecia is the 52-year-old aunt of Enzokuhle. She serves as Enzokuhle’s sole carer. Both of his parents are deceased. Felecia had been taking care of Enzokuhle since he was young, before his mother passed away after a long sickbed. Felecia, similar to Hope, also expressed her anxiety of having Enzokuhle back at her home after discharge, as their neighborhood also had seen high levels of substance use and crime. As his caregiver, Felecia wanted him to stay away from her community because of it risks that could possibly lead to symptom relapse (e.g., substance use). Felecia added that she hoped for her nephew to be *“a man,”* which in their culture meant having a family and a job, and wished for him to stay engaged in an activity or, *“...something to keep busy”* for his recovery.

## Service Providers

### *Meaningful Social Connections*

Establishing meaningful social connections, or relationships, was discussed by all service providers as an important aspect of recovery for service users. Jana, who worked as one of Enzokuhle’s providers, expressed that social connections extend beyond family members: *“...if it’s not family, then friends or somebody else that is an important figure in their life.”* Rita, a provider in Adela’s care team, also commented that the absence of family support can negatively impact service users’ recovery processes. Jonathan, a clinician working as one of Mpho’s providers, shared the perspective of the other two providers. He shared that one of the goals as providers is to help service users to learn how to establish and keep relationships to stay connected with others, especially families: *“...we have to help people re-connect with their families, which includes partners etc. That’s basically what we have to do.”*

### *Barriers to Providing Recovery-Oriented Support*

Rita described that the lack of resources and pressure on public mental health services make it difficult for service providers to offer comprehensive support to service users. She discussed that the existing mental healthcare infrastructure is not conducive to providing long-term therapy or clinical interventions that assist service users in working on their recovery. Consequently, the clinical support they provide mostly focuses on treating acute symptoms and discharging service users to make space for others who also require care.

*Psycho-education group, and then there’s the support group that happens for the chronically, often chronically personality disordered individuals, [who] have been through individual therapy for years, but there’s just no movement and they can’t... we don’t have the resources to keep them into individual therapy.*

Jonathan also described the limitations of recovery prospects for service users in the public mental health care unit where he worked. He supported and valued the role of medication as a critical component to recovery and relapse prevention. His narrative suggested that he had very little experience or exposure to recovery-oriented practice. He raised the issue of limited community-based recovery programs in South Africa which hinders the service users’ recovery. He added that family-based supports are often not sufficient for his

patients to achieve recovery, especially when one has a comorbid substance use disorder.

*So, their families can be very nice, they can be very supportive. Everything else can be in place. I can give lots of examples... you send [the patients] to learnerships. You put them into programmes. You've engaged with them, etc., etc. The thing is, they still keep using tik [methamphetamine]. They still keep using dagga [marijuana], and it counters, undo's everything.*

Rita also shared that the medical model of mental illness was still dominant within mental health care in South Africa, re-iterating the importance of more recovery-oriented programs for service users. Jana's narrative also asserted that South African mental health services ought to integrate the recovery model to better meet the needs of the service users. She commented on the inadequacy of existing mental health services: "if your programmes are not relevant, if it's not appropriate, if it's not in tune with what the clients are saying, if you don't provide enough support. Those are the things that... that kind of work against recovery."

#### **Facilitators of Providing Recovery-Oriented Support**

Providers also discussed current practices that they perceive to be effective if continued or enhanced. Jana discussed that provision of individualized care is usually received well by service users and results in the positive recovery outcomes. The approach she described is also consistent with recovery-oriented clinical practice of providing person-centered care (Farkas et al., 2016).

*I think the clients value... you know, the fact that we focus on function. What can you do? What would you like to do? You know? That, I think, makes a huge difference umm... in terms of their lives, you know?"*

Jonathan spoke about the iterative, evolving process of tailoring the treatment plan for each service user, suggesting that there is no "one-size-fits-all" approach for recovery. Instead, plans are developed based on service users' choices, their preferences, goals, and needs:

*"...So, it's not like there's this blue print, this is what we're gonna do. So, something just evolves over time. And, the patient goes out and tries it, comes back and reports, it worked, didn't work. Maybe something else he'd like. And, so just this ongoing, iterative process. Seeing, talking, trying, coming back."*

This included understanding the needs as well as the capability of each service user well. "For different clients it will be different." Rita also shared that most of her clinical work involved individual therapy with her clients, yet also shares the dilemma that she faces of being unable to respond to the high demand for individual work.

Providers also discussed using a recovery-oriented approach to skills training with their clients. Jana discussed that a key role of the service provider is to teach sustainable skills which focus on capacity-building for service users. Such skills included communication skills, conflict management, and problem-solving. She shared an example of how she interacts with her clients, reflecting on the role of providers in person-centered care:

*I think also one's got to look at... so if this is the client's journey, and this [is] what their needs are, then how does one... you know, look at building on their strengths? Helping them... to develop their own capacity, you know, to be more in control of their own life. And sometimes that is about, you know... how do we help them to equip themselves with skills, or how do we equip them with skills?*

Jana further emphasized the importance of using role plays so that service users are better equipped to apply the skills they learn in real-life scenarios and situations. She reflected that service users also perceive this practice-based approach to skills training to be helpful and responsive to their needs and goals of building and maintaining social relationships. Jonathan similarly emphasized the importance of providers' work of teaching critical skills to service users, such as literacy, by way of empowering them to reach their recovery goals such as employment, or independent living. He stated:

*...the one thing we haven't done and which I, I would like to do is to have a course of, or have some sort of system where we teach them basic literacy. Which involves maths and Eng...language and so on. People can be literate and work with numbers, they can do lot of things, they can open a bank account, they*

*can fill out a CV, they can fill out a job application. So, a lot of these basic skills that if you could give them to, to patients or people, then you're enabling them.*

Rita also shared similar sentiments around the value of skills development and capacity-building for service users, which reflected the recovery-oriented perspective that the focus is not on the elimination of symptoms and rather learning the skills to live with the symptoms/illness while achieving personal goals.

*It's not that the mental illness goes away, it's always going to be with [the service user], but [they're] going to need to learn skills in order to live with it, to understand it. To understand [themselves], to know [themselves]. And, and how best [they] can do that...*

### Discussion

Nine semi-structured interviews conducted with service users, their caregivers, and service providers in Western Cape province of South Africa were analyzed to examine common themes that emerged across the three groups. Perception of social support as a recovery construct, was the focus of the present study. For service users, receiving social support through words of encouragement and affirmations, particularly from those close to them (e.g., family) played a significant part in their recovery process. Service users also highlighted that being in the position to provide support to their families and fulfilling their social role as a parent, child, etc. contributes to their recovery. Caregivers also reflected on their role as providers of support for their loved ones in recovery. The competence and strength of knowing what is best for the service user's recovery, being able to set aside personal desires and needs, and prioritize the service user's recovery were main themes that emerged from this triad. Finally, service providers echoed the perspectives of service users, and discussed the significance of making meaningful social connections on the path to recovery. Service providers shared their insights in the various ways in which they support service users to establish these connections.

These results align with previous research with service users and caregivers in the context that found that both receiving and giving of support are crucial to recovery (De Wet et al., 2015). Social connection also forms part of the *Connectedness* aspect of the recovery processes of the CHIME framework by Leamy et al. (2011). CHIME stands for *Connectedness, Hope and optimism about the future, Identity, Meaning in life and Empowerment*. Earlier work by Jacobson and Greenley (2001) also identified social connection as a dimension of recovery. The relational facet of recovery has also been included as part of the 10 guiding principles of recovery by the Substance Abuse and Mental Health Administration (SAMHSA) in the United States of America (n.d.). This relational facet of recovery emphasizes the importance of social connection by family members and others who aid service users to recognize their ability to recover and take steps to achieve change for themselves. To acknowledge the importance of support for mental health service users' recovery, in South Africa, the South African National Mental Health Policy Framework and Strategic Plan 2023-2030, in addition to promoting the value of "social support and integration", also mandates the development of peer support. (p. 32), which creates hope for future expansion of public mental health services to incorporate peer support, which has been advocated for before (De Wet, et al., 2022).

Engaging in meaningful social roles, e.g., as an employee or a parent, is another core value and common recovery goal for service users. In recovery-oriented practice, service providers play a critical role in supporting the development of relevant skills and capacities to meet these goals. The *meaning in life* process of the CHIME framework (Leamy et al., 2011) posits these life and social roles and goals that have meaning to the service user.

Lack of resources (e.g., financial, infrastructure), dependence on the biomedical model were raised as major barriers to the implementation of recovery-oriented practice within the South African public mental healthcare system. Few community-based recovery programs exist to refer service users to upon discharge from hospital. These opinions align with the dire state of public mental health care in South Africa that has been reported on in detail previously by the South African Human Rights Commission (SAHRC, 2017). De-

spite global efforts promoting a shift to recovery-based approach to assessment and rehabilitation of mental illness, the reliance on the biomedical model continues to endure (Bemme, & Kirmayer, 2020). Yet, service providers in this study shared their commitment to incorporating recovery-oriented practice in their care, through the provision of person-centered, individualized care with a focus on improving function and capacity to lead meaningful lives.

### *Limitations of the study*

Given that the present study was a small qualitative study that took place in a specific geographic area in South Africa, the results have limited generalizability. Despite these limitations, the results contribute richness to the small existing body of knowledge on the understanding of recovery in the study context. Moreover, time constraints did not allow for validating the results through follow-up focus group discussions, or member checking, with participants from the three triads. Data from the larger study, which includes focus group data from the sample of this present study, was used to validate the overall findings.

### **Conclusion**

Some efforts to improve public mental health services in South Africa have been examined and implemented, such as scaling up of services and improvement of community participation in mental health care as well as the development of recovery-oriented interventions, including community-based psychosocial programs and peer-led recovery group interventions (Asher, et al., 2023; Brooke-Sumner, 2016; Brooke-Sumner et al., 2018; Campbell, & Burgess, 2012; Petersen, et al., 2012). In addition, recovery-oriented care for public mental health service users in South Africa has been greatly anticipated, since the mandate was outlined by the South African government in 2013 (South African National Department of Health, 2013). However, implementation of this policy was marred by challenges (Lund, 2023) and recovery-oriented practice was consequently not incorporated in public mental health care. Thus, there is still work to be done before the wide-spread and successful implementation of recovery-oriented practice in public mental health settings in South Africa can be achieved.

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