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Title

Describing the impact of using task-shifting approaches in mental-healthcare: A quantitative study of mental health care professionals using questionnaires.

Declaration

I hereby declare that the Research Report submitted for the Bachelor of Arts Honours in Psychology degree to the Independent institute of Education is my own work and has no previously been submitted to another university or higher education institution for degree purposes. I further declare all sources cited or quoted are indicated and acknowledged by means of a comprehensive list of references and that I :

1. Understand what plagiarism is
2. Acknowledge that it is an offence to plagiarise
3. Understand that all work submitted has to be originally my own work

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ABSTRACT

Task shifting is the name given to a process of delegation whereby tasks are moved, where appropriate, to less specialized health workers (WHO, 2008). The mental health care sector in South Africa has a treatment gap between people who need mental healthcare and those who receive it. Various strategies are being implemented to close the treatment gap however they are not long-lasting solutions. Task-shifting is an approach that has successfully worked in combating HIV/AIDS across low- and middle-income countries. This study was done to find out what perceptions mental health care workers have about the task-shifting approach. Key themes that were explored during the study include: low- and high-level mental health care workers, history of task-shifting, mental health care funding and the service pyramid model and COM-B model. Quantitative research was done by using a cross sectional design, an online survey was sent out to twenty participants working in the Mpumalanga province. Data was gathered through the Google docs platform and analysed by using descriptive statistics. The findings showed that mental health care professionals have a positive perception about the approach and are not opposed to it being fully implemented in the mental health care sector and not just in community psychology.

Table of Contents

1. Chapter 1: INTRODUCTION

1.1. Contextualisation

Mental health care services in South Africa have significant problems. The government hospitals do not have the necessary personnel to balance the demand. Research has shown that the ratio of available psychologist to patients needing treatment is very unbalanced in most low middle-income countries "LMICs' (WHO, 2014). Therefore, it is not surprising that the treatment gap in South Africa is high for mental health care, however, this trend is similar to most countries worldwide. The World Health Organisation (WHO) saw that in most countries patients with mental health issues do not get treatment. Hence, they developed the 'mental health gap action programme (mhGAP) which is an essential guide to the implementation of various approaches to control the treatment gaps in services (Jack et al., 2014). One of the approaches discussed in the guide is 'task-shifting' which has successfully worked for combating HIV/AIDs and Tuberculosis in various countries especially developing countries. Task shifting is a process whereby tasks are delegated and moved from specialised workers to less specialised workers where it is appropriate. The WHO (2014) defines it as the rational redistribution of task among health workforce teams. The treatment gap in mental health must be dealt with because a significant number of people struggle with their daily lives as a result of untreated mental illnesses and leaving people untreated can also have dire consequences on society as a whole, for example, people who have untreated addiction diagnosis will tend to continue living with their addiction and often start committing crimes to afford their addictions (Jack et al., 2014). In a related study, Docrat, Daviaud, Cleary, Besada and Lund (2019) found that the treatment gap in South Africa was 92% which means that only 1 in 10 individuals who live with mental illnesses in South Africa receive care.

1.2. Rationale

1.2.1. Personal Rational

This specific topic was chosen because of the importance not only to me but the community in which I live. The huge treatment gap in South Africa does not only affect those living with mental illnesses but also those around them which includes families and societies. Research has shown that most of the individuals who are affected by the treatment gap end up choosing wrong paths that lead to criminal behaviour, violence and suicide due to the untreated mental illnesses (Abrahams, Mathews & Jewkes, 2015). Studies have shown that the femicide rates in South Africa have links to the untreated mental health issues amongst the men and women of this country (Jack et al., 2014; Mathews et al., 2015).

1.2.2. Academic Rational

With the many rising issues created by lack of service delivery in mental health care and lack of access to services, there is a need for research that will explore the impact of the approaches that can close the gaps in treatment and lead to improving service delivery and access to services. Task-shifting as an approach has successfully improved the delivery of services in the physical healthcare sector, it is currently being introduced in mental health care through community-based psychology (Crowley & Mayers, 2015). This research is important because it will provide insight into the perceptions of the approach by healthcare professionals. By exploring the available knowledge and use of the approach in community psychology this can provide the field with sufficient evidence that shows the approach can close the treatment gap and if indeed the evidence is significant then it will be important to the Health Professional Council of South Africa (HPSCA). They can use the information from the research to implement strategies that can teach professionals how to use task-shifting to their benefit and the benefit of people needing healthcare. This research also adds value because currently there is little information on the use of task-shifting in mental healthcare in South Africa (Mijovic et al., 2016). However, the approach has successfully worked in other mental healthcare sectors in LMIC's such as India and Zimbabwe, it has also worked for treatment of HIV/AIDS and TB all over Africa. Therefore, the research will be helping to improve the efficiency of services delivery in mental healthcare.

1.3. Problem Statement

South Africa currently has a significant treatment gap between people who need mental healthcare and those able to receive it (Siyothula, 2019). This results in a lot of people not functioning as well as they could in society because of the lack of treatment for underlying conditions. Mental health care has been side-lined by the health department and development policies. This is proven by the number of financial resources that are distributed to mental health care (Docrat et al ., 2019). In South Africa, it was found that only about 5% of the health department budget is allocated to mental health services (Docrat et al., 2019). The United Kingdom which is one of the leading advocacies for mental healthcare has a reserved budget for mental healthcare for 14% (Cylus, 2015). In a recent study, Siyothula (2018) argues that the problems overwhelming the mental healthcare system are because of three factors, namely: the stigma against people who live with mental health illnesses, secondly the ignorance about the existence of mental health problems and lastly individuals beliefs that lead them to believe that mental illnesses cannot be successfully treated like physical health issues.

It is important to note that the treatment gap in mental health care can directly affect the demands of physical health because there simply cannot be a separation between mental and physical health. The two systems need to understand the link between the mind and body to better develop strategies that will help both the systems cope with the demand for service delivery. However, it is not currently known if using task-shifting approaches in mental healthcare significantly closes the treatment gap.

1.4. Purpose Statement

The purpose of this research is to find out what perceptions mental health care professionals think about using task-shifting approaches in mental healthcare .The goal is also to answer the research question which is ‘what perceptions do mental healthcare professionals have on the impact of task-shifting approaches on the mental healthcare sector in South Africa?’. This will be done by investigating the perceptions of healthcare workers and the views they have on using task-shifting approaches to

close the treatment gap in South Africa. This research will use a quantitative approach to gain information that is objective, the interpretation of the responses will be less bias.

1.5. Research Question and sub questions

Research questions Primary

- What perception do mental healthcare professionals have on the impact of task-shifting approaches?

Secondary questions

- What are the positive and negative effects of task-shifting approaches in closing the treatment gap?
- What are the current strategies for implementing task-shifting approaches in mental healthcare in South Africa?
- What attitudes do higher-level mental healthcare professionals have towards implementing task-shifting in their workplaces?
- How can this approach be implemented cost-effectively?
- What tasks are suitable for task shifting in mental healthcare?

Relevance of study

The research topic is one of great importance in the field of mental health care as there is a serious problem with the treatment gap and solving this is one of the goals that can lead to a mentally healthy society. Knowing what impact task-shifting approaches have on closing the treatment gap and the perceptions mental healthcare workers have on the approach will result in better strategies being developed and implemented throughout the country.

2. Chapter 2 : LITERATURE REVIEW

2.1. Theoretical foundation and how it links to the research problem

Theories

The theories that will be used to understand the inherent need of task-shifting approaches in mental health care and how to change the behaviour of health care professionals in implementing changes that will lead to reducing the treatment gap and providing services to those how are diagnosed with mental health illnesses are the COM-B Model and the service organisation pyramid model.

2.1.1. COM- B Model

This model is used extensively for behaviour change in various sectors. It recognises that behaviour is a part of systems that interact together. The model helps researchers to understand that behaviour always happens as a result of different components namely: capability (C), opportunity (O) and motivation (M). These components are all important to the success of task-shifting which is why the model has been chosen. Capability is explained as an individual physical and psychological capacity to engaged in the activity concerned in this case engaging in using task-shifting approaches in mental health care (Michie, Van Stralen & West, 2011). People also have to exhibit the necessary skills and knowledge needed for the task. Motivation is defined as the cognitive brain processes that influence and guide behaviour while directing an individual's goals. It also includes their ability to make decisions, emotional responding and habitual processes (Michie et al., 2011). Opportunity is the external factors that exist outside of the individual that make the necessary behaviour possible or impossible to achieve, for example in the case of service delivery in mental health care the external factors could be money, available resources, language barriers and different cultures. These three components can affect each other, for example, motivation is affected by opportunity some people are exposed to difficult circumstances such as poverty and lack of resources, therefore, making it hard to have any motivation. Enacting a behaviour can change capability, motivation and

opportunity (Mayne, 2018). Improving the implementation of public health requires individuals to have a change in their behaviour, therefore behavioural change interventions are fundamental in ensuring the effectiveness of service delivery in the field (Michie et al., 2011). Interventions such as the COM-B model are used to promote the optimal use of effective clinical services and to promote community health. Which is also an important component of task-shifting approaches, closing the treatment gap and providing the necessary services contributes to the entire health of the community. People cannot be expected to lead healthy lifestyles when parts of their health are compromised due to lack of service delivery (Feiring & Lie, 2018).

2.1.2. The service organisation pyramid model.

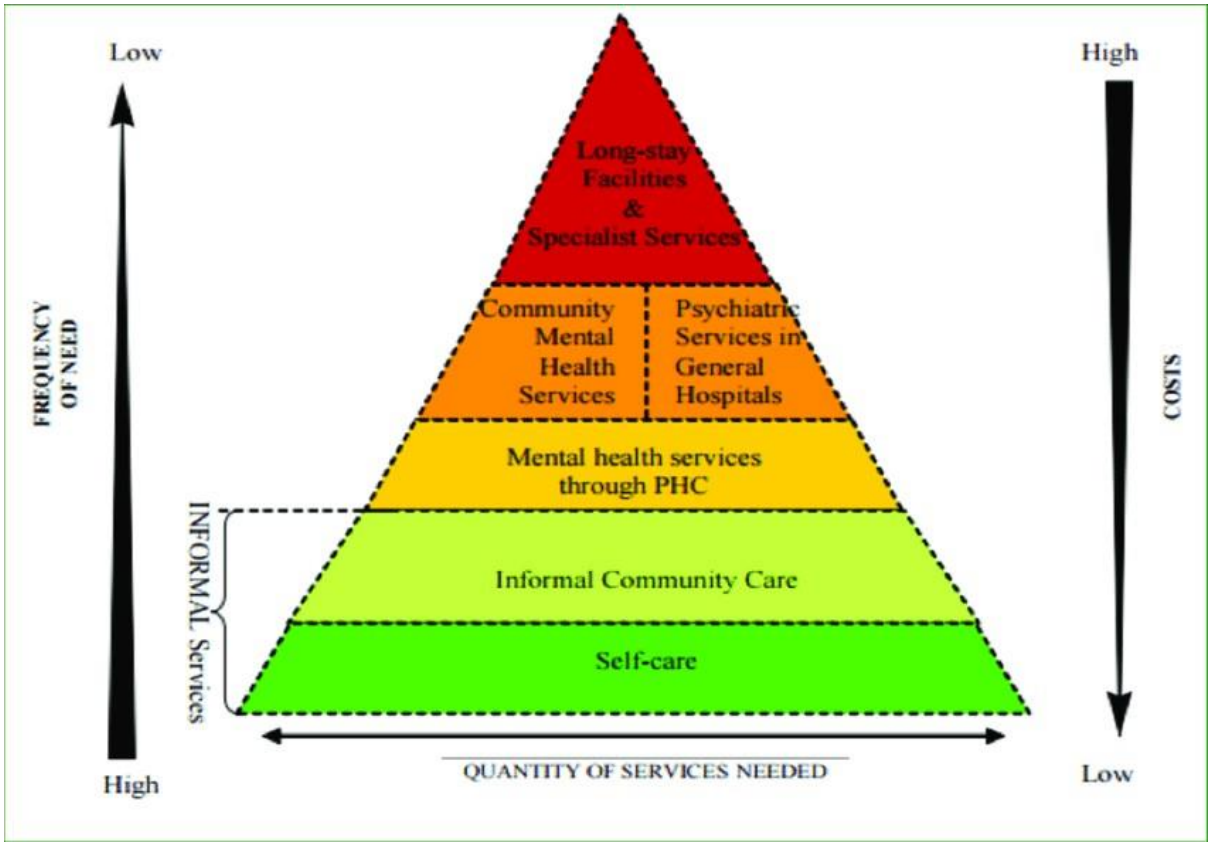

Fig.2.1.2 Optimal pyramid of services in Mental health care (WHO, 2014)

Most evidence-based interventions fail to achieve the goals they have set not because of any flaws that exist in the proposed interventions but because of the unexpected behaviour of the system which they are trying to change. Every system will affect any intervention system vice versa (Shidaye, Lund & Chisholm, 2015). Thus, approaches that focus on strengthening the system instead of changing them completely are unnecessary. This model is expected to not only change behaviour and motivation in everyone involved in the system, but it is also cost-effective and can be used in most places in the world (WHO, 2008). The service organisation pyramid model is a great example of a cost-effective model that can strengthen service delivery in mental healthcare. This model can be delivered in mental healthcare settings to ensure effective and efficient delivery of the required services in the platform. The three elements of the model are the service channels of mental health service delivery platform: self-care and informal care, primary health care and specialist health care. These elements make up the service pyramid with level 1 and 2 being self-care and informal community care, level 3 is primary mental health care and level 4 is specialist mental healthcare (WHO, 2014). As the levels in the pyramid increase so do the needs of the individual and thus they require more intensive professional assistance, however, this care is usually very expensive, and most people cannot afford it especially in developing countries such as South Africa (Shidhaye et al., 2015). Therefore, implementing cost-effective approaches such as task-shifting will help as most of the expensive help can be shared amongst primary health care professionals. Self- care is vital to this model and it is defined as the ability of an individual to practise improving their own health, for mental health this can be done by actively changing health-related behaviours engaging in reflecting and self-checking. It is most effective when mixed with formal healthcare (Shidhaye et al., 2015). Self-care also relies heavily on information being provided to people, their families and communities, to ensure that they can help each other the correct way, the information should be accessible and ways to integrate it in the communities would be to have programmes that start in schools and children grow up surrounded with the correct information regarding mental health care. This also leads to the reduction of stigma and people would then be open to getting help and talking about things that bother them emotionally.

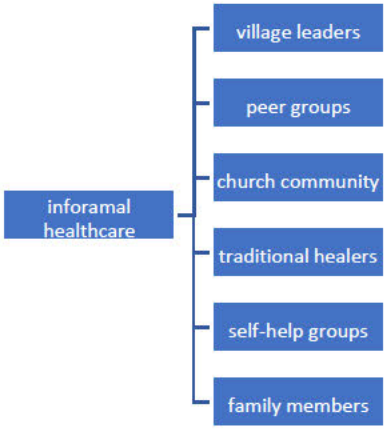

Figure 2.1.3. Systems of support in Informal Healthcare

Informal healthcare refers to the various systems of support within communities such as village elders, church community, traditional healers, peers, self-help groups and family members also seen in Figure 1.2 (World Health Organisation, 2007). In most countries help from informal practitioners is the initial way to getting health care assistance (World Health Organisation, 2007). The informal practitioners are usually easy to access, acceptable within the community, and affordable as they are members of the local community as well (Sorsdahl et al., 2009). It has been stated by WHO (2014) that primary and other formal healthcare services would benefit from establishing links to try and understand the informal healthcare sector instead of criticising it always. This can also ensure that the practises do not harm the patient but help them while they wait for Primary Health and specialist help. Primary health refers to the first contact that individuals have when in need of mental health care when people have a problem (Patel, Chowdhay, Rahman & Verdeli, 2011). In most cases, people cannot identify psychological illnesses and always assume it is physical therefore they visit general practitioners who will have to transfer them to social workers, their first contact in mental health care systems. In mental healthcare delivery platform, this is the foundation as it is the first level of care within the formal health platform (Shidhaye et al., 2015). This level is also important because most people can afford these services and government hospital offer it for free in most communities it is easily accessible (Shidhaye et al., 2015). It is clear that if implementations are integrated then access and services can be improved greatly, disorders are more likely to be identified and treated with better management (World Health Organisation, 2007).

Specialist health care includes practitioners who are uniquely able by their training to provide their specialised scope of knowledge and skills, in mental healthcare this refers to clinical psychologists and psychiatrists (Patel et al., 2011). In South Africa, most of the people who can access this service have medical aids and are the middle class which leaves a significant amount of people who are unable to afford the services. Most studies report that around 75% of people who seek help in mental healthcare do not receive any (Shidhaye et al., 2015; Spedding et al., 2015). The government to find ways that are cost-effective to provide the necessary needs. This model is essential to the research because it encourages the government to work with the Health Professional Council of South Africa (HPCSA) in ensuring that the minority is taken care of and professionals do not only provide services to those who can afford perhaps implementing long on-going programmes instead of compulsory one-year community service could be a start of improving mental healthcare in the country. The model also shows the different needs at different stages in the pyramid and level of importance.

2.2. Review of previous literature

Introduction

The following section present a discussion on task-shifting approaches and their use in different health care sectors. The discussion will also include different studies that have been conducted on the effectiveness and challenges of using task-shifting approaches.

Task shifting approaches in the healthcare sector

As previously mentioned, task shifting is a process whereby tasks are delegated and moved from specialised workers to less specialised workers where it is appropriate. The WHO (2014) defines it as the rational redistribution of tasks among health workforce teams. It is important to note first that it is only tasks that low-level workers can handle which is why task-shifting approaches are not implemented in every healthcare sector. For example, it would not work in surgery cases, however, for testing of viruses and treatments of some mental health issues, this can effectively work. Research has shown that task shifting approaches were initially developed for the treatment and testing of HIV aids in low-income countries (Spedding, Stein &

Sorsdahl, 2015). This was because during the pandemic there was an overall shortage of healthcare workers, therefore task shifting was created to expand what was already available by using a nurse and helping the doctors work together with businesses to try and tackle the pandemic and it was used successfully (Crowley & Mayers, 2015; WHO, 2014). In a study on task-shifting done by WHO they found that in most countries that implemented the approach in dealing with HIV and AIDS there was a rapid increase in services delivered, high levels of satisfaction of patients and most importantly overall good health outcomes (WHO, 2014). Those findings are not different from ones that also stated the effectiveness of task shifting for delivery of healthcare services which prompted other healthcare sectors to want to use the approach to deal with the unbalanced ratios of healthcare professionals available to patients needing help (Spedding et al., 2015).

The use of task-shifting in mental health care

It seemed appropriate then to try and use this approach in mental healthcare as this was one of the sectors which had the largest treatment gaps, especially in low-income countries in most of these countries the health care sector lacks in resources and professionals scarce (Spedding et al., 2015). Nimgaonker and Menon (2015) state that in many places there has been a move which seems progressive from institutionalised specialised care two community-based specialist care. However, in South Africa, clinical psychologists are only expected to work one-year compulsory as community-based specialists (Feiring & Lie, 2018). Therefore, the government needs to relocate more funds to the community-based work which will encourage psychologists to work for the community instead of starting their own private practices because of salary increases. Psychology professionals are needed in communities that is the only way the problem of inadequate human resources can be addressed (Nimgaonkar & Menon, 2015). Hence because of this shortage of psychiatric care professionals, it is essential for task-shifting to then be implemented especially in low- and middle-income countries (LMICs) (Okyere et al., 2017). It is also important to note that in a diverse country such as South Africa the other problems that contribute to this lack of specialist care firstly it is because of the rigorous programmes and their requirements that hindermost of the people who want to become specialists to achieve that (Jerene et al., 2017). Language is also a big problem as most of the specialists who are available in mental healthcare are not first speakers of most of the South

African indigenous languages which hindermost of the South African public who do not speak English as their first language to be comfortable in settings that are created to assist and help them (Van den Berg, 2016). Even when most healthcare professionals learn indigenous South African languages spoken in the communities, they work in problems still arise such as miscommunication furthermore, it is impossible to separate language from culture (Van den Berg, 2016). Which is why task-shifting approaches use community-based healthcare workers who have links with the specific communities. In a survey conducted in the Western Cape, it was found that language barrier contributes to the decreased quality and satisfaction of care, it also interferes with the provision of holistic treatment and has led to cross-cultural misunderstandings (Van den Berg, 2016). In most cases, translators are used for trying and bridging the gap and this will lead to patient's confidentiality being at risk and perhaps even lack trust from the patients themselves.

Another important factor that has been a critic to task shifting is that it seems as though this approach is made to demean the years of learning that specialists have taken however, that is not the case as the approach was implemented to address the low human resources for mental health, to increase coverage of mental health services, to address the poor service delivery especially in LMICs and to increase the efficiency of mental health services delivery overall (WHO, 2014). Every healthcare system relies on having enough people with the right skills and at the right places, while South Africa might have the right people with the right skills most of those people are not at the right places that require the most immediate help and there is sufficient evidence that proves that in those places where there are no specialist professionals in mental healthcare the societies are the ones that take the biggest loss (Shidhaye et al., 2015). For task-shifting to be effective all members of the mental healthcare sector have to work together, therefore it is vital to know the perceptions of healthcare professionals who have engaged in the approach (WHO, 2014).

A study was done in Ghana that presented the perceptions of healthcare workers on task-shifting as it has become a common practice in most rural communities, it was found that they mostly believed that teamwork is very essential to the practice of task shifting and is the reason it has been sustained in the rural parts of Northern Ghana (Okyere et al., 2017). Another way to ensure that the approach works effectively is to plan the training and supervision thoroughly and not have any things left to chance

because it is about people lives and any mistakes in training can hinder the whole approach. The healthcare workers also raised concerns that some of the tasks delegated seem to be too much for the low-level workers and causes stress which might affect the approach, it is therefore important that supervision is also paramount until the specialist is satisfied with their low-level colleagues (Okyere et al., 2017). There are knowledge gaps when it comes to the use of task-shifting approaches in South Africa, firstly there is inadequate research on the actual financial burdens that the mental healthcare sector is under even though there has been various news reporting's of misconduct and lack of resources, the research available focuses mainly on prevalence (Jack et al., 2014). Secondly, it would be helpful if there were available studies that focused on the use of traditional medicine for mental health in South Africa. This is because it is known that individuals do go to traditional healers for physical health. There are also knowledge gaps in the cost-effectiveness of other interventions that the mental health care sector currently uses and their economic effects, task-shifting has been proven to successfully work for LMICs because it is a cost-effective approach and emphasises community involvement (Jack et al., 2014).

Conclusion of literature review

In conclusion, task-shifting approaches are essential to systems that are struggling to meet their demands and to ensure that necessary services are delivered to those in need (Feiring & Lie, 2018). This approach has worked successfully in countries worldwide in HIV services, even when the shortage of specialised personal is a global problem it is mostly LMICs that take the biggest hit (WHO, 2014). Having established that there are not enough mental healthcare workers to deliver nationwide access to treatment, diagnose and support for patients (Jack et al., 2014). It is necessary for research that will introduce task-shifting approaches as an intervention to close the treatment gap, the implementation of this approach must be done such that it improves service delivery and the overall system (WHO, 2014). The approach has proven that it can effectively expand the number of available mental healthcare personnel by using the already available member of the mental health care system who works in lower level jobs. Task shifting will improve the mental health system in South Africa if implemented properly.

2.3. Conceptualisation

For the purposes of this research, it is important to outline and provide concise definitions for the key concepts to ensure that there is no confusion, and everything makes sense. The research focuses on four main concepts namely take-shifting, mental healthcare, higher-level healthcare workers and lower-level health care workers.

2.3.1 Task-Shifting

Task-shifting is the process of delegation where the task in an organisation are shared, moved from more specialised healthcare workers to less specialised healthcare workers (WHO, 2014). According to World Health Organisation, it is also when specific tasks are moved where appropriate from highly qualified health workers to health workers who have fewer qualifications to make more efficient use of the human resource available (WHO, 2008). For this research, the WHO (2014) definition of task shifting will be used.

2.3.2. Mental healthcare

Mental health care refers to services which are devoted to the provision of treatment for mental illnesses and most importantly the improvement of people's mental health (Okyere, Mwanri & Ward, 2017). WHO (2008) defines mental health as a state of wellbeing in which the individual realizes his or her own abilities and can cope with the normal stresses of life? Okyere et al., (2017) definition of mental health care is in line with the definition of mental health by the WHO (2008) and will be used for the research. Mental healthcare is split into two systems, the primary healthcare which is in charge of providing essential mental healthcare. Gask et al., (2018) explains that this involves diagnosing, implementing various preventative methods and the delivery of key psychosocial skills such as counselling and interviewing. Secondary level healthcare is then in charge of providing specialist care which is essential for treating severe cases that generalist cannot handle (Shidhaye et al., 2015). This also includes extended-stay facilities, psychiatric services and further evaluation and treatment (Gask et al., 2018).

2.3.3. Higher-Level and lower Level mental healthcare

Higher-level healthcare workers refer to professionals with very specialised skills and knowledge, in this case, clinical psychologist and psychiatrist. Lower-level healthcare workers are defined as the professionals who work at the primary level of mental health care these individuals are normally the first people of contact for those who require help. For this research, this will be social workers, guidance counsellors and general practitioners. When implementing task-shifting it is vital that the relationship between low level and higher-level healthcare workers is good to ensure that everyone is working towards increasing productivity and the two groups of people also need to respect each other (Jerene et al., 2017).

3. Chapter 3 : RESEARCH DESIGN AND METHDOLOGY

This section of the paper will have a critical discussion on the research paradigm, research design and the research plan that is best suited for this research. The discussion will include extensive information on the sampling methods and population as well as methods of collecting and analysing data gathered.

3.1.Outline of /paradigm

Saunders et al (2009) state that a research philosophy is vital to the research as it the belief about how data of a phenomenon will be gathered, analysed and used. There are four types of philosophies that researchers use: realism, positivism, interpretivism and pragmatism. A positivist paradigm will be used in this research because the focus is on uncovering the laws that govern human behaviour while having the researchers remain detached from the respondents. Jankowicz (2005) believed that a positivist approach argues that the truth exists independently of the people who go to seek it and must be found through the use of logical deduction. Reality is seen as real and something that is apprehensible (Aliyu et al., 2014). It must be able to be measured empirically and a belief that the objective responses of participants are the knowledge. The knowledge must be supported by scientific proof which gives reason to believe that using this paradigm will result in outcomes that improve the levels of reliability and validity (Patel et al., 2007). The findings of this approach can be considered reliable and can support the researchers to be able to make a scientific statement which can be generalised to the population because of the objectivism epistemology (WHO, 2016). Another primary goal of positivism is to generate causal relationships that can direct the researcher to predictions and control of the phenomena being researched (Rehman & Alharthi, 2016). This is important for this study because the views of healthcare workers will be used to make predictions that can assist the mental health care sector in implementing cost-effective strategies to deal with the treatment gap in service delivery. It is also vital that the result gathered must be from individuals who will use objectivity and abstain from letting their values influence the knowledge produced. Positivist thinking does not consider subjectivity as important, in-fact it encourages researches to be detached from the research by not interacting with the participants when collecting data. This paradigm is best suited for the

research because the research relies on the health care professionals having one objective reality.

3.2. Research approach and design

McMillian and Schumacher (2006) explained that qualitative and quantitative research methods refer to the distinction about the nature of knowledge and specifically how individuals understand the world around them along with their ultimate goal of the research they are conducting. The specific method chosen will affect how data is collected and analysed more importantly what types of generalisations and representations that will come from the gathered data (McMillian & Schumacher, 2006). Quantitative research is defined as a systematic investigation of a particular phenomenon by gathering data that is quantifiable by using statistical techniques (Mackenzie & Knipe, 2006). This research methodology is being used for this research because it emphasises the use of statistical methods and produces results that can be tested for reliability and validity which gives credibility to the entire study. It can also help with other individuals who want to replicate the study. Quantitative methods produce results that are trustworthy and when the sample size is significant then it allows for the results to be generalised to the specific target population (Choy, 2014). This method is also closely linked with positivism (Bhattacherjee, 2012).

The advantages of using a quantitative approach to research are that, firstly, this approach allows for larger greater credibility because of the statistical analysis and sample size. Secondly, information can be collected more quickly and this research approach works best for when time is limited because collecting data is not time consuming Lastly, using quantitative approaches will yield information that can later be generalised to the general population (Choy, 2014). By using this approach researchers can better understand the reason behind people behaviours and decision-making skills which can lead to information that can benefit the whole population (Mackenzi & Knipe, 2006).

There are two main approaches used in research the deductive and inductive approach. A deductive approach involves working from existing theory to derive an hypothesis that the research will be working towards proving (Saunders et al ., 2009). This study will employ an inductive approach and use the research question to narrow the scope of the study being conducted. Inductive approach involves working around new information that is arising from the gathered data. There is no need for any hypothesis to be derived because the study however , the perceptions of mental healthcare workers will be analysed and outcomes from that analysis used to support the task-shifting approach or not support it. This approach is best suited because it aims to explore new phenomena and investigate previous research on specific phenomena (Gabriel, 2013). This approach also is suitable because it focuses on validating the phenomena in the specific given circumstances. It also follows a logical path and makes it possible for researchers to measure concepts quantitatively (Smart, Witt & Scott, 2012).

The study will be cross-sectional design because it is happening at one point in time and over a short period (Levin, 2006). This type of study is used when the purpose is descriptive and uses a survey, it is best suited for this research because one of the advantages of using it is that it is useful for public health planning and for the generation of strategies which is one of the objectives of this research.

3.3. Population

In this study the population that will be used are mental healthcare professionals who are registered with the Health Professional Council of South Africa (HPCSA). The research focus is on finding out what perception mental health care workers have about the task-shifting approach; therefore, they are most suitable for this study because they have the knowledge that is needed to answer the research question. The target population for the research is every registered member of the mental health care sector in South Africa specifically psychologists, psychiatrists, registered counsellors and social workers. For the purpose of this study it is vital for the individuals to be well experienced and informed therefore a stipulation of work experience has been added to the population characteristics, the individuals will need to have worked for more than two years after completion of their community service. This means they have a better chance at understanding various approaches used to

tackle the treatment gap in mental health care. Limitations such as time constraints require the research to make use of an accessible population which Etikan (2017) describes as being the actual sampling frame from which the final sample is found. For the purpose of the study the sampling frame will be registered menta health care workers who work in low funded provinces such as Mpumalanga and Limpopo.

3.4. Sampling

The unit of analysis that were used for the study were people. There are two sampling methods used in research namely probability and non -probability sampling. Etikan and Bala (2017) state that probability sampling is a method where the researcher picks a sample from a large population randomly. This method gives everyone in the given population an equal opportunity to be chosen as the sample. Probability sampling requires the researcher to have full access to the entire population from which a random population can take place and the final sample can be chosen. Probability sampling is often used for most quantitative studies as it normally makes it easier for researchers to make statistical inferences about the whole population they are researching. However, for this research that is not possible therefore non-probability sampling was used du-Plooy-Cillies et al., (2014) state that non-probability sampling is best suitable when the population one is working with cannot be easily accessed. South Africa currently have over 13 000 registered personnel working in the field of mental health, which makes it difficult to have access to the entire population. Non-probability sampling also allows the chosen sample to be a representative of individuals who meet the population parameters of the research. This type of sampling requires the use of a criteria for this research all participants must be working within the mental health care sector, be based in low funded provinces such as Mpumalanga and have more than two years' work experience. However, not every individual who meets the criteria has an equal chance of being a participant in the research. Researchers should be careful when using this sampling method because it has a high risk of sampling bias as they can end up selecting people unfairly over others which means other individuals will be less likely to participate in the study (Etikan, 2017). When conducting research, the collection of data is crucial and who that data is collected from is important too. Thus, purposive sampling will be used as it includes deliberately picking participants based on what

qualities they have (Walliman, 2011). The size of sample that will be used in the study will be 20 individuals, the small population is because of the time constraint of the research.

Purposive sampling was used, this sampling method involves having the researcher use their judgement to make sure that a desirable sample is selected. It is beneficial to use when trying to understand a specific theory and anting to gain knowledge that is from informed individuals according to the set criteria (Etikan, 2017). For this research it was important to investigate the perceptions that mental health care workers have regarding the use of task-shifting approaches therefore purposefully selecting from the population will help to gather data that will be able to answer the research question. The type of purposive sampling that was used was expert sampling. Etikan and Bala (2017) define expert sampling as a method used when researchers are seeking knowledge from a group of experts in a certain field. The word expert also excludes individuals who are trainers and emphasise the use of people who have more experience in the field. This is why the criteria involved the number of years individuals had to have worked in the specific field. Walliman (2011) argues that the use of experts sampling helps in increasing the study validity. Furthermore, Etikan and Bala (2017) state that using the expert sampling method is an advantage when conducting research in a new area and helps in determining if further exploration of the field is required. As a result of the world pandemic Covid-19 the population became hard to access s movement became limited. Another sampling technique had to be implemented mainly snowball sampling which involved individuals who were already participating to pass on the information to their colleagues.

3.5. Data collection

3.5.1. Data collection method

As this research is using a quantitative approach there are numerous ways of collecting data namely questionnaires, online surveys and experiments (Dewar, 2018). Bhattacherjee (2012) defined data collection as a process of gathering data and measing information on a certain field in a systematic way that allows for the research question to be answered, theories to be tested and outcomes evaluated through analysis. For the purpose of this research an online survey was chosen as the most suitable process for collecting data. In the online survey closed ended questions were included along with one open ended question which was included because giving choices would have limited the answers that could have been given by the participants. The survey has implemented the use of a Likert scale which can be easily used to measure people's attitudes towards something (Joshi et al., 2015). Using a Likert scale helps participants to express how much they agree or disagree with the given statement. The main advantage of a Likert scale is that they are easy to understand, and easy to draw results for quantitative it also does not force people to have an opinion as they can also remain neutral. The decision to use online surveys instead of conducting in-depth interviews with the participants was because interviews tend to provide more subjective information which can increase bias because of personal experiences (Dewar, 2018). The focus of this research is in search of objective information which is based on work experience and not personal feelings, this is in line with the positivism paradigm.

Online surveys are beneficial to the research process, especially when time limits are set. Another advantage is that online surveys are convenient for both the researcher and respondents as they can be filled and analysed form the comfort of their own homes (Jones, 2017). Trafimow (2020) states that another advantage of online surveys is that they are cost effective, unlike paper questionnaires they do not need to be printed and posted via mail to participants. Online surveys also increase the reach a researcher has because they can be sent to a lot of people at the same time. Another advantage of this collecting method is that they give the participant anonymity, This will make the participants feel more comfortable with giving honest feedback which is important. The use of online surveys also decreases human error. Studies

have shown that with online surveys a smaller margin of error is produced when compared to paper-based surveys because feedback goes directly to the database and are not manually entered by the researcher. The database is able to quickly present the data in various ways which make it easier for the researcher to interpret it. However, unlike any other data collection method there are disadvantages to using online surveys. Such as not being able to verify identification and the lack of random sampling which can results in questionable statistical confidence. Another disadvantage is that online surveys require internet access meaning if the sample is located in a remote area, they would have difficulties with taking part in the study (McPeake, Bateson & O'Neill, 2013). Therefore, when a researcher decides to use this approach, they must implement strategies which will minimise selection bias and maximus response rates.

3.5.2. Data collection application

The first thing that needed to be done was the development of the online survey. This included creating items that are suitable for the research. The Google document platform was used to create the survey which consisted of ten closed-ended questions, one open ended question which was intentionally put in the survey to find out what task the mental health care professionals would think cannot be implemented in task-shifting. The beginning of the survey also consisted of the consent form and information about where the participants work and if they have finished their community service year. After the survey was developed the researcher had to send emails to the participants that she found in Mpumalanga there were about ten people, who had previously agreed to participate in the study. Using snowball sampling they gave the researcher their colleagues emails who had expressed to them that they would like to participate in the study. Charles and Kirchherr (2018) state that snowball sampling works best when the sample is made up of traits that are not easy to find , in this case it was becoming difficult to find willing participants by emailing them from information on the internet therefore using the emails of those who had already agreed to participate made it easier to gather a complete sample of twenty individuals.

The data collection was supposed to be completed three days after having sent the email, however after the three days only eight participants had completed the survey and sent an email that they had done it. After this a second email was sent to the participants who had not completed the survey to request that they do it within the next two days. The researcher then received emails asking for explanations on the approach being discussed in the survey even though the first page had information on the approach, thus after sending third emails explaining the approach and sharing research that had been done in South Africa community psychology programmes. The participants then filled in the survey, however after the two days only seven more had responded which made the total after five days fifteen respondents recorded by the database. This then prompted the researcher to add another province that would make more people eligible to participate, therefore another province that receives low funds from the department of health was added namely Limpopo where five psychologists where contacted using snowball sampling and they completed the survey. This brought the total of participants to 20 and meant that data collection was complete at this stage.

3.6. Data analysis

3.6.1. Data analysis method

To analyse the data that was collected from the online survey, descriptive statistics was used. Using the online survey makes it easier to make the data quantifiable which means descriptive statistics can be applied. This is also because it is commonly known that quantitative data analysis is more based on statistics while qualitative data analysis is more based on finding similarities in characteristics without using any numerical data (Bowen et al., 2017). In a quantitative research the data can be analyse by using descriptive or inferential statistics often then can be mixed together to provide patterns emerging from the data and inferential provides the researcher with the option to generalise their findings to the population where the sample is from (Choy, 2014). Quantitative methods of analysis can adequately provide summaries about the sample and specific measures. Inferential statistics have two main elements, the one is estimating parameters which involve taking statistics from the sample data and using it to state something about a population parameter and the other is mostly used in

research that involve hypothesis testing to answer the research question (Charles & Kirchherr, 2018).

Descriptive statistics are used to describe the basic features arising from the data recorded, they usually are associated with graphs which help to explain the responses given by participants. They also help in finding out whether the sample has a normal distribution which is a requirement for statistical test. This analysis method can also help to determine if the sample can be compared to the large population from which it was taken from. This way descriptive statistics simply give the researcher an opportunity to describe what the data shows in a manageable form. Descriptive statistics are unable to allow researchers to make conclusions beyond the data they have analysed (Choy, 2014). However descriptive statistics are important because if researchers only showed raw data then many people would not understand what the data means. Therefore, presenting data in a more meaningful way, makes it simpler for everyone to interpret the results. There are two ways that data can be described: it is through the use of measures of central tendency namely the mode, mean and median. The second technique used is the measures of spread which includes the standard deviation, range and quartiles (Kaur , Stoltzfus & Yellapu, 2018). The mean is the most popular and well used measure of central tendency it shows the average answer given by the participants. The median is the middle of the data set it is most commonly used for ordinal data sets such as this research Likert scale. A Likert scale is a rating scale that is often used to measure behaviour, attitudes and assess opinions (Croasmun & Ostron, 2011).They are beneficial to the data analysis process as they make it easier to operationalise perceptions. The mode is the most frequent answer that appears. It helps with understanding the distribution of the data better. The standard deviation is a measure of the spread of scores within a data set. The researcher does not have access to the entire population therefore can only provide an estimated population standard deviation from the sample deviation. For this study the mode, median, percentages and graphs will be used to present the results from the online survey.

3.6.2. Data analysis application

Once the online survey responses reached twenty submissions, the researcher closed the survey to ensure that no more people can fill in the survey. After that the researcher

proceeded to analyse the responses individually and compared each question. The online database had already recorded responses for each of the questions thus the researcher did not need to spend time inputting all the responses manually which would have taken much of the time away from the analysis. At this stage after looking at the data, a decision was taken based on the nature of the ordinal categorical data and the research question. The researcher had to decide what they wanted to present the data and what was important to outline in order to fully answer the research question.

The important thing in data analysis is making sure that the data is presented in a way that is easily understood by everyone who will read the results discussion. At this point of the process the researcher reached the decision that the goal of the analysis is to simply describe what the obtained data shows, it is not to infer the results to the entire general population (De Block & Vis, 2018).Therefore only descriptive analyses was used to analyse the data as it is more suitable and no relationship among any variables is being tested. For the descriptive statistics not all the components of the measures of central tendency were used as only the mode and median were more appropriate in analysing the data set. The mode of the most frequent responses was used to analyse the data. Furthermore, looking at each question the researcher looked at using bar charts to show the distribution of the responses. Percentages of each question also seemed best suitable to represent the response. The sample consisted of different professionals in the mental health care sector namely, psychologists, social workers, psychiatrists and a registered counsellor. Therefore, it is in the best interest of the research to show the differences between the professionals and see if they have different perceptions on the task-shifting approach. To do this a cross-tabulation was used to show the relationships between the professions and their attitudes to the items on the survey if any difference exists

(Aljandali, 2016). For further analysis the data was inputted into the Microsoft excel programme and formulations of the graphs, tables and percentages were made. One of the questions in the survey is an open ended question, the reason it was included in the survey was to determine if there were any tasks, that were unsuitable for the task-shifting approach , each participants was asked to list three tasks that they deemed to be unsuitable of being implemented in the approach (Thornicroft, Deb & Henderson, 2016). This question cannot be analysed using the same techniques

therefore, a qualitative method of analysis will be used for it namely coding which led to thematic analysis. Thematic analysis is a method that applies to text where the researcher can closely examine related themes that arise from the data by looking at the patterns of the responses (Braun & Clark, 2019).This is because it was important to find out if any of the answers given for this question were similar and if the same themes were arising from the responses. There are two approaches to thematic analysis, inductive which is allowing the data to determine the themes and deductive where the researcher has themes preconceived that they expect to see showing in the patterns. This research used the inductive approach, after this was done each of the themes was further analysed by the use of thematic analysis.

4. Chapter 4 : FINDINGS AND INTERPRETATION OF FINDINGS

4.1.Demographics of the study and purpose of the study

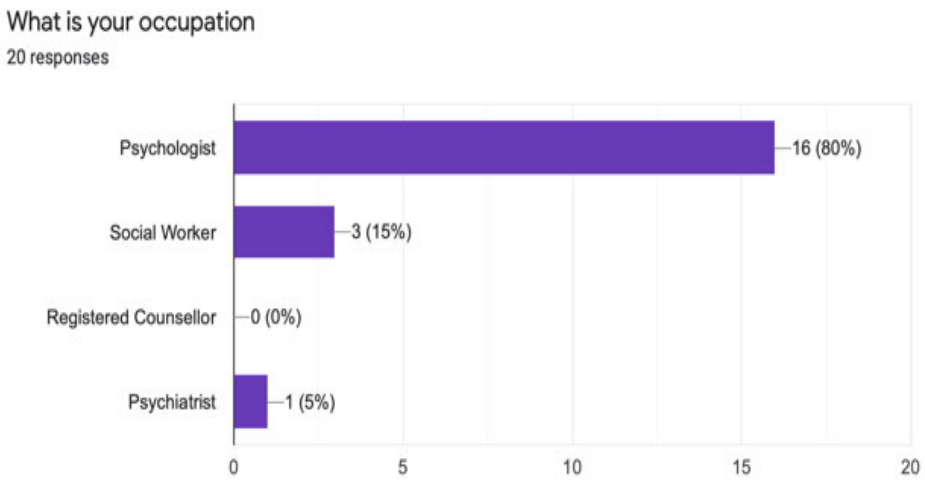

Figure 1: occupation of participant

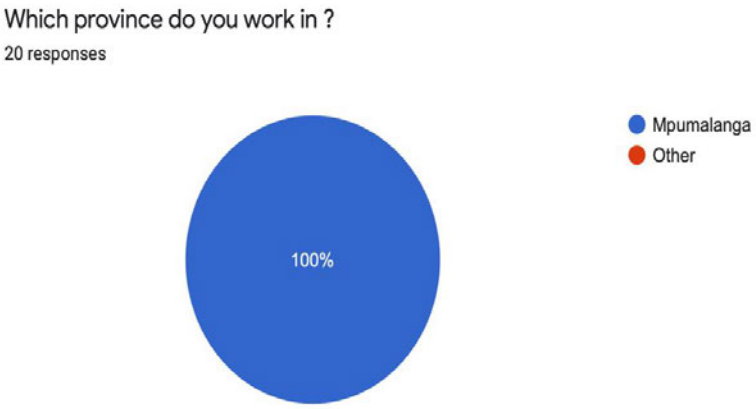

Figure 2:province in which participants works

The research study was conducted using a cross-sectional survey to gather data from the participants who consented to the study. The total sample size was twenty people who worked in the mental health care sector (MHCS) in Mpumalanga and Limpopo. The sample consisted of psychologists, psychiatrists and social workers. As seen in figure 1 , the demographic of the population that took part in the study showed that 80 % of the participants were psychologists and 15 % social workers with only 5% being psychiatrists. The area that they worked in was also important as Mpumalanga is one of the least funded provinces in South Africa (S.A) for mental healthcare, and also lacks human resources. Thus, figure 2 will show that all the participants selected Mpumalanga as the province they worked in, thus understand the problems faced in the MHCS in that province and the need for interventions and approaches to help combat the treatment gap. However it is important to note that five of the participants did not select 'other' as their option when they did not work in Mpumalanga , this was after the researcher struggled to get participants and through snowball sampling found five who worked in Limpopo to complete the sample. Limpopo is similar to Mpumalanga because it is also one of the least funded provinces.

The purpose of this research is to find out the perception mental healthcare workers have on using task-shifting approaches in mental healthcare (MHC).

4.2. Presentation and interpretation of results

For this study, the data gathered was analysed using descriptive statistics. This method of analysis is advantageous as it helps to present the data in a more meaningful way which assist the researcher in presenting simpler interpretations of the data (Du Plooy-Cilliers, Davis & Bezuidenhout, 2014). The measures of descriptive statistics used for each statement are the measures of frequency. There are 13 questions in the survey that participant answered using a Likert scale this were analysed using measures of frequency. These questions were answered using a Likert scale of 1 to 5 with 1 being strongly agreed and 5 strongly disagreeing.

Theme 1: Task shifting approaches

As previously mentioned in the literature review, task shifting is a process whereby tasks are delegated and moved from specialised workers to less specialised workers where it is appropriate (WHO, 2014). In the mental healthcare sector, there are different professions which have their scope of practice, however, due to lack of human resources in mental healthcare, a rise in the treatment gap threatens the health of the South African society (Nimgaonkar & Menon, 2015). Questions 1, 2, 6 and 10 focus on gathering knowledge related to task-shifting approaches from the participants. This theme focused on ensuring that participants were aware of the approach at hand.

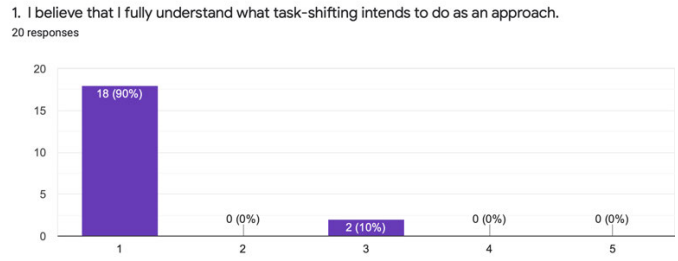

Figure 3: Understanding of the task-shifting approach.

As seen in figure 3, 90% of the participants selected ‘1’ which means strongly agree and only 10% remained neutral on their confidence of knowledge. Thus, it can be

generally be stated that majority of the participants were well informed on the task-shifting approach.

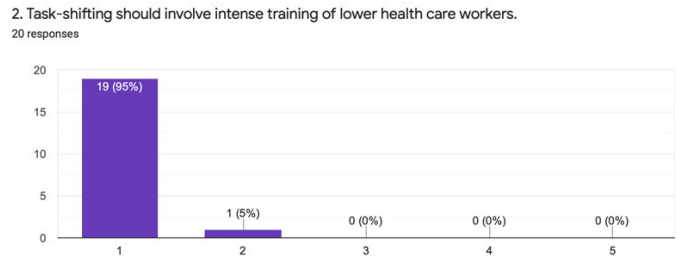

Figure 4:Perception of required level of training for LHCW.

Furthermore, figure 4 shows that 95% of the participants believed that the approach should involve intense training to ensure that everything works according to plan. This is in line with the theory of the service organisation pyramid model (SOPM) which will not work unless everyone involved works together. Shidaye, Lund and Chisholm (2015) further state that in the SOPM every system affects every component of the intervention.

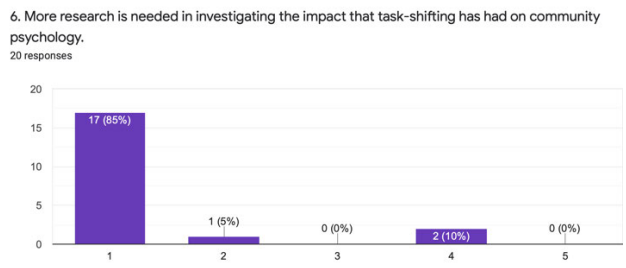

Figure 5: Perception on the need for more research.

There is not much research on the task shifting approach in South Africa, as seen in figure 5 about 90% of the participants agreed that more research is needed while only 10% disagreed with that statement. This need for more research is in line with also finding out how cost effective the approach will be compared to others. One can speculate that this disagreement from 10% of the participants is because the participants believe there is enough information on the approach as it has been used before to assist in the HIV/AIDS treatment gap problem (Jack et al., 2014).

Theme 2: Attitudes on task shifting

In MHC each profession has their scope of practice thus there is a task that social workers cannot do which can only be done by psychologists and some tasks which psychiatrists can perform which psychologists cannot perform. This theme covers the attitudes which the different participants from different professions have. In the literature review it was stated that there is a perception that task-shifting undermines other professions as their duties are passed down to other low-level workers who do not have the same qualification (Spedding et al., 2015). However, after analysing the results from the twenty participants it seemed as though this perception was not true, and they recognised such approaches as helpful to the treatment gap (Refer to figure 6 below). This responses answers the sub question which was looking at whether higher level workers feel as though low level workers are taking their jobs instead of assisting them for the purpose of better service delivery. This is also in line with the COM-B model theory which states that all individuals need to be motivated for change to occur , thus if higher level workers are demotivated about the approach it will not succeed. About 45% of the participants strongly disagreed that the approach undermines higher level workers while 40% disagreed with the statement.

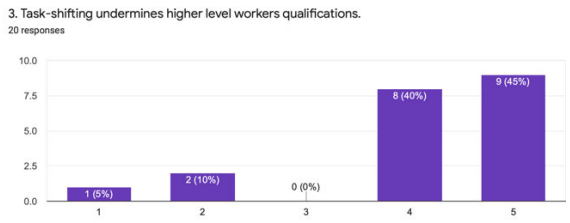

Figure 6: Perceptions on whether task-shifting undermines other professions

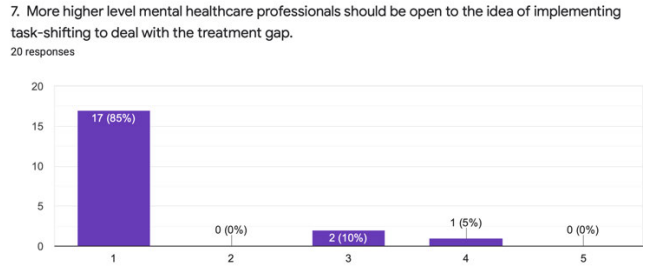

Figure 7: Perceptions on whether higher level workers should use task-shifting

Furthermore, as it can be seen in figure 7 which is a presentation of question 7, 85% of the participants believed that higher-level professionals should be open to the idea

of using task-shifting to deal with the treatment gap, 10% remained neutral on the idea and only 5% stated that they disagreed with the statement. With over 80% of the participants agreeing with the statement on figure 7 , it shows that the perception they have about the impact and use of the approach is mostly positive.

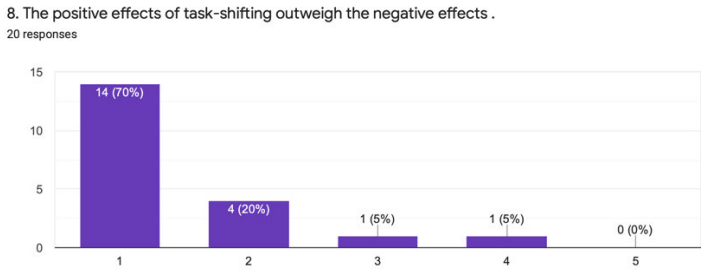

Figure 8 : Question 8, positive effects versus negative effects

With every approach some positive and negative effects should be weighed, question 8 asked whether this approach was worth taking on and about 90% of the participants believed the positives outweigh the negatives. However, 5% disagreed with the statement while another 5% remained neutral (See figure 8 above). The COM-B model states that each person in the sector has to be motivated to ensure that the task-shifting approach is beneficial for everyone involved (Michie,Van Stralen & West, 2011). It can also be said that perhaps the main negative is the distribution of task to lower-level workers, this can be dealt with by ensuring thorough training and only passing on the task that is suitable for lower-level workers. Question 11 asked participants to list task that they deemed to not be fit for task-shifting and the top three answers were:

- administering of medication
- an initial session with participant
- administering of psychological test.

Such tasks can be done by higher-level workers only to ensure that productivity and service delivery is of top standard in all places. The last sub question enquired on certain task that cannot be used in the task-shifting approach, many of the participants mentioned similar things (refer to annexure F).

Theme 3: Mental healthcare treatment gap

Okyere, Mwanri and Ward (2017) state that MHC refers to services which are devoted to the provision of treatment for mental illnesses and they are focused on improving people mental health. Thus, the problem of the treatment gap leaves anyone working in the MHCS at a disservice. More approaches must be implemented to try and combat the treatment gap in S.A (Jack et al., 2014).

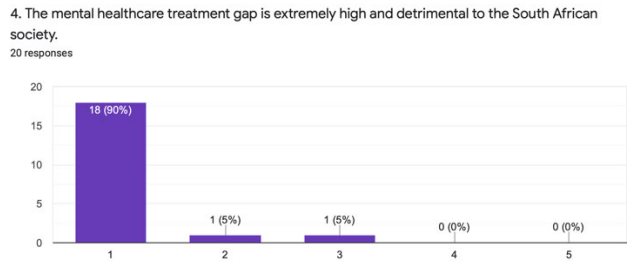

Figure 9: Perceptions of the treatment gap on the society

It can be seen from the responses that indeed the previous literature on the treatment gap in S.A is accurate, 95% of the participated stated that they agree with the statement in figure 9. Michie et al (2011) state that the improvement of any public healthcare sectors relies on individuals acknowledging their problems. As seen in figure 9 , 100% of the participants state they agree with the statement. Apart from this, the individuals in the sector need to be willing to change which is in line with the COMB-Model which promotes the delivery of effective clinical services. The research problem is tackled in statement 4 as it serves to find out if the mental healthcare professionals agree with the literature that South Africa has a problematic treatment gap.

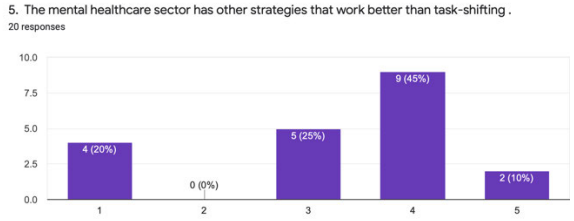

Figure 10: Perception on strategist that work better than task-shifting

Question 5 in figure 10 shows that about 55% of the participants disagree that there are currently better strategies working to close the treatment gap, thus this indicates that task-shifting approaches should be implemented as it may be better than the currently used approaches (Thornicroft, Deb & Henderson, 2016).

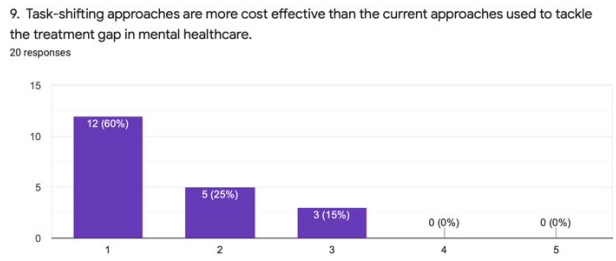

Figure 11: perception on the cost of implementing task-shifting approaches versus the already existing approaches.

In figure 11, it can be seen that 60% of the participants strongly agree that the approach also seems cost-effective which means a developing country such as S.A can afford to implement it (Nimgaonkar & Menon, 2015). Furthermore, 95% of the participants agree that more money should be given to the mental healthcare sector which will increase service delivery and human resources, this can be seen in figure 12 (below).

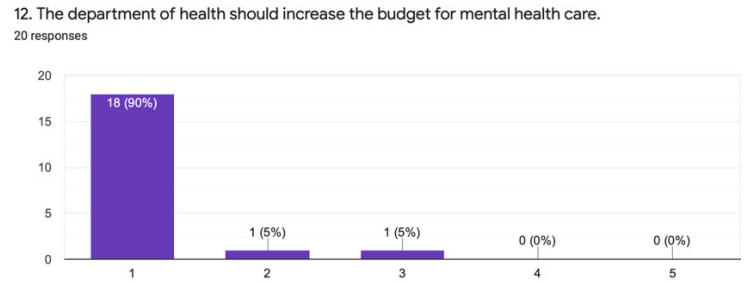

Figure 12: Perception on the department of health budget

The participants showed that they recognise the problems that are caused by the treatment gap, 95 % of them strongly agreed with the statement in figure 13 and 5 % of the participants agreed with the statement.

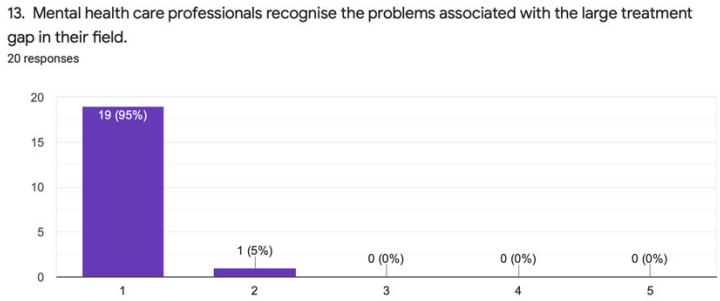

Figure 13: Problems associated with the treatment gap in South Africa

5. Chapter 5 :VALIDITY AND RELIABILITY / TRUSTWORTHINESS OF FINDINGS

5.1 Reliability and Validity

Validity and reliability are the two most important components of quantitative research, it is beneficial to present research that is going to contribute and be trusted by individuals in the same field and bale to help advance knowledge. According to Koonin (2014) validity refers to whether the measure used measures what it intends to measure, it entails the extent to which the survey used to gather data represents the true reality of the concept that is being measured. Tycross and Heale (2015) state that it is important that consideration be given to the rigour of the study and not just the results of the study. Rigour is the extent to which the researcher worked to ensure that the research is of high-quality (Le Roux, 2017). For this study, content validity was used to enhance the quality of the study and measure. Content validity is defined as the extent to which an instrument covers all the aspect of the content or construct being measured (Bichi & Talib, 2018). Another way validity was looked at was by using experts to determine whether the survey covered things related to the content being measured. This is a subset of content validity called face validity, which deems whether the survey used is suitable on the surface for measuring what it intends to measure (Bolarinwa, 2015). This was done by having a draft survey be looked at by

the supervisor of the research and other professionals in the field of MHC who would have a good understanding of the research topic.

Reliability is also an important part of rigour in any research, it works hand in hand with validity. Koonin (2014) states that reliability is mostly focused on consistency, meaning how consistent the measurement being used is. While producing the questionnaire the researcher made it a point to base each statement on previous literature and existing theories, thus by doing so ensuring reliability. This ensured that any repeated study can utilise the same instrument without problems as it covered all the content. It was important for this research to find out if each statement represented the same concept as others, thus internal consistency was measured (Maree & Petersen, 2016). This was done by calculating the Cronbach alpha for each of the statement, it showed if the statement used to have any inconsistency or if they show perfect consistency. However, it is important to note that having a high value of Cronbach alpha does not mean that the instrument being used is unidimensional (Taber, 2018). After calculating Cronbach Alpha, it was found to be 0.58 which is lower than the generally accepted 0.75, however, there are many reasons as to why Cronbach Alpha would below. It can be due to having a low number of questions which for this research was vital because of time constraints (Tavakol & Dennick, 2011).In the same sense, if the alpha was found to be too high it would suggest that most items on the survey are redundant. Jasper (2010) further states that is important for individuals to not use alpha improperly as that would lead to many capable tests being discarded instead of improved upon if time allows.

6. Chapter 6 : CONCLUSION

6.1.Summary of findings as they relate to the research question, problem, hypotheses or sub-questions

The primary research question asks: what perception do mental healthcare workers have about the use of task-shifting approaches? Out of the findings, it is evident that the participants have a good perception regarding the approach. As about 90% of them stated that the positives of the approach outweigh the negatives associated with it. Furthermore, the results showed that the current strategies working towards closing the treatment gap are not as cost-effective as the task-shifting approach. Overall the MHC professionals believe that with adequate training the low-level workers can perform the lower task which will benefit the overall system in terms of closing the treatment gap because human resources will be doubled. Another interesting aspect of the results is that 95% of the participants agreed that the treatment gap is currently extremely high and detrimental to the S.A society and 75% do not seem to think that the strategies used are working better than what task-shifting approaches shave done in community psychology and disease outbreak control.

Another sub-question of the research was finding out if different professions would have different opinions on the statements, however, after looking at the responses per individual there are no observable differences based on profession. The research study also shed a light on the many tasks that MHC professionals deem to not be fit for task-shifting approaches such as long term- therapy, administering a psychological test, initial session diagnosing and administering medication. Some of these tasks were not previously mentioned in the previous literature, thus addressing one of the sub-questions. Another sub-question that was addressed was the attitudes of higher-level workers, question 3 explored this and showed that 85% of the participants disagreed with the notion that task-shifting undermines higher-level workers. They believe that it helps them to do their jobs better and effectively by delegating the lower task to the lower level workers(Feiring & Lie, 2018).

6.2.Anticipated contribution of the study (Implications of findings)

Anticipated Contribution

This study is fundamental to the overall progress of mental healthcare. The treatment gap in South Africa is one of the many root causes of societal problems such as substance abuse, domestic abuse and poverty (Shidhaye et al., 2015). This research has explored one of the strategies that can combat the treatment gap given the mental healthcare sector decides to implement it (Seidman & Atun, 2017). The task shifting approaches have worked successfully in combating treatment gaps in the healthcare sector such as dealing with HIV/AIDS and Ebola (Okyere et al., 2017). The information gathered from this study will help the mental health care sector to know what the perceptions of the professionals is regarding the approaches currently being used and the task-shifting approach. This information is important to the sector because finding an approach that mental health care professionals support will increase service delivery throughout the country.

Therefore, it is important to find out what mental healthcare professionals think about the use of task-shifting in mental healthcare, finding out this information will benefit the mental healthcare sector.

It is suggested that future studies be conducted on a broader scale , this could include mental health care hospitals and practical implementation of the approach after training the staff. This way the results can be more reliable as more steps to investigate the approach will be taken.

6.3.Ethical considerations

Ethics are very important when conducting any research because in the past psychology has disregarded ethical conduct and that resulted in people being harmed. The first step in ethical considerations for this study was to get ethical clearance from the institution to be allowed to conduct the research under their name. Secondly once the ethical clearance was approved then permission from the participants was obtained.

Participants

The participating mental healthcare professionals were ensured that they understood that they were taking part in the study on their own will. This was done by them having to read and fill in the informed consent form. The Informed consent from participants ensured that everyone involved in the study understood the aims and reasons for conducting the study. In the informed consent form, all the benefits and risk were outlined, this ensured that no harm will be done on the individuals participating in the research. All the participants took part in the study voluntary , no one was forced to take part in the study. Another ethical consideration is that the researcher respected the participants and their confidentiality as well, this was done by having each participant sign a confidentiality form to ensure that their identity will be kept unknown to the public. There was no deception during this study because the participants needed to know all the aspect of the research, this also ensured that the integrity of the study remained intact (Du Plooy-Cilliers et al., 2014). Lastly, the researcher did not use any incentives to get the participants to take part in the study.

Researcher

The researcher ensured that they remained professional and respectful towards all the participants , in the beginning of the study there was a clear explanation of the research problem and the approach being investigated. The participants were all acknowledged by the researcher in the beginning of the report. The information in the result section was presented directly from the Google docs survey platform this ensured that no personal bias from the researcher affected the study. The researcher has upload the ethical code by ensuring that no information is falsified. The data collected from the participants was used for this specific study solely and the researcher ensured that the information gathered was not misused in a way that could be harmful to anyone involved.

6.4.Limitations of the study

There are always constraints that limit a research study and are out of control of the individuals conducting the research (Du- Plooy-Cilliers et al., 2014). The first limitation to this research was the time available to conduct the research since it is an honours research there are deadlines to be met and that limited the amount of information one can gather. This was addressed by using an online survey which is time effective. The inability to control the environment was also a limitation to the study , the participants filled in the survey in the comfort of their own spaces , the researcher is not aware of how much time they spent filling in the survey. Another limitation is the number of people that can be used to the study, the size was limited to 20-30 people. The population was made up of professionals from Mpumalanga and because of the Covid-19 virus many people that were emailed could not reply to the emails in time hence why the sample was only 20 people. Another limitation of the research is the current situation of Covid-19 which limits the researcher from having a face to face conversations with experts to discuss important aspects of the research.

Concluding remarks

The study discussed the research problem which was 'the treatment gap' in South Africa. After conducting the research by giving out online surveys to professionals in the mental health care sector, it is evident that the treatment gap in South Africa is problematic and does contribute to the many problems society is faced with such as , gender based violence , poverty , crime and unemployment. Many of the participants agreed that this treatment gap is a detriment to society as a whole, furthermore, most of the participants agreed that the task-shifting approach proposed in this study as one that can close the treatment gap does have more positive effects than negative. Thus it is worth looking into and implementing it in the mental healthcare field, this approach has shown that it is reliable as it has succeeded in combating treatment gaps in the toughest times , such as dealing with disease outbreaks such as HIV/AIDS, TB and many more in low income countries. This indicates that the approach is cost effective , the com-b model emphasise son using already existing human resources which is why task-shifting works, the already existing human personnel in various hospitals are used instead of having to hire new people (Feiring & Lie , 2018).

7. Chapter 7 :REFERENCES

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8. ANNEXURES

8.1.Annexure A – Consent Form

To whom it may concern,

My name is Noxolo Precious Shongwe and I am a student at Varsity College Sandton. I am currently conducting research under the supervision of Dr John Hunter about the perception of mental healthcare workers on the impact of using task-shifting approaches to reduce the treatment gap in mental healthcare. I hope that this research will enhance our understanding of the different approaches that can tackle the treatment gap in mental healthcare and the strengths and weaknesses of the task-shifting approach.

I would like to invite you to participate in my study. In order to explain to you what your participation in my study will involve, I have formulated questions that I will try to fully answer so that you can make an informed decision about whether or not to participate. If you have any additional questions that you feel are not addressed or explained in this information sheet, please do not hesitate to ask me for more information. Once you have read and understood all the information contained in this sheet and are willing to participate, please complete and sign the consent form below.

What will I be doing if I participate in your study?

I would like to invite you to participate in this research because you are an experienced registered member of the mental healthcare system. If you decide to participate in this research, I would like to send through and email with the link of the survey that will entail all the necessary questions related to the research aim and problem statement. You can decide whether or not to participate in this research. If you decide to participate, you can choose to withdraw at any time or to decide not to answer particular interview questions.

Are there any risks/ or discomforts involved in participating in this study?

Whether or not you decide to participate in this research, there will be no negative impact on you. There are no direct risks or benefits to you if you participate in this study. You might, however, indirectly find that it is helpful to talk about you're the impact that task-shifting approaches have on mental healthcare and the strengths and weaknesses of the approach. If you find at any stage that you are not comfortable with the line of questioning, you may withdraw or refrain from participating.

Do I have to participate in the study?

Your inclusion in this study is completely voluntary;

If you do not wish to participate in this study, you have every right not to do so;

Even if you agree to participate in this study, you may withdraw at any time without having to provide an explanation for your decision.

Will my identity be protected?

I promise to protect your identity. I will not use your name in any research summaries to come out of this research and I will also make sure that any other details are disguised so that nobody will be able to identify you. I would like to ask your permission to record the interviews, but only my supervisor, I and possibly a professional transcriber (who will sign a confidentiality agreement) will have access to these recordings. Nobody else, including anybody at Varsity College Sandton, will have access to your interview information. I would like to use quotes when I discuss the findings of the research, but I will not use any recognisable information in these quotes that can be linked to you.

What will happen to the information that participants provide?

Once I have finished all interviews, I will write summaries to be included in my research report, which is a requirement to complete my Bachelor of Arts honours in Psychology. You may ask me to send you a summary of the research if you are interested in the final outcome of the study. What happens if I have more questions about the study?

Please feel free to contact me or my supervisor should you have any questions or concerns about this research, or if there is anything you need to know before you decide whether or not to participate.You should not agree to participate unless you are completely comfortable with the procedures followed.

My contact details are as follows:

Noxolo Precious Shongwe

The contact details of my supervisor are as follows:

Dr John Hunter

Consent form for participants

If you agree to participate in the research conducted by Noxolo Precious Shongwe about the perception of mental healthcare workers on the impact of using task-shifting approaches to reduce the treatment gap in mental healthcare. Please understand the following points :

This research has been explained to me and I understand what participation in this research will involve. I understand that:

1. I agree to be interviewed for this research.

2. My confidentiality will be ensured. My name and personal details will be kept private.

3. My participation in this research is voluntary and I have the right to withdraw from the research at any time. There will be no repercussions should I choose to withdraw from the research.

4. I may choose not to answer any of the questions that are asked during the research interview.

5. I may be quoted directly when the research is published, but my identity will be protected.

8.2.Annexure B – Interview Schedule/Questionnaire

Questionnaire

The following survey will be used to explore the perceptions that mental healthcare professionals have about the use of task-shifting approaches in the South African mental healthcare sector to try and close the treatment gap that is crippling the sector.
The World Health Organisation (2014) defines task-shifting as the process of delegation where task in an organisation are shared, moved from more specialised healthcare workers to less specialised healthcare workers. This cost-effective strategy has been used to combat the treatment gaps in dealing with HIV/AIDS and Tuberculosis in most Low- and middle-Income Countries (LMIC's) including South Africa (WHO,2004). Community Psychology has started to implement this approach by introducing the use of community experts to assist with language barrier and starting self-helps groups offering counselling training to community members (WHO,2014).

It is not necessary to include personal information, all the information given by the respondents will remain confidential.

* Required

What is your occupation *

- [ ] Psychologist
- [ ] Social Worker
- [ ] Registered Counsellor
- [ ] Psychiatrist

Which province do you work in ? *

- ( ) Mpumalanga
- ( ) Other

Have you completed the community internship? *

- ○ Yes
- ○ No

1. I believe that I fully understand what task-shifting intends to do as an approach.

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

2. Task-shifting should involve intense training of lower health care workers.

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

3. Task-shifting undermines higher level workers qualifications.

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

4. The mental healthcare treatment gap is extremely high and detrimental to the South African society.

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

5. The mental healthcare sector has other strategies that work better than task-shifting .

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

6. More research is needed in seeing the impact that task-shifting has had on community psychology.

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

7. More higher level mental healthcare professionals should be open to the idea of implementing task-shifting to deal with the treatment gap.

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

8. The positive effects of task-shifting outweigh the negative effects .

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

9. Task-shifting approaches are more cost effective than the current approaches used to tackle the treatment gap in mental healthcare.

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

10. Some task are not suitable to be shifted to lower level healthcare workers ,which will make task-shifting harder to implement thoroughly in mental healthcare.

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

11. Name three task that are not suitable for task-shifting in mental healthcare?

Your answer

12. The department of health should increase the budget for mental health care.

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

13. Mental health care professionals recognise the problems associated with the large treatment gap in their field.

	1	2	3	4	5	
Strongly Agree	○	○	○	○	○	Strongly Disagree

○ Option 1

Submit

Never submit passwords through Google Forms.

8.5. Annexure C – Ethical Clearance Letter

THE INDEPENDENT INSTITUTE OF EDUCATION

29 July 2020

Student name: Noxolo Precious Shongwe
Student number: 20120189
Campus: IIE's Varsity College Sandton

Re: Approval of Honours in Psychology Proposal and Ethics Clearance

HONOURS/PGDIP ETHICAL CLEARANCE LETTER

Your research proposal and the ethical implications of your proposed research topic were reviewed by your supervisor and the campus research panel, a subcommittee of The Independent Institute of Education's Research and Postgraduate Studies Committee.

There are some aspects that you still need to address in your proposal. You will need to address these aspects in consultation with your supervisor before you may proceed (see below):

Please discuss with your supervisor/navigator/lecturer how you will address these issues listed below:
Please note: **Your fieldwork may only proceed once you address the following issues:**

- Please make all the changes suggested/recommended by your supervisor.

In the event of you deciding to change your research methodology in any way, kindly consult your supervisor to ensure all ethical considerations are adhered to and pose no risk to any participant or party involved. A revised ethical clearance letter will be issued.

We wish you all the best with your research!

GENERAL CONDITIONS TO BE FULFILLED IN RELATION TO RESEARCH

Permission is granted to proceed with the above study subject to the conditions listed below being met and may be withdrawn should any of these conditions be flouted.

Please note: The panel has not considered the merits, accuracy or ethical soundness of the research. The only merits examined are the use of The IIE as a sample.

Permission is granted subject to the following conditions:

1. The researcher(s) will need to obtain informed consent in writing from all of the participants in his/ her sample if the study is not anonymous.
2. The researcher(s) may only use the data collected for research purposes and in no other way.
3. Photographs of human subjects may only be taken if relevant to the research, informed consent was obtained, and even with informed consent, the photographs may not be published on any online platforms.
4. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
5. No names or identifying information of participants may be used within the research and the research must be voluntary.
6. Please make it clear that the information will not be used punitively in any way and participants may in no way be counselled/advised based on this.

Supervisor: Dr John Hunter

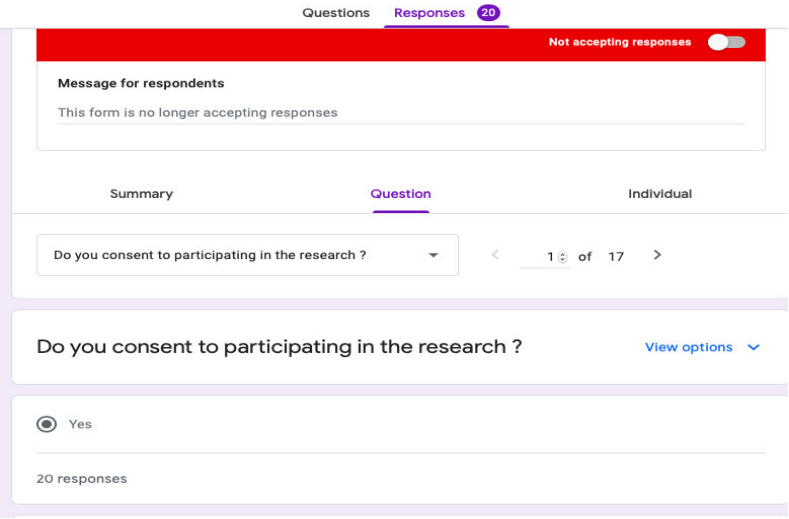
[redacted]

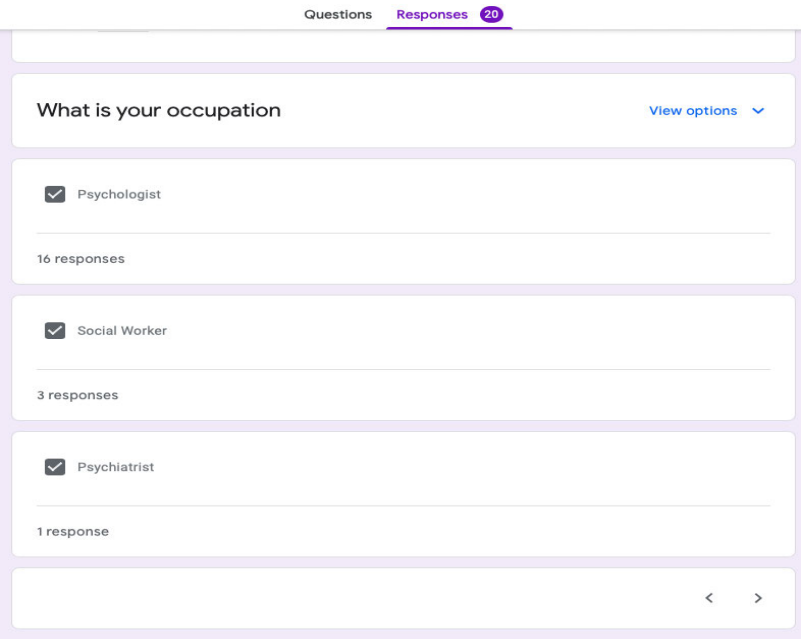
Campus Postgraduate Coordinator (CPC):

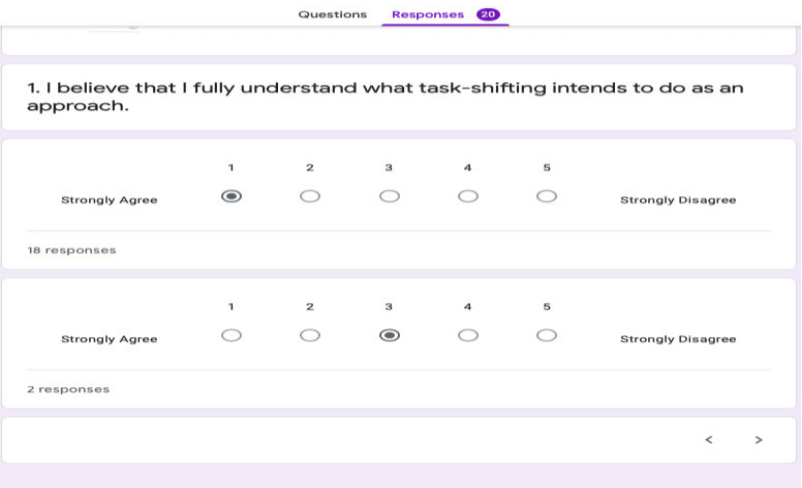
[redacted]

JENNA-LEE RAMNARAIN

8.6. Annexure D – Examples of Data Collected



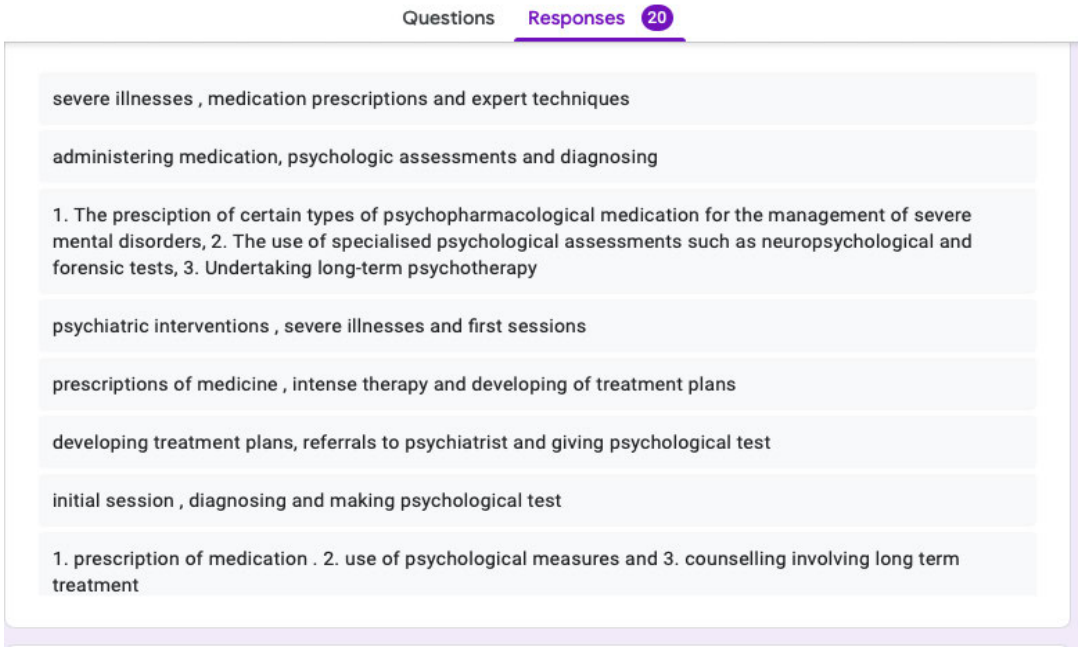




8.7. Annexure E – Originality Report

ONLINE SUBMISSION

8.8. Annexure f : Question 11 responses



Questions Responses 20

severe illnesses , medication prescriptions and expert techniques

administering medication, psychologic assessments and diagnosing

1. The presciption of certain types of psychopharmacological medication for the management of severe mental disorders, 2. The use of specialised psychological assessments such as neuropsychological and forensic tests, 3. Undertaking long-term psychotherapy

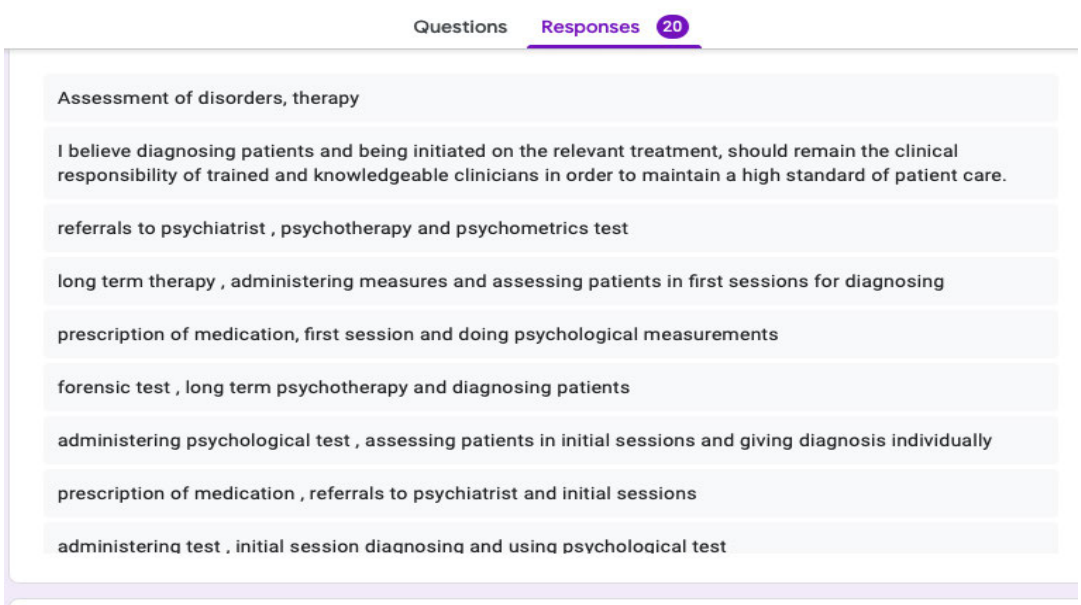
psychiatric interventions , severe illnesses and first sessions

prescriptions of medicine , intense therapy and developing of treatment plans

developing treatment plans, referrals to psychiatrist and giving psychological test

initial session , diagnosing and making psychological test

1. prescription of medication . 2. use of psychological measures and 3. counselling involving long term treatment



Questions Responses 20

Assessment of disorders, therapy

I believe diagnosing patients and being initiated on the relevant treatment, should remain the clinical responsibility of trained and knowledgeable clinicians in order to maintain a high standard of patient care.

referrals to psychiatrist , psychotherapy and psychometrics test

long term therapy , administering measures and assessing patients in first sessions for diagnosing

prescription of medication, first session and doing psychological measurements

forensic test , long term psychotherapy and diagnosing patients

administering psychological test , assessing patients in initial sessions and giving diagnosis individually

prescription of medication , referrals to psychiatrist and initial sessions

administering test , initial session diagnosing and using psychological test

9. Final concept document

Research purpose	Primary research question	Research rationale	Seminal authors/sources	Literature review- conceptual framework	Paradigm	Approach	Data collection methods	Ethics	Key findings	Reference:
Find out how effective task-shifting approaches are to the mental health care sector	What impact does task-shifting have in the treatment gap for mental health patients	It is crucial that everyone who needs treatment for any illness receive it without waiting for years , using this approach will help close the gap.	The World Health Organization has contributed in writing about the advantages and disadvantages of task-shifting approaches .	Theme 1 Task shifting approaches Theme 2 Attitudes on approach Theme 3 Com-B model Theme 4 Treatment gap in SA Theme 5 Advantages of task shifting	Positivism Epistemology : need to find true findings that are able to explain the necessary behaviour changes needed for the approach to be implemented successfully Ontology Reality is objective , it is a combination of laws and socially constructed idea	Quantitative POPULATION Registered mental healthcare workers in South Africa.	Online Survey sent only to participants via email.	Ensuring that participants are protected psychologically Informed consent All information about research will be given to participants And informed consent will be required before completing survey	the task-shifting approach is a welcomed one in the sector and higher level workers see that there is need for assistance since the workload is a lot for just them.	Fiering & Lie(2018) WHO(2014) Mijovic,McKnight &English(2018), Cyclus (2015) Siyothula (2018) Docrat et al (2019) Michie et al., (2011) Mayne (2018) WHO (2007) Shidhaye (2015) Sorsdahl et al.,(2009 Patel (2011) Spedding (2015) Okyere et al (2017) Jerene et al (2017) Nimgaonkar and menon (2015)
Research problem	Secondary questions	Key concepts	Key theories			sampling	Data analysis	limitations	key contributions	recommendations
The high treatment gap in mental health care.	What task are suitable for task-shifting ? Are the positive effects in mental health care ?	Mental health care Task-shifting approaches Higher level workers	Com-b Model Pyramid hierarchy of services			Non probability Expert sampling And snowball Sampling Size :20	Unit of analysis: Responses from professionals Method : Descriptive statistics	The sample size is too small to generalize the findings to the broad population, Participant bias and research bias	The study will show whether health care workers view the approach as something that is useful , this will help start more research And implementation	The mental healthcare sector should look into implementing the task-shifting approach