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Full Length Article

A student-facilitated community-based support group initiative for Mental Health Care users in a Primary Health Care setting

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ABSTRACT

Background: South African Mental Health Care (MHC) legislation advocates for supportive rehabilitative services in Primary Health Care (PHC) settings. PHC settings are often understaffed and MHC nurses in these settings overburdened with high patient loads. Alternative cost-effective psycho-social intervention strategies must be explored to supplement the overstrained MHC sector to meet the rehabilitative and supportive needs of service users in community settings. Using a social constructionist epistemology, this study aimed to highlight the value of a community-based support group for MHC users at a Tshwane District Community Health Centre. This was done by exploring the meaning group members attached to the group. The intervention was a collaborative partnership between a local University Psychology Department and the Department of Health, Tshwane District, utilising post-graduate psychology students as group facilitators.

Methods: Qualitative research methods were applied. Data were collected using semi-structured interviews and a collage-making and storytelling method. Thematic analysis highlighted the main themes representing the meaning the five participants ascribed to the group.

Results: The findings suggest that the group offered the participants a sense of belonging and a means of social and emotional support. The group also created opportunity for learning, encouraged mental and physical mobilisation and stimulation, and served as an additional link to professional services.

Conclusion: The findings suggest that student-facilitated support groups could offer a viable supplement for offering support to service users in PHC settings. The group assisted MHC users to cope with symptoms, social integration, and participating in meaningful activities as part of rehabilitation services.

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1. Introduction

A central tenet of the Mental Health Care (MHC) Act No. 17 of 2002 and the National Mental Health Policy Framework and Strategic Plan 2013–2020 is psychosocial rehabilitation, services focussed on improving the lives and functional capacities of individuals with mental illness. This concept refers to an approach that combines pharmacological treatment, skills training, as well as psychological and social support focussed on improving the social functioning of service users (Kramers-Olen, 2014; South African Department of Health, 2012). As part of the psychosocial rehabilitation plan, MHC legislation thus promotes the provision of support groups for MHC users in Primary Health Care (PHC) settings (South African Department of Health, 2002).

Community-based social support encompasses services offered within community settings aimed at helping service users cope with their mental illness and improve their quality of life. Such services are supportive, educative, and empowering in nature and could be offered in the form of psycho-education or group initiatives (Becker, 2010; Sturgeon & Keet, 2010). Currently, there are limited community-based MHC resources available to meet the rehabilitative and support needs of service users (Kramers-Olen, 2014; Morgan & Sherry, 2016). MHC service providers in PHC settings are burdened with high patient loads and insufficient staff, which negatively impact services rendered. This calls for creative ways to supplement MHC resources in PHC settings (Parker, 2012).

The difficulties MHC users endure reach beyond their symptoms and may include a multitude of challenges depending on the severity and chronicity of their illness. These may include job loss, unemployment, stigmatisation, social isolation, inactivity, and difficulty with co-ordination, planning, and execution of social engagements (Drake & Whitley, 2014; Gard et al., 2014; Kramers-Olen, 2014; Malchow et al., 2013). Medication alone is not enough to treat mental illness and subsequent challenges. Psychosocial interventions are instrumental in the recovery process and are linked to more favourable health outcomes (Botha, Koen, Oosthuizen, Joska, & Hering, 2008; Kramers-Olen, 2014). Support groups could offer cost-effective psycho-social intervention to meet the social and emotional needs of service users in community-based settings (Becker & Duncan, 2010; Kramers-Olen, 2014). Group settings provide opportunities that could improve service users' quality of life, such as social support and integration, opportunities to regain autonomy, and participating in meaningful activities (Drake & Whitley, 2014; Kramers-Olen, 2014).

This paper explores the meaning MHC users in a PHC setting attached to a student-facilitated community-based social support group. The research highlights how the group members benefited from the initiative, to offer some support for the feasibility of such initiatives as a means to provide additional supportive services to MHC users.

1.1. Support group intervention

This research was a collaborative effort between a local University Psychology Department and the Department of Health,

Tshwane District. Fourth year psychology students were placed at PHC clinics and Community Health Centres (CHCs) around Tshwane to assist mental health nurses (professional nurses with specialised training in mental health or psychiatry) to establish support groups for MHC users as they lacked the capacity to develop and maintain the group services recommended by MHC legislation.

The project leader offered skills training to students prior to their placements. This entailed four weeks of 2-h sessions which focussed on establishing groups and group norms, basic counselling and group facilitation skills, needs assessments, and action research. As the students began to set up and facilitate the groups, weekly supervision sessions were held. The project leader purposefully adjusted his role over the course of the year to enable students to become a support network for one another. There was a focus on ethical behaviour, including the limitations of these interventions and when to refer group members for additional treatment. Ad hoc support was also provided by the clinical psychologist on site and the mental health nurse as required and when available. Referral routes to mental health and other services were elucidated for participants in need of further assistance. Students were expected to spend at least 1 h per week at the specific site and were required to attend all contact sessions with the project leader and arrange for on-site support as necessary.

Students established collaborative partnerships with the mental health nurses and psychologists at the various sites. Initial contact meetings with the service providers served to determine the unique needs of the sites. The type of group depended on the specific setting and the focus of the groups were either psycho-educational or supportive. The interventions were not manual-based but designed to address the specific needs identified at each site. Some groups were focussed on social support due to stigmatisation and social isolation of MHC service users, while others were more focused on offering psycho-education due to service users' need for information. However, the specific focus of the groups could change according to the particular needs of the attending service users.

The group discussed in this paper was a support group initiative at a CHC in the Tshwane District. The nurses identified service users attending the clinic who were socially isolated due to stigmatisation who could benefit from additional support and socialisation. The group was initiated in March 2010, for MHC outpatients who received on-going pharmacological treatment from the CHC, and continued onwards with weekly sessions for five consecutive years. Group facilitators were replaced each year with newly enrolled students.

The service providers were instrumental in promoting the initiative. They used their unique knowledge of the service users and the difficulties they experienced to refer MHC users that could benefit from the group. The invitation to join was open to any MHC users who showed interest. An open group was formed to encourage project continuity. This allowed new members to join at any time and existing members to exit when they desired. Group members, therefore, changed throughout the years. Each year there were approximately ten to twelve service users involved in the group and the group

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