Perception of mental illness by young people in Mamelodi Township, Tshwane, Gauteng Province, South Africa

by

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DECLARATION

I, Rubin Reshoketswe Ramaboea, Medunsa student number 201118022, hereby declare that this dissertation on: Perception of mental illness by young people in Mamelodi Township, Gauteng Province, submitted to the Sefako Makgatho Health Sciences University (Medunsa campus) for the degree of MSc Clinical Psychology has not been submitted by myself for a degree at this or any other university. I declare that it is my work in design and in execution, and all material contain herein has been accordingly acknowledged. I declare that unethical research practices were not utilised. I acknowledge the regulations and policies regarding untruthful academic work and plagiarism.

Signature:________________________ Date: 08 September 2015

Name in print: Rubin Reshoketswe Ramaboea
ABSTRACT

The aim of this study was to investigate the perception of mental illness, its causes and its treatment by young people in Mamelodi Township, Gauteng Province. A qualitative approach was utilised and a phenomenological method was used for the purpose of this study. A purposive sampling technique was used to select participants who were conversant in Setswana and English. Ten participants between the ages 15–25 years were interviewed using the interview guide formulated by the researcher.

A pilot study was conducted on three participants to assess the efficiency and quality of the interview guide. Based on the results obtained from the pilot study adaptations were made to the interview guide and further interviews (major study) were audiotaped.

Content analysis was used to analyse the data and member checking of the results was carried out including triangulation of data to establish trustworthiness. The results of the study indicate that the participants have an understanding of mental illness. They were able to define and describe mental illness, including its characteristics, causes, management by both psychiatrists and psychologists. However, there was lack of knowledge regarding the various types of mental illness. The majority of the participants (80%) viewed mental illness as incurable. The results of the study addresses the paucity of the research on mental illness amongst young people.

KEY WORDS: Mental illness, causes, management and young people
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With the completion of this dissertation, I find myself driven to the thoughts of the road that led me to this point and those who played a part in this journey of my life:

Firstly to the man above, my God, thank you for bringing me this far. If it was not for your love none of this would have been possible. You promised that you will never leave me nor forsake me and you truly did not, and for that I give you the praise.

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DEDICATION

This study is dedicated to two special people in my life:

To my late grandmother Priscilla Ramaboea, my angel above. I believe you were always looking down at me and guiding me through this journey of my life. Every time I felt I could not go on, I would always refer to the scripture you’ve always shared with me when I was facing difficulties, *Joshua 1: 9 – This is the Lord’s command: be strong, be resolute; do not be fearful or discouraged, for wherever you go the Lord God is with you*. Thank you for installing such a beautiful gift within me and that is to never lose hope and have faith that the Lord will bring me out of any difficulties. I truly miss and love you. May your beautiful soul rest in peace.

To my pride and joy, the reason I am grateful for life, my beautiful daughter, Kyla Muhluri. This dissertation was meant to be my first baby, yet you came along and changed all that, and took over the title. Having you meant taking the decision of neglecting this dissertation for a while and caring for you. Although this decision had financial consequences, its greatest reward was the opportunity I experienced of forming a strong bond with you. I love you dearly and I hope one day you will be proud of me as I am proud of you.
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# ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>APA</td>
<td>American Psychological Association</td>
</tr>
<tr>
<td>CDHAC</td>
<td>Commonwealth Department of Health and Aged Care</td>
</tr>
<tr>
<td>DSM</td>
<td>Diagnostic Statistical Manual of Mental Disorders</td>
</tr>
<tr>
<td>DSM-IV-TR</td>
<td>Diagnostic Statistical Manual of Mental Disorders- Fourth Edition (Test Revision)</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>U.S.A</td>
<td>United States of America</td>
</tr>
<tr>
<td>U.S.</td>
<td>United States</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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</tbody>
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CHAPTER 1
INTRODUCTION

“1 in 4 people, like me, have a mental health problem. May more people have a problem with that.”

- Stephen Fry

Mental illness is one of the neglected syndromes when compared to retroviral diseases such as Human Immunodeficiency Virus (HIV). One gets the impression that mental illness does not exist amongst the majority of South Africans. However, the opposite is true, when one takes into cognizance the prevalence of depression in the world. According to the World Health Organization (WHO) (2001), depression occurs one in four people. Mental illness like most chronic illness such as some forms of cancer, kidney failure, diabetes and HIV completely takes over the afflicted individual’s life, especially in cases were the individual does not adjust his/her lifestyle to accommodate the illness. As a result most serious physical illnesses including mental illness may affect the individual’s judgement, behaviour, emotions, and speech.

The researcher is following a mental health profession and was intrigued by a conversation between two young adults who were arguing about how the mentally ill should be treated by their respective communities. During this conversation it became clear that there was a lot of ignorance and prejudice regarding the mentally ill from one of the young men. According to this young man, he perceived the mentally ill as a nuisance to society and should not be allowed to live amongst the “normal” people because they are dangerous and add no value to the community. These utterances were not acceptable to the other young man who was of the opinion that the mentally ill are human beings and should be treated with dignity and respect by others, and they do not have control of their behaviours, because their
minds are not functioning well. The impression that the researcher gained from the conversation between these two young men was that the other young man displayed ignorance and poor knowledge about mental illness coupled with prejudice when saying that the mentally ill do not add value in the community as if other “normal” people add value to the community when they are ill.

The onset of the mental health problems have been reported to first appear in the early stages of the individual’s life. According to the World Health Organization (WHO) (2007), an acknowledgement has been made regarding the frequent occurrence of mental health problems among children and adolescents. There is a significant societal concern, reason being that majority of children and youth who are in need of mental health services do not receive them, due largely to poor understanding of mental disorders and limited access to intervention (Kirby & Keon, 2006; McEwan, Waddell, & Barker, 2007). Poor help-seeking behaviours are to be expected among young people due to their limited knowledge regarding mental illness and its treatment.

Stigma seems to play a role in why most afflicted individuals do not seek treatment for mental illness. Putman (2008), stated that with one in three people likely to experience mental health problems during their lifetime, it is paradoxical that stigma and negative attitudes towards mental illness are so predominant. Literature dating back to more than 30 years indicates how stigma attached to mental illness serves as a barrier for the afflicted individuals to seek professional help. Lyons (1992) and Hayes (1989), observed negative attitudes held by communities towards disabled people, but a significant observation was that the greatest stigma is attached to those conditions in which the person’s behaviour is perceived as unpredictable or potentially dangerous. The mentally ill are often perceived as dangerous to themselves and others, and to behave in an unusual manner. The stigma towards mental illness is not only observed among communities, it has also been evident within professional groups such as health care management. According to the Depression and Anxiety Support Group (2001), South African medical aids (health insurance) and state-funded health systems also discriminate against mental illness.
A survey conducted in 2001 found that only four of the ten available medical aid companies did not discriminate against mental illnesses. This suggest that there are financial barriers towards the treatment of mental illness as most South Africans who are employed are depended on their medical aid (health insurance) to access professional health services. Generally medical aids (health insurance) allocate a non-significant fraction of the funds to mental health when compared to physical illness. This discrepancy is significant in that a person with mental illness who is a holder of a medical aid may have access to a mental health practitioner (e.g. psychologists and psychiatrists) for three to four treatment sessions and thereafter, the medical aid funds are depleted. Therefore, chronicity is not accommodated because the holder or beneficiary of the medical aid has ran out of consultation funds. With stigma playing a role in why most afflicted individuals’ do not seek help for mental illness, the researcher would like to know the role of media regarding mental illness and the effect it has on the young people of the community under study.

Malcolm X’s stated, “The media’s the most powerful entity on earth. They have the power to make the innocent guilty and to make the guilty innocent, and that’s power because they control the minds of the masses” (Goodreads, n.d.). The media plays an important role in how people in general perceive things in life. It presents a stimulus and people make meaning of what has been presented to them. With regards to the media’s portrayal of mental illness, negative and inaccurate portrayals of mental health issues are significant. This inaccurate information in the media about mental illness results in misunderstandings that can have serious consequences such as false beliefs (regarding the illness and its treatment), confusion (regarding the illness), conflict (between the afflicted individual and the community) and a delay in receiving treatment (Baun, 2009). According to the researcher this suggest that efforts should be made to rectify the inaccurate portrayal of the mentally ill in the media and also to work against the prejudice and stigma attached towards mental illness.
Currently the accepted treatment for the mentally ill is the holistic one, in that the family of the afflicted individual is also interviewed as and when necessary, depending on the seriousness of the illness, its chronicity and the rights of the afflicted individual. However, the researcher has observed during her internship year that there is lack of support given to the mentally ill by their significant others. This support from the significant others is essential when treating the mentally ill as it can enhance the client’s diagnosis prognosis.

Based on the information gathered so far, mental illness is a serious condition with paucity of information about the illness, especially regarding the youth. There is a significant need for more studies on the understanding of mental illness, especially in the youth population. This current study sought to make a contribution in this regard by giving an opportunity to the youth from a township in Gauteng Province to express their views and understanding about their knowledge regarding mental illness, its causes and its treatment.

1.1 Statement of the problem
What perceptions do young people from Mamelodi have regarding mental illness, its causes and its treatment?

1.2 Aim of the study
The aim of this study is to explore the perceptions of mental illness, regarding their understanding of mental illness, its causes, its manifestation and its treatment by young people in Mamelodi Township, Tshwane, Gauteng Province, South Africa.

1.3 Research objectives
The objectives of the study are:
   i) To find out about young people’s perceptions of mental illness;
   ii) To inquire about their understanding and explanations of the causes of mental illness;
   iii) To investigate and describe the types of mental illness;
iv) To inquire about their understanding and explanations of how mental illness is treated; and
v) To investigate if mental illness affects both the white and the black community in the same way or are there any differences.

1.4 Research method

This study made use of the qualitative approach and phenomenological method to explore the young people’s perception of mental illness, its causes and its treatment. This approach allowed the participants to express their subjective experience regarding the phenomenon under study.

1.5 Significance of the study

Significance refers to the importance of the study. With the onset of mental illness first appearing in adolescence and the paucity of studies conducted on mental illness and the youth population, the current study sought to make a contribution in this regard by allowing the young people from a township in Gauteng Province to express their views and understanding about the phenomenon under study. A study of this nature could contribute towards national and international efforts aimed at understanding and documenting indigenous knowledge systems, particularly in the area of youth, mental illness and culture.

1.6 Definition of concepts

A brief overview of the fundamental concepts pertaining to the study are discussed below, in order to provide the reader with a comprehensive understanding of these concepts.

i) Perception
Refers to the process of recognizing and interpreting sensory stimuli (Williams, n.d.)

**ii) Youth/ Young people**

The term youth and young people will be used interchangeable in the study. Esbensen, Thomas Winfree, He, and Taylor (2001), defined youth as an age classification ranging between 10 years and the early 20s or even older.

**iii) Mentally ill**

In the current study this refers to individuals with severe emotional or thought disturbances that negatively affect his or her health and safety (Barlow & Durand, 2005)

**iv) Holistic treatment**

Is used in this study to refer to a combination of traditional healing and Western treating methods for mental illness.

1.7 Outline of the study

This research consists of six chapters relevant to the understanding of perception of the young people towards mental illness, its cause and its treatment.

Chapter 2 presents the study problem, mental illness is defined, and the prevalence of mental illness, the community attitudes and beliefs towards mental illness and its treatment, and the importance of including culture in the treatment of mental illness.

Chapter 3 reviews cross cultural views on mental illness, its causes and its treatment.

Chapter 4 focuses on the research method, design and application of the research method.

Chapter 5 presents the results of the study.
Chapter 6 discusses the results, conclusion, limitations and recommendations for future research.

CHAPTER 2
AN OVERVIEW ON MENTAL ILLNESS

2.1 Introduction

This chapter briefly focuses on the definition of mental illness both from an international and national perspective. It discusses the prevalence of mental disorders, the community attitudes and beliefs towards mental illness and its treatment, and the relevance of including culture in the treatment of mental illness.

2.2 Defining mental health, mental disorder and mental illness

According to the National Mental Health Strategy of Australia which is also part of the Commonwealth Department of Health and Aged Care (CDHAC) (2000), mental health is perceived to be more than the absence of illness, it is defined as a state of emotional and social well-being, whereby the individual is able to function in their environment and with other people in a manner that enhances their innate capacity, cognitive, affective and relational mental abilities.

Mental health problems and mental health disorders on the other hand are referred by the same authors as a spectrum of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people. A mental disorder is
a diagnosable illness and is severe, while a mental health problem is less severe but also interferes with a person’s life.

Mental illness which is a legal concept, typically means severe emotional or thought disturbances that negatively affect an individual’s health and safety (Barlow & Durand, 2005). However, in the United States of America (U.S.A), each state has its own by laws and way of defining mental illness. For example in New York state, mental illness is defined as; an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behaviour, feeling, thinking, or judgment to such an extent that the person afflicted requires care, treatment and rehabilitation (New York Mental Hygiene Law, 2014). In Connecticut, a mentally ill person is defined as a person who has a mental or emotional condition that has substantial adverse effects on his or her ability to function and who requires care and treatment, this excludes a person who is alcohol-dependent or drug-dependent (C.G.A., 2011). In Africa (in exception of South Africa), aggression/destructiveness, talkativeness, and eccentric behaviours were the most frequently mentioned perceived symptoms of mental illness by respondents in a Nigerian study. The finding from the study suggested that one has to display behaviour that attracts public attention and is therefore socially disruptive, to be recognized as having a mental disorder (Kabir, Iliyasu, Abubakar & Aliyu, 2004). In South Africa mental illness is defined as “a positive diagnosis of a mental health related illness in terms of accepted diagnostic criteria made by a mental health care practitioner”, according to the Mental Health Care Act 17 of 2002 (2009, p 6).

Mental illness is a term formerly used to mean psychological disorder but it was less preferred because it implied that the causes of the disorder can be found in a medical disease process (Barlow & Durand, 2005). It is not synonymous with a psychological disorder; in other words, receiving a Diagnostic Statistical Manual of Mental Disorders- Fourth Edition (Test Revision) (DSM-IV-TR) diagnosis does not necessarily mean that a person’s condition fits the legal definition of mental illness. The Diagnostic Statistical Manual of Mental Disorder (DSM) is quite specific about criteria that must be met for diagnosis to be made. However, there is considerable ambiguity about what constitutes a mental condition or what are the adverse effects
of mental illness on an individual’s ability to function. This allows for flexibility in making decisions on an individual basis, but it also maintains the possibility of subjective impression and bias as influences on these decisions (Barlow & Durand, 2005).

2.3 Prevalence of mental illness

According to the WHO report (2001), mental and behavioural disorders are common, affecting more than 25% of all people at some time during their lives. They are also universal, affecting people of all countries and societies, regardless of age, gender and income. Hundreds of millions of people are affected by mental, behavioural, and neurological disorders around the world, and most of them do not get professional help (WHO, 1996). World-wide report from the World Bank (1993), showed that mental disorders are among the most prevalent health problems that result in huge losses in terms of human resources and economic potential. Mental illness affects a large number of people in the world, seriously impairing their quality of life and resulting in high socioeconomic costs for health care systems and society (Oliva-Moreno, Lopez-Bastida, Montejo-Gonzalez, Osuna-Guerrero, & Duque-Gonzalez, 2009). In 2001, the WHO released a report estimating that approximately one in four people, or 450 million people, have a mental illness and that mental illness accounted for four of the top ten leading causes of disability worldwide.

Kringlen and colleagues (2006), have found a higher prevalence of mental illness to be in urban areas as compared with rural areas, with the most prevalent lifetime disorder being Major Depression. Previous research has also found a significantly higher prevalence of mental illness among socially and economically disadvantaged populations (Fryers, Melzer & Jerkins, 2003). A higher frequency of mental disorders in women have been reported, with an observation of up to two time’s higher prevalence of depression in women than in men (Weissman et al., 1996).

Many health and mental health problems occur in late childhood and early adolescence, and young people may face some of these mental health problems during their transition from adolescence to adulthood (Patton et al., 2009). Qualitative studies by Mishra, Lucksted, Gioia, Barnet, and Baquet (2009), and
Alvidrez, Snowden, and Kaiser (2008) indicates that stigma is a major barrier to obtaining information about mental health problems and as a barrier in recognizing the existence of mental health problems. A study by WHO (2010), showed suicide to be the second largest cause of mortality among young people in the 10-24 age group; these young people do not seek out care services owing to the public stigma and self-stigma associated with mental illness. Lack of knowledge of symptoms of mental disorders as well as lack of knowledge of treatment options (Jorm et al., 2000), and low mental health literacy (Thompson, Hunt & Issakidis, 2004) are associated with why most young people do not consider, delay or refuse treatment. New Zealand Mental Health Survey estimated a median age 13 years for the onset of anxiety disorders, 31 years for mood disorders and 18 years for substance abuse disorders (Oakley Browne, Wells, Scott & McGee, 2006). Young people therefore, need to have knowledge to take appropriate action, either for informal self-help or professional help-seeking. However, this is a stage of life at which appropriate knowledge and experience may be lacking.

There is insufficient data available regarding mental disorders in the adolescent population for guiding public mental health policy, especially in developing countries where adolescents generally occupy a much greater proportion of the population (Belfer, 2008; Patel, Flisher, Hetrick, & McGorry, 2007). This is especially relevant as the World Mental Health Surveys from 17 different countries across the world have shown consistently that most mental disorders, unlike most chronic physical conditions, have their first onset early in life, suggesting the need for a greater focus on the adolescent population (Kessler et al., 2007). Costello and colleagues (2002), contributed their efforts in focusing on the adolescent population by establishing the seriousness of depression among young people, noting that depression among youth impacts their current functioning and has potential long lasting consequences well into adulthood.

2.4 The community's attitudes and beliefs regarding mental illness and its treatment

The community attitude and beliefs play a role in determining help-seeking behaviour and successful treatment of the mentally ill (Kabir et al., 2004). Mentally ill people are seen as poor partners for social exchange, they are seen to have an infection of
some kind to the point of being possessed, and they are seen as the members of an out-group that can be discriminated against by the in-group (Peters & Brown, 2009). These prevailing stigmatizing attitudes towards people with mental illness often result in a lack of self-disclosure (Arboleda-Florez, 2003; Diksa & Rogers, 1996; Spirito-Dalgan & Gilbride, 2003), which may be a protective mechanism designed to minimize the risk of discrimination against one-self. Unfortunately, not disclosing one's mental illness may result in suffering alone and not receiving support from significant others such as family and/or intervention from the health care professionals.

2.5 The importance of including culture in the western treatment for mental illness

A concern often expressed by indigenous people is that western treatment models for mental health delivery do not take into account the indigenous people’s worldview or their cultural beliefs concerning mental health (Vicary & Westerman, 2004). Cross-cultural psychiatry has influenced the delivery of mental health services to people of minority cultural groups for the past 30 years and emphasizes the importance of understanding the social, economic, historical and cultural factors that play a role in mental health problems and impact on treatment (Moldavsky, 2004; Kirmayer & Minas, 2000). Many mental health professionals are trained to detect symptoms associated with mental disorders. However, they often lack training in differentiating between various cultural syndromes and symptoms (Laurence, Kirmayer & Young, 1998). This is especially important in the multicultural countries such as South Africa, where there is a shortage of information on cultural differences in the manifestation of mental disorders. One important reason for this shortage of information is that cross-cultural research poses unique problems. For example, a significant number of cross-cultural researchers are not always familiar with the cultural-historical backgrounds of their research subjects and this could lead to unreliable deductions and conclusions. In addition, a factor which aggravates the situation is the specific language which serves as a medium to express the nature and intensity of such symptoms. In many cases cross-cultural researchers do not adequately understand
the local language of the research participants. This of course can easily lead to many misinterpretations (Mosotho, Louw, Calitz & Esterhuyse, 2008).

This chapter focused on the definition of mental illness both from an international and national perspective, the prevalence study on mental disorders was alluded to including various community attitudes and beliefs towards mental illness and the mentally ill. Its treatment, and importance of incorporating culture in western treatment methods for mental illness were discussed. The next chapter will be focusing on the cross cultural overview on mental illness, its causes and its treatment.

CHAPTER 3
CROSS CULTURAL OVERVIEW ON MENTAL ILLNESS, ITS CAUSES AND ITS TREATMENT

3.1 Introduction
This chapter presents the literature with regard to cross cultural views on mental illness and its treatment. The literature review will begin with a discussion on youth and mental illness, based on how mental illness is viewed internationally. Thereafter, the discussion on the cultural explanation of mental illness both internationally and nationally will follow.

3.2 Youth and mental illness
Mental illness is a serious condition that may affect many people at some point in their lives (Jivanjee, Kruizich, & Gordon, 2008). Research has shown that 75% of adult mental disorders present for the first time before the age of 25 years (Burns, Morey, Lagelée, Mackenzie, & Nicholas, 2007; Kessler et al., 2007). According to Costello, Egger and Arnold (2005), many if not most of the psychiatric disorders
appear for the first time in childhood or adolescence. The researcher is of the view that prevention of mental illness should be considered as early as late childhood.

3.2.1 Social stressors as precursor to mental illness
The onset of most mental disorders tends to occur in adolescence and young adulthood (Oakley Browne et al., 2006). New pressures and social changes may place children at increasing risk for the development of mental disorders at younger ages (Koenen, Moffitt, Poulton, Martin, & Caspi, 2007). Many stressors today are quite different from those faced by the older generation, although some have been around for generations such as chronic poverty, inequality, family breakup, single parenting, and so on. While others are more recent or more visible such as homelessness, inadequate child care for working parents, and conditions associated with the impact of prematurity, parental HIV, and cocaine or alcohol abuse on children’s growth and development (Chapman, Dube, & Anda, 2007).

Children and adolescents are being neglected and abused at an alarming rate worldwide (WHO, 2007). Each year nearly 1 million verified cases of child abuse and neglect occur in the United States (U.S.) (U.S. Department of Health and Human Services, 2006), and more than 60,000 in Canada (Trocmé et al., 2005). According to the Uganda Police Annual Crime and Traffic/Road Safety Report (2011), child abuse and neglect is still high with 20,100 for abuse and 4,968 for neglect cases reported, the common forms of abuse being child neglect, violation, domestic violence and child abandonment. In South Africa it is reported that 50,000 children are victims of crime every year, with sexual offences constituting 40% of these cases (Unicef South Africa, n.d.). The U.S. phone survey of children and youths between 10 and 16 years old estimated that more than one-third (6 million) experience physical and/or sexual assaults during these ages, not only by family members but also by persons they may know from their communities and school (Boney-McCoy & Finkelhor, 1995). These related forms of non-accidental trauma, being a victim of violence at school or being exposed to violent acts in their homes or neighbourhoods, lead to significant mental health problems in children and youths (Mash & Wolfe, 2010). South Africa has the Constitutional Bill of Rights in place to provide children with the right to care and protection, yet thousands of children experience abuse (physical/sexual/psychological daily (Richter & Dawes, 2008). In 2009, about 36% of children lived in household with no employed adult (Children’s
Institute, 2011). Furthermore, an estimate of more than 12% of children age 12-18 years who are single or double orphans with most of their parents’ deaths attributed to Acquired Immune Deficiency Syndrome (AIDS) related illnesses (Martin, 2010). Homicides accounts to 44.6% and are due to child abuse and neglect (Mathews, Abrahams, Jewkes, Martin, & Lombard, 2012).

A telephone survey conducted in the United States of America (U.S.A) on more than 4000 youths between 12-17 years of age, 16% of boys and 19% of girls met the criteria for Post-Traumatic Stress disorder, Major Depressive Episode, or Substance Abuse/Dependence in relation to acts of violence (Kilpatrick et al., 2003). Conduct disorder is among the most commonly diagnosed in child and adolescent disorder (Kessler, Berglund, Demler, Jin, & Walters, 2005). While depression is the most common mental disorder found among young people (Jivanjee et al., 2008), and this mental disorder usually is the cause of the high rate of suicide and suicidal attempts among the youth (Molock et al., 2007). Over the years, there has been an increasing relationship between age and suicide. In 1950 in the U.S, suicide rates were four times higher for adults (ages 25-64 years) than for the youth (ages 15-25 years) and eight times higher for the elderly (ages 65 years and older) than for the youth (Cutler, Glaeser, & Norberg, 2001). In recent decades, this relationship has changed, worldwide suicide is among the top three causes of death among people aged 15-44 years, and is the second leading cause of death among the university students (WHO, 2010).

3.2.2 Conceptualization of mental illness

Ethnic minority group members (Black Americans and Spanish Americans, etc.) (Young people form part of this membership), tend to think of mental health and mental illness as dichotomous terms, for example normal vs. crazy and may not recognize the need for mental health services (Hines-Martin, Malone, Kim, & Brown-Piper, 2003). Many hold an optimistic bias towards mental illness, which may be manifested through the belief that one is less likely to be affected by psychiatric symptoms and less likely to deteriorate over time compared to other sufferers. One may then overestimate the chances of recovery, and seek no help as a result (Spendelow & Jose, 2010). According to Horwood and Fergusson (1998),
adolescents who experienced symptoms of clinical severity in their study on understanding mental health problems affecting young people aged 16-18 years, did not seek help as they tended to believe that their symptoms would improve with time. Schnittker, Freese, and Powell (2000) found that African American youth are more likely than Caucasians to believe that mental illness is a result of “bad character,” and they are less likely to endorse genetic and other biological explanations. Therefore, it is believed that this might explain why African Americans utilize treatment less often than Caucasians (Anglin, Alberti, Link, & Phelan, 2008). Research suggests that African American youth are more likely to seek extended family networks and spiritual help when faced with emotional problems (Blank, Mahmood, Fox, & Guterbock, 2002). It is possible that the belief that mental illness will improve without professional mental health intervention is related to the belief that mental illness intervention can improve through the use of other non-professional means such as family elders and pastor (Anglin et al., 2008). It was also found that African American youth believed suicide as a “white phenomena” that was an aberration to the Black Church context (Early & Akers, 1993). The popular belief in the U.S. is that very few blacks commit suicide, “We don’t do that: we’re too in love with life”, one of the black observer commented (Kimmel, n.d., p.6). This is in contrast with the statistics indicating suicide to be more common among black males aged 25-29 years, and among black females aged 15-19 years, than it is among whites of the same age; suicide rate among blacks aged 15-34 years is higher than it was fifty years ago; and suicide among whites is likely to occur in middle life or old age, while among the blacks the incidence of suicide is highest for youth (Kimmel, n.d.). In a study by Cohen, Medlow, Kelk, Hickie and Whitwell (2009), it was discovered that young people in Australia are knowledgeable about mental illnesses but not so knowledgeable about the services available to them (in terms of location, cost and type of service).

Identification of mental health difficulties is not the major contributor to lack of help-seeking, as the large percentage of the youth are able to identify such difficulties in themselves and in their peers (Hickie, Luscombe, Davenport, Burns & Hightet, 2007; Wright et al., 2005). What makes the experience of having mental illness even more difficult, is the stigma attached to people suffering from the condition. The word stigma refers to an imputation which stains or scars a person’s reputation. In other
words, it is something that brands a person in a negative way in the eyes of society (Uys, 1997).

### 3.2.3 The role of media in the conceptualization of mental illness

"Consistently over time, media coverage of mental illness has been overwhelmingly negative and often inaccurate" (Sieff, 2003, p. 260). In a study of over 100 magazine articles concerning Obsessive-Compulsive disorder, this illness was depicted inaccurately in over two-thirds of the cases (Wahl, 2000). Previous studies have repeatedly found that people with mental illness are inaccurately portrayed in television roles in North America (Diefenbach, 1997), Britain (Rose, 1998), and New Zealand (Wilson, Nairn, Coverdale, & Panapa, 2000). The research by Sieff (2003), illustrates that the media's, and thus the public's, depiction of individuals with mental illness is often inaccurate. The consequences of negative media images for people who have a mental illness are profound. They impair self-esteem, help-seeking behaviours, medication adherence and overall recovery. Mental health advocates blame the media for promoting stigma and discrimination toward people with a mental illness (Stuart, 2006). Television portrayals do little to convince the viewing public that people with a mental illness can recover or become productive members of society. Mentally ill characters are frequently portrayed as alienated with no family connections, no occupation and no social identity (Wahl & Roth, 1982). The most frequently reported reasons for delayed help-seeking have been lack of recognition that the problem is a mental disorder and poor knowledge about appropriate forms of help (Thompson et al., 2004). The lack of resources aimed at educating and addressing mistruths, suspicions and fear often fuels the widespread of social rejection, isolation and abuse of people with psychiatric disorders (WHO, 2001).

### 3.2.4 Support initiatives for the youth

It is not only the mental health literacy of young people themselves that is important for guiding help-seeking, but also that of key supporters. For adolescents in particular, the knowledge of key supporters such as parents may play a critical role in guiding what actions they take for mental disorders (Jorm & Wright, 2007). Therefore, it is important to understand the interpersonal factors that young people hold in high regard when they interact with those from whom they seek help, be it friends or family, when encouraging them to seek professional help (Cohen et al.,
Since the 1950s, people with mental illness and their families have been organizing a wide range of self-directed, mutual support oriented initiatives, including self-help groups, non-profit organizations, and businesses. These initiatives have become increasingly widespread over the years and today mental health self-help initiatives outnumber the traditional mental health organizations in the U.S. Mental health self-help refers to any mutual support oriented initiative directed by people with mental illness or their family members (Goldstrom et al., 2006).

In a study on young Australians, Rickwood and colleagues (2005), discovered that a significant barrier in help-seeking lies in the fact that nearly all people who seek help, regardless of age or sex, seek informal sources of help in preference to professional sources. This finding is in line with that of Boldero and Fallon (1995), who discovered that young people prefer friends, family and teachers over mental health professional as sources of help. Young people are more positive than their parents on getting information from a website, which is consistent with the high internet use by young people. This is in contrast to a similar trend of getting information from a self-help book, which is a more traditional source of information (Jorm & Wright, 2007). The young adults were more positive about psychologists, psychiatrists, general practitioners, cognitive behaviour therapy as a treatment modality, and a mental health service. They were also more positive about several more specialized complementary interventions such as meditation; massages and acupuncture (Jorm & Wright, 2007). According to Cohen et al (2009), while family and friends may hinder help-seeking in some circumstances, these associates can also be integral in encouraging the youth to find care.

### 3.3 Cultural explanations of mental illness

Theorists in African psychology contend that scientific inquiry into behavioural, mental, and spiritual life of people of African descent should be based on the cultural reality and perspective (i.e., African worldview) of people of African descent rather than that of the Western/European worldview that continues to instil general psychology (Myers & Speight, 2010). The African worldview attempt to deconstruct the notion of Africana inferiority, by replacing the negative values and ideas with positive cultural values grounded in African physiological principles (Jamison, 2010). Early attempts of reconstructing the traditional European therapeutic theories and
techniques, eventually led to the use of more cultural specific theories and techniques that consist of the history, culture and lived experiences of the people of African descent as basis of analysis (Jamison, 2009).

The Afrocentric perspective is a genuine, human project that deals with a specific process of viewing and interpreting phenomena (Asante, 1986). It examines topics with the eye of Africans people as subjects of historical experiences (Asante, 2003). The perspective attempts to reconstruct the African worldview based on traditional African principles, in contrast with the European worldview (Jamison, 2010). The African worldview consist of oneness/harmony with nature, survival of group, collective responsibility, and spiritualism/understanding. While on the other hand, the European worldview consist of control/mastery over nature, survival of the fittest, individual rights, and materialism/aggression (Kambon, 1998). The Afrocentric perspective consist of social science elements, because it emphasis the way in which lives are intimately bound up with culture and social settings that people live in. people do not live alone, they work in teams, and exist in families (Louw & Edwards, 1997). It is also humanistic, as it’s seeks to elevate human consciousness. Perhaps it is the only discipline that requires both social and humanities integration in thought and practice. Unlike many other disciplines, it is not driven by a narrow, or mechanistic view of human beings. The Afrocentricist studies all human phenomenon, not just African, from an essentially African perspective (Asante, 1986).

Cultural considerations are receiving increasing attention in the field of mental health, as the pluralistic society demands that the providers of mental health services be culturally sensitive as well as competent (Riker & Kokotovic, 2001). Culture, which materializes as a result of human–environment interaction, refers to the shared attributes, belief systems, and value orientations that a group of people have in common and that influence their customs, norms, practices, social institutions, psychological processes, and organizations (American Psychological Association (APA), 2003; Triandis, 2007). Cultural differences in perception of mental illness are complex and thus research efforts should spend more time examining beliefs about mental illness (Anglin et al., 2008).
Studies from the western culture show that biological factors such as diseases of the brain and hereditary influences and environmental factors for example trauma and stress, are more frequently considered to be of causal relevance (Angermeyer & Matschinger, 2005; Gaebel, Baunman, Witte, & Zaske, 2002; Stuart & Arbodela-Florez, 2001) while in Africa, beliefs in supernatural causation are widely held (Shibre et al., 2001; Gureje, Lasebikan, Ephraim-Oluwanuga, Olley, & Kola, 2005). Most South African studies that have focus on culture and mental illness have indicated that supernatural powers are often perceived as primary causes of mental illness (Crawford & Lipsedge, 2004; Mosotho et al., 2008; Mzimkulu & Simbayi, 2006; Parle, 2003). It is often suggested that witchcraft, such as a spell cast upon an individual by family members or members of the community due to jealousy, is a major cause of mental illness. Another supernatural cause of mental illness is that of angered ancestors who withdraw their support in cases where the family does not conduct appropriate rituals or offer thanksgiving to them. Serious forms of mental illness like psychosis are often distinguished from ukuthwasa (calling to be a traditional healer) in that ukuthwasa persons does not present with odd, inappropriate, or bizarre behaviour when compared to a person who has a psychotic condition (Mzimkulu & Simbayi, 2006). A number of studies have suggested that among most ethnic groups in South Africa, the term amafufunyana is used to define mental illness. Mkhize (1998), defined amafufunyana as a broad concept used by Black South Africans as a “waste paper basket” term to designate hallucinations, delusions, and outbursts of aggression, hysterical behaviour, disorientation, and violent madness. Black psychiatric patients also used the term amafufunyana as a substitute for schizophrenia (Mzimkulu & Simbayi, 2006).

In Waldron (2002) study, one of his informants argued that educational level separates individuals who believe in traditional perceptions of mental illness from the individuals who embrace more westernized beliefs in South Africa. The more educated and westernized a person is, the less he/she tends to think that it was impinged because of evil eye, jealousy and spiritual discontent and the more traditional people would tend to believe in those things. It is further suggested that in South Africa, the older, Black, unemployed, and less educated persons have been found to be more likely to consult with the traditional healers for treatment of mental disorders (Sorsdahl et al., 2009). The beliefs of caregivers and families can also be
expected to be the influence on the decisions about treatment (Gibson, Margado, Brosyle, Mesa & Sanchèz, 2011).

The African treatment and healing systems used to help these people suffering from mental illness differ from the western healing approaches in two main ways. Firstly, African healing systems focus on “who” and not what caused the disease. The question is mainly whether it was witchcraft or angered ancestors. Secondly, treatment is concerned with the total person and often includes both close and distant relationships (Uys, 1989). A person is viewed as part of a family and larger community rather than as an isolated individual (Crawford & Lipsedge, 2004). The “Umntu ngomuntu nga abantu” principle which means a person is a person through other people, is well known in an African perspective (Pienaar & Manaka-Mkwanazi, 2001). Therefore, treatment of any illness is done holistically. This includes the total person and both close and distant relationships. Such treatment often includes rituals involving dancing and singing in the patient’s home while evocating evil spirits (Parle, 2003). This culminates with a feast involving the sacrifice of an animal to appease the spirits and the drinking of traditional liquor (Crawford & Lipsedge, 2004).

Cross-cultural psychiatry emphasizes the importance of acknowledging the impact of differing cultural beliefs on conceptualizations of mental health. Of importance is that indigenous people do not constitute one homogenous cultural group, and furthermore differences in cultural beliefs may vary according to place of living: urban, rural or remote. For example, those living in urban areas may have been influenced by Western conceptualizations surrounding them, resulting in a hybridization of cultural beliefs and understandings about mental disorders (Ypinazar, Margolis, Haswell-Elkins & Tsey, 2007). The impact of globalization such as the media may also play a role in shaping such understandings (Kirmayer, 2006). A concern often expressed by indigenous people is that Western treatment models for mental health delivery do not take into account the indigenous people’s worldview or their cultural beliefs concerning mental health (Vicary & Westerman, 2004). This argument does not hold because cross-cultural psychiatry has influenced the delivery of mental health services to people of minority cultural groups for the past 30 years and emphasizes the importance of understanding the social, economic,
historical and cultural factors that play a role in mental health problems and impact on treatment (Moldavsky, 2004; Kirmayer & Minas, 2000).

Cultural and/or spiritual causes for mental illness are often considered when a person became unwell (Vicary & Bishop, 2005; O’Brien, 2005). The onset of mental illness could be perceived as payback for previous transgressions, married the ‘wrong way’ and other cultural and spiritual reasons (Vicary & Bishop, 2005; O’Brien, 2005). Aboriginal people in Australia accessed traditional mental health services in response to the causative role of spiritual or cultural factors (Vicary & Bishop, 2005). Only when all traditional avenues had been tried would a person turn to Western models of treatments (Vicary & Westerman, 2005; Vicary & Bishop, 2005), due to the difference in treatment modalities. Western treatments are perceived to be more focused on medication, counselling and hospitalization, whereas traditional treatments include methods to build resilience against the evil spirits and increase wellness (Vicary & Westerman, 2005).

The seeking of spiritual solutions to mental illnesses is by no means unique to cultures in Africa. In a Swiss study, 37.6% of psychiatric outpatients attributed their mental conditions to spiritual problems (Pfeifer, 1994) and in another study, 53% of Malay patients did the same (Razali, Khan, & Hasanah, 1996). It was found in a Nigerian study by Adewuya and Makanjuola (2009), that 71% of a community sample preferred traditional or spiritual healers to practitioners of Western medicine. Therefore, traditional healing practice in one form or another are still a way of life in many societies. An African traditional healer is a combination of herbalist, psychologist, psychiatrist, priest and historian and patients are viewed within the context of culture (Pienaar & Manaka- Mkhwanazi, 2001).

Natural and supernatural exist in the African context and both health care systems are consulted to clarify the ‘how’, ‘where’, ‘when’ and ‘why’ of their illness. Consulting the traditional health care provider clarifies especially the ‘why’ and ‘who’ of an illness. The collective perspective of humanity means that one member of a family may consult a traditional health provider on the behalf of all family members. Therefore, in consultation, the traditional healer looks at the individual, family and social context as a system (Pienaar & Manaka- Mkhwanazi, 2001). Traditional
 healers have proven effective in alleviating both physical and mental disturbances and therefore represent a major therapeutic resource within society, despite the increasing availability of treatment based on the Western model of sickness and disease (Pienaar & Manaka-Mkwanazi, 2001). While Western medicine might not be able to explain the ‘why’ of the sickness phenomenon adequately, the isangoma is able to provide assurances and explanations that are consistent with the person’s world-view. Therefore, traditional beliefs should be recognized and taken into account by Western-trained professionals because these beliefs provide a context for African people. It should also be recognized that traditional healers incorporate the world-view of the culture within which they work and that their ministrations are therefore consonant with the prevailing beliefs of the community. A better understanding of patients’ cultural and religious contexts allows clinicians to take a truly holistic approach to patient care and this can be expected to result in greater patient satisfaction and better patient outcomes (Grabovac, Clark, & McKenna, 2008). It is of importance that workshops and seminars be set up at regular intervals where Western-trained health professionals and traditional healers can work together and exchange information and experiences. Sensitivity to transcultural issues is of paramount importance in the professional setting of mental health promotion and the treatment of mental illnesses. Consequently it is important that Western-trained professionals understand the viewpoint of their patients, especially values and goals concerning promotion of health and equilibrium (Pienaar & Manaka-Mkwanazi, 2001).

The African perspective argues that it is important for the people of African descent to be mutually recognized as human beings by the European. The African-centered psychologists further argues that, it is more important for a mental health perspective, for the people of the African descent to recognize their cultural selves first and place less emphasis on the need of the European acceptance and/or recognition. It is important to be recognized as a human being that exist within a cultural context and not just as a universal human being without cultural specificity (Jamison, 2010).

Whilst there are a number of studies in South Africa that have focused on culture and mental illness, there is still is a tendency to view religion-based treatments as
unscientific and invalid (Gibson et al., 2011). There is paucity of literature on the views of the youth on mental illness (Crawford & Lipsedge, 2004; Mosotho et al., 2008; Mzimkulu & Simbayi, 2006; Parle, 2003).

CHAPTER 4
RESEARCH METHOD

4.1 Introduction
The previous chapter focused on the cross cultural literature review on mental illness and its treatment. This chapter present the research method of the study. The discussion in this chapter is structured around the aim of the study, objectives of the study, research design (trustworthiness and research bias), research setting, sampling, research procedure (ethical considerations, development of interview guide), recruitment of participations selection criteria and exclusion criteria), data collection (interview process) and data analysis.
4.2 Aim of the study

The aim of this study is to explore the perceptions of mental illness, its causes and its treatment by young people in Mamelodi Township, Tshwane, Gauteng Province.

4.3 Objectives of the study

The objectives of the study are:

i) To find out about young people’s perceptions of mental illness;

ii) To inquire about their understanding and explanations of the causes of mental illness;

iii) To investigate and describe the types of mental illness; and

iv) To inquire about their understanding and explanations of how mental illness is treated;

v) To investigate if mental illness affects both the white and the black community in the same way or are there any differences.

4.4 Research Design

According to Parahoo (in De Langen, 2009), a research design is a plan describing how, when and where data will be collected and analysed. It’s simply a structure used to plan the research process. The present study will make use of the qualitative approach to explore the young people’s perception of mental illness and its treatment. This type of approach is used in this study because it explores the human experiences that cannot be best recorded using quantitative methods. Therefore, in this case language provides a far more sensitive and meaningful way of recording these experiences. Words and sentences are used to qualify and record information collected (Bless, Higson-Smith, & Kagee, 2006). According to Hollaway and Wheeler (in De Langen, 2009), qualitative research is a form of social enquiry that focuses on the way people perceive and make sense of their experiences and surroundings.
This suggest that the chosen approach takes into account the social setting of the participants so that their views are not isolated from their contexts.

Within the qualitative approach the researcher will make use of the phenomenological method. The aim of the phenomenological method is to describe, understand and make meaning of the experiences of life (Bloor & Wood, 2006). It helps to understand meanings and assumptions underpinning human experience and illuminates specific quality of the phenomenon by setting aside one’s preconceptions and theoretical understanding. Therefore, this method will be used in order to allow participants to tell their personal experiences of life using their own words (Louw & Edwards, 1997), setting aside the researcher’s theoretical knowledge of the phenomenon under investigation.

4.4.1 Trustworthiness

According to Holloway (in De Langen, 2009), trustworthiness of a study is the truth value of a piece of research. Kretting (in De Langen, 2009), added that a study is trustworthy when it reflects the reality and ideas of the participants.

Guba (1981), proposed four criteria that need to be considered by researchers in pursuit of a trustworthy study, namely credibility, conformability, dependability and transferability.

Credibility refers to the idea of internal consistency (Lincoln & Guba, 2000). It is ensuring the rigour in the research process and communicating to others how the rigor was obtained (Gasson, 2004). The credibility of this study will be addressed in the following way:

i) Back translation will be applied when constructing the interview guide to ensure that it is valid.

ii) Member checking will be done at the end of the transcription. The researcher will meet with the available participants to cross check if their ideas, explanations and views in relation to the phenomenon under investigated have been correctly captured and transcribed.

iii) Reaching data saturation indicates the credibility of data collection.

iv) A research assistant is appointed to verify data analysis and results findings.
Conformability addresses the core issue that “findings should represent, as far as is (humanly) possible, the situation being researched rather than the beliefs, pet theories, or biases of the researcher” (Gasson, 2004, p. 93). Conformability in the study will be established through the employment of data triangulation, which will be used to verify findings from independent measures. A comparison of documents relating to conceptions on mental illness and the interview data will assist in determining whether perspectives by various role players are being contradicted or not.

Dependability refers to the study being conducted in such a way to be consistent across time, researchers and analysis techniques (Gasson, 2004). Therefore, the process through which the findings are derived should be clear and repeatable as much as possible (Morrow, 2005). In addressing dependability in this study, a detailed of the research process will be given, to ensure the same results of this study are obtained, should future researchers follow the same research process of this study.

According to Holloway and Wheeler (in De Langen, 2009), transferability means that findings of the study can be applicable to similar situations or participants. Due to the small sampling size in this study it is impossible to assume that the findings of this study can be generalized to other populations.

4.4.2 Research Bias

According to Sica (2005), there may be systematic errors bias that may affect the scientific investigations and distort the measurement process, during the research process. In this study the researcher was the main conductor of the study and this could lead to distortion of the findings of the study.

To avoid distortion the following will be done by the researcher:

i) The sensitivity of the questions to be asked in the interview will be considered when drawing up the interview guide.

ii) Considering the test effect on the participants the individual interviews will be open ended (refer to Appendix K & L), allowing participants to interact with the
researcher and the questions are short, to limit boredom and fatigue during data collection.

iii) Selective randomization method will be used to avoid any biases during sampling.

iv) Bracketing will be employed in the study, by setting aside the researcher's theoretical knowledge and preconceptions regarding the phenomenon under investigation. The researcher will refrain from making judgement throughout data collection and analysis. The researcher will make personal notes of the interviews of which is of significant importance.

v) Research setting and the interview procedure will be standard for all participants.

4.5 Research setting

In qualitative research context is significant. According to Holloway and Wheeler (in De Langen, 2009), context refers to the environment and conditions in which the study will take place, as well as the participants’ culture and location.

The research site is situated in Mamelodi Township, in Tshwane, Gauteng Province. Mamelodi Township was established in 1953. It is situated about 20km East of the City of Tshwane (formerly known as Pretoria). The name Mamelodi, which means “mother of melodies”, derives from the name given to President Paul Kruger by black people because of his ability to whistle and imitate birds. The “mother of melodies” township, which is historically black, is currently populated by close to 1 million residents (SA Web, n.d).

4.6 Sampling

Sampling is the technical accounting device to rationalise the collection of information, to select the appropriate way the restricted sets of objects, persons, events and so forth from which actual information will be drawn (Bless et al., 2006). Using sampling to collect data is advantageous as it is less time consuming, it is less costly, and it is a practical way of collecting data on an infinite or extremely large population. A good sampling requires a well-defined population and an adequately chosen sample (Bless et al., 2006).
A purposive sampling technique was used to select Setswana speaking participants who are also conversant in English and are between the ages of 15 and 25 years. This sampling technique is based on the judgment of a researcher regarding the characteristics of a representative sample. A sample of convenience was used, using selective randomization method. Sampling continued until data saturation was reached, meaning when additional analyses of the data brought redundancy and revealed no new information (Morse, 1995). Data saturation was reached with the tenth interview, as new information was no longer revealed.

4.7 Research Procedure
A series of steps were taken whilst embarking on the research process and these are outlined below.

4.7.1 Ethical Considerations
An ethical issue is concerned with whether a behaviour conforms to a code or set of principles. Research ethics places great emphasis on human beings and sensitive treatment of participants. The research ethics helps to prevent any research abuse and assists researchers in understanding their responsibilities as ethical scholars. It is always the researcher’s responsibility to ensure that his or her research is conducted ethically (Bless et al., 2006).

Before embarking on the study, a research proposal was written. This research proposal outlined the research design, method and process and was sent to the University’s Research Ethics Committee for their consideration and approval. A research clearance certificate (refer to Appendix M) was issued.

In this study the researcher abides to the following ethical principles:

i) **Competency:** The researcher worked within her scope of practice. She was supervised throughout the research process, to ensure that the study is trustworthy.

ii) **Confidentiality:** Confidentiality was maintained throughout the study. The biographical information will not be traced back to the participants. In terms of the audio-taped interviews and transcriptions, access was only limited to the
supervisor, the training assistant and the researcher and the participants were informed about this. Audio-tapes and transcriptions were stored under the number of the interview in order to ensure confidentiality of the participants. These were stored in the researcher's personal computer which requires a pass word that is known only by the main researcher. The biographical information, consent forms, audio-tapes, transcripts and notes, were destroyed at the end of the study.

iii)  **Informed consent:** Before the interviews were conducted, participants were informed about the purpose of the study. They were informed that their participation is voluntary, therefore they can withdraw at any stage from participating in the study if they so wished. An introduction letter (refer to Appendix A & B) was written to the participants requesting for their permission to participate in the study, particularly those over the age of 18 years and they had to sign the consent form (refer to Appendix E & F). For participants aged 15-17 years a similar letter (refer to Appendix C & D), was presented to the parents or guardians requesting permission for their offspring or relative to participate in the study, and they had to sign a consent form (refer to Appendix G & H).

iv)  **Respects for the dignity and rights of people:** The participants’ right to terminate from participating in the study at any point was stressed and respected. The participants’ right to privacy was respected.

v)   **Non-maleficence:** Due to the sensitivity of the study, provision was made to refer those participants who may feel overwhelmed during the study to a local psychologist for therapy.

4.7.2 **Development of interview guide**

A research will be a success or a failure due to the quality of the facts on which it is based. A good research design and a very representative sampling are not sufficient to ensure good results if the data analysis depends on incorrect data. It is important to construct an appropriate and accurate instrument for measuring and collecting
data (Bless et al., 2006). In this current research an interview guide was developed by the researcher.

Using the literature review as a frame of reference, an interview guide was constructed in English by the researcher. The English guide was discussed and approved by the supervisor of the study. The level of agreement was 90% between the researcher and her supervisor regarding the English guide, it contained English words that may be easily understood by the prospective participants. Then the English interview guide was given to a Setswana speaking Clinical Psychology intern to translate into Setswana. A Setswana speaking radio presenter was given the Setswana interview guide to translate back into English. The initial English guide constructed by the researcher and her supervisor, and the second English guide translated by the Setswana speaking radio presenter were compared by the researcher, and the level of agreement of both the guides were 50%. Due to the poor level of agreement, the Setswana speaking radio presenter was given the first English guide to translate into Setswana. Then both the Setswana interview guides and the first English guide were given to a Setswana teacher, who then compared the two Setswana guides and finalised the interview guide that best reflected the English guide. The level of agreement was 90% between the researcher and the Setswana teacher regarding the final Setswana interview guide. It contained appropriate Setswana words that are easily understood and used by the prospective participants. All translated interview guides were reviewed in supervision by the researcher and her supervisor. The final interview guide was approved by the supervisor based on the 90% level of agreement between the researcher and the Setswana teacher.

The interview guide is based on three main categories, namely, diagnosis, aetiology and treatment of mental illness. Prompts are included in the interview guide to encourage participants to talk about issues that do not come up spontaneously in their responses. The interview guide consists of 27 questions (refer Appendix K & L). Since the research method used is phenomenological, this guide was only used as a framework and was modified as the need arose without losing the essence of what was contained in the guide.
4.7.3 Request for approval to utilize the local hall as a venue to conduct interviews

Participants were interviewed in an office situated within the local community hall. The researcher approached the caretaker of the local community hall to request permission to make use of the hall for the interviews. The researcher introduced herself to the caretaker as a Masters student in Clinical Psychology, from Sefako Makgatho Health Sciences University (MEDUNSA campus), she informed the caretaker about her study and presented the research clearance certificate (refer to Appendix M) to the caretaker. Permission was granted for the researcher to make use of the community hall and times to make use of the hall were agreed upon between the researcher and the caretaker.

4.7.4 Recruitment of participants

Participants were recruited from youth recreational centres in Mamelodi. The researcher visited these venues and introduce herself to the young people. In her introduction she informed the young people that she is a Masters student in Clinical Psychology, from Sefako Makgatho Health Sciences University (MEDUNSA campus) and one of the requirements for the fulfilment of the degree in Clinical Psychology is to conduct research project. The participants were informed about the purpose of the study as mainly trying to understand the views of young people with regards to what is mental illness, its causes and treatment. Furthermore they were made aware that not everyone who is interested in participating in the study will be chosen, as a list of the interested prospective participants will be drawn and every third participant on the list will be chosen. The chosen participants were contacted and an appointment for the interview was scheduled. The researcher met with parents or guardian of prospective participants under the age of 18 to obtain permission to interview their offspring or relative. The researcher introduced herself to the parents of the prospective participants, explaining to them the purpose of the study, as well as participants’ rights in withdrawing from the study, when the necessity arose. The parents were given the introduction letter (refer to Appendix C & D). A copy of the research clearance certificate from the research committee was attached to the introduction letter to the parents of prospective participants prior to the granting of consent for their children to participate in the study (refer to Appendix M). The parents of the prospective participants were requested to give consent for
their children’s participation in the study. Thereafter, the parents together with the participants were requested to sign a consent form (refer to Appendix G & H).

4.7.5 Selection criteria
Participants with the following characteristics were included in the study:

i) Young people between the ages of 15 and 25 years.

ii) Residing in Mamelodi Township.

iii) They should be cognitively intact (have the ability to interact with the researcher). The participant’s occupation, level of education (refer to item 4 and 5 of biographical information) or life experience will assist in determining whether they are able to interact with the researcher regarding the phenomenon under investigation.

iv) Participants who are either in high school or have completed their high school, working or unemployed.

v) Participants who have the ability to communicate either in English or Setswana.

vi) Participants who do not have a history of mental illness were selected (refer to item 6 to 8 of the biographical information).

4.7.6 Exclusion criteria
Young people with the following characteristics were excluded in this study:

i) Young people under the age of 15 years and young adults older than 25 years of age.

ii) Young people residing outside of Mamelodi Township.

iii) Young people with the inability to verbally interact with the researcher.

iv) Those who are not conversant in Setswana or English.

v) Young people with a history of mental illness, either currently ill or those who have been diagnosed with mental illness.

4.8 Data Collection
According to Evans (2007), the purpose of an interview process is to gather descriptions of the interviewee’s life experiences. Individual interviews were held using open-ended questions (refer to Appendix K & L) to collect data, this allowed the participants the freedom to express their own experiences. The purpose of the
interviews was to understand the participants’ perceptions towards mental illness and its treatment. How mental illness affects those who are perceived to have mental illness and other significant people associated with the mentally ill, whether it be at their home or in their community. The participants are encouraged to interpret as precisely as possible their views and behaviours regarding the issues being discussed. The researcher did not offer opinions on the subject in hand but encouraged the participants to provide detailed information. Prompting was used when necessary to give clarification of their responses.

In this study a pilot study was conducted as a pre-requisite for the researcher to ensure that errors are rectified before collecting data. The pilot study was conducted on three participants meeting the selection criteria. The venue was the local community hall, the intent was to experience how comfortable is the facility and to eliminate any variables that may affect data collection. The interviews were audio-taped, enable the researcher to practice the correct use of the audio-tape and to listen to the researcher’s problems with probing.

The pilot study gave an opportunity to the researcher to improve her interviewing skills, her probing problems were rectified including the follow up on some questions. Thereafter, the interview guide was rephrased to meet the desired response from the participants.

4.8.1 Interview process
All interviews were conducted by the researcher. The interview sessions were audio-taped after permission was granted by the participants. The researcher made personal notes of the interviews material perceived to be of significant importance. The interview context is as follows:

i) Researcher greeted the participant, and a check-in with the participant was done. Thereafter, the researcher asked the participant the following questions as an ice-breaker
- How are you doing today?
- How was your journey to the venue?
- Was it easy to find the venue?
- Do you feel comfortable being here today?
- Are you looking forward to the interview?

One of the functions of an icebreaker is to demonstrate interest in the participant.

ii) A recapitulation on the rights of participations was done. The introduction letter (refer to Appendix A & B) was given to the participants to read.

iii) For those above 18 years a consent form was presented to them to read. If they agreed with the contents therein, they could sign the consent form (refer to Appendix E & F). Those under the age of 18 years, were requested to present a consent form (refer to Appendix G & H) signed by their parents or guardian prior to the interview.

iv) Thereafter, participants were requested to fill in the biographical information form (refer to Appendix I & J).

v) Participants were reminded of their right to respond in either English or Setswana.

vi) As soon as the participant was settled and felt comfortable, the interview commenced starting with the first question in the interview guide. All the questions were followed sequentially.

vii) At the end of the interview a checking out was done consisting of the following:
- How do feel now that the interview is over?
- Are there any overwhelming feelings that you are experiencing due to the interview that need to be addressed?

This was done to ease the participant from the interviewee role and to deal with any overwhelming feelings that may be caused by the interview. If there was a need to see a professional due to the questions of the interview or other issues that may have been triggered by the interview, the participant was referred to the professional of his/her choice where possible.

viii) If available the participant was requested to meet with the researcher three days after the day of the interview for member checking.
Lastly the participant was thanked for the participating in the study and wished a safe journey back home.

The interviews proceeded exactly the way researcher had planned and stated above, all the steps presented were followed with every interview. Member checking was conducted with seven participants who were available three days after their initial interview. The member checking sessions were audiotaped with permission granted by the participants. Transcriptions were typed verbatim and stored along with the audio-tapes in the researcher’s personal computer, which requires a password only known by the researcher. Transcripts and audio-tapes were stored using the number of the interview instead of making use of the name of the interviewer.

4.9 Data Analysis
Content analysis method was used to analyse the collected data. This method is defined as “any technique for making inferences by systematically and objectively identifying special characteristics of the message” (Holsti, 1968, p.68). Prasad (in Lal Das & Bhaskaran, 2008), describes content analysis as the scientific study of content of communication. Adding further, as a study of content with reference to the meanings, contexts and intentions contained in messages.

The qualitative content analysis method goes beyond counting words to examining language intensely for the purpose of classifying large amount of texts into an efficient number of categories that represent the same meaning (Weber, 1990). Research using qualitative content analysis focuses on the characteristics of language as communication with attention to the content or meaning of the text (Budd, Thorp, & Donohew, 1967; Lindkvist, 1981; McTavish & Pirro, 1990; Tesch, 1990). Downe-Wamboldt (1992), explained the goal of content analysis as “to provide knowledge and understanding of the phenomenon under study” (p. 314).

Content analysis was used by researchers to examine the artefacts of social communication. The social communications are written documents or transcriptions of recorded verbal communications. The advantages of using the content analysis firstly is that it can be virtually unobtrusive (Webb, Campbell, Schwartz, Sechrest &
Grove, 1981), and secondly it is cost effective, materials needed to conduct a content analysis are easily and inexpensively accessible (Washington, n.d.).

According to Prasad (in Lal Das & Bhaskaran, 2008), content analysis like any other research method conforms to three basic principles of scientific methods:

i) **Objectivity**: This means the analysis is pursued on the basis of explicit rules that enables different researchers to obtain the same results from the same documents or messages.

ii) **Systematic**: The inclusion and exclusion of content is done based on consistently applied rules that eliminate the possibility of including materials that only supports the researcher’s ideas.

iii) **Generalizability**: The results obtained by the researcher can be applied in other similar situations.

The conventional approach to content analysis was used in this study. This type of an approach is generally used in a study design whose aim is to explore a phenomenon, in this case the perceptions of mental illness and its treatment by young people. The advantage of using this type of approach is that researchers are able to gain richer understanding of a phenomenon (Hsieh & Shannon, 2005). Researchers immerse themselves in the data to allow new insights to emerge (Kondracki & Wellman, 2002). This type of an approach is appropriate when existing theory or literature on a phenomenon is limited. It allows categories and new names for categories to flow from the data (Hsieh & Shannon, 2005), and researchers avoid using preconceived categories (Kondracki & Wellman, 2002).

The following method of conventional content analysis was used following these six steps by Hsieh and Shannon (2005):

i) The researcher started with reading all data repeatedly to achieve immersion and obtain a sense of whole.

ii) Data was read word by word to derive codes, first highlighting the exact words from the text that appear to capture key thoughts or concepts.
iii) Notes were made of the researcher’s first impression, thoughts or initial analysis. As this process continued labels of codes emerged directly from the text and they become initial coding scheme.

iv) Codes were then sorted into categories and therefore, those who are common were linked together.

v) Definitions of each category and code were developed.

vi) The findings were compared and contrasted to the appropriate literature on the phenomenon.

Data from the audio-tape was transcribed verbatim before it is analysed. A research assistant verified the emerging themes. The research assistant who is a colleague, a clinical psychologist knowledgeable about qualitative approach and content analysis method analysed the research data after being informed of the study and its purpose (refer to Appendix A). A copy of the interview guide and the transcripts were given to her to analyse independently of the researcher following the conventional content analysis methods using the six steps of Hsieh and Shannon (2005). Then the researcher together with the research assistant compared the emerged themes from their analysis. The level of agreement was pitched at 80-90%.

The researcher together with the assistant compared their data analysis and identified emerged themes. Initially the level of agreement was 70%, but by revisiting each analysed data, eventually a 90% agreement was reached.

CHAPTER 5
RESULTS

5.1 Introduction
The previous chapter focused on the research method, outlining the research process. This chapter represents the results of the study obtained during the content analysis of data, using the conventional analysis steps by Hsieh and Shannon (2005). The purpose of this study was to gain an in-depth understanding of how young people residing in Mamelodi township view mental illness and its treatment. The objectives of the study were to find out about young people’s definition of mental illness; to inquire about their understanding and explanations of the causes of mental illness; to investigate and describe the types of mental illness; and lastly to inquire about their understanding and explanations of how mental illness is treated.

To orientate the reader on the research process and the literature review (refer to Chapter 1 to 4 for full discussion), this chapter briefly discusses the research design, research procedure, research sample and biographical information. The chapter will further focus on the data collection challenges, analysis of the study, research results and interpretation of the results.

The aim of this study was to explore the perceptions of mental illness and its treatment by young people in Mamelodi Township, Tshwane, Gauteng Province.

5.2 Research design

The present study made use of the qualitative approach to explore the young people’s perceptions of mental illness and its treatment. This was an appropriate type of approach for this study because it explores the human experiences that cannot be best recorded using quantitative methods (Bless et al., 2006). A best way to capture the young people’s perceptions of mental illness is through the use of words and the meanings attached to those words as a way of expressing their understanding of the phenomenon under study.

Within the qualitative approach the researcher made use of the phenomenological method because the method allowed participants to tell their personal experiences of life using their own words (Louw & Edwards, 1997), setting aside the researcher’s theoretical knowledge of the phenomenon under investigation.
5.3 Research procedure

The research clearance (refer to Appendix M) was granted by the Ethics Committee of the University to the researcher. Thereafter, the researcher and the supervisor of the study reviewed the interview guide and changes were made on the interview guide (refer to Appendix K & L). Back translation was applied to the interview guide to ensure its validity. A 90% level of agreement was obtained regarding the similarities of the English and Setswana interview guide.

The research site is situated in Mamelodi Township, in Tshwane, Gauteng province. The researcher approached a caretaker of one of the four local community halls known to the researcher, for a permission to make use of the hall as a venue for the interviews (refer to Chapter 4, section 4.7.1). A verbal permission was granted to the researcher to make use of an office situated inside the community hall. Times to make use of the facility were scheduled by the researcher in consultation with the prospective participants depending on their availability. These were discussed with the caretaker who then approved the time schedule after the recruitment of the participants as previously discussed under item 4.7.3 from Chapter 4.

Data collection was conducted within a period of a month until saturation was reached.

5.4 Research sample

Thirty young people were recruited but the actual research was carried out on ten participants due to the saturation of data which was reached after interviewing the tenth participant. The participants’ ages ranged from 15 to 25 years. These participants consisted of five learners who were in high school, three tertiary students and two participants who had completed high school education but were currently unemployed. With regard to gender there were four female participants and six male participants.
5.5 Biographical information

Prior to the commencement of the interviews each participant was requested to complete a short biographical information (refer to Appendix I & J). This was done to ensure that the inclusion and exclusion criteria were abided to. All of the ten participants met the inclusion criteria (refer to Chapter 4, section 4.7.4).

5.6 Data collection challenges

The researcher was aware of the challenges that arose during data collection and she was able to deal with these challenges in a professional manner.

The following are the challenges that the researcher experienced:

i) *Contacting the participants.* Once a selective randomization method was applied and the researcher had a list of participants who were selected to participate in the study, the researcher experienced difficulties getting hold of two participants. These participants did not answer the telephone calls from the researcher and they did not have email addresses. This led to the participants falling off the participation list and a selective randomization method was applied to select two participants amongst the remaining who were not previously selected.

ii) *Non-adherence to the scheduled appointment.* Two of the selected participants did not adhere to their appointments. This led to another random selection of two participants from the list of the available participants.

iii) *Non-adherence to agreed time schedule.* The researcher and the caretaker had agreed on times for the researcher to make use of the office hall without any disruptions. When three participants did not adhere to the allocated interview time, this led to some disruptions. Hence the interviews of these
participants had to be rescheduled to a later date depending on their availability as the researcher was avoiding to rush the interviews.

iv) **Member checking.** All of the selected participants who actively took part in the research were requested to report their availability three days after the initial interview for member checking. However, only seven participants adhered to their member checking appointment.

### 5.7 Analysis of the study

Content analysis was done using the six steps put forward by Hsieh and Shannon (2005). For a full description of this method of analysis refer to Chapter 4, section 4.9.

### 5.8 Themes and subthemes

Nine primary themes emerged from the data analysis. These primary themes were supported by the secondary content themes. The researcher examined these themes along with the relevant participants’ responses. The nine primary themes were identified as follows:

i) Illness that affects the mind

ii) Mental illness is craziness

iii) Perception of the media regarding its role in mental illness

iv) Characteristics of mental illness involves its seriousness, affliction, behaviour, and incurability.

v) Stress, stressors, and accidents as a cause of mental illness

vi) Supernatural powers as a cause of mental illness

vii) Lack of knowledge regarding various types of mental illness

viii) Reasons related to young people’s inability to seek help when affected by mental illness

ix) Management of mental illness through western and non-western approaches
These primary themes illustrate young people’s perceptions of the mental illness and are supported by secondary content themes. The secondary themes emerged from the primary themes are presented as follows:

Table 1:

*Primary and Secondary Themes*

<table>
<thead>
<tr>
<th>Primary themes</th>
<th>Secondary themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Illness that affects the mind.</td>
<td>a) It is accompanied by behavioural changes within the individual.</td>
</tr>
<tr>
<td>ii) Mental illness is craziness.</td>
<td>a) Unusual behaviour is displayed.</td>
</tr>
</tbody>
</table>
| iii) Perception of the media regarding its role in mental illness. | a) Insufficient knowledge regarding mental illness.  
  b) Craziness.  
  c) Lack of empathy for the mentally ill. |
| iv) Characteristics of mental illness involves its seriousness, affliction, behaviour, and incurability. | a) Serious condition.  
  b) Moderate to average prevalence of mental illness in the community.  
  c) Abnormal behaviour is an indicator of mental illness.  
  d) Mental illness affects everyone.  
  e) Mental illness is incurable. |
| v) Stress, stressors, and accidents as a cause of mental illness. | a) Environmental factors as cause of mental illness.  
  b) Head injury as a cause of mental illness.  
  c) Social stressors as precursor to mental illness. |
| vi) Supernatural powers as a cause of mental illness | a) Witchcraft. |
| vii) Lack of knowledge regarding various types of mental illness | ... |
Table 1 continues…

<table>
<thead>
<tr>
<th>viii) Reasons related to young people’s inability to seek help when affected by mental illness</th>
<th>a) Fear of being rejected, judged and mistreated.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ix) Management of mental illness through western and non-western approaches.</td>
<td>a) Methods of treating mental illness (psychologists and psychiatrists). b) Steps for seeking help when affected by mental illness. c) Traditional healers and westernised professionals co-treating mental illness.</td>
</tr>
</tbody>
</table>

The researcher used extracts from the results to illustrate the abovementioned themes. Tables 2-10 below provide the primary themes, the relevant questions from the interview guide (refer to Appendix K), participants’ responses to these questions and secondary themes.

5.8.1 Illness that affects the mind

Responses to question 1 and 12 (of participant 4’s response) of the interview guide assisted with regard to the development of young people’s definition of mental illness as an illness that affects the mind. Table 2 explores the illness that affects the mind.

Table 2:

<table>
<thead>
<tr>
<th>Q:</th>
<th>Participant response:</th>
<th>Secondary theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>“I think it’s sort of sickness that strikes the mental capacity of a person… Where they act abnormal, not in the usual ways… leading to problems at home…” (Participant 1)</td>
<td>Illness leads to problems. Behavioural changes</td>
</tr>
<tr>
<td>1.</td>
<td>“…a person who’s unstable in the head…”</td>
<td>Instability of the mind.</td>
</tr>
</tbody>
</table>
Table 2 continues…

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>“…it is a disability related to your brain or your mind and your mental abilities… like your abilities are limited… like your thinking is limited… learning is limited, your speech is limited…”</td>
<td>Illness that affect cognitive processors and speech.</td>
</tr>
<tr>
<td>12.</td>
<td>“…Mental illness is, well people describe it as the flu of the brain…” (Participant 4)</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>“It basically happens in the mind… can make a person imagine things that we can’t see and it can like control their behaviour… It affects the mind in the way that a person’s behaviour changes…” (Participant 6)</td>
<td>Behavioural changes; loss of control.</td>
</tr>
<tr>
<td>1</td>
<td>“… when someone is not mentally stable and they can’t do certain things like one who has the ability to be stable… perception, thinking wise… speech pattern… they’ve got certain limits to the things that they do.” (Participant 7)</td>
<td>Thinking, speech and behaviour is affected.</td>
</tr>
<tr>
<td>1</td>
<td>“… sickness when they like you know, like they went through like stuff probably some sort of injury… or stress or something like that you know abuse then somehow then the brain just gets… traumatised…” (Participant 8)</td>
<td>Traumatised mind due to an incident or precursors (stress and abuse).</td>
</tr>
<tr>
<td>1</td>
<td>“… I’d say mental illness sometimes is brought by that thing, the things that you do and the belief… it affects you when then you believe other things that will bring trauma… Trauma is like, yes is like some other people they, maybe I can say they get scared of things then maybe since they are young, they not used to and then that thing stays in the mind…”</td>
<td>Illness cause by one’s behaviour and belief; belief brings trauma</td>
</tr>
</tbody>
</table>
Table 2 continues…

1. “Mental illness is an illness in the mind that obviously changes one’s behaviour or actions… you start doing things, you can’t be in control of your emotions.” (Participant 10)  

<table>
<thead>
<tr>
<th>Participant response:</th>
<th>Secondary theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural changes; Loss of control.</td>
<td></td>
</tr>
</tbody>
</table>

### 5.8.2 Mental illness is craziness

Responses to question 1 of the interview guide assisted with regard to the development of young people defining mental illness as craziness. Table 3 explores mental illness as craziness.

Table 3:

**Mental illness is craziness**

<table>
<thead>
<tr>
<th>Q:</th>
<th>Participant response:</th>
<th>Secondary theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>“…being crazy… crazy people… Crazy is doing things that’s totally out of your mind, like picking up papers on the street… Not being normal, you don’t think normal like everyone else… mentally dysfunctional, meaning your mind doesn’t function really well…” (Participant 3)</td>
<td>Behaving in an unusual way; being different from others; thinking is different from others; dysfunctional mind.</td>
</tr>
<tr>
<td>1.</td>
<td>“…people who are crazy… Yes and then others take it as abnormal, and then those people sometimes they don’t treat them right because they don’t take them seriously” (Participant 5)</td>
<td>Lack of empathy for the mentally ill.</td>
</tr>
</tbody>
</table>

### 5.8.3 Perception of the media regarding its role in mental illness

Questions 4, 10 and 11 responses from the interview guide illustrates this theme. Table 4 explores this theme. Table 4 explores perception of young people and the media regarding mental illness.
Table 4: Perception of the media regarding its role in mental illness

<table>
<thead>
<tr>
<th>Q</th>
<th>Participant response</th>
<th>Secondary theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>“I don’t think so… They (are) not aware of what it is… They don’t know what, how it started. They can’t explain the after effects… they think their bewitched…”</td>
<td>Lack of knowledge regarding mental illness; supernatural forces play a role.</td>
</tr>
<tr>
<td>10.</td>
<td>“I think it is (portrayed) as a thing to laugh about… I don’t think that’s the way it should be portrayed because it’s not helping anything…”</td>
<td>Lack of empathy towards the mentally ill.</td>
</tr>
<tr>
<td>11.</td>
<td>“…children always imitate what they see on the screen… they see someone… they start laughing, remembering the movie…” (Participant 1)</td>
<td>Lack of empathy is learned through observation leading to the devaluation of the mentally ill.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q</th>
<th>Participant response</th>
<th>Secondary theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>“… they don’t care about it. I think they just take it as craziness. Let me just say that’s how we call it.”</td>
<td>Lack of empathy regarding the mentally ill; craziness. Behaviour of the mentally ill as portrayed by media. Lack of empathy is also portrayed by the media.</td>
</tr>
<tr>
<td>10.</td>
<td>“People who talk alone, others are UFOs (Aliens), they say they saw spaceship. Or is people who preach, like they talk about the Lord in the street, like they don’t care if they push him…”</td>
<td>Discrepancy between the portrayals of mental illness among the white and black people.</td>
</tr>
<tr>
<td>11.</td>
<td>“Yes… I thought that maybe white people they are crazy in their own way and we blacks those that I see, who and who they are crazy in their own way… It’s like when they show those (whites), they show them when walking and singing alone… Almost all that I see (blacks), those I regard as they are crazy, it’s those who</td>
<td></td>
</tr>
</tbody>
</table>
swear… There is this one he liked throwing us with stones. It’s like on the road they like singing alone. The person wears other things, ties things on the head…” (Participant 2)

Table 4 continues…

<p>| | |</p>
<table>
<thead>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>“They would probably say something like, mmm, along the line of what I said, being crazy… you don’t know what you doing…”</td>
</tr>
<tr>
<td>10.</td>
<td>“It’s not portrayed as a common thing but we know it… like is not something that they make people aware of…”</td>
</tr>
<tr>
<td>11.</td>
<td>“Yes, it does… it’s a way of making you be aware of the consequences and circumstances…” (Participant 3)</td>
</tr>
<tr>
<td></td>
<td>Crazy; loss of control.</td>
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<td></td>
<td>Prevalence (not commonly portrayed in the media).</td>
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<td>Media as a vehicle for education about mental illness.</td>
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<tr>
<td>4.</td>
<td>“…. I don’t think they are knowledgeable about mental illness… they just say… DEMONS… as well as witchcraft…”</td>
</tr>
<tr>
<td>10.</td>
<td>“… okay I am aware that they trying to create awareness about it… but then I don’t think it’s like the proper way to do it though… Their seen as the odd one out and they like push out of society…”</td>
</tr>
<tr>
<td>11.</td>
<td>“Yes they do… if others don’t have an understanding of a thing, they won’t really, if they don’t have knowledge of it they won’t really understand it…” (Participant 4)</td>
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<tr>
<td></td>
<td>Lack of knowledge by young people regarding mental illness; attribution of supernatural forces.</td>
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<tr>
<td></td>
<td>Lack of empathy for the mentally ill is portrayed by the media; rejection/isolation.</td>
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<td></td>
<td>Lack of knowledge regarding mental illness leads to the lack of empathy towards the mentally ill.</td>
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<tr>
<td>4.</td>
<td>“Some… A lot of people don’t take it serious, but they know that it exist but they don’t often take it serious”</td>
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<tr>
<td>10.</td>
<td>“They portray it as a serious problem because a</td>
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<tr>
<td></td>
<td>Lack of knowledge and ignorance regarding mental illness.</td>
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<tr>
<td></td>
<td>Prevalence- common</td>
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<tr>
<td>11.</td>
<td>“...Sometimes it helps... when we watching we see that it means if you do this you will have a mental problem. So we gain knowledge…” (Participant 5)</td>
</tr>
<tr>
<td><strong>Table 4 continues…</strong></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>“…they can say one is crazy... they do not understand why or they don’t know what disease or illness it is…”</td>
</tr>
<tr>
<td>10.</td>
<td>“… that’s it’s easy… person will do crazy things, then they’ll take that person to a mental institution and then five episodes later that person is back or like they don’t show how it affects the family, is not realistic to what we see in real life… or completely insane… that person will forever be sick and will never get cured…”</td>
</tr>
<tr>
<td>11.</td>
<td>“Ja (yes) it does have an effect on us but then we never take it seriously coz (because) tv gives us another… a different view from what is real like what happens to the reality…They tend to, it differ… they sometimes exaggerate and sometimes they don’t give out more than actually… They don’t give information…” (Participant 6)</td>
</tr>
<tr>
<td>4.</td>
<td>“I don’t think they knowledgeable enough… treat him somehow… they give him this other cold shoulder or they give him that look you know the person is mentally ill… sometimes at schools they never get taught enough…”</td>
</tr>
</tbody>
</table>
10. “…I’d say badly… I should say it’s overshadowed… you hardly hear about that person being more successful, you only hear about that person being killed or being put in a special place…”

Table 4 continues:

11. “… it does, because as youngsters (young people), we believe in media more than anything. So if media says something good about you, obviously will think that you good…”(Participant 7)

4. “…I don’t think like people do, as in like in schools, they don’t speak about it that much. There are no such as people coming to inform us in Mamelodi…”

10. “they try to show us that we should treat them well, not to treat them like outsiders, they want to us, they inform us about it, how the symptoms are and then how they can help you…”

11. “Yes I think so… able to know that to go to a doctor or a hospital they will check you early signs of it. Also if you have stress you will be able to know that if I don’t handle this stress I will get sickness such as this and that, then you will know that you have to handle…”(Participant 8)

4. “I don’t think they know… A lot of them say his crazy…”

10. “Am going to talk lie, it’s been a while since I’ve watched tv…”

| Rejection/isolation of the mentally ill. Mentally ill are not acknowledged; discriminated | What is portrayed in the media contributes to the young people’s perceptions. |
| Lack of knowledge regarding the mental illness. | Media as a vehicle of education about mental illness. |
| The portrayal of mental illness by the media sensitize young people to take preventative measures. | Lack of knowledge regarding the illness; crazy person. |
| Lack of knowledge regarding the portrayal of the illness. |
Table 4 continues

11. “Yes… we believe what we see on tv… if they portray it as wrong then we take it as it is wrong…” (Participant 10)

The portrayal of mental illness by the media contributes to the lack of empathy towards the mentally ill.

5.8.4 Characteristics of mental illness

Question 2, 3, 5-9 and 17 responses from the interview guide illustrates this theme. Table 5 explores this theme.

Table 5:

<table>
<thead>
<tr>
<th>Q</th>
<th>Participant Response:</th>
<th>Second themes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>“It’s very serious… Because it affects mostly young people… You find that you go to a psychiatric hospital, its mostly young people than adults that are admitted at such hospitals… Because of how we are living nowadays, young people are exposed to many pressures that can cause mental illness like peer pressure”</td>
<td>Serious condition prevalence is higher in young people due to environment and interactional relationships with peers.</td>
</tr>
<tr>
<td>3.</td>
<td>“Oh I’ve haven’t seen a lot of people with mental illness in Mamelodi but there are few that I know and it affects the community in a bad way</td>
<td>Prevalence (few people in the community); affects the community in the bad</td>
</tr>
</tbody>
</table>
because people, the community itself think that these people are crazy when they act abnormal. It’s like their bewitched that’s what they usually say.”

“Ja (yes), all.”

“Yes.”

way; called crazy; supernatural powers (bewitchment). Mental illness affects all people.

Table 5 continues…
7. "I think mostly white people, I don’t know why they get affected by mental illness, (and) maybe it’s in their family genes…”

8. "I don’t think so. I don’t think it’s sprays in the air. It’s just a disease someone has. I don’t think it’s even sprays able."

9. “… ja (yes)… his not normal, because he has some kind of illness that affects his thinking capacity… he makes funny movements as he talks like his not like us, like normal people… Sometimes it affects the eyes, uhmm the way you speak, your pronunciation.”

17. “I don’t know if it can be cured to a 100%... I think it can be reduced (to a point) where you start to be able think like on your own and reason with a good (mental) capacity… I think just taking the prescribed medicine that you are given by… the psychiatric hospital coz (because) that’s mostly where mentally ill people are at… let say you, they admitted (admit) you there, obviously you gonna (going to) stay there for a long time. While you (are) there you should just stick to the medication you are given by them…” (Participant 1)

Prevalence higher in Caucasian people due genetics.
Self and significant others cannot develop mental illness because it is not contagious; lack of information on the causes of mental illness/detachment of self and significant others from the mental illness.
Illness that affects the mind; unusual behaviour is an indicator of mental illness.
Mental illness is incurable, is managed by medication given at the psychiatric hospital, when admitted at the hospital.

Table 5 continues…
2. “…I think it’s not serious… I don’t think craziness is something serious. Others they pretend…”

3. “…at our side at White city they are two, three… others the way their news start… it’s a story that doesn’t fit. One they say the reason he is mentally ill, like his crazy, they say he beat a foreigner and was bewitched…”

5. “People who have money problems. I don’t know, and people who obsess over things…”

6. “…Yes… things that they smoke, you see, it destroys them… drinking at a very young age… those things it destroys the head…”

7. “No…”

8. “I don’t know. Me maybe… I love money… If I have a lot of money and I lose it, I would go crazy…”

9. “Yes, like the way they act you see.”

17. “Not all, there those like those of the head maybe it’s an illness of the head that runs in the family, they miss it on the child, he gets hurt, maybe there is nothing they can do. At my friend’s home there is one like this, he even can’t talk, can’t do things, he’s always on the wheelchair, he even doesn’t stay at home, he stays at where they can take care of him, like…”

Lack of interest/lack of information in mental illness, it is perceived as not a serious condition.

Prevalence (less common); perceived lack of interest in the mentally ill; crazy people who are bewitched.

Financial problems and obsession leads to mental illness.

Mental illness in young people is due to lifestyle (smoking and drinking affects the mind negatively).

Mental illness affects all people.

Loss of money could contribute to mental illness.

Behaviour is an indicator of mental illness.

Depends of the severity of the illness and some of it appears to be genetic, and they need specialized care such as hospice (a home for the severe and profoundly mentally handicapped).

Table 5 continues…
2. “Yes it is luckily it’s not contagious I think…”
3. “Ja (yes)… in Mams (Mamelodi) you get a lot of people who are mentally ill, is something that’s common…”
5. “…depends on the environment you in… some people are born with it… People who over think, people with too much stress… you not knowing what to do, you stressed.”
6. “Yes. From adolescences and peer pressure… you want to do what your friends do and then you start thinking out of the box then you start doing abnormal things and it triggers…”
7. “No it affects everyone… I mean what does race have (has) to do with it.”
8. “…no… I don’t want to believe that someone is gonna (going) so crazy in my family.”
9. “…he talks to himself, when he sees people walking he just talks to them and he doesn’t even join in the conversation, he just talks his own stuff, like he just does his own things…”
17. “…I don’t think it can be cured but treated yes.”

(Participant 3)

<table>
<thead>
<tr>
<th>Relief (illness is not contagious)</th>
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<tbody>
<tr>
<td>Prevalence (common).</td>
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<tr>
<td>Environmental factors; genetics; precursors (stress).</td>
</tr>
<tr>
<td>Peer pressure/ identification with peers (fitting in with others) leads to abnormal behaviour that triggers mental illness.</td>
</tr>
<tr>
<td>Mental illness affects all people.</td>
</tr>
<tr>
<td>Detachment/denial of mental illness within self and significant others.</td>
</tr>
<tr>
<td>Behaviour is an indicator of mental illness.</td>
</tr>
<tr>
<td>Mental illness is incurable.</td>
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</tbody>
</table>

Table 5 continues…
2. “I think is very serious because it can limit your ok, your abilities, it can stop you from doing things you want to and it can, it has a very bad impact on your work and the way you live… Most of the time when a person has mental disabilities, people have to come and help them to things, like maybe help them make a sandwich or help them with schoolwork, everyone gets help with schoolwork but then they need more help... Yes in their daily living yes.”

3. “I haven’t seen a lot of people with mental illnesses because I stay home all the time... I don’t think it’s that common…”

5. “…everyone can be affected, it’s doesn’t depend on your age or race or anything like, gender…”

6. “They can, everyone can get it.”

7. “Nooo, I don’t think so. Black, white, yellow, everyone gets it.”

8. “… it is possible because anyone can get it…”

9. “I don’t think so. I don’t know.”

17. “I think it can be cured because, okay I said cured because it can be gone like you won’t have that mental illness but there is a possibility that it might came back again which is why I said that I can’t be completely cured sometimes.” (Participant 4)

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<tr>
<th>Number</th>
<th>Quote</th>
<th>Issue</th>
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<tbody>
<tr>
<td>2.</td>
<td>“Yes is very serious”</td>
<td>Serious condition.</td>
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</table>

Table 5 continues…

Disruption in the daily living and activities; assistance needed in carry out daily activities.

Lack of information regarding the prevalence of mental illness in the community.

Prevalence common - affects all people).

Does not know anyone with mental illness.

Mental illness is incurable but it can be ameliorated and it can also go into remission.
3. “…No, they not a lot…”

5. “Those that smoke drugs, those that drink too much, the nyaopes (those addicted to nyaope)”

6. “Yes.”

7.

8. “No”
“No… coz (because)… the way we live, we are used to be open and we speak to each other properly... and we give each other advices…”

9. “Yes… actions… Others walk around talking… throwing things on the floor, emptying the dustbins and then busy making a noise.”

17. “Yes... Like to have, like to go to psychologists, such people then isn’t maybe they will put you right, they calm you, (and) they speak to you nicely… But it doesn’t cure immediately it takes a time…” (Participant 5)

2. “It is very serious coz (because) you can get someone who has an illness but they do not know that they have an illness… They can become a danger to society, ja (yes), or danger to themselves.”

| Prevalence (not common in the community). |
| Addiction to drugs and alcohol may cause mental illness. |
| Mental illness affects all. |
| Detachment/denial that significant others may affected by mental illness. Empathy, openness and effective communication prevents the development of mental illness in the family. |
| Unusual behaviour is an indicator of mental illness. |
| Mental illness is incurable, its treatment is process oriented (in remission). |
| Serious condition and due to lack information about mental illness, the affected individual can become danger to self and others. |
Table 5 continues…

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<tr>
<td>3.</td>
<td>“I do know people who are, like who are mentally ill, and some have disorders but it’s not that big in my township. Is not that common…”</td>
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<tr>
<td>5.</td>
<td>“…depends what happened to the person, it can either be stress or maybe they, and accident happened whereby a person can fall on their head or his head and something happens or it can be like things general things that happen around that person… everyone can get mental illness… person can inherit it…”</td>
</tr>
<tr>
<td>6.</td>
<td>“…they do, they can.”</td>
</tr>
<tr>
<td>7.</td>
<td>“No… most blacks suffer from mental illness than whites… most whites they are health conscious, blacks are not that health conscious like white people…”</td>
</tr>
<tr>
<td>8.</td>
<td>“Ja (yes), we can depending what happens around us or what happens to us…”</td>
</tr>
<tr>
<td>9.</td>
<td>“Ja (yes), I know a few… whenever they consume alcohol they start doing things that are considered as paranoia or demented… It’s the actions that they do and what they say…”</td>
</tr>
<tr>
<td>17.</td>
<td>“Yes it can be cured… you get institutions where there are psychiatrists and they can give you medications or give you treatments and then counselling and then you can get better…”</td>
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<td>(Participant 6)</td>
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Prevalence (not common in community)

Precursors such as stress, head injury, and environment play a role in the cause of mental illness including genetics.

Prevalence (common-affects all people).

Prevalence is higher in Black than Caucasian population due to lifestyle.

Prevalence (common-affects all people) depending on environment.

Behaviour is an indicator of mental illness due to consumption of alcohol.

Mental illness is curable through the intervention of psychiatrists, counselling and medication.
2. “…I think it's quite serious actually…”

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<th>Table 5 continues…</th>
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<tbody>
<tr>
<td>3. “…it’s not actually common, although I do have one family friend of mine whose autistic… You hardly find people who are mentally ill, considering the places that I normally go to around the community…”</td>
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<tr>
<td>Prevalence low in the community.</td>
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<td>5. “…It could happen to anyone…”</td>
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<tr>
<td>6. “Ja (yes) I do think that they can develop mental illness…”</td>
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<tr>
<td>7. “No it’s every person’s illness…”</td>
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<tr>
<td>8. “I don’t think so… The understanding of mental illness, the understanding how it should be treated when ill… We have knowledge of mental illness.”</td>
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<tr>
<td>“Yes… He can’t speak properly, he can’t do things properly like we do, like wear shoes, draw, he can’t send himself to the toilet like we do…”</td>
</tr>
<tr>
<td>“…I think it can… psychiatrist or psychologist they actually helped…” (Participant 7)</td>
</tr>
<tr>
<td>Detraction/denial of significant others being affected by mental illness.</td>
</tr>
<tr>
<td>Mental illness is cured by psychiatrist or psychologist.</td>
</tr>
<tr>
<td>2. “…it depends on what kind of sickness is it… there are those that are serious, (and) there are those that are not serious. So if they tell you that yours is serious then yes it could be very dangerous.”</td>
</tr>
<tr>
<td>Seriousness of illness depends on the severity of the illness.</td>
</tr>
<tr>
<td>3. “I think it’s very common because yes, a lot of people in Mamelodi have been injury, they have been injured, they’ve through stress…”</td>
</tr>
<tr>
<td>High prevalence in the community.</td>
</tr>
<tr>
<td>5. “but people who are at places really like they are not stable like those that are at places… people</td>
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<tr>
<td>Dysfunctional environment, abuse leads to mental illness.</td>
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6. **being abused…”**  
   “Yes, I think they can.”  
   Prevalence (common-affects all people)

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<td><strong>Table 5 continues</strong>...</td>
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<tr>
<td>7.</td>
<td>“No, it doesn't discriminate... Yes, everyone is possible they can get it”</td>
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<tr>
<td>8.</td>
<td>“Yes we can… in my family there are few people who have those sicknesses…”</td>
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<tr>
<td>9.</td>
<td>“Yes my uncle… his memory sometimes it gets lost… I think his mind is stuck at a certain age when he was young, but his old, but you can see that maybe mentally his turning 4 5 somewhere around that… Like my uncle he can, like when he baths am giving you an example, he baths outside in front of people, by the way there is a bathroom… he does things that we are not used to… Yes that is not acceptable.”</td>
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<tr>
<td>17.</td>
<td>“I don’t think so… I haven’t heard that there is a cure… No I don’t think it will be cured completely but it will give him a start to be well, be like other people, not to just react… Yes it can be treated but not cured…” (Participant 8)</td>
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<tr>
<td>2.</td>
<td>“I think is not that serious, because you can, go to physiologists (psychologists), they can help there…”</td>
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<tr>
<td>3.</td>
<td>“Yes it is common because some people if you really go around Mamelodi you see the young, younger who doesn't want school anymore…”</td>
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<tr>
<td>5.</td>
<td>“People who are under pressure. You get a friend</td>
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Illness does not discriminate; Acceptance that significant others may be affected by mental illness.  
Behaviour is an indicator of mental illness.  
Mental illness is incurable but it can be ameliorated and it can also go into remission.  

Seen as a less serious condition.  
Prevalence is high in the community amongst young people.  
Environmental factors
who is that (under) pressure of that friend of his or has a, maybe that person, his friend at his home, the background is fine they can do…
leads to mental illness; peer pressure.

### Table 5 continues…

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<tbody>
<tr>
<td>6.</td>
<td>“Not all of them… it comes with how the child lives and how he handles things, if you not serious your things will, the illness will attack, because you give up on yourself… And your environment…”</td>
</tr>
<tr>
<td></td>
<td>Lifestyle leads to mental illness and external locus of control.</td>
</tr>
<tr>
<td>7.</td>
<td>“No everyone…”</td>
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<tr>
<td>8.</td>
<td>“No I doubt… is the way we live… we stay far away from wrong things, yes. We don’t want to see ourselves with no future…”</td>
</tr>
<tr>
<td>9.</td>
<td>“Not at all…”</td>
</tr>
<tr>
<td>17.</td>
<td>“Yes it can, to be in an environment that helps people… Such as… rehab… Weskoppies, yes they also help them.” (Participant 9)</td>
</tr>
<tr>
<td>2.</td>
<td>“Very serious illness negatively affecting the mind and ones behaviour.”</td>
</tr>
<tr>
<td>3.</td>
<td>“Is quite common… I know a quite a lot of mentally ill people in my community.”</td>
</tr>
<tr>
<td>5.</td>
<td>“Those that can’t handle their emotions… those easily affected by their surroundings…”</td>
</tr>
<tr>
<td>6.</td>
<td>“Of course they can… especially with the way we live our lives… there are pressures…”</td>
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</table>

Serious condition affecting the mind and behaviour.
Prevalence is high in the community.
Lack of internal locus of control and environment leads to mental illness.
Lifestyle leads to mental illness.
7. “No, it affects everyone.”
8. “Yes we can… depending what happens in our surroundings…”

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<thead>
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<th>Table 5 continues…</th>
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<tbody>
<tr>
<td>9. “…yes… the person is always dirty… he talks to himself… he throws stones and children… he just crazy.”</td>
</tr>
<tr>
<td>17. “I don’t think so… you just become better and you might have it again…” (Participant 10)</td>
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<thead>
<tr>
<th>5.8.5 Stress and stressors, and accidents as a cause of mental illness</th>
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<tbody>
<tr>
<td>This theme was developed due to the participants’ responses to question 12 to 14 of the interview guide. Below table 6 explores this theme.</td>
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<table>
<thead>
<tr>
<th>Table 6: Stress and stressors, and accidents as a cause of mental illness</th>
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<tbody>
<tr>
<td><strong>Q:</strong></td>
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<tr>
<td>12.</td>
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<td>13.</td>
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<tr>
<td>14.</td>
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<tr>
<td>12.</td>
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Table 6 continues…

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<tbody>
<tr>
<td>13.</td>
<td>“Yes, isn’t it like a lot of things that you said… are those that hurts the brain, you see like bullying … Others resort to drugs to ease that pain… So you find those drugs are the ones destroying his head…”</td>
<td>Mental illness is genetic.</td>
</tr>
<tr>
<td>14.</td>
<td>“yes… maybe the is an illness that’s genetic, of the head, maybe at the family…” (Participant 2)</td>
<td>Does not believe in supernatural powers as cause of mental illness;</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>12.</td>
<td>“… I think overthinking, stress, what else… depression… feeling like you alone… don’t wanna (want) be around anyone, you don’t see your worth, you know you just have the negative side of life and everything…”</td>
<td>Stress and depression as causes of mental illness.</td>
</tr>
<tr>
<td>13.</td>
<td>“Oh yes… they start going for desperate measures… they gonna (going) do stupid crazy things… Going to inyangas, Africa black magic…”</td>
<td>Social stressors as precursor to mental illness.</td>
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<tbody>
<tr>
<td>13.</td>
<td>“Yes I think they can cause mental illness, because those things are like negative and if they are negative, they can make you stressed, they can get you depressed. You know you just, you won’t think straight and eventually you will come</td>
<td>Social stressors precursor to mental illness.</td>
</tr>
<tr>
<td>Number</td>
<td>Quote</td>
<td>Causes of Mental Illness</td>
</tr>
<tr>
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<td>----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>14.</td>
<td>“…Like you know those cases where you somehow become like your mom or dad or something like that, so if a parent is always depressed or something like that, that characteristic might be passed on to the kids if…”</td>
<td>Genetic/interactional and environment are causes of mental illness.</td>
</tr>
<tr>
<td></td>
<td>Table 6 continues…</td>
<td></td>
</tr>
<tr>
<td></td>
<td>… they don’t just get out break the path or break the chain or something like that. If they don’t do anything about it they might actually be like that. So I do think that somehow it can be genetic… I think it’s environment.” (Participant 4)</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>“…when your parents don’t care about you and you know you become a street kid, you become, (and) you become a nyaopes (nyaope addict)…”</td>
<td>Lack of love and parental guidance including a hostile family environment may lead to addiction to drugs.</td>
</tr>
<tr>
<td>13.</td>
<td>“…Like those things are things that you can handle… But sometimes stress, it depends how your stress is, it can lead into mental illness…”</td>
<td>Social stressors can be resolved but unresolved stress can lead to mental illness.</td>
</tr>
<tr>
<td>14.</td>
<td>“…It’s possible, yes…” (Participant 5)</td>
<td>Mental illness is genetic.</td>
</tr>
<tr>
<td>12.</td>
<td>“…Sometimes is aging, when a person ages… Sometimes a person is born… well most people say its stress… It can be an accident where you fall on your head or you accidentally bumped into your head or it can be an accident whereby people get beat up and then an accident occurs in your head, and most of the times it can be what happened around the person…”</td>
<td>Deterioration of the mind (aging); genetic; head injury and environment can cause mental illness.</td>
</tr>
<tr>
<td>13.</td>
<td>“Yes it can… some tend to be… they get depressed because of such things. Then they eventually start doing things that we see as</td>
<td>Social stressors lead to mental illness as they lead to depression and</td>
</tr>
</tbody>
</table>
14. "Sometimes a person is born with it.”
    (Participant 6)  
abnormal behaviour. Mental illness is genetic.

12. “…fertility… the process of baby making… you get the sperm was a bit ragged or the tail, the sperm…”
Faulty in the fertility process causes mental illness.

Table 6 continues…

| 13. | “No… Because most of these things are something that could be talked out of… under the right guidance that person can be taught to overcome…” |
|     | Social stressors do not lead to mental illness as they can be resolved. |
| 14. | “…I would say ja (yes) it is… Considering that I did Life Science… they say it happens after when you’ve given birth to more than four, when your generation is passed down to the fourth one…” (Participant 7) |
|     | Mental illness is genetic; this is taught at school. |

| 12. | “…I could say stress… brain is injured… maybe your family has…” |
|     | Stress; brain injury; genetic as causes of mental illness. |
| 13. | “Yes… most of the things that you mentioned they traumatisate a person… probably has tumour and then will lead to a mental illness…” |
|     | Social stressors causes trauma which leads to brain tumour which leads to mental illness. |
| 14. | “Yes it can be.” (Participant 8) |
|     | Mental illness is genetic. |

| 12. | “It can start with stress and then is stress that push you to… depression… Stress is that’s when you become worried too much about the thing that you did, you thinking is not right… Depression I would say is fear, if am not wrong, |
|     | Stress the leads to depression which leads to mental illness. Anxiety, distorted thinking and lack of interest |
13. is fear, you know that you don’t want anything…”
    “Yes… can push to that mental illness because you think too much about your future… mental illness can take part.”
    Social stressors cause mental illness, because excessive thinking is involved

Table 6 continues…

14. “…At school when they teach they say if a man and a woman they don’t produce the 23 chromosomes, yes, you have, maybe they introduce more, maybe about 37, that’s when you become a bit of a Mongol… Yes it can…”
    (Participant 9)
    Mental illness is genetic; this is taught at school.

12. “Your surrounding… stress, brain injury…”

13. “Yes… those things are negative and could lead to someone losing it.”

14. “…one can be born with it… or someone has it in the family…”
    (Participant 10)
    Environment; stress and brain injury cause mental illness.
    Social stressors cause mental illness, the negativity leads to the losing of mind (lack of control).
    Mental illness is genetic/intergenerational.

5.8.6 Supernatural powers as a cause of mental illness

Question 15 of the interview guide developed this theme. Table 7 explores the theme of supernatural powers as a cause of mental illness.

Table 7:

Supernatural powers as a cause of mental illness
<table>
<thead>
<tr>
<th>Q:</th>
<th>Participant response:</th>
<th>Secondary theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>“…Maybe it can… but I don’t believe… its possible living in the location… they have like the sangomas, there’s the witches…” (Participant 1)</td>
<td>Belief in supernatural powers may cause mental illness</td>
</tr>
<tr>
<td>15</td>
<td>“No, that thing does not exists.” (Participant 2)</td>
<td>Does not believe in supernatural powers as cause of mental illness.</td>
</tr>
</tbody>
</table>

Table 7 continues…

| 15 | “Yes… People bewitch you… you start being crazy actually, picking up papers, moping the grass, ja (yes).” (Participant 3)                                                                                   | Beliefs in supernatural powers as a cause of mental illness.                     |
| 15 | “I never believed in those things… Like I don’t think witchcraft or demons or something like that could cause mental illnesses…” (Participant 4)       | Does not believe in supernatural powers as cause of mental illness.              |
| 15 | “Sometimes, it depend like how strong you are…it goes by where your belief is…” (Participant 5)                                                                                                 | Belief in supernatural powers may be a cause of mental illness.                 |
| 15 | “From what I’ve been told yes it can be… person can do something to you and you can go crazy or mentally unstable…” (Participant 6)              | Belief in supernatural powers leads to craziness and mental illness.            |
| 15 | “…I don’t believe in super natural powers so I would say no… so all these witchcrafts I’ve never came across it…” (Participant 7)                 | Does not believe in supernatural powers as a cause of mental illness.           |
| 15 | “Yes… let’s just say a person steals in here, only to find that we have put some sort of let’s say muti and maybe he touches it or something, afterwards he is not well anymore.” (Participant 8) | Belief in supernatural powers as cause of mental illness through the use of muti on a person as a result the person changes. |
| 15 | “Yes as I’ve said that is a belief, if you believe that such a thing exist, yes, yes they can get it…” (Participant 9)                                                                                   | Depending on belief supernatural powers may cause of mental illness.           |
5.8.7 Lack of knowledge regarding various types of mental illness

Participants’ responses to question 16 of the interview guide assisted with developing this theme. The table below will explore the participants’ lack of knowledge regarding various types of mental illness.

Table: 8

<table>
<thead>
<tr>
<th>Q:</th>
<th>Participant Response:</th>
<th>Second Theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>“I don’t know them…” (Participant 1)</td>
<td>…</td>
</tr>
<tr>
<td>16.</td>
<td>“I know there is one, I don’t know the name, I can explain. Others hear things that are not there… There’s those on the street… the person plays at the river, leaves his home goes to this house, an abandoned house there, stays there… There are those who cannot control their reflexes, they can’t talk, they can’t do this…” (Participant 2)</td>
<td>Limited knowledge regarding various types of mental illness; auditory hallucination; isolation (lack of social interaction); lack of physical control.</td>
</tr>
<tr>
<td>16.</td>
<td>“…I think its one thing it only depends on what you do at the end of the day you have that illness just depending on what you do… “ (Participant 3)</td>
<td>…</td>
</tr>
<tr>
<td>16.</td>
<td>“…depression… Bipolar is when you have, people say like when you have different, like your emotions just change, like without any interference or cause, they just change</td>
<td>Knowledgeable regarding the types of mental illness; depression; bipolar; phobias.</td>
</tr>
</tbody>
</table>
immediately and you don’t know what caused it, like they change all the time, like when you happy and suddenly you sad, you don’t even know why… stress I think… Phobias are like extreme fears, ja (Yes), this severe fear of something, like spiders or snakes or the dog, or just little holes…” (Participant 4)

16. “I think it’s one thing because it’s a mental problem…” (Participant 5)

Table 8 continues…

<table>
<thead>
<tr>
<th>16.</th>
<th>“I only know of a few, I know about dementia, I know depression can make you…. Alzheimer mostly it happens with aging, that person forgets like they forget like amnesia, they forget… Amnesia is basically forgetting… schizophrenia… is those that say I hear voices…” (Participant 6)</th>
<th>Knowledgeable regarding various types of mental illness; dementia; depression; Alzheimer; schizophrenia.</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>“Autism is a disability that occurs in the chromosomes, where the pairing of the autosomes, the pairing of the two chromosomes were mixed matched, but then the chromosomes are probably matched but the autosomes were mixed matched, that’s my understanding of autism. So it affects the growth of, the development of the child… down syndrome but I just know that is mongolism, is more, is got to do with a person who’s really… slow and who can’t understand much and who can’t speak well… attention deficient disorder… a mental disorder whereby a person can’t actually sit still for one minute. Any second his distracted by something his on it, like for instance when a person is in class and he got ADD he won’t sit in class for three minutes, two minutes his gonna (going) be</td>
<td>Knowledgeable regarding various types of childhood disorders.</td>
</tr>
<tr>
<td>16.</td>
<td>Incorrect definition of</td>
<td></td>
</tr>
</tbody>
</table>
doing another thing… schizophrenia is when someone tends to do things overboard or tend to do things out of line, like if his happy he’s too happy, when he’s sad he’s too sad. You know when he’s angry he gets angry too quickly and he’s gets paranoid… Paranoia, is when someone, how can I put it, is when someone actually just gets, hears random things at a very specific time you know, they just get paranoid of where they are and they get very… schizophrenia (bipolar).

Limited understanding of paranoia.

Table 8 continues…

… scared at any time. Ja (yes) that’s my understanding of it…” (Participant 7).

16. “Yoh I don’t know... I don’t know, I don’t even know how to describe…” (Participant 8) …

16. “I would lie…” (Participant 9) …

16. “I really think it’s one thing” (Participant 10) …

5.8.8 Reasons related to young people’s inability to seek help when affected by mental illness

Question 21 of the interview guide assisted in developing this theme. Table 9 explores this theme.

Table 9:

Reasons related to young people’s inability to seek help when affected by mental illness

<table>
<thead>
<tr>
<th>Q:</th>
<th>Participant response:</th>
<th>Secondary theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>“No I don’t think is easy for them to seek help... people don’t take... them serious...” (Participant 1)</td>
<td>Lack of empathy/interest in mentally ill leads to young people having no confidence to seek for help.</td>
</tr>
<tr>
<td>21.</td>
<td>“No. there is no one who will admit that they have</td>
<td>Denial of the mental...</td>
</tr>
</tbody>
</table>
mental illness, there is no one who will admit…
There is no one who would see himself as being
crazy…” (Participant 2)

illness and self-perception of being mentally healthy leads to young people not seeking help.

21. “Nope… you don’t necessary notice yourself that am mentally ill. In your head you (are) normal…” (Participant 3)

Mentally ill perceive themselves as normal (therefore young people don’t seek help).

<table>
<thead>
<tr>
<th>Table 9 continues…</th>
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</thead>
<tbody>
<tr>
<td>21. “No is difficult coz (because) like others they can’t speak properly, they have to get guidance before like at home, unlike they take themselves coz (because) it will be somehow, it will sound weird.” (Participant 5)</td>
</tr>
<tr>
<td>21. “…No… I’d say it’s easy but due to lack of information, they don’t make it easy for us to go… Not knowing, like if you tell a person about going to a psychologist, he will tell you about not having money, like he doesn’t know they can go to a government institution and get that counselling for free or they can call a certain number and get it for free…” (Participant 6)</td>
</tr>
<tr>
<td>21. … (Participant 7)</td>
</tr>
<tr>
<td>21. “…it’s hard for them to go… Because they will be scared, they will be ashamed that they have mental illness, they not like other children in the head… Yes they will be different, they will see them different…” (Participant 8)</td>
</tr>
<tr>
<td>21. “…I don’t think so… Some of them is pride, yes the pride leads you to say what will they tell me…</td>
</tr>
</tbody>
</table>
What will they say, they will talk about me, (and) so they can't do.” (Participant 9)

“...I think the family should also play a role... just be there, supportively... friends can also boost the confidence of healing.”

“...the psychiatric hospital.”

“...I think they go to hospitals and then from hospital, because I don’t think a psychiatric hospital here close by, from hospital then they will be referred to a psychiatric hospital... No I don’t think so (that there are facilities in the community).”

“...I don’t think that they actually help them, like, that’s why you find most of the time a person who’s mentally ill is walking around the streets just the way they are, whereas they should be helped... I think maybe it’s the income that’s

<table>
<thead>
<tr>
<th>Q</th>
<th>Participant Response”</th>
<th>Second Theme:</th>
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</thead>
<tbody>
<tr>
<td>18.</td>
<td>“…I think the family should also play a role... just be there, supportively... friends can also boost the confidence of healing.”</td>
<td>Family and friends support is essential in the treatment of mental illness. Psychiatric hospital as a facility that treat mental illness. Steps to seeking help.</td>
</tr>
<tr>
<td>19.</td>
<td>“…the psychiatric hospital.”</td>
<td>Lack of facilities treating mental illness in the community.</td>
</tr>
<tr>
<td>20.</td>
<td>“...I think they go to hospitals and then from hospital, because I don’t think a psychiatric hospital here close by, from hospital then they will be referred to a psychiatric hospital... No I don’t think so (that there are facilities in the community).”</td>
<td>Inability to seek professional treatment due to lack of finance.</td>
</tr>
<tr>
<td>21.</td>
<td>“No way… They scared of what others will say about them, tease them…” (Participant 10)</td>
<td>Young people do not seek help because of a fear of being judged and mistreated.</td>
</tr>
</tbody>
</table>

5.8.9 Management of mental illness through western and non-western approach

Reponses to questions 18 to 20 and 22-26 of the interview guide assisted in developing this theme. Table 10 explores this theme.

Table: 10

Management of mental illness through western and non-western approach
restricting them from getting the professional help they could get, because I don't think many people living in the location, especially a black location (township) have access to medical aid that could cover the bills of the professional (psychologist/psychiatrist) help they could get, that's why I don't think that, that's why I actually think that they (are) not able to get the professional help they need…”

23. “I don't know… I don't believe in them.”

Does not believe in traditional healing as form of treatment for mental…

Table 10 continues…

| 24. | “…old people have their old beliefs from years ago, like they just believe that’s the way it should be… Twenty first (21st) generation… the new generation where we get doctors and you know all these psychiatric hospitals. They don’t believe in that (the) old people… have their own (traditional) healing medication (methods) at home.” |
| 25. | “I don’t know if the old people will be for that, they usually against it but I think it will help the old people believe more in (western trained) doctors that they can actually help and fix a certain problem … Culture is important…you find that doctors struggle to find a mmm, a cure for a certain sickness whereas a traditional healer has something that will reduce the vitality (seriousness) of the illness. And then coming |

… illness. Tradition and upbringing plays a role in determining which treatment to consider.

Belief in holistic treatment of mental illness encompassing traditional healers and western trained professionals.
together to work as one meaning the traditional healer would give his ideas and doctors would study it further to find a way because they already know that it can actually reduce the vitality (seriousness of the illness) that they would study it further to put a full stop to the illness. I think that it can work and also old people would believe in doctors more like they believe in traditional healers”

26. “…should not be teased or laughed at or anything like that… try to help put together like a community fund to help these mentally ill people that are not fortunate to be in a psychiatric …

Table 10 continues…

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<tbody>
<tr>
<td>18.</td>
<td>“…you see those on the street, those they are pretending, (and) those let’s leave them… Those who are struggling who are disabled give them attention, and love, they must look after them… Family and government… Government those of SASSA what what.”</td>
</tr>
<tr>
<td>19.</td>
<td>“…at Charity there is one hospice, where they take care of my friend’s sibling … For those that are physically and mentally disabled… Those on the street, aaa, they pretending, they can walk. Other they speak proper.”</td>
</tr>
<tr>
<td>20.</td>
<td>“Yes.”</td>
</tr>
</tbody>
</table>

… hospital to get professional (help) (that’s) need (ed)…” (Participant 1) … professional help.

… should not be teased or laughed at or anything like that… try to help put together like a community fund to help these mentally ill people that are not fortunate to be in a psychiatric ...

Refrain from devaluing the mentally ill; support the mental ill financially so they can get the needed ...

Lack of empathy towards those that are perceived to be faking mentally illness; family support and financial support to those who are perceived to be mentally ill.

Hospices are facilities treating the physically and mentally disabled; those who are able to walk and talk are considered not mentally ill.

Available facilities (hospice) treating mental illness in the community
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<tbody>
<tr>
<td>22.</td>
<td>“I don’t know, I haven’t seen one in that situation… I would try to control myself, if there is something that wants to disturb me, I would try to control myself. I won’t say am crazy I need help…”</td>
<td>and are accessible to everyone. Denial buffers the realization of mental illness (it help one to cope for a while with mental illness). Lack of belief in traditional healing/treating methods. Upbringing and socialization plays a role in which treatment to consider.</td>
</tr>
<tr>
<td>23.</td>
<td>“…I disagree… their things don’t work, they’ll make you drink spirits…”</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>“…blacks… Whites and other blacks… No, what should I say, in this life that we live, I don’t know, there are those that can go (consult a traditional healer), (except) those who believe in them, at their home their mothers are traditional healers… depends… Yes, (on) your culture…”</td>
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Table 10 continues…

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<tbody>
<tr>
<td>25.</td>
<td>“…its water and oil. They don’t mx.”</td>
<td>Does not believe in non-western medicine/treatment.</td>
</tr>
<tr>
<td>26.</td>
<td>“I don’t know… my community, eish, everyone looks out for themselves… eish, just they won’t help each other. No one wants to do (something) for others for free. Where will I start if I want them to stop that.” (Participant 2)</td>
<td>No community spirit/individualistic lifestyle; no sense of community.</td>
</tr>
<tr>
<td>18.</td>
<td>“Psychologists, psychiatrists… Obviously you gonna (going) have to take medication every day… I think you will go to the psychologist first and that’s when the psychologist will transfer you to the psychiatrist…”</td>
<td>Steps to seeking help with mental illness involves the services of both the psychologists and psychiatrists. Psychiatric hospitals as facilities that treat mental illness.</td>
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</tr>
<tr>
<td>20.</td>
<td>“I don’t know I don’t think so…”</td>
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<tr>
<td>22.</td>
<td>“Psychologists and then the psychologists will transfer you to the psychiatrists…”</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>“I don’t think so, I don’t believe in those. Maybe someone who believes in traditional things or believe that they can…”</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>“…traditional cultural people like people who follow tradition… Young people… you know old people they are not brought up the same way that we are, so they believe in this traditional healing…”</td>
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</tr>
<tr>
<td></td>
<td>Lack of knowledge regarding facilities treating mental illness in the community.</td>
<td></td>
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<tr>
<td></td>
<td>Steps to seeking help involves the services of both psychologists and psychiatrists.</td>
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<tr>
<td></td>
<td>Does not believe in traditional healing/treatment methods.</td>
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<tr>
<td></td>
<td>Upbringing plays role regarding which treatment to consider. Society it’s non-static due to …</td>
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Table 10 continues…

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<tbody>
<tr>
<td>25.</td>
<td>“… but with us we’ve been to like model c schools so we know about technology… It’s the upbringing that plays part…”</td>
</tr>
<tr>
<td>26.</td>
<td>“Psychologist and then step by step psychiatrists, Weskoppies… I don’t think we can do anything.” (Participant 3)</td>
</tr>
<tr>
<td></td>
<td>… technological advancement and schooling.</td>
</tr>
<tr>
<td></td>
<td>Believes wholly in western medicine and is anti-traditional medicine (holistic treatment in this case does not apply).</td>
</tr>
</tbody>
</table>
|   | Psychologists and psychiatrists are the one who can help the mentally
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<tbody>
<tr>
<td>76</td>
<td>ill. Lay people are considered not fit enough to help those with mental illness.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>“… I think a person should be taken to a psychologist for therapy and for, to a psychiatrist for the treatment… But then the family should also be involved for support… psychiatrists they also do therapy but they can give you antidepressants and medication, while psychologists can’t…”</td>
<td>Steps to seeking help. Family support is also important in treating mental illness. Psychiatrists are involved in treatment provided both psychotherapy and antidepressants medication. Psychologists provide (psycho) therapy as a treatment method.</td>
</tr>
<tr>
<td>19.</td>
<td>“…psychologists… they can offer you treatment which is therapy, they can actually make you feel better and live a healthier life.”</td>
<td></td>
</tr>
</tbody>
</table>

Table 10 continues…

| 20. | “…I don’t know about the mental institutions… When you have like, I won’t say a clinic, it’s sort of like that, they have a doctor, like a GP, they have a dentist, and they also have a psychologists… medical facility… it’s easily accessible.” | Facilities with multidisciplinary health professionals such as general practioner, dentist and psychologists are more accessible because they are in the community. Drugs and alcohol and self-mutilation are used as alternative ways of dealing with mental illness and emotional pain by replacing it with physical pain. |
| 22. | “I don’t think they go for the right help that they resort to like violence, drugs and alcohol… I’ve also… heard of self-harm, that could be one of the resorts, they won’t actually look for professional help, they try to hurt themselves… Self-harm or self-wounding, like when they cut themselves, or they scrap on their skin, they try |   |
| 23. | to hurt themselves, for like, for the emotional pain to go away they try to replace it with physical pain…” “I don’t think so, because it’s like it’s not in their area… I’ve never heard of a traditional healer who studied psychology or how to deal with mental illnesses or how to work with the brain, I think it’s not part of what they do…” “…the older people go to traditional healers, these are old fashion they believe in old fashion things… The white people, I haven’t heard of a white person going to a traditional healers, ja (yes) like white people and young adults “…That could be like so big and good for everyone. I think it will benefit everyone… scientists and doctors deal with the physical and traditional healers deal with the spiritual. So if they would come together and actually work on a person as a whole to make that person better…” | Belief in western medicine rather than traditional healing methods. Beliefs leads to which treatment to consider including age and race. Supports holistic treatment. | Table 10 continues… |

| 26. | “…give them knowledge and awareness of the mental illness and not exclude the person with the mental illness and make them feel like their part of the community…” (Participant 4) | Education and awareness of mental illness is crucial. Acceptance of the mentally ill and integrating them in the community is essential. |

<p>| 18. | “…like your family supports you and the community like they shouldn’t degrade them, they say… is that crazy one… the family, your parents if they care and if they don’t care other family members that you trust and then also some neighbours…” | Family and community support is essential. Degradation of the mentally ill is not recommended. |</p>
<table>
<thead>
<tr>
<th></th>
<th>Facilities for treating mental illness; treating children with learning disabilities.</th>
<th>Facilities are accessible in the community.</th>
<th>Steps to seeking help.</th>
<th>Discomfort with traditional healers due to quacks in the profession.</th>
<th>Belief determines which treatment to consider as well the accessibility and availability of finance to get the treatment.</th>
<th>Scepticism towards traditional healers and …</th>
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<td>19.</td>
<td>“Tsatsong or Weskoppies… Tsatsong is for children and they can teach them nicely…”</td>
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<td>20.</td>
<td>“Yes, I know of Tsatsong and then others in town… they will help you coz I think is free of charge even in town… Yes.”</td>
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<td>22.</td>
<td>“…tell those he lives with… best friend they trust, they can speak to, like tell his parents…”</td>
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<td>23.</td>
<td>“…traditional healers is not all of them like others are fake…”</td>
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<td>24.</td>
<td>“…the (those who) believe ancestors too much… In most cases is like let me say a lot of time us because they are close, they not that far and you know some, they are free of charge… a lot of time they don’t want a lot of money. Traditional healers will charge you a lot of money.”</td>
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<td>25.</td>
<td>“They don’t mix properly…”</td>
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<td>26.</td>
<td>“… sport day, there’s going to be this and that, like those that have mental illness also we ask for them and like people who are kind… they can play with them and then isn’t it’s obvious they will be happy that they are also remembered… Yes, they can also participate.” (Participant 5)</td>
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<td>18.</td>
<td>“…. Educating the family… like bringing in the family into counselling sometimes…”</td>
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… western trained health practioner working together. Integrating the mentally ill in the community activities such as sporting activities. Educating the family and the offering of counselling to the family as
19. "... there is Weskoppies in Pretoria and there is another one in... I think it's in Polokwane it's not Polokwane it's somewhere near Giyane... I only know of government institutions..."

20. "Not in our community but just outside our community... It is easy, problem is that they do not have information... They do not know as to what goes on, like a person does not know that you can go to a doctor, like a normal GP, then you will be transferred to a psychologist, then you go to a psychologist and that psychologist finds out that your problem can not cured or treated by that psychologist, then they refer you to a mental institution or your doctor can refer you to a mental institution based on how he thinks you acting..."

22. "Most of them don't do anything about it but... they want to go to psychologist, whereas they can go to psychiatrists. A person wouldn't want to go to a psychiatrist because they think that a ...

Table 10 continues...

| 19. | "... there is Weskoppies in Pretoria and there is another one in... I think it's in Polokwane it's not Polokwane it's somewhere near Giyane... I only know of government institutions..."
| 20. | "Not in our community but just outside our community... It is easy, problem is that they do not have information... They do not know as to what goes on, like a person does not know that you can go to a doctor, like a normal GP, then you will be transferred to a psychologist, then you go to a psychologist and that psychologist finds out that your problem can not cured or treated by that psychologist, then they refer you to a mental institution or your doctor can refer you to a mental institution based on how he thinks you acting..."
| 22. | "Most of them don't do anything about it but... they want to go to psychologist, whereas they can go to psychiatrists. A person wouldn't want to go to a psychiatrist because they think that a ...

... psychiatrist treat mad people, so they are going to think that they are mad, they in denial... there are certain people who don't go to psychologists... because they think that going to a psychologist, they going to help you to look for problems, they don't necessarily help you deal with that certain problem you have, like they open new doors..."

23. "Ja (yes), I honestly think that they can but eish... Western and African. They work together towards a certain goal but the way in which they practice is different... So they don't work well ...

... regarding professionals such as psychiatrists and psychologists.

Belief in holistic treatment though it appears to be impractical to achieve desired goals due to
24. “Mostly black people tend to go to traditional healers because to them it’s superstitious and then white people tend to go to westernized, western medicine because they don’t believe in what is classified as voodoo… Most young people they do not practice culture anymore… they would go to the western route… Because western is seen as better than traditional. I also wouldn’t go to a traditional because I strongly believe in medicine. Basically belief, when a person they’ll get better then they will get better… westernised medicine proves it… There is prove that something can’t be cured, something can be treated and whatever happens to you, you might die… all of us won’t know what happens with a traditional healer at a certain place, you won’t know what they talk about because they information is concealed. We don’t know is something complicated.”

Table 10 continues…

25. “It’s a very good idea but it’s going to cause a bit of havoc or conflict because they, western medicine believe in diagnosing and treating… traditional focuses more on seeking of whatever that caused it… they don’t follow like the same procedure they do it differently… Whenever you go to a traditional healer, they’ll obviously burn something and then they will consult with their ancestors or your ancestors… Whereas at the doctor you go, you tell the doctor your symptoms

Belief in holistic treatment with reservations on the success of the merging of the two treatment approaches due to different approaches (ethos).
26. "... support them and not... tease or just say bad things about them... whenever a person that has mental illness is seeking for help, we just help them..." (Participant 6)

Support and stop devaluing the mentally ill.

18. "...we support them throughout... show our love to people who are mentally ill..."

Demonstrate support and love to the mentally ill.

19. "Yoh that I don't know..."

Lack of knowledge regarding facilities that treat mental illness.

20. "No, not that I know of, no."

Lack of knowledge regarding the availability of facilities treating mental illness in the community.

22. "Friends, ja (yes), majority go to friends. Because with friends it's much easier to, you know to take what comes from them, from friends and parents, coz (because) some of them are scared of what their parents..."

Steps to seeking help involves friends and parents.

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<td>23. &quot;...no, coz (because) I mean compare to the hospitals and the doctors, they are much more well equipped unlike them... like a proper doctor. Within an instant he can just tell you no your actions needs this... with the traditional healer is something that you need to attend almost like every second day you know of the week... I don't think they well equipped to treat mental illness.&quot;</td>
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Does not believe in traditional healing/treating methods, believes wholly in the western medicine and its treatment methods. The western are perceived to be knowledgeable and equipped to arrive at a diagnosis.
24. “…white people would go more to a western than black people, because if you look at it like majority of black parents they grew up from those past days and they still, some of them, like majority of them they still believe that traditional healer can do anything unlike a more westernised type of healing. So white people they were born with that, is been in their thing, ever since childhood they had to go to a doctor, a profession (al), to seek help… young people of nowadays are more westernised… Because of the era they were born in, so they now call us the born free… is a rainbow nation, now, we entitle to (consult and mix) different types of people (professionals) and at school we get taught about these people (professionals), about the more westernised healing rather than the traditional, ja (yes).”

25. “…I don’t think it will work out because… they totally two different people… a sangoma has his own way or traditional healer has their own way of doing things and now a more westernise person is gonna (going) want to interrupt with what the …

Table 10 continues…

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<tr>
<td>26. “…Educating them about it, and letting them know that they (are) human as well…” (Participant 7)</td>
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<td>18. “…psychologists also they should to be involved…”</td>
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<td>19. “…I don’t know… At the hospital.”</td>
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| Upbringing and socialisation plays a role in which treatment to consider. |
| Does not believe in holistic treatment for mental illness. |
| Educate the community about mental illness |
| Psychologists should be involved in treatment. Hospital as facility treating |
20. “...I've never heard of them...”

22. “Yoh I don't know...”

23. “If it was witchcraft that caused it then yes they can help them... With (African) medicine, something, mix some herbs... Yes maybe they can give to inhale, others you drink.”

24. “…depends on where you live. If like you live in the townships, people who don’t have money really or people who are like who believe in culture really they will first to the traditional healer and then those that stay, those modern ones that live in the suburbs they might go to professional help... Because people who are modern mostly are educated… they think that okay psychologists, even help like this and this, unlike people who live in the township they don’t really know that those people know what it is and you..."

Lack of knowledge regarding available facilities treating mental illness in the community.
Lack of knowledge regarding alternative methods of dealing with mental illness.
Belief in traditional healing as a form of treating mental illness if the cause of the illness is witchcraft.
A person’s environment, financial status, cultural belief and educational status are contributing factors to which treatment to consider.

**Table 10 continues...**

25. “… know when a black person is ill, first thing he thinks is that am bewitched...”

“I think it’s fine because maybe they know what they can do to help and they also know then if they can compare they could get something, maybe they can get a cure together or

Belief in holistic treatment as it could lead to finding of a cure.
26. *something… it’s an ideal thing…”*

“Well we can tell them about it like we tell them what mental illness is and then what is does, we tell them about help that what kind of help they can get, they don’t have to be ashamed. I tell them that no I don’t think you guys are different or weird…” (Participant 8)

| 18. | “By motivating the people… They tell them that if such a thing happens to you, try to do this and see what will happen to you… social workers, they take them for counselling.” | Educate about mental illness and accept the mentally ill. |
| 19. | “Weskoppies can treat it…” | Motivating others to live the right way, educating them about the consequences of (mental illness) and social workers may assist with counselling. |
| 20. | “Yes…. Charity and Faith Mission, that’s what I know… Yes it’s easy…” | Psychiatric hospital as a facility that treat mental illness. |
| 22. | “…they tell the family… some of them they tell their parents…” | There is a facility available treating mental illness in the community and the facility is easily accessible. |

Steps of seeking help involves family and parents.

*Table 10 continues…*

| 23. | “…I don’t believe in those things… I don’t know anything about them…” | Does not belief in non-western treatment. |
| 24. | “Parents… they stubborn, yes they stubborn, some of them they grew up in a traditional, yes environment and they believe in them… I’d say to social workers. To doctors instead of to | Upbringing and belief determines which treatment to consider. |
traditional healers…. Because doctors they have that knowledge of how can I treat this person, they can read you, yes that how a person is, then he or she can help you.”

“No because some of them the doctors they are scientists, yes they don’t believe in such, but yes, no, it won’t happen…”

“…we can have meeting… we can maybe… we can find somebody to help us and then psychologists… He can help, is like he will tell us basics of life on how you treat yourself, and what kind of things to avoid… yes so that they don’t get this illness.” (Participant 9)

| 18. | “I think by seeing a psychologist then psychiatrist, yes they can help…” |
| 20. | “I don’t think so, I’ve never heard of them.” |
| 22. | “You talk to your best friend… maybe then your parents… but never go to the professionals… people will think you are crazy…” |

Steps to seeking help involves psychologists and psychiatrists.
Psychiatric hospitals as facilities treating mental illness.
Lack of knowledge regarding the availability of facilities treating mental illness in the community.

Table 10 continues…

| 23. | “No I don’t think they are educated enough to treat it… they don’t have the skills” |

… negative assumptions (prejudice) held against the professional’s treatment.
Sceptical about the traditional healers’ skills in
24. “Those that grew up in the traditional environment… because of their belief and how they were raised… young people, modern people… because we are knowledgeable about these things…”

25. “It’s a good idea… it can assist the traditional healers to be knowledgeable about mental illness as well as the westernise professional to be knowledgeable about people’s traditions when treating… is treating the person as a whole.”

26. “Treat them like human beings, respect them… don’t tease them or outside them… love and support them… teach the community about mental illness.”

(Participant 10)

treating mental illness. Upbringing and belief plays a role in which treatment for mental illness to consider.

Belief in holistic treatment as it’s beneficial for both practices as they will learn more about each other’s method of treating mental illness. Value the mentally ill instead of devaluing them. Give empathy and support to the mentally ill and educate the community about mental illness.

5.9 Interpretation of the results

Mixed methods will be used involving qualitative and quantitative of analysis when interpreting the results.

5.9.1 Introduction

Nine primary themes emerged alongside with the secondary themes from the analysis of the results of the whole study. This section will be exploring both the primary and secondary themes by looking at the percentage of participants who gave a common response to each of the themes and extracts from the given information will be used to highlight certain responses. Each of the nine primary themes with its secondary themes will be discussed using the same format.
5.9.2 Illness that affects the mind

The first theme to emerge from the results is that mental illness is defined as an illness that affects the mind. In this theme participants gave an explanation of their own understanding of what mental illness is. Responses to question 1 will be discussed including the secondary theme related to this primary theme.

With the connotation of mental being the mind, eight participants (80%) defined mental illness as an illness that affects the mind. The mental capacity of the mentally ill was defined as being dysfunctional, meaning the mind does not function well, therefore, mental illness in this study can be referred to as something wrong happening in the mind.

Below are examples of the participants’ responses illustrating this primary theme:

“… Not being normal, you don’t think normal like everyone else… mentally dysfunctional, meaning your mind doesn’t function really well…” (Participant3)

“It basically happens in the mind…” (Participant 6)

5.9.2.1 Behavioural changes as indicators of mental illness

Not only does mental illness affect the mind but according to six participants (60%) it also leads to behavioural changes.

“… can make a person imagine things that we can’t see and it can like control their behaviour… It affects the mind in the way that a person’s behaviour changes…” (Participant 6)

“Mental illness is an illness in the mind that obviously changes one’s behaviour or actions… you start doing things, you can’t be in control of your emotions.” (Participant 10)

5.9.3 Mental illness is craziness
The second theme to emerge also defined mental illness. Participants’ responses to question 1 of the interview guide and the secondary theme will be discussed.

Two participants (20%) defined mental illness as being crazy. One of the two participants further explained the meaning of the term crazy.

“…being crazy… crazy people… Crazy is doing things that’s totally out of your mind, like picking up papers on the street… Not being normal, you don’t think normal like everyone else…” (Participant 3)

“…people who are crazy…” (Participant 5)

5.9.3.1 Unusual behaviour as an indicator of mental illness

According to one (10%) of the two participants unusual behaviour is displayed by crazy people.

“…Crazy is doing things that’s totally out of your mind, like picking up papers on the street…” (Participant 3)

5.9.4 Perception of other young people and the media regarding mental illness

The perceptions of young people and the media regarding mental illness emerged from the participants’ responses to questions 4, 10 and 11 of the interview guide.

All participants (100%) responded to questions related to this primary theme and from those responses three secondary themes emerged.

5.9.4.1 Insufficient knowledge regarding mental illness

Eight participants (80%) reported that there is insufficient knowledge regarding mental illness among the young people in their community.

“I don’t think they (are) knowledgeable enough… treat him somehow… they give him this other cold shoulder or they give him that look you know the person is mentally ill… sometimes at schools they never get taught enough…” (Participant 7)
“…I don’t think like people do, as in like in schools, they don’t speak about it that much. There are no such people coming to inform us in Mamelodi…” (Participant 8)

5.9.4.2 Craziness
Five participants (50%) reported that the term crazy is used by young people in their community as a way to describe those who are perceived to be mentally ill.

“… they don’t care about it. I think they just take it as craziness. Let me just say that’s how we call it.” (Participant 2)

“Not really… Most of them call it craziness…” (Participant 10)

5.9.4.3 Lack of empathy for the mentally ill
Lack of empathy towards those that are mentally ill was reported by five participants (50%).

“I think as (a) thing to laugh about… I don’t think that’s the way it should be portrayed because it’s not helping anything…” (Participant 1)

“… Their seen as the odd one out and they (are) like push(ed) out of society…” (Participant 4)

5.9.5 Characteristics of mental illness
The fourth primary theme to emerge from the participants’ responses to questions 2, 3, 5-9 and 17 of the interview guide explores the characteristics of mental illness which involves its seriousness, affliction, behaviour and incurability. Five secondary themes related to this primary theme emerged.

5.9.5.1 Serious condition
Eight participants (80%) agreed that mental illness is a serious illness and further explained the seriousness of the illness.

“I think is very serious because it can limit your ok, your abilities, it can stop you from doing things you want to and it can, it has a very bad impact on your work and the way you live… Most of the time when a person has mental disabilities, people have
to come and help them to things, like maybe help them make a sandwich or help them with schoolwork, everyone gets help with schoolwork but then they need more help... Yes in their daily living yes.” (Participant 4)

“It is very serious coz (because) you can get someone who has an illness but they do not know that they have an illness… They can become a danger to society, ja (yes), or danger to themselves.” (Participant 6)

One of the eight participants reported that the seriousness of the illness depends of the severity of the illness.

“...it depends on what kind of sickness is it… there are those that are serious, (and) there are those that are not serious. So if they tell you that yours is serious then yes it could be very dangerous.” (Participant 8)

Two participants disagreed that mental illness is a serious illness.

“...I think it’s not serious… I don’t think craziness is something serious. Others they pretend…” (Participant 2)

“I think is not that serious, because you can, go to physiologists (psychologists), they can help there…” (Participant 9)

5.9.5.2 Prevalence of mental illness in the community

Five participants (50%) reported a low prevalence of mental illness in their community

“I haven’t seen a lot of people with mental illnesses because I stay home all the time… I don’t think it’s that common…” (Participant 4)

“...it’s not actually common, although I do have one family friend of mine whose autistic… You hardly find people who are mentally ill, considering the places that I normally go to around the community…” (Participant 7)

The other five participants (50%) reported a high prevalence of mental illness in the community of Mamelodi Township.

“Ja (yes)… in Mams (Mamelodi) you get a lot of people who are mentally ill, is something that’s common…” (Participant 3)
“I think it’s very common because yes, a lot of people in Mamelodi have been injury, they have been injured, they’ve gone through stress…” (Participant 8)

5.9.5.3 Abnormal behaviour is an indicator of mental illness
Eight participants (80%) reported to know some with a mental illness and the person’s unusual behaviour is reported as an indicator that the person is mentally ill.

“Yes… actions… Others walk around talking… throwing things on the floor, emptying the dustbins and then busy making a noise.” (Participant 5)

“Yes my uncle… his memory sometimes it gets lost… I think his mind is stuck at a certain age when he was young, but his old, but you can see that maybe mentally his turning 4 or 5 somewhere around that… Like my uncle he can, like when he baths am giving you an example, he baths outside in front of people, by the way there is a bathroom… he does things that we are not used to… Yes that is not acceptable.” (Participant 8)

5.9.5.4 Mental illness affects everyone
All participants (100%) agreed that mental illness affects everyone and it has no exceptions.

“…everyone can be affected, it’s doesn’t depend on your age or race or anything like, gender…” (Participant 4)

“No, it doesn’t discriminate… Yes, everyone is possible they can get it” (Participant 8)

Although all participants agreed that mental illness affects everyone, five participants (50%) detached themselves and significant others from being likely affected by mental illness.

“…no… I don’t want to believe that someone is gonna (going) so crazy in my family.” (Participant 3)

“I don’t think so… The understanding of mental illness, the understanding how it should be treated when ill… We have knowledge of mental illness.” (Participant 7)
One participant reported Black people to be more prone to mental illness than Caucasians due to their lifestyle.

“No… most blacks suffer from mental illness than whites… most whites they are health conscious, blacks are not that health conscious like white people…” (Participant 6)

5.9.5.5 Incurability of mental illness

Eight participants (80%) reported mental illness as an incurable illness.

“…I don’t think it can be cured but treated yes.” (Participant 2)

“I don’t think so… I haven’t heard that there is a cure… No I don’t think it will be cured completely but it will give him a start to be well, be like other people, not to just react… Yes it can be treated but not cured…” (Participant 8)

Two participants (20%) reported that mental illness is curable with some sort of intervention.

“…I think it can… psychiatrist or psychologist they actually helped…” (Participant 7)

“Yes it can, to be in an environment that helps people… Such as… rehab… Weskoppies (hospital), yes they also help them.” (Participant 9)

5.9.6 Causes of mental illness

The fifth primary theme emerged from the participants’ responses to questions 12 to 14 of the interview guide which explores the participants’ understanding of the cause of mental illness. Five related secondary themes emerged from these responses.

5.9.6.1 Environmental factors

Four participants (40%) reported environmental factors to contribute to the cause of mental illness.
“I think mental illness can actually be caused by anything… Environment… people around you, oh your self-esteem, low self-esteem…” (Participant 4)

“… most of the times it can be what happened around the person…” (Participant 6)

5.9.6.2 Head injuries

Four participants (40%) added head injury to their response as a cause of mental illness.

“… It can be an accident where you fall on your head or you accidently bumped into your head or it can be an accident whereby people get beat up and then an accident occurs in your head…” (Participant 6)

“… I could say stress… brain is injured… maybe your family has…” (Participant 8)

5.9.6.3 Heredity

All participants (100%), agreed that mental illness can be genetic.

“I think so… It’s passed on from generation to generation…” (Participant 1)

“…one can be born with it… or someone has it in the family…” (Participant 10)

5.9.6.4 Stress

Sixty percent of participants reported that stress can be the cause of mental illness.

“… well most people say its stress…” (Participant 6)

“It can start with stress and then is stress that push you to… depression…”

(Participant 9)

5.9.6.5 Precursors of mental illness

Negative experiences including social stressors are reported as precursors of mental illness
5.9.6.5.1 Social stress

Eight participants (80%) agreed that social stressors are precursors to mental illness.

“Yes I think they can cause mental illness, because those things are like negative and if they are negative, they can make you stressed, they can get you depressed. You know you just, you won’t think straight and eventually you will come up with a mental illness …” (Participant 4)

“Yes… can push to that mental illness because you think too much about your future… mental illness can take part.” (Participant 9)

5.9.7 Causes of mental illness

The sixth primary theme answered question 15 of the interview guide on whether supernatural powers can cause mental illness, and witchcraft was the related secondary theme.

5.9.7.1 Witchcraft

Seven participants (70%) agreed that supernatural powers may cause mental illness.

“From what I’ve been told yes it can be… person can do something to you and you can go crazy or mentally unstable…” (Participant 6)

“Yes… let’s just say a person steals in here, only to find that we have put some sort of let’s say muti and maybe he touches it or something, afterwards he is not well anymore.” (Participant 8)

5.9.8 Lack of knowledge to various types of mental illness

Participants’ response to question 16 of the interview guide developed this seventh primary theme, which explores the participants’ knowledge of the various types of mental illness. No secondary theme emerged from this primary theme.
From the participants' responses, lack of knowledge regarding various types of mental illness is indicated, and only three participants (30%) were able to name and describe various types of mental illness known to them, while seven participants (70%) were unable to do the same.

“I don’t know them…” (Participant 1)

“Yoh I don’t know... I don’t know, I don’t even know how to describe…” (Participant 8)

Below are the two responses from the three participants with knowledge regarding the various types of mental illness:

“…depression… Bipolar is when you have, people say like when you have different, like your emotions just change, like without any interference or cause, they just change immediately and you don’t know what caused it, like they change all the time, like when you happy and suddenly you sad, you don’t even know why… stress I think… Phobias are like extreme fears, ja (Yes), this severe fear of something, like spiders or snakes or the dog, or just little holes…” (Participant 4)

“I only know of a few, I know about dementia, I know depression can make you… Alzheimer mostly it happens with aging, that person forgets like they forget like amnesia, they forget… Amnesia is basically forgetting… schizophrenia… is those that say I hear voices…” (Participant 6)

5.9.9 Young people avoidance of seeking help

The eighth primary theme emerged from the participants' responses to question 21 of the interview guide. The related secondary theme emerged from this theme reveals that fear of being rejected, judged and mistreated.

5.9.9.1 Fear of rejection, judgment and mistreatment
Five participants (50%) reported that a fear of being mistreated, judged and cast out is the reason why most young people do not seek for help when affected by mental illness.

“I don’t think so, I think most young people are in denial… they are afraid that people might make fun of them or push them out or isolate them…” (Participant 4)

“…it’s hard for them to go… Because they will be scared, they will be ashamed that they have mental illness, they not like other children in the head… Yes they will be different, they will see them different… How people will react to you…” (Participant 8)

Participant 6 reported that lack of information about the treatment of mental illness contributes to young people not seeking help when affected by the illness.

“…No… I’d say it’s easy but due to lack of information, they don’t make it easy for us to go… Not knowing, like if you tell a person about going to a psychologist, he will tell you about not having money, like he doesn’t know they can go to a government institution and get that counselling for free or they can call a certain number and get it for free…”

5.9.10 Management of mental illness

Inquiring about the young people’s understanding and explanation of how mental illness is treated, the participants’ responses to questions 18 to 20 and 22 to 26 of the interview guide assisted in developing this primary theme. Three secondary theme related to this primary theme emerged.

5.9.10.1 The role of support

Six participants (60%) reported that support is crucial in treating mental illness. This could be the family, the community and financially supporting the mentally ill.

“…like your family supports you and the community like they shouldn’t degrade them, they say… is that crazy one… the family, your parents if they care and if they don’t care other family members that you trust and then also some neighbours…” (Participant 5)

“Treat them like human beings, respect them… don’t tease them or outside (outcast) them… love and support them…” (Participant 10)
5.9.10.2 The role of psychologists and psychiatrists (Western approach of treatment)

Four participants (40%) reported that psychologists and psychiatrists are able to treat mental illness.

“Psychologists, psychiatrists… Obviously you gonna (going) have to take medication every day… I think you will go to the psychologist first and that’s when the psychologist will transfer you to the psychiatrist…” (Participant 3)

“… I think a person should be taken to a psychologist for therapy and for, to a psychiatrist for the treatment… But then the family should also be involved for support… psychiatrists they also do therapy but they can give you antidepressants and medication, while psychologists can’t…” (Participant 4)

5.9.10.3 Steps for seeking help when affected by mental illness

Five participants (50%) reported that the mentally ill should see a psychologist who will then refer the individual to a psychiatrist for further treatment of the illness

“Psychologists and then the psychologists will transfer you to the psychiatrists…” (Participant 3)

“… like a normal GP, then you will be transferred to a psychologist, then you go to a psychologist and that psychologist finds out that your problem can not cured or treated by that psychologist, then they refer you to a mental institution or you doctor can refer you to a mental institution based on how he thinks you acting…” (Participant 6)

Three participants (40%) reported that parents and friends are the first people youth go to for help when affected by mental illness

“Friends, ja (yes), majority go to friends. Because with friends it’s much easier to, you know to take what comes from them, from friends and parents, coz (because) some of them are scared of what their parents…” (Participant 7)

“…they tell the family… some of them they tell their parents…” (Participant 9)
5.9.10.4 Co-treatment of mental illness by both traditional healers and westernised professionals

Participants were questioned on their thoughts regarding traditional healers working together with the westernized professionals to treat mental illness. Six participants (60%) agreed to the holistic treatment of mental illness. They agreed that traditional healers and westernised professionals should co-treat mental illness.

“I think it’s fine because maybe they know what they can do to help and they also know then if they can compare they could get something, maybe they can get a cure together or something… it’s an ideal thing…” (Participant 8)

“It’s a good idea… it can assist the traditional healers to be knowledgeable about mental illness as well as the westernise professional to be knowledgeable about people’s traditions when treating… is treating the person as a whole.” (Participant 10)

Four participants (40%) were against the holistic treatment of mental illness, they don’t believe that traditional healers and westernised professionals can co-treat mental illness.

“…its water and oil. They don’t mix.” (Participant 2)

“They don’t mix properly…” (Participant 5)

This chapter presented the results of the study, addressing the knowledge of the youth about mental illness including the perceived behavioural changes accompanying mental illness; characteristics of mental illness; and the causes of mental illness which include heredity, stress and stressors in the environment, accidents and supernatural powers. However, there was a lack of knowledge regarding the various types of mental illness. Regarding the reasons why young people are unable to seek help when affected by mental illness, some of the responses alluded to the individual who is mentally ill not perceiving that his or her illness is serious; denial that they are mentally ill; lack of information regarding mental illness; prejudices against the mentally ill and the stereotypes attached to the mentally ill. Regarding the treatment of mental illness, the majority of the
participants mentioned psychologists and psychiatrists as playing a pivotal role in the treatment of mental illness and minority of the participants mentioned traditional healers as playing a role in the treatment of mental illness. What clearly was expressed was that the family orientation and belief system plays a role in deciding which treatment approach one should follow whether the western or non-western approach. Lastly, the combination of traditional healers and western professionals in the treatment of mental illness brought about some interesting results with sixty percent of participants perceiving this as a good idea, as both healers from a non-western and western perspective will be able to share ideas and possible acquire skills in treating mental illness from both perspectives. However, forty percent of participants were against the co-treatment of mental illness by traditional healers and westernised professionals saying their world view is different and is like mixing water and oil, which do not mix properly. The next chapter will focus on the discussion of the results.
6.1 Introduction

The previous chapter presented the results of this study obtained during the content analysis of data, using the conventional analysis steps by Hsieh and Shannon (2005). The purpose of the study and the objectives of the study were reviewed. The reader was briefly orientated on the research design, research procedure, research sample and biographical information. The previous chapter further focused on the data collection challenges, analysis of the study, research results and interpretation of the results. This chapter discusses the results obtained in Chapter 5. The chapter elucidates the connection between some of the results with the literature. The conclusion of the study, the limitations of the study and the recommendations for future research on this study will be discussed.

The literature review is briefly revisited to orientate the reader on the literature that was consulted with regards to the perception on mental illness by young people (refer to Chapter 2 and 3 for a full discussion).

6.2 Brief literature on mental illness and its treatment

Mental illness typically means severe emotional or thought disturbances that negatively affect an individual’s health and safety (Barlow & Durand, 2005). Different parts of the world define mental illness in different ways. For example in New York, mental illness is defined as an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behaviour, feeling, thinking, or judgment to such an extent that the person afflicted requires care, treatment and rehabilitation (New York Mental Hygiene Law, 2014). In Africa (excluding South Africa), aggression/destructiveness, talkativeness, and eccentric behaviours were the most frequently mentioned perceived symptoms of mental illness (Kabir et al., 2004). In South Africa mental illness is defined as “a positive diagnosis of a mental
health related illness in terms of accepted diagnostic criteria made by a mental health care practitioner”, according to the Mental Health Care Act 17 of 2002 (2009, p 6). The South African mental health care act seems to leave the diagnostic of mental illness to the health care practitioner to elaborate on mental illness based on accepted diagnostic criteria. According to the researcher the South African mental health practitioners including psychiatrists and psychologists are following the DSM in their assessment of mental illness.

Generally mental illness is considered a serious condition, which affects a large number of people in the world, impairing their quality of life and resulting in high socioeconomic costs for health care systems and society (Oliva-Moreno et al., 2009). According to WHO (1996), hundreds of millions of people are affected by mental, behavioural, and neurological disorders around the world, and most of them do not get professional help. Higher prevalence of mental illness seems to be found in urban areas than in rural areas (Kringlen et al., 2006). While the onset of most mental disorders tends to occur in adolescence and young adulthood (Oakley Browne et al., 2006). New pressures and social changes are believed to be placing children at an increasing risk for developing mental disorders at younger ages (Koenen et al., 2007).

The community attitude and beliefs play a role in determining help-seeking behaviour and successful treatment of the mentally ill (Kabir et al., 2004). The stigmatizing attitudes toward people with mental illness often result in a lack of self-disclosure (Arboleda-Florez, 2003; Diksa & Rogers, 1996; Spirito-Dalgin & Gilbride, 2003), which may be a protective mechanism designed to minimize the risk of discrimination to one-self. Unfortunately, not disclosing one's mental illness may result in suffering alone and not receiving support from significant others such as family support and/or intervention from the health care professionals. Therefore, support is crucial in treating mental illness, for adolescents in particular, the knowledge of key supporters such as parents may play a critical role in guiding what actions they take for mental disorders (Jorm & Wright, 2007). Research shows that
African American youth are more likely to seek extended family networks and spiritual help when faced with emotional problems (Blank et al., 2002).

Cultural considerations are receiving increasing attention in the field of mental health, as the pluralistic society demands that the providers of mental health services be culturally sensitive as well as competent (Riker & Kokotovic, 2001). According to Pienaar and Manaka-Mkwanazi (2001), it is important that Western-trained professionals understand the viewpoint of their patients, especially values and goals concerning promotion of health and equilibrium. It is important for one to be recognized as a human being that exist within a cultural context and not just as a universal human being without cultural specificity (Jamison, 2010).

Analysing the information gathered so far regarding mental illness the researcher is of the opinion that mental illness should be assessed and treated speedily, taking into consideration the cost involved in its treatment, the debilitating effects of mental illness on the individual, including thoughts, judgement, behaviour and emotions. Whilst treating the mentally ill the health practitioner has to consult with significant others such as the relatives of the individual undergoing treatment to lend support to the patient/client. Recognising the culture of the patient and integrating it into the treatment plan where possible, is of critical importance especially in the treatment of adolescents. This leads to the discussion of the results linking them with the literature review from Chapter 2 and 3.

6.3 Definition of mental illness
In this study the majority of the participants (80%), defined mental illness as; an illness that affects the mind, meaning there is something wrong in the mind of the mentally ill leading to the mental incapacity of the mentally ill to be dysfunctional. The dysfunctional mind has been reported (by 60% of participants) to be accompanied by behavioural changes. Twenty percent of the participants further added that the individual’s cognitive processes as well as speech are affected. However, comparing this definition of mental illness with other definitions of mental illness provided by researchers in the Western world the definition of the mentally ill encompasses emotions, behaviour and thoughts. Whereas, the participants in the current study left out the emotions of the mentally ill. A few definitions of mental illness as described
by researchers in Western countries will illustrate the concerns of the current researcher with regard to the emotionality being included in their definitions of mental illness. For example, CDHAC (2000), defines mental illness as, mental health problems and mental health disorders as a spectrum of cognitive, emotional and behavioural disorders interfering with the lives and productivity of the mentally ill. This definition is similar to the New York Mental Hygiene Law (2014), which states that mental illness is an affliction which is manifested by a disturbance in behaviour, feeling, thinking, or judgment. In Connecticut, a mentally ill person is a person who has a mental or emotional condition that has substantial adverse effects on his or her ability to function (C.G.A., 2011).

Considering the concept of craziness which was mentioned by 20% of the participants in their definition of mental illness, while 50% of the participants reported that other young people from the community under study perceive a person who is mentally ill as being crazy. Craziness in this study was defined by one of the participants as doing things that are totally out of your mind, like picking up papers in the street… not being normal, you don’t think normal like everyone else… This perception of the mentally ill as being crazy corroborates with the views of Hines-Martin et al. (2003), who reported that ethnic minority group members such as African Americans and Spanish Americans, tend to think of mental health and mental illness as dichotomous terms for example “normal” vs. “crazy”.

Analysing the information gathered regarding the definition of mental illness provided by the participants in the current study, a suggestion is made by the participants that mental illness affects the individual’s thinking processes with the result that there are related dysfunctional behaviours and impaired speech.

6.4 Perception of other young people and the media regarding mental illness

Eighty percent of the participants reported insufficient knowledge regarding mental illness among other young people in the community under study. It was reported that young people from Mamelodi Township are not knowledgeable about mental illness. One of the participants remarked that mental illness is not taught in the schools and there are no people coming into their community to inform them about the illness.
This remark confirms the observation made by investigators such as Belfer (2008) and Patel et al. (2007), who reported that there is insufficient data available regarding mental disorders in the adolescent population for guiding public mental health policy, especially in developing countries where adolescents generally occupy a much greater proportion of the population.

Having discussed the lack of knowledge amongst the youth regarding mental illness and the paucity of information from health professionals, the researcher sought to explore the role the media plays in the portrayal of mental illness and the effects it has on the young people’s perception of mental illness. All of the participants (100%), reported that the way mental illness is portrayed in the media has an effect on how they perceive the mentally ill. Fifty percent of the participants reported lack of empathy towards the mentally ill by the media. One of the participants reported that the lack of empathy towards the mentally ill is learned through observation of characters in the media who play the role of the mentally ill and this in return leads to the devaluation of the mentally ill. Previous studies have repeatedly found that people with mental illness are inaccurately portrayed in television roles in North America (Diefenbach, 1997), Britain (Rose, 1998), and in New Zealand (Wilson et al., 2000). Mental health advocates blame the media for promoting stigma and discrimination towards people with mental illness due to the profound consequences of negative media images of people who are mentally ill. According Stuart (2006), the media portrays exaggerated images of the mentally ill as having severely impaired self-esteem, help-seeking behaviours, non-adherence to medication and poor overall recovery. Since the 1980s the television portrayals did little to convince the viewing public that people with a mental illness can recover or become productive members of society, instead the mentally ill characters are frequently portrayed as alienated with no family connections, no occupation and no social identity (Wahl & Roth, 1982), and this seems to still be evident in the 20th century. According to WHO (2001), the lack of resources aimed at educating and addressing mistruths, suspicions and fear often fuels the widespread of social rejection, isolation and abuse of people with psychiatric disorders.

Analysing the information gathered thus far, it is suggested that other young people in the community under study are not knowledgeable about mental illness. However,
reviewing studies conducted in western countries there is a wide acknowledgement that the media appears to be the greatest negative contributor of mental illness including young people’s perceptions of lack of empathy towards the mentally ill which fuels the prejudice that mentally ill people do not recover fully from the illness.

6.5 Characteristics of mental illness

Majority of the participants (80%) in this study reported that mental illness is a serious condition which hinders the individual from carrying out their daily activities. In addition they are a danger to self and others. This is in agreement with the WHO (1996), report on mental illness, the World-wide report from the World Bank (1993) and the report by Jivanjee et al. (2008), which alludes to mental illness as a serious condition with serious life implications such as inability to carry out daily activities, causing family problems and being a danger to self and others.

Regarding the prevalence of mental illness in the community 50% of the participants reported that mental illness has a low prevalence in their community and the other 50% reported that the prevalence was moderate-high. This creates the impression that mental illness prevalence is either moderate or low and is in contrast with the findings of Kringlen et al. (2006), who found a higher prevalence of mental illness to be in urban areas as compared with rural areas, and Fryers and colleagues (2003), who found a significantly higher prevalence of mental illness among socially and economically disadvantaged populations. Unfortunately the studies by Kringlen et al. (2006) and Fryers et al. (2003), did not report what they mean by higher prevalence in terms of percentages.

The researcher wanted to find out if mental illness is an affliction that affects white/black people only. One of the participants reported a higher prevalence of mental illness in the Black population as compared to the Whites because of the lifestyle led by each population. The Whites are perceived to be more health conscious and take better care of their health (including mental health) by making use of relevant health services. Whereas Blacks are perceived to be less interested in their health and rarely make use of the health services due to the belief that they will recover or feel better without professional help. This belief that one will get well without making use of health services is also reported in the study on understanding
mental health problems affecting young people aged 16-18 years by Horwood and Fergusson (1998), who found out that the adolescents who experienced symptoms of clinical severity did not seek help as they tended to believe that their symptoms would improve with time. Anglin and colleagues (2008), also reported in their study the belief that mental illness may improve without professional intervention.

In this study it has been revealed that no one is immune to mental illness. All of the participants (100%), reported that mental illness has no exception on who it affects. According to a report by WHO (2001), one in four people are affected by depression worldwide. It was significantly reported in this study that even though the participants were in agreement that mental illness can affect everyone, detachment and denial was displayed by 50% of the participants regarding self and significant others being affected by mental illness. One of the participants reported that one would not like to believe that one’s family could be crazy. While another participant reported that his knowledge of mental illness including that of his family prevents them from being affected by mental illness.

One of the questions posed to the participants had to deal with their knowledge of the indicators of mental illness. Eighty percent of the participants in the study reported to know someone with a mental illness and the person’s unusual behaviour is an indicator that the person is mentally ill. Some of the unusual behaviour reported were talking to self, moping the grass, throwing people with stones, inability to communicate, living alone, bathing outside while there is a bathroom in the house, picking of papers in the street, emptying the dustbins in the yard and thus soiling the yard, busy making uncalled for noise.

Regarding the curability of mental illness, 80% of the participants reported that mental illness is incurable. However, it can be ameliorated by medication and it can also go into remission. Twenty percent of the participants reported that mental illness is curable with an assistance of a health service provider in mental health. The belief held by the participants that consulting a health service provider can cure mental illness is in contrast to the belief reported by Anglin et al. (2008), that mental illness will improve without professional mental health intervention.
Analysing the information gathered thus far regarding the characteristics of mental illness, the participants in the current study reported that mental illness is a serious condition with serious implications for the affected. It can affect anyone resulting in the impairment of judgement and this is observed through the bizarre behaviours of the individual. The individual’s communication style is regarded as unusual, and there is perceived social withdrawal. The importance of making others aware of the need to consult with health service providers when affected by mental illness has been mentioned but this is overridden by the belief that the illness will improve without the intervention of health service providers. This lack of seeking help when affected by mental illness gives the impression that there are many people suffering with the mental illness while there are facilities that may assist the individual in treating the illness.

### 6.6 The causes of mental illness

Sixty percent of participants in the current study reported stress to be the cause of mental illness. The participants defined stress as excessive thinking and worrying. Forty percent of the participants reported environmental factors as cause of mental illness. In addition head injury was reported as a cause of mental illness by 40% of the participants. All of the participants (100%), reported that mental illness can be genetic. Studies from the Western world conducted by Angermeyer & Matschinger (2005), Gaebel et al. (2002) and Stuart & Arbodela-Florez (2001), reported biological factors such as diseases of the brain and hereditary influences and environmental factors for example trauma and stress, as frequently considered to be the cause of mental illness.

When participants in the study were asked whether social stressors are precursors to mental illness, 80% of the participants agreed that social stressors are precursors to mental illness. According to Chapman et al. (2007), many stressors today are different compared to those faced by the old generation. Although some have been around for generations such as chronic poverty, inequality, family breakup and single parenting, others are more recent or more visible such as homelessness, inadequate
child care for working parents, and conditions associated with the impact of prematurity, parental HIV, and cocaine or alcohol abuse on children’s growth and development. The researcher is of the view that homelessness may also be linked with poverty. Mash and Wolfe (2010), reported that related forms of non-accidental trauma, such as being a victim of violence at school or being exposed to violent acts at homes or in neighbourhoods, lead to significant mental health problems in children and youth. Koenen et al. (2007), also reported that new pressures and social changes may place children at increasing risk for the development of mental disorders at younger ages.

Regarding the supernatural powers as possible cause of mental illness, 70% of the participants in this study reported that supernatural powers such as witchcraft can be a cause of mental illness. This finding concurred with the findings from most South African studies that focus on culture and mental illness. Researchers such as Crawford & Lipsedge (2004), Mosotho et al. (2008), Mzimkulu and Simbayi (2006) and Parle (2003), reported that supernatural powers are often perceived as primary causes of mental illness. In addition it is often suggested that witchcraft, such as a spell cast upon an individual by family members or members of the community due to jealousy, is a major cause of mental illness. Studies conducted in Africa by Gureje et al. (2005) and Shibre et al. (2001), also reported that the belief in supernatural causation of mental illness is widely held.

Analysing the information gathered regarding the cause of mental illness, the participants in the current study reported stress, accidental factors such as an injury to the brain, environmental factors such as one’s lifestyle, biological factors such hereditary influences, social stressors and supernatural factors such as witchcraft as causes of mental illness. This gives an impression that participants are knowledgeable about the causes of mental illness as their responses encompasses a spectrum of the causes of mental illness.

6.7 Lack of knowledge for various types of mental illness

Majority of the participants (70%), in this study reported lack of knowledge regarding the various types of mental illness. Three of the participants reported that mental illness is one illness and there are no various types of mental illness. This gives an
impression that young people from Mamelodi Township who participated in the current study are not knowledgeable about the various types of mental illness and this is in contrast to the findings of a study conducted by Cohen et al. (2009), on Australian young people. These researchers reported that young people from Australia are well knowledgeable about mental illnesses but not so knowledgeable about the services available to them in terms of location, cost and type of service. Only 30% of the participants in the current study were able to describe the various types of mental illness known to them. They further reported that their knowledge of mental illness is based on having an interest in the illness and conducting their own research on the illness in exception of one of the participants who mentioned that the school she attends includes mental illness in the Life Sciences curriculum.

Analysing the information gathered on knowledge regarding the various types of mental illness, lack of knowledge of the various types of mental illness is indicated by the majority of the participants (70%) in the current study. A minority of the participants (30%) gave an impression that knowledge about the various types of mental illness can be acquired through having an interest in the illness and conducting self-research.

6.8 Young people avoidance of seeking help
Fifty percent of the participants are aware that one should seek help from professional health providers such as psychologists and psychiatrists when affected by mental illness. However, when the researcher probed about whether if they are affected by mental illness would they consult a mental health practitioner? Response to this question indicated fear of stigma which may be attached to them by peers and others, which was reported by 90% of the participants. These participants reported that it is not easy for young people to seek help when affected by mental illness and this is due to the fear of being stigmatized (made fun of, being isolated, being treated differently). The findings concur with the findings of Hickie et al. (2007) and Wright et al. (2005), who reported that the stigma attached to people suffering from mental illness makes the experience of having mental illness even more difficult.
One of participants reported lack of knowledge with regard to the treatment options available for the management of mental illness. According to this participant young people are not knowledgeable about the government facilities available to them that do not require a consultation fee, instead they have an assumption that one need to be financially well off to make use of the professional health services. This finding concur with the finding of Jorm et al. (2000), who reported that lack of knowledge of treatment options is associated with why most young people do not consider, delay or refuse treatment.

Analysing the information gathered on reasons why young people do not seek professional help, two reasons were reported to why young people do not seek professional help when affected by mental illness. Majority of participants (90%), reported it is due to the stigma attached to the illness and one of the participants reported it is due to lack of knowledge regarding available facilities treating mental illness. The researcher is of the opinion that stigma is the greatest contributor to poor help-seeking behaviours among young people when affected by mental illness.

6.9 Who do young people go to when affected by mental illness

Forty percent of the participants reported that parents and friends are the primary people that they go to help when affected by mental illness. This finding is consistent with the findings by Boldero and Fallon (1995), who also discovered in their study that young people prefer friends, family and teachers over mental health professional as sources of help. However, the researcher is of the opinion that young people move in four social context, namely the school, home, social groups such as peers and the church. It is therefore, expected that they should seek help from these four contexts as they interact within these context more often than the health context. Friends may advice young people to take drugs and alcohol, and engage in self-mutilation as a method of dealing with mental illness. This latter finding gives an impression that emotional pain is replaced by physical pain among some of the young people affected by mental illness.
Analysing the information gathered on who do young people go to when affected, an impression is given that young people look for help within the family and social context.

6.10 Management of mental illness
A question was posed to the participants in the current study on who are they more likely to seek help from between traditional healers and Western trained health professionals when affected by mental illness. The majority of the participants (80%), reported a preference on Western trained health professionals over traditional healing methods. The participants reported that they have been socialised within the Western culture and they are more comfortable with the Western methods of treating mental illness. The discomfort with traditional healers is due the observation and belief that some of them are quacks in the profession was expressed by one of the participants and that they are unscientific in their approach and treatment method. This is in contrast with a Nigerian study by Adewuya and Makanjuola (2009), who reported that 71% of the Nigerian community sample preferred traditional or spiritual healers to practitioners of western medicine.

Two of the participants (20%), reported that traditional healers can treat mental illness only if the cause of the illness is due supernatural powers (witchcraft). However, old studies by Gumede (1974) and Mankanaza (1971), gave an opinion that traditional beliefs and practices with regard to mental health and illness are still being upheld among both rural and urban black people. This opinion is in contrast with the findings of the current study. All the participants (100%), in the current study further reported that a person’s upbringing, socialisation and beliefs are elements that determines which treatment an individual is more likely to consider when affected by mental illness. In addition one of the participants reported that educational level also determines which treatment a person is more likely consider when affected by mental illness. This finding in the current study concurs with findings by Waldron (2002), who reported that one of his informants argued that educational level separates individuals who believe in traditional perceptions of
mental illness from the individuals who embrace more Westernised beliefs in South Africa. The more educated and Westernised a person is, the less he/she tends to think that mental illness was impinged upon the individual because of evil eye, jealousy and spiritual discontent and the more traditional people would tend to believe in those things.

The researcher also wanted to find out what are the participants’ thoughts on having a holistic treatment for mental illness that is incorporates both the traditional healers working together with the westernised professionals in treating mental illness. Sixty percent of participants agreed to the idea of a holistic treatment for mental illness. One of these participants reported that the idea of traditional healers working together with Westernised professionals could lead to a development of a cure for mental illness. According to the study by Cheeetham and Griffths (1982), on mental health among Black South Africans was that many African people consult both Western and African heal care providers concurrently. Although this afore-mentioned study is outdated, one of the participants in the current study reported that idea of traditional healers and the Western trained health professionals co-treating mental illness will mean that a holistically treatment will be offered to the afflicted individual, as the traditional healers will treat the spiritual aspect and the Western trained health professionals will be treating the physical aspect. According to Grabovac et al. (2008), traditional beliefs should be recognised and taken into account by Western trained health professionals because these beliefs provide a context of the African people. Therefore, a better understanding of patients’ cultural and religious contexts will allow Western trained health professionals to take a truly holistic approach to patient care and this can be expected to result in greater a patient satisfaction and better patient outcomes. One of the participants in the current study reported that the traditional healers and the Western professionals will learn from each other’s practices when working holistically to treat mental illness.

Analysing the information regarding managing mental illness through Western and non-western methods, the participants in the current study reported a preference of Western medicine over traditional medicine. A discomfort with traditional healers due
to quacks in the profession is expressed. Although a preference on Western treatment methods over traditional healing is reported, more than half of the participants (60%), were optimistic towards the idea of traditional healers and Western professionals working together to treat mental illness. This gives an impression that holistic treatment of mental illness is encouraged in this current study due to the belief that it will be of value to the afflicted individuals.

6.11 Conclusion

This chapter emphasised the primary and secondary themes related to the perception of mental illness held by young people from Mamelodi Township. The findings in this study were discussed and a connection between the results and the literature on the phenomenon understudy was made.

Based on the information gathered the researcher can conclude that young people who participated in this study have what can be described as lay knowledge about mental illness, of which is expected as none of the participants are professionally trained in psychology or psychiatry. Three of the four objectives of the current study were met.

The participants were able to define mental illness which excluded the emotional component with emphasis being placed on dysfunctional behaviour and impairment of cognitive processes such as judgement and speech. Regarding the knowledge other young people in Mamaelodi Township have about mental illness, insufficient knowledge on mental illness among other young people in this community was reported. The media was acknowledged in the current study as well as in the studies conducted in Western countries, as the greatest contributor towards young people’s lack of empathy on the mentally ill. With regard to the characteristics of mental illness, an impression is given that mental illness is a serious illness that can affect anyone. It has serious implications such as impairment of judgement, and it needs to be treated speedily.

Regarding the causes of mental illness, genetics factors, environmental factors, injury to the brain, stress and supernatural powers were mentioned as the causes of mental illness. the majority of the participants (70%), reported lack of knowledge
regarding various types of mental illness and an impression is given that for young people from Mamelodi Township to acquire sufficient knowledge about mental illness they have to conduct their own research on the illness. With regards to the reasons why young people do not seek professional help, stigma was reported as the greatest contributor to poor help-seeking behaviour among the youth. Regarding who young people go to when affected by mental illness, significant others such as family members and friends are reported as the first people the youth go to when ill. Having to choose which treatment method to consider when affected by mental illness, the majority of the participants (80%), expressed their preference of being treated by Western trained health practitioners than traditional healers, this is because they are accustomed to the Western methods of treatment. Although Western trained professionals are favoured in the current study, a holistic treatment (includes traditional healers and Western trained professionals) for mental illness is also encouraged by 60% of the participants, reason being that it is believed that a holistic treatment will be of great value to the afflicted individual.

This leads to the limitations of the study and future research recommendations have also been considered.

6.12 Limitations of the study
The most acknowledged limitation of this study is that of generalising the research findings on the population of Mamelodi Township. This study explored the perceptions of 10 participants regarding mental illness. Whilst this number of in-depth interviews is a generous data source, however, it does not permit generalization due to small sample size. Furthermore, the current study made use of 10 participants who were conversant in either Setswana or English, excluding young people conversant in other languages who also form part of the youth population of Mamelodi Township.

6.13 Recommendations
i) Needs assessment should be done to determine the needs of the community regarding the mentally ill.
ii) The stigma of mental illness is a serious problem cited by more than half of the sample (60%), and it inhibits the youth in seeking professional treatment
from psychologists and psychiatrists, although they are aware of the existence and expertise of these afore-mentioned mental health practitioners. Future research should address the stigma of mental illness vigorously and adequate funding needs to be channelled towards mental health and mental illness in the same way the funding is channelled towards HIV and Aids.

iii) More research on the youth regarding mental illness and mental health should be conducted because this group is vulnerable to peer pressures and also they make up the highest population in the country.

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Appendix A

**Introduction letter to participant**

**Perception of mental illness by young people in Mamelodi Township, Gauteng Province**

Dear Participant

I would like to thank you in advance for showing interest in participating in this study. My name is Reshoketswe R. Ramaboea. I am a Masters student at Sefako Makgatho Health Sciences University (Medunsa campus) studying Clinical Psychology. As part of completing the course it is required for a research to be conducted.

The research study that I wish to conduct seeks to explore the perceptions of mental illness among young people of African descent residing in Mamelodi Township. The purpose of the study is mainly to understand the views of young African people with regards to what is mental illness, what causes it and the treatment of mental illness.

Permission to embark on this study was granted by the University’s Research Committee (please find attached the clearance certificate). Your identity will be kept strictly confidential. Please be advised that your participation in this study is voluntary, therefore you have a right to withdraw from participating at any time. Audio
recordings will be used during the interview and will be destroyed at the end of the study. If at any point you may feel overwhelmed and the need to see a psychologist rises, you will be referred to a local psychologist.

I hope you will participate in this study as your participation is considered very important. Thank you for your time!

Researcher: Rubin R Ramaboea
Msc Clinical Psychology student
Department of Clinical Psychology
Sefako Makgatho Health Sciences University (Medunsa campus)
078 331 2567
Appendix B

Lekwalo la go tsaya karolo

Mokgwa o bašwa ba motse setoropo wa Mamelodi mo Profeseng ya Gauteng ba tlhaloganya bolwetse ba tlhaloganyo

Motsaya karolo yo o tlhompegang

Ke ka rata go lebogela kwa pele mo go bontshang kgatlhego ya go tsaya karolo mo patlisisong e. Leina la me ke Rubin R Ramaboea, ke moithuti wa porogorama ya masetase TiLinikhale SaekholoJi (thuto ya tlhaloganyo, maikutlo, le maitshwaro), mo Sefako Makgatho Health Sciences Unibesiti. Gore ke fetse dithuto tsa me, ke tswanetse ke go dire patlisiso.

Patlisiso e ke golofela go e dira key a go lebelela gore baswa ba motse toropo wa Mamelodi ba tlhaloganya jang bolwetsi ba tlhaloganyo. Maikaelo magolo ke go ka tlhaloganya gore bašwa ba tlhaloganya bolwetse ba tlhaloganyo e le eng, gore bo tlholwa ke eng, le gore nare a gona mefuta ya malwetse a tlhaloganyo, ge gore a gona ke mefuta efe ya malwetse le gore e fodisiwa jwang bolwetse ba tlhologanyo.

Setlhopa sa dipatlisiso sa Unibesiti se dumeletse mmatlisisi gore a dire patlisiso e (setifikeiti sa dumelano se gona). Ga go ope yo tla itseng ka ditshwaelow tsa gago. Itsi gore go tsaya karolo ke ga go ithaopa, ebile ona le tokelo ya go ikgogela morago
nako nngwe le nngwe. Mmatlisisi o tlo sebedisa recorder ge a go botsisa dipotsisa tsa patlisiso e, itsi gore se seleng mo recorder mmatlisisi o tla se tlosa mo recorder morago ga patlisiso e fela. Fa o ka batla khanseling go go tshegetsa morago ga kopano e ya dipotsiso-puisano, o ka tsaya tshoetso go ka romelwa kwa saekhologisiting wa mo gaufi.

Ke tshepa gore o tla tsaya karolo mo patlisiso e, ka gore karalo ya gago e botlokwa thata. Ke lebogela nako ya gago.

Mmatlisisi: Rubin R Ramaboea
Msc Clinical Psychology student
Department of Clinical Psychology
Sefako Makgatho Health Sciences University (Medunsa campus)
078 331 2567
APPENDIX C

Introduction letter to parents

Perception of mental illness by young people in Mamelodi Township, Gauteng Province

Dear Parent/s

I would like to thank you in advance for showing interest in allowing your child to participate in this study. My name is Reshoketswe R. Ramaboea. I am a Masters student at Sefako Makgatho Health Sciences University (Medunsa campus), studying Clinical Psychology. As part of completing the course it is required for a research to be conducted.

The research study that I wish to conduct seeks to explore the perceptions of mental illness among young people residing in Mamelodi Township. The purpose of the study is mainly to understand the views of young people with regards to what is mental illness, what causes it and the treatment of mental illness. Your child will be interviewed on their general knowledge about mental illness.
Permission to embark on this study was granted by the University’s Research Committee (please find attached the clearance certificate). Your child’s identity will be kept strictly confidential. Please be advised that your child’s participation in this study is voluntary, therefore he/she has a right to withdraw from participating at any time. Audio recordings will be used during the interview and will be destroyed at the end of the study. If at any point your child feels overwhelmed and the need to see a psychologist rises, he/she will be referred to a local psychologist.

For further information regarding your child participating in this study please feel free to contact me. Thank you for your time!

Researcher: Rubin R Ramaboea
Msc Clinical Psychology student
Department of Clinical Psychology
Sefako Makgatho Health Sciences University (Medunsa campus)
078 331 2567
APPENDIX D

Lekwalo la batsadi ba bana ba tlo tsaya karolo patlisiso e

Mokgwa o bašwa ba motse setoropo wa Mamelodi mo Profeseng ya Gauteng ba tlhaloganya bolwetse ba tlhaloganyo

Motsadi/Batsadi yo/ba tlhompegang

Ke ka rata go lebogela kwa pele mo go bontshang kgatlhego ya go tsaya karolo mo patlisisong e. Leina la me ke Rubin R Ramaboea, ke moithuti wa porogorama ya masetase Tšilinikhale Saekholozi (thuto ya tlhaloganyo, maikutlo, le maitshwaro), mo Sefako Makgatho Health Sciences Unibesiti. Gore ke fetse dithuto tsa me, ke tswanetse ke go dire patlisiso.

Patlisiso e ke golofela go e dira key a go lebelela gore baswa ba motse toropo wa Mamelodi ba tlhaloganya jang bolwetsi ba tlhaloganyo. Maikaelo magolo ke go ka tlhaloganya gore bašwa ba tlhaloganya bolwetse ba tlhaloganyo e le eng, gore bo tlholwa ke eng, le gore nare a gona mefuta ya malwetse a tlhaloganyo, ge gore a
gona ke mefuta efe ya malwets e gore e fodisiwa jwang bolwetsi ba tlhologanyo. Ngwana gao o tla botsiswa se a se tsebang ka bolwetsi bo ba tlhaloganyo.

Setlhopa sa dipatlisiso sa Unibesiti se dumeletse mmatlisisi gore a dire patlisiso e (setifikeiti sa dumelano se gona). Ga go ope yo tla itseng ka ditshwa elo tsa ngawana wa gago. Itsi gore go tsaya karolo ga ngwana wa gao ke go ithaopa, ebile o nale tokelo ya go ikgogela morago nako nngwe le nngwe. Mmatlisisi o tlo sebedisa recorder ge a go botsisa dipotsisa tsa patlisiso e, itsi gore se seleng mo recorder mmatlisisi o tla se tlosa mo recorder morago ga patlisiso e fela. Fa o ngawana gao a ka batla khanseling go go tshegets morago ga kopano e ya dipotsiso-puisano, a ka tsaya tshoetso go ka romelwa kwa saekhologisiting wa mo gaufi.

Fa go nle dipotso tse digwe ka karolo ya ngwana gao mo patlisiso e, o ka kgalogana lena. Ke lebogela nako ya gago.

Mmatlisisi: Rubin R Ramaboea
Msc Clinical Psychology student
Department of Clinical Psychology
Sefako Makgatho Health Sciences University (Medunsa campus)

078 331 2567
APPENDIX E

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY (Medunsa campus)
ENGLISH CONSENT FORM

State concerning participation in a Research Project

Name of the Project:

Perception of mental illness by young people in Mamelodi Township, Gauteng Province

I have read the information on the proposed study and was provided the opportunity to ask questions and given enough time to rethink the issue. The aims of the study as well as the terms and conditions of my participating in the study have been thoroughly explained to me and therefore I clearly understand my rights in participating in this study. I understand that it is within my right to withdraw from participating in the study whenever I feel I should, during the course of the study.

I also understand that my identification details provided on this form will not in any way be linked to the results of the study. I understand that my name and answers in
this study will be kept strictly confidential and only the researcher, translators and her supervisor will have access to information.

Lastly I understand that my participation in this study is voluntary, therefore I will not receive any rewards by participating and the outcome of this study will not benefit me personally.

I hereby give consent to participate in the study.

…………………………..                                  ………………………………..
Name of participant                                         Signature of participant
……………………………..         ………………………..       ………………………….
Place                                          Date                                  Witness

Statement by the Researcher

I provided verbal and/or written information regarding this project
I agree to answer any future questions concerning the project as best as I am able
I will adhere to the approved protocol.

……………………………         …………………      …………….  ………………………
Name of Researcher                Signature                Date
Place


APPENDIX F

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY (Medunsa campus)
SESTSWANA CONSENT FORM

Seteitemente se se ka ga go tsaya karolo mo ya Patlisiso.

Leina la Patlisiso:

Mokgwa o bašwa ba motse setoropo wa Mamelodi mo Profeseng ya Gauteng
ba tlhaloganya bolwetse ba tlhaloganyo

Ke buisitse tshedimotso mo patlisiso e e tshitshimtsweng mme ke filwe tšhono ya go botsa dipotso le go fiwa nako e e lekaneng ya go akanya gape ka nthla e. Maikaelelo a dipatlisiso le mabaka a mabapi le go tsaya karolo ga me mo dipatlisisong a tlhalositswe ka botlalo, ka jalo ke tlhaloganya ditokelo tsa me tsa go tsaya karolo. Ke tlhaloganya gore ke na le ditokelo tsa go ka tlogela go tsaya karolo mo dipatlisisong nako nngwe le nngwe, le ge dipatlisiso di tsweletse.
Ke tlhaloganya gape gore tshedimosetso ya me mo foromong ga e kitla e amanngwa le diphitthelele tsa dipatlisiso. Ke tlhaloganya gore leina le dikarabo tsa me mo dipatlisisong tse, di tla nna sephiri, di tla nna magareng ga mmatlisesi, batthalosi le motsamaisi.

Ke tlhaloganya gore go tsaya karolo ga me keg a go ithaopa, ka jalo ga ke kitla go duelwela go tsaya karolo, le gore dopholo tsa dipatlisiso ga di kitla di ungwelwa ka nosi.

Fano ke neela tumelelo ya go tsaya karolo mo Patlisiso e.

.................................................................................................................
.................................................................................................................
Leina la motsaya karolo Tshaeno ya motsaya karolo
.................................................................................................................
.................................................................................................................
Lefelo Letlha Paki

Seteitemente ka Mmatlisisi

Ke tlametse tshedimotso ka molomo le/kgotsa e e kwadilen malebana le Patlisiso e

Ke dumela go araba dipotso dingwe le dingwe mo nakong mo nakong e e tlang tse di amanang le Patlisiso ka moo nka kgonang ka teng.

Ke tla tshegetsa porotokolo e e rebotsweng

.................................................................................................................
.................................................................................................................
Leina la Mmatlisisi Tshaeno Letlha Lefelo
APPENDIX G

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY (Medunsa campus)
ENGLISH CONSENT FORM FOR PARENT/S

State concerning participation in a Research Project

Name of the Project:

Perception of mental illness by young people in Mamelodi Township, Gauteng Province

I have read the information on the proposed study and was provided the opportunity to ask questions and given enough time to rethink the issue. The aims of the study as well as the terms and conditions of my child participating in the study have been thoroughly explained to me and therefore I clearly understand my child's rights in participating in this study. I understand that it is within my child's right to withdraw from participating in the study whenever he/she feel he/she should, during the course of the study.
I also understand that my child’s identification details provided on this form will not in any way be linked to the results of the study. I understand that my child’s name and answers in this study will be kept strictly confidential and only the researcher, translators and her supervisor will have access to information.

Lastly I understand that my child’s participation in this study is voluntary, therefore he/she will not receive any rewards by participating and the outcome of this study will not benefit him/her personally.

I hereby give consent for my child to participate in the study.

…………………………..                                  …………………………..
Name of parent/s                  Signature of parent/s
……………………………..         ………………………..       ………………………
Place                                          Date                                  Witness

**Statement by the Researcher**

I provided verbal and/or written information regarding this project
I agree to answer any future questions concerning the project as best as I am able
I will adhere to the approved protocol.

……………………………         …………………      …………….  ………………………
Name of Researcher                Signature                Date             Place
APPENDIX H

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY (Medunsa campus)
SETSWANA CONSENT FORM FOR PARENT/S

Seteiteme se se ka ga go tsaya karolo mo ya Patlisiso.

Leina la Patliso:

Mokgwa o bašwa ba motse setoropo wa Mamelodi mo Profeseng ya Gauteng
ba tlhaloganya bolwetse ba tlhaloganyo

Ke buisitse tshedimotso mo patlisiso e e tshitshintsweng mme ke filwe tšhono ya go botsa dipotso le go fiwa nako e e lekaneng ya go akanya gape ka nthla e. Maikaelelo a dipatlisiso le mabaka a mabapi le go tsaya karolo ga me mo dipatlisisong a tlhalositswe ka botlalo, ka jalo ke tlhaloganya ditokelo tsa me tsa go tsaya karolo. Ke tlhaloganya gore ngwana wa me o na le ditokelo tsa go ka tlogela go tsaya karolo mo dipatlisisong nako nngwe le nngwe, le ge dipatlisiso di tsweletse.
Ke tlhaloganya gape gore tshedimose tso ya ngwana me mo foromong ga e kitla e amanngwa le diphitthelelo tsa dipatlisiso. Ke tlhaloganya gore leina le dikarabo tsa ngwana me mo dipatlisisong tse, di tla nna sephiri, di tla nna magareng ga mmatlisisi, batlhalosi le motsamaaisi.

Ke tlhaloganya gore go tsaya karolo ga ngwana me ke ka go ithaopa, ka jalo a ka kitla go duelwela go tsaya karolo, le gore dopholo tsa dipatlisiso ga di kitla di ungwelwa ka nosi.

Fano ke neela tumelelo ya gore ngwana me a tsaya karolo mo Patlisiso e.

…………………………………………………………………………………………………………………

Leina la motswadi/batswadi Tshaeno ya motswadi/batswadi

…………………………………………………………………………………………………………………

Lefelo Letlha Paki

**Seteitemente ka Mmatlisisi**

Ke tlametse tshedimotso ka molomo le/kgotsa e e kwadileng malebana le Patlisiso e

Ke dumela go araba dipotso dingwe le dingwe mo nakong mo nakong e e tlang tse di amanang le Patlisiso ka moo nka kgonang ka teng.

Ke tla tshegetsa porotokolo e e rebotsweng

…………………………………………………………………………………………………………………

Leina la Mmatlisisi Tshaeno Letlha Lefelo
APPENDIX I

BIOGRAPHICAL INFORMATION OF THE PARTICIPANT

*Please fill in the form for statistical purpose

*Please be advised that your details will be kept strictly confidential

1. Age: ..........................................................  
2. Gender: Male  Female  
3. Residential area: ...........................................  
4. Occupation: ..................................................  
5. Highest grade completed: ...............................  

Please mark with an X on the appropriate answer:

6. Have you ever been admitted at psychiatric institution?  Yes  No  
7. Have you ever consulted with a psychiatrist?  Yes  No
8. Have you ever been diagnosed with a mental illness?  

Yes  No

Thank You For Your Time!!!!!

---

**APPENDIX J**

**TSHELEMOSETHO YA MOTSAYA KAROLO**

*Kopa o tlatse foromo go thusa ka dipalo*  
*Its tla ope yo tla itseng ka ditshwaelo tsa gago*

1. Dingwaga: ……………………………………………………………
2. Bong:  
   - Monn
   - Mosadi
3. Lefelo la madulo a gao: …………………………………………………
4. Tiro: ………………………………………………………………………
5. Maemo a thuto: ……………………………………………………………

**Please mark with an X on the appropriate answer:**

6. Sale wa ba molwetsi ko sepetlhele sa batho ba malwetsi a thaloganyo?  
   - Eya
   - Aowa
7. Sale wa bonwa ke ngaka wa go fodisa malwetsi a  
   - Eya
   - Aowa
APPENDIX K

INTERVIEW GUIDE

Date:

Interview number:

1. How would you define mental illness?
2. How serious do you think mental illness is?
3. How common is the illness in your community?
4. Are young people in your community knowledgeable about the illness? If yes, how do they define the illness? If not, why not?
5. What kind of people are affected by the illness?
6. Do you think that the youth can develop mental illness? If no, why not?
7. Do you think mental illness is a “white people” illness?
8. Do you think you and those close to you can be affected by the illness? If not, why not?
9. Do you know anyone with a mental illness, if yes, how can you tell that the person has mental illness?
10. How is mental illness portrayed by the media?
11. Does the portrayal of mental illness in the media have an effect of how you and other young people view mental illness? If yes, how?

12. Could you explain the cause/s of mental illness?

13. Can stressors such as, to name a few, poverty, unemployment, family breakup, child abuse, domestic violence, bullying, HIV and Aids, cause mental illness? If yes, how? If no, why not?

14. Can mental illness be genetic?

15. Do you think supernatural powers (witchcraft) can be the cause of mental illness? If yes, how?

16. What are the various types of mental illness?

17. Can mental illness be cured? If yes, how? If no, why not?

18. In your view how best can mental illness be treated, and who should be involved in the treatment?

19. What kind of facilities offer treatment for mental illness?

20. Are facilities treating mental illness available in your community? If yes, are those facilities easy accessible?

21. Do you think it is easy for young people to seek help when affected mental illness? If not, why? If yes, why?

22. What kind of help in your view do young people seek when affected by mental illness?

23. Do you think that traditional healers can treat mental illness? If yes, how? If no, why not?

24. When treating mental illness, who are more likely to consider seeking help from traditional healers than from Westernized professionals and who are likely to consider seeking help from the Westernized professionals than from the traditional healers and why?

25. What are your thoughts on traditional healers working together with the Westernized professionals to treat mental illness?

26. What can you as a young person, other young people in the community, families of those with mental illness and the community as a whole can do to help those living with mental illness in your community?

27. Is there anything that may not have been covered in the interview concerning mental illness that you will like to share with me?
APPENDIX L

DIPOTSO TSA PUISANO

Letlha:

Nomoro ya puisano:

1. O ka tlholosa jang bolwetsi ba tlhaloganyo (Botsenywa)?
2. O nagana gore bolwetsi ba tlhaloganyo bo masisi gole kanang kang?
3. Bolwetsi ba tlhaloganyo (botsenywa) bo atile jang mo motseng wa geno?
4. A basha mo motseng wa geno ba na le kitso ka bolwetsi boo? Ga ele eya, ba bo tlhalosa jang bolwetsi boo? Ga ele nyaa, goreng?
5. Ke mofuta ofeng wa batho o o amiwang ke bolwetsi boo?
6. Ao nagana gore basha ba ka tswara ke bolwetsi bo ba tlhaloganyo (Botsenywa)? Ga ele nyaa, goreng?
7. Ao nagana gore bolwetsi ba tlhaloganyo (Botsenywa) ke bolwetsi ba batho ba basweu fela?
8. Ao nagana gore wena le ba gaufi le wena ba ka amiwa ke bolwetsi boo? Ga ele nyaa, goreng?
9. Ao itse monngwe yoo nang le bolwetsi ba tlhaloganyo, ga ele eya, o lemoga jang gore o na le bolwetsi ba tlhaloganyo?
10. Bolwetsi ba tlhaloganyo (Botsenywa) bo tlhalosiwa jang ke babigi ba dikgang le ba di filimi?
11. Wena le basha ba bangwe la amiwa ke tlhaloso e e tlhagelelelang mo babiging ba dikgang le ba di filimi mabapi le bolwetsi ba tlhaloganyo (Botsenywa)? Ga ele eya, jang?
12. Ao ka tlhalosa gore bolwetsi ba tlhaloganyo (Botsenywa) bo bakwa ke eng?
13. A dilo tse dilatelang, go tshwana le, tlala, botlhoka tiro, go thubega ga malapa, go gatelelwana ya bana, kgatelelela ya bomme ka go otiwa mo malapeng a bona, go kgerisiwa, kokanatlhoko ya seelela madding (AIDS), di ka tlisa bolwetsi ba tlhaloganyo? Ga ele eya, jang? Ga ele nyaa, goreng?
14. A bolwetsi ba tlhaloganyo bo kgona go neeletsana ka se lelapa?
15. Ao nagana bolwetsi ba tlhaloganyo (Botsenywa) bo ka bakiwa ke boloi na? Ga ele eya, jang?
16. Ke mekgwa efeng e foroganeng ya bolwetsi ba tlhaloganyo (Botsenywa)?
17. A bolwetsi ba tlhaloganyo (Botsenywa) bo ka fodziwa? Ga ele eya, jang? Ga ele nyaa, goreng?
18. Goya ka wena, bolwetsi ba tlhaloganyo bo ka alafiwa botoka jang, ebile ke mang a tswaneng ke go nna karalo ya kalafo eno?
19. Ke mafelo a jang a a ka fanang ka thuso mabapi le bolwetsi ba tlhaloganyo (Botsenywa)?
20. A mafelo a thusang mabapi le bolwetsi ba tlhaloganyo (Botsenywa) a teng mo motseng wa geno? Ga ele eya, a mafelo a fitlhelega bonolo?
21. Ao nagana gore go bonolo gore basha ba ka batla thuso ga ba amilwe ke bolwetsi bo ba tlhaloganyo (Botsenywa)? Ga ele nyaa, goreng? Ga ele eya, goreng?
22. Ke thuso e entseng jang ka go bona ga gao e basha ba ebatlang ga ba amilwe ke bolwetsi ba tlhaloganyo (Botsenywa)?
23. Ao nagana gore dingaka tsa setso di ka thusa ka bolwetsi ba tlhaloganyo? Ga ele eya, jang? Ga ele nyaa, goreng?
24. Ge o alafa bolwetsi ba tlhaloganyo (Botsenywa) ke bo mang ba ba atisang go dirisa dingaka tsa setso go fitisa dingaka tsa sekgowa le gape ke bomang ba ba atisang go dirisa dingaka tsa sekgowa e seng dingaka tsa setso?
25. Ke menago efe e onang le yone mabapi le go dirisana mmogo ga dingaka tsa setso le dingaka tsa sekgowa mo kalafong ya bolwetsi ba tlhaloganyo (Botsenywa)?

26. Wena jaaka mosha, basha ba bangwe, malapa a batho ba ba nang le bolwetsi jwa tlhaloganyo, le morafe o feletseng, le ka thusa jang batho ba ba nang le bolwetsi jwa tlhaloganyo (Botsenywa)?

27. A gona le sengwe se se sa amiwang mo-puisanong mabapi le bolwetsi ba tlhaloganyo (Botsenywa), gongwe se o ka ratang go sebua lenna?

APPENDIX M

CLEARANCE CERTIFICATE
UNIVERSITY OF LIMPOPO
Medunsa Campus

MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

MEETING: 06/2013
PROJECT NUMBER: MREC/M/178/2013: PG
PROJECT:
Title: Perceptions of mental illness by young people in Mamelodi township, Gauteng Province
Researcher: Ms RR Ramabeoa
Supervisor: Prof EMQ Mokhuane
Department: Psychiatry, Clinical Psychology & Psychology
School: Medicine
Degree: MSc Clinical Psychology

DECISION OF THE COMMITTEE:
MREC approved the project.

DATE: 01 August 2013

PROF GA OGUNBABJO
CHAIRPERSON MREC

The Medunsa Research Ethics Committee (MREC) for Health Research is registered with the US Department of Health and Human Services as an International Organisation (IORG0004319), as an Institutional Review Board (IRB00005122), and functions under a Federal Wide Assurance (FWA00005419).
Expiration date: 11 October 2016

Note:

i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.

ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding Solutions for Africa