BARRIERS REGARDING CHILD PSYCHIATRIC ASSESSMENTS BY MEDICAL DOCTORS IN SELECTED HOSPITALS OF THE VHEMBE DISTRICT, LIMPOPO PROVINCE.

BY

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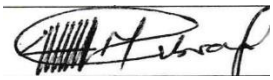
DECLARATION

I, **Mubvafhi Norman Lufuno**, declare that the study titled '***Barriers regarding child psychiatric assessment by medical doctors in selected hospitals of the Vhembe district Limpopo Province',*** has not been previously submitted at any tertiary educational institutions. It is my authentic work, references that I cited are indicated and correctly acknowledged by complete list of references.

Signature  Date signed 18/08/2022

DEDICATION

I dedicate this work to all mental health care providers who are working tirelessly rendering patient care services, despite all challenges they are faced with in South Africa.

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To God be the glory for the strength to complete my study.

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ABSTRACT

Children do suffer mental health problems and they can be assisted professionally. However, most of the children with mental illness are not treated accordingly. The purpose of the study was to investigate barriers regarding child psychiatric assessment by medical doctors in selected hospitals of the Vhembe district, Limpopo Province. The study employed a qualitative approach, with an explorative, descriptive and contextual design. The population of the study were medical doctors working in the outpatient departments within five selected general hospitals in the Vhembe District (Tshilidzini, Siloam, Donald Frazer, Elim and Malamulele), who were attending to children below the age of eighteen in outpatient department mental health clinics.

In-depth individual interviews were used as an instrument to collect data, which was analysed following Tesch's steps. Four major themes emerged after substantial data analysis, namely: Challenges related to medical doctors, Challenges related to parents/guardian, Challenges related to being a child and Insufficient support. The study recommended training of the child psychiatric specialists. Future studies could be done, focusing on the development of the guidelines to implement child psychiatric policies.

Keywords: barriers, child, medical doctors, mental health, psychiatric assessment.

LIST OF ACRONYMS AND ABBREVIATIONS

CAMHC	-	Child Adolescent Mental Health Care
MHCA	-	Mental Health Care Act
MHCU	-	Mental Health Care User
OPD	-	Out Patient Department
UNICEF	-	United Nation Children's Fund
WHO	-	World Health Organization

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CHAPTER ONE

ORIENTATION OF THE STUDY

1.1. INTRODUCTION

This chapter addresses the background to the study, the problem statement, purpose, objective, rationale and significance of the study. The theoretical framework is also outlined, and key concepts are discussed.

1.2. BACKGROUND

Child psychiatric assessment is an interview-based instrument and takes approximately two-hour to administrate. According to Sadock, et al. (2015), it consists of identifying data, history taking, mental status examinations, diagnosis and a treatment plan. Conducting child and adolescent assessment can be a challenge, since often the child does not initiate the consultation or agree with the need for a consultation. On the other hand, children may be able to report the nature of their symptoms, but may fail to recall the time and duration of the problem, hence the medical doctor will be required to obtain more information from multiple sources such as parents, teachers, and other caregivers. The assessment and treatment for mental health problems is a multidisciplinary approach (Srinath, et al., 2019).

Mental health constitutes a major burden of disease amongst children and adolescents globally. Furthermore, it is estimated that one in every five children will experience a mental disorder each year (UNICEF, 2019). Consequently, mental health problems affect 10 to 20% of children and adolescents worldwide (Kieling & Rahman, 2011). In addition, over 50 to 75% of adult mental health problems began in childhood or in adolescence (Stewart & Hamza, 2017).

Child psychiatric assessment is reflected as a challenge in India, since they would have not initiated the consultation and may not agree with the need for consultation. It requires medical doctors to obtain information from the parents, teachers and other care givers (Srinath, et al., 2019). A different study conducted in the same country (India), on Doctors' perspectives, knowledge, and attitudes towards childhood psychiatric illness by Mina, et al. (2018), shows that the majority of medical doctors

were unsatisfied and lacked confidence regarding knowledge and management of child psychiatric illnesses.

In the United States, 12 to 20% of children are estimated to have a behavioural health disorder, however approximately 75 to 80% of youth in need of health care services do not receive care (Mina, et al.,2018), In addition, many doctors reported not feeling adequately trained to assess these needs. In general challenges of effective communication between the team of professionals, was one of the barriers mentioned. Furthermore, lack of the health care providers, resources, extensive waiting lists and financial restrictions were identified as some of the barriers towards child psychiatric assessments (Creswell, 2017; Harrison, et al., 2017).

A study conducted in Britain on barriers to managing child and adolescent mental health problems, by O'Brien, et al. (2016), estimates 13.4% prevalence rates of mental health problems in children and adolescents worldwide. Their study supports the notion that the majority of mental health illness in adults (75%), start in childhood before the age of 24 years. On the contrary mental illness in children can be hard for parents and health care providers to identify. As a result, there are many children who are not receiving the care they should have been receiving (Mayo clinic, 2019).

A study conducted in low- and middle-income countries on barriers and facilitators to child and adolescent mental health services, by Babatunde, et al. (2019), reflected the gap between child and adolescent mental health (CAMH) needs and services provision results from the lack of policies and specialists. This study highlighted an urgent need to encourage research in the area of child psychiatry.

A study conducted in Eastern Cape, South Africa on barriers to accessing and receiving mental health care, by Schierenbeck, et al. (2013), identifies eleven such barriers: lack of staff, lack of facilities, lack of community services and preventive care, lack of transport, lack of information, stigmatization, traditional cultural beliefs of the community, lack of cross-cultural understandings among staff, traditional cultural beliefs of staff, lack of properly trained staff, and lack of organizational capacity.

South Africa developed a national policy guideline in 2003, that was guided by the Mental Health Care Act no 17 of 2002. With one of the strategies recommended for

the health care facilities, being to retrain and re-orientate health workers in the development of interpersonal skills to promote good provider-recipient communication. However, there was no South African province that had a child and adolescent mental health policy, or identifiable implementation plans to support the national child and adolescent mental health policy guidelines (Mokitimi, et al., 2018).

A report by Dunjwa (2017), a member of the Executive Committee on Health Care Services for the Mentally Ill, depicts that there were no child and adolescent outpatient clinics in the Limpopo Province. In other words, admitting children to the hospital was considered as the last resort. There was not much literature found on child psychiatric assessment in the Vhembe district or the Limpopo province as a whole, hence this study sought to investigate barriers regarding child psychiatric assessment.

1.3. PROBLEM STATEMENT

The researcher is a trained child psychiatric nurse, who worked in one of the public hospitals in the Vhembe District and observed that children with mental health problems were not assessed accordingly by the medical doctors in the outpatient department (OPD). Amongst 38 children and adolescents seen in paediatric and mental health care OPD clinics over a period of a year (2018), none of them had child psychiatric assessment instrument or form administered. There was no difference in how child psychiatric assessment is done compared to adult psychiatric assessment. The same tools to assess adults were used for child psychiatric assessments, and the same consulting rooms and equipment were used to assess both adults and children. Only short notes were made on the clinical notes of the child's file, rather than a detailed history and thorough psychiatric assessment. Poor child psychiatric assessment may lead to wrong diagnosis and wrong management of the child. It may also result in complications of the child's condition and become unproductive in the community.

Macleod, et al. (2016), discovered that history taking, and mental status examinations are the most important diagnostic tools that the health care provider can use to obtain a proper diagnosis. Srinath, et al. (2019), point out the initial child psychiatric assessment is important, it is conducted over two hours, and both parents are encouraged to attend. The Child Psychiatric assessment tool begins with a history

taking, followed by current functioning and symptoms of distress, which leads to a preliminary diagnosis, further investigation and proper management of the disorder.

In accordance with the Standard Treatment Guidelines and Essential Medicines list for South Africa (2017), child and adolescent psychiatry involves a multidisciplinary team approach, where a skilled medical doctor performs clinical diagnostic evaluations. Based on the above explanation, this study explored barriers regarding child psychiatric assessments by medical doctors working in OPDs within selected general hospitals.

1.4. RATIONALE

Mental illness is common and often has an early onset. Effective treatment for children and adolescence are available, yet only a few children access them. It is of more concern since the negative consequences affect the development of the child. There is a need for tools and training to aid accurate assessment and management for mental illness (O'Brien, et al., 2016).

This study focuses on the barriers regarding child psychiatric assessment by the medical doctors working in OPDs. There are no known studies conducted regarding the assessment of children in child psychiatry departments. It was of paramount importance to conduct this study since child psychiatric assessment is entirely different from adult psychiatric assessment.

1.5. SIGNINICANCE OF THE REASERCH

This research might assist medical doctors to overcome barriers regarding assessments of children with mental health problems. The results of this research might assist the Department of Health in having knowledge on barriers regarding child psychiatric assessment and inform policy developers on reviewing child psychiatric policies. The study might benefit the body of knowledge by adding information on child psychiatric assessment. The study might benefit children themselves and their families through reducing delays in making diagnoses of their children's' problems.

1.6. PURPOSE AND OBJECTIVES

Purpose

The purpose of this research was to investigate barriers regarding child psychiatric assessments by medical doctors in selected hospitals of the Vhembe district in the Limpopo province.

Objective

The research objective was to explore the barriers regarding child psychiatric assessments by medical doctors in selected hospitals of the Vhembe District.

1.7. DEFINITION OF CONCEPTS

Concepts are defined conceptually and operationally in this study.

A Child refers to a person under the age of 18 years (Children's Act, 2005)

In this study a child refers to person between the ages of 1 year to 18 years, visiting an outpatient department with a mental health problem for assessment.

A Medical Doctor refers to a person registered as such in terms of the Health Professions Act (Mental Health Care Act, 2002).

In this study, a medical doctor refers to any qualified medical doctor allocated in an outpatient department assessing children with mental illness.

According to Sadock, et al. (2015), **Psychiatric assessment** refers to a process of taking history and conducting mental status examination through interview and observations.

In this study, **psychiatric assessment** refers to the initial interview conducted by the medical doctor collecting a patient's history and conducting a mental status examination.

1.8. THEORETICAL FRAMEWORK

The theoretical framework for investigating barriers regarding child psychiatric assessments by medical doctors was guided by the elements of practice theory outlined by Dickoff, et al. (1968). These are: agents, context, process and outcomes,

which are briefly explained below and are fully described and applied after data analysis of this study.

Agent

An agent is any person whose activity leads to the realisation of the goal (Dickoff, et the al., 1968).

For this study the agents are the medical doctors working in OPDs conducting child psychiatric assessments.

Context

The context is viewed from the aspect of the matrix of activity; it is seen in relation to other things, including persons and other activities, and to see the interrelation of these other factors as constituting an organism, unity, or total context of activity (Dickoff, et al., 1968). Furthermore, the authors refer to the 'context' as the setting, location, the physical structure of ward or unit, hospital, or medical centre, time, space, or structure that constitute different elements of the situation in which the activity occurs (Dickoff, et al., 1968).

The context of this study was the selected hospitals, particularly in OPDs where child psychiatric assessments are conducted.

Process

The process involves the steps to be taken towards accomplishment. The process aims at providing sufficient information to enable the activity to be carried out. It safeguards the agent, recipient and the institution in that it provides knowledge and therefore lessens liability to criticism (Dickoff, et al., 1968).

The barriers towards medical doctors are the process in this study, since the aim of this study is to investigate the barriers towards medical doctors regarding child psychiatric assessment.

Outcomes

The outcome involves defining an activity from the perspective of an end or its accomplishment (Dickoff, et al., 1968).

The outcome of this study is the barriers investigated regarding child psychiatric assessment by the medical doctors in selected hospitals.

1.9. STRUCTURE OF THE STUDY

This study is made up of four chapters, outlined as follows with specific subject matter:

Chapter 1: Introduction and background of the study.

This chapter consists of the introduction and background, problem statement, rational of the study, significance of the study, purpose, objectives, operational definition of key concepts , and Theoretical framework

Chapter 2: Research Design and Methodology

This chapter focuses on the general picture of how the study was being carried out. This involves the discussions on study design, study setting, population of the study, study sampling, research instruments, data collection and data analysis.

Chapter 3: Discussion of Research findings and Literature control

This chapter presents the data or facts obtained from the respondents. The data analysis was done using Colaizzi's (1978), methods which comprises of the seven steps.

Chapter 4: Conclusions and Recommendations

This chapter concentrates on the discussion and interpretation of the results. The results interpreted based on the facts obtained in the previous chapter. Furthermore, recommendations are made based on the results.

1.10. SUMMARY OF THE CHAPTER

In this chapter, a discussion was made on the background, problem statement, rationale, purpose, objective, significance of the study, definition of concepts and theoretical framework described. Chapter two of the study presented a detailed description of the research methodology. The study approach, study design, setting, study population and sampling, pre-test, and measures to ensure trustworthiness. Literature review has been excluded as a chapter on its own. However, Literature control was done in chapter three.

CHAPTER TWO

RESEARCH METHODOLOGY

2.1. INTRODUCTION

Chapter one discussed the introduction and background, problem statement, rationale, significance of the study, purpose, objectives, definition of key concepts and theoretical framework. This chapter will present the study approach, study design, setting, study population and sampling, pre-test, and measures to ensure trustworthiness.

2.2. STUDY APPROACH

In this study the researcher will adopt qualitative research approach. Qualitative approach is inductive in nature, and the researcher generally explores meanings and insights in a given situation (Levitt, Motulsky, Morrow & Ponterotto, 2017). A qualitative research approach also gives participants the opportunity to narrate their views (De Vos, et al., 2014). Furthermore, this study employed a qualitative approach since it is focused on exploring the barriers regarding child psychiatric assessments by medical doctors in selected hospitals in the Vhembe district of the Limpopo province.

2.3. STUDY DESIGN

The study design is a pattern or steps to be followed when conducting a study (Brink, et al., 2018). Therefore, a qualitative exploratory, descriptive and contextual designs will be used in this study.

- **Exploratory**

This study used an exploratory method whereby facts and new information were obtained through in-depth interviews with the participants regarding barriers towards child psychiatric assessment within selected hospitals.

- **Descriptive**

According to Burns and Grove (2016), qualitative research is exploratory and descriptive, it describes life experiences and gives it meaning.

Medical doctors were offered an opportunity to describe their experiences regarding barriers related to child psychiatric assessment in selected general hospitals.

- **Contextual**

According to Burns and Grove (2016), contextual studies focus on specific events in a naturalistic setting, meaning that interviews will be conducted in a setting free of manipulation.

This research is contextual since individual interviews were conducted with medical doctors assessing children experiencing mental health problems only, in OPDs within selected hospitals.

2.4. STUDY SETTING

The research setting is a physical location under which data collation takes place in the study (Polit & Beck, 2017).

The study was conducted in the Vhembe District within selected hospitals. The Vhembe district consists of four local municipalities: Musina, Mutale, Thulamela and Makhado. The geographical area is predominantly rural. Economic growth depends on agriculture, tourism, and mining.

There are seven general hospitals in the Vhembe District: Tshilidzini, Siloam, Donald Frazer, Elim, Malamulele, Musina and Louis Trichardt memorial. Each hospital has its own outpatient department. Two of the above-mentioned hospitals (Musina and Louis Trichardt Memorial) refer their children with mental health problems to Siloam, Tshilidzini and Elim hospitals.

Children who are less than 18 years having mental health problems are booked from the local clinics and other referring institutions, to be seen by medical doctors allocated for the paediatric and mental health OPD clinic.

2.5. STUDY POPULATION AND SAMPLING

- **Population**

A population is described by Brink, et al. (2018), as the entire group of persons that meet the criteria that the researcher is interested to study.

The population for this study were medical doctors working in the OPDs within the selected hospitals in the Vhembe District, who conduct child psychiatric assessments.

- **Sampling**

According to Brink, et al. (2018), sampling is described as the process of selecting a sample from the population to obtain information regarding a phenomenon in a way that represents the population. In this study purposive sampling method was used. The purposive sampling method is a technique based on the judgement of the researcher regarding participants that are typical or representative of the study phenomenon (Brink, et al., 2018). In this study the sampling was done in two phases, namely sampling of the hospitals and sampling of the participants.

- **Sampling of hospitals**

Purposive sampling was used to select hospitals. Out of seven hospitals, the top five hospitals with the highest number of children seen in the OPD were selected to participate in this study.

- **Sampling of participants**

Purposive sampling is where the researcher selects those participants who know most about the phenomenon (Brink, et al., 2018).

A purposive sampling technique was utilised as only medical doctors working in the OPDs were selected. Only doctors amongst the selected hospitals attending to paediatric mental health clinics were selected as they had enough experience and knowledge pertaining to the phenomenon under study,

- **Sampling size**

Two medical doctors were sampled from each hospital, making a total number of ten medical doctors. They were recruited to form part of the research as long as they were willing to participate.

The inclusion criteria

- **Hospitals**

Only five selected hospitals in the Vhembe district of the Limpopo Province formed part of the study, since they are the only hospitals that assess children with mental health problems. Of the remaining three hospitals, two of them refer their children with mental health problems to the five participating hospitals and one is a long-term psychiatric hospital which does not conduct child psychiatric assessment.

- **Participants**

This study included only medical doctors working in OPDs, who were conducting child psychiatric assessments on children with mental health problems.

The exclusion criteria

- **Hospitals**

The remaining three hospitals were excluded from the research since two of them refer their children with mental health problems to the five participating hospitals and one is a long-term psychiatric hospital which does not conduct child psychiatric assessment.

- **Participants**

All other medical doctors within the participating hospitals were excluded from the research since they were not attending to children with mental health problems at the OPD mental health clinic.

2.6 DATA COLLECTION INSTRUMENT

Hesse-Biber (2017), describes a depth interview as a kind of conversation between the researcher and participants.

Data was collected by the researcher, using unstructured interviews whereby in-depth individual interviews were conducted with the medical doctors in the OPD consulting rooms, within the selected general hospitals. Each interview session lasted between

30 to 45 minutes. The following main question directed the interviews, which was accompanied by communication skills to probe more information:

"May you kindly share with me the barriers regarding child psychiatric assessment?"

The interviews were conducted in English and analysed **(refer annexure 10)**. An audio tape used with the consent of the participants. Wearing of masks and social distancing was observed during interview to ensure protection of the participants from COVID19.

Every participant was thanked at the end of the interview.

2.7. PRE-TESTING

The research question and the audio recording are tested through conducting pre-test in qualitative research. The nature of the questions to facilitate an interview are modified for the purpose of improving main investigation. The cost and estimated time to conduct an interview is also determined (De Vos, et al., 2014).

Pretesting was conducted to test the data collection instrument. One medical doctor pre-tested from the participating hospital in the Vhembe district **(refer to annexure 13).** The doctor who participated in the pre-testing was not included in the main study. After the pre-test interview the following corrections were made with an assistance of the supervisors; the introduction on the interview was sharpened where in it was advised that it should be in line with the purpose of the research. The probing skills were not engaged properly to obtain relevant information from the participant. The flow of interview was also corrected and advised to avoid mentioning items such as "now we are coming to consent form and research question". The audio recording was also tested and found to be functional and storing information properly.

2.8. MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is a way of ensuring the quality of data; it is achieved through the following criteria: credibility, transferability, dependability, conformability, and authenticity (Lincoln & Guba, 1999).

Trustworthiness was ensured through the following.

- **Credibility**

According to Brink, at al., (2018), credibility is defined as the confidence in the veracity of the data that was ensured through the following measures:

- **Prolonged engagement**

Sufficient time was spent with the participants, building rapport during data collection stage.

- **Member check**

A play-back of the recorded tape was done to the participants to determine together if what had been recorded was what they meant.

- **Dependability**

According to Polit and Beck (2017) refers to the stability of data over conditions and times. In this research dependability was archived through consultation with the supervisors and other colleagues who are expert in qualitative research. Medical doctors were also revisited to get clarification on data collected through an interview.

- **Confirmability**

This implied that information that was received through recordings during the interviews was transcribed without any alteration. The participants' responds were not influenced throughout the study.

- **Transferability**

According to Polit and Beck (2017), transferability refers to the extent to which the findings of the study can be transferred to other settings or groups. Transferability was ensured by providing detailed information on the study process clearly, from design, study settings, targeted population, sampling procedures and data collection method. It was done in such a way that another study that could be done in a different setting would result in similar findings.

2.9. DATA COLLECTION

Data collection is the systematic gathering of information relevant to the research purpose of the study, it serves as an important part of the success of the study since

if the quality of data collection is compromised it affects the accuracy of the research findings (Burns & Grove, 2016; Brink, et al., 2018).

In this study data collection was done in the following manner.

- **Preparation**

After obtaining the permission from the provincial office **(refer annexure 3)** and the district office **(refer annexure 4)**, the researcher sought and obtained permission from the participating general hospitals **(refer annexure 5, 6, 7, 8, 9)**. Appointments where arranged to meet hospital clinical managers to assist with the identification of the medical doctors allocated in OPD and attending to children with mental health problems. Medical doctors allocated for paediatric and mental health OPD clinics were recruited and provided with the information sheet **(refer annexure 11)**. They were also informed about the consent form **(refer annexure 11)** and exampled to them that, participating to this research was voluntary and they were free to withdraw at any time should they wish not to continue with the research without being obliged to give any reasons.

Participates were also provided with the information regarding use of audio recorder and how it is operated, so that they would be able to switch it off should they feel uncomfortable to continue with the recordings. A date, time and place were agreed upon with the participants, since medical doctors are always busy and hardly find free time during working hours. Follow ups were made telephonically and through subsequent visits to the hospital to collect data.

2.10. DATA MANAGEMENT AND ANALYSIS

Data was collected and kept safe. Participants' names were not utilised, each participant was allocated a code to describe them. Recordings will be stored on CDs for 3 to 5 years as stipulated by the university policy. Data was also transcribed verbatim keeping each softcopy of the transcript with a password to protect it. Backups were also provided.

Data analysis in qualitative research is done through reduction, organizing and figuring out the meaning of data (Brink, et al., 2018).

According to Creswell (2017), there are several steps to be followed when analysing data. In this study Tesch's approach was used as follows:

- **Sense of whole made**

The voice recorder was played repeatedly and everything that had been said was written down for the purpose of transcribing data. Data was then transcribed into English exactly as the participant had said. All transcripts were read, and notes taken as ideas came to mind.

- **Document picked**

The shortest document was selected from the transcribed interview and transcripts were reviewed to pick up underlying meaning regarding information written in the margins.

- **Clustering together of similar topics**

Topics with the same meaning were grouped together. Columns were formed as major topics, unique topics and the leftovers.

- **Abbreviate the topics as codes**

The codes were assigned next to the relevant text in the data findings. Data was then organised to pick out new codes in case they appeared.

- **Topic described**

The most meaningful word led to a topic, were found and converted to subthemes and themes. Topics that are related were then grouped together to reduce the list of themes.

- **Categorise abbreviations**

The abbreviations for each theme were finalised and coded alphabetically. This is done after going over the codes numerous times to ensure that all of them have been noted

- **Data assembled**

Data was assembled according to themes and subthemes from the grouping of the codes with similar meanings.

2.11. ETHICAL CONSIDERATIONS

- **Permission to conduct research**

Permission to conduct the research was sought and obtained as follows:

The University of Venda Higher Degree Committee **(refer annexure 1).**

The University of Venda Research Ethics Committee **(refer annexure 2).**

The Limpopo Provincial Department of Health **(refer annexure 3)**.

Department of Health Vhembe District **(refer annexure 4).**

Selected General Hospitals **(refer annexure 5, 6, 7, 8, 9).**

- **Informed consent**

Participants were given an information sheet and a consent form. They were informed about the benefits, purpose of the study and the covid 19 protocols observed. It was done so that the participants would have information regarding what they were consenting to. The participants ware requested to go through the letter of information and give consent through signing the consent form **(refer annexure 11).**

- **Freedom from harm**

Participants were assured about their freedom to participate in the study and their protection from any form of harm. The searcher respected their choices and they were not victimized for refusing to participate in the study (Brink, et al., 2018).

- **Confidentiality**

According to Gray (2009), confidentiality is described as a vital aspect that involves the storage of data collected and the control measures in place to prevent data from

being accessed by unauthorised individuals. The information received during the study was not shared with anyone not involved in the study. Research records were kept under lock and key to prevent access by unauthorised people.

- **Anonymity**

According to Polit and Beck (2017), anonymity refers to the protection of the participants' true identity such that even the researcher cannot link individuals with the data they provide. In this research, the medical doctor's names were not included during reporting of the data; only coding was used to protect true identity of the participants.

- **Principle of beneficence**

An explanation was done so that there were no implications because of participation. Participants were protected from harm.

- **Deception of participants**

All necessary details were made available to the participants and the procedure to be followed was outlined so that they were not deceived into participating in the study. No money or remunerations were paid or promised to the participants. The researcher never withheld any information or offered incorrect information to the participants (Burns & Groove, 2016).

- **Results dissemination**

These study findings still need to be disseminated to the participated hospitals. They will also be presented at conferences and through published articles. A copy will also be given to the participants since they contributed more and have an interest to know what transpired in the study.

2.12. CHAPTER SUMMARY

Chapter three presented the study approach, study design, setting, study population and sampling, data collection instrument, pre-test, and measures to ensure trustworthiness, Data collection, Data management an analysis, and ethical consideration. The next chapter will focus of the presentation and discuss of the research findings.

CHAPTER THREE

PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS

3.1. INTRODUCTION

The previous chapter presented the approach, setting, population sample and sampling procedure, pretesting, measures to ensure trustworthiness, data collection, data management and analysis. This chapter will present and discuss the findings of the research. Literature control will also be done on barriers regarding child psychiatric assessment, by medical doctors working in general hospitals.

3.2 PARTICIPANTS' PROFILE

- **Demographic data**

In this study, a sum of 10 participants were interviewed. The results in table 1 show that 6 participants were aged between 35 to 55, another 2 participants were aged below 35 and the other 2 were aged above 55 years. Regards specialities, 1 participant is a qualified family physician, another participant is a paediatrician and the remaining 8 participants do not have any speciality. The results show 6 of the participants' occupation as medical doctors and the remaining 4 are medical officers. In terms of years of experience, 4 participants indicated that they were employed for less than 5 years, 3 participants for 6-10 years, and 3 for more than 10 years.

Table 1: Demographic data

NO OF THE PARTICIPANT	AGE/ YEARS	OCCUPATION	SPECIALITY	EXPERIENCE /YEARS
P 1	35-55	Medical doctor	None	<5
P2	>55	Medical officer	None	>10
P3	35-55	Medical doctor	None	<5
P4	>55	Medical officer	Family physician	>10
P5	35-55	Medical doctor	None	6-10

P6	**35-55**	**Medical officer**	**None**	**6-10**
P7	**35-55**	**Medical officer**	**Paediatrician**	**>10**
P8	**<35**	**Medical doctor**	**None**	**<5**
P9	**<35**	**Medical doctor**	**None**	**<5**
P10	**35-55**	**Medical doctor**	**None**	**6-10**

- **Gender of the participants**

In this study ten participants were interviewed, five (50%) were females and five (50%) were males. There was equality in terms of the gender balancing amongst the medical doctors who participated in the study. This is illustrated in figure 3.1.

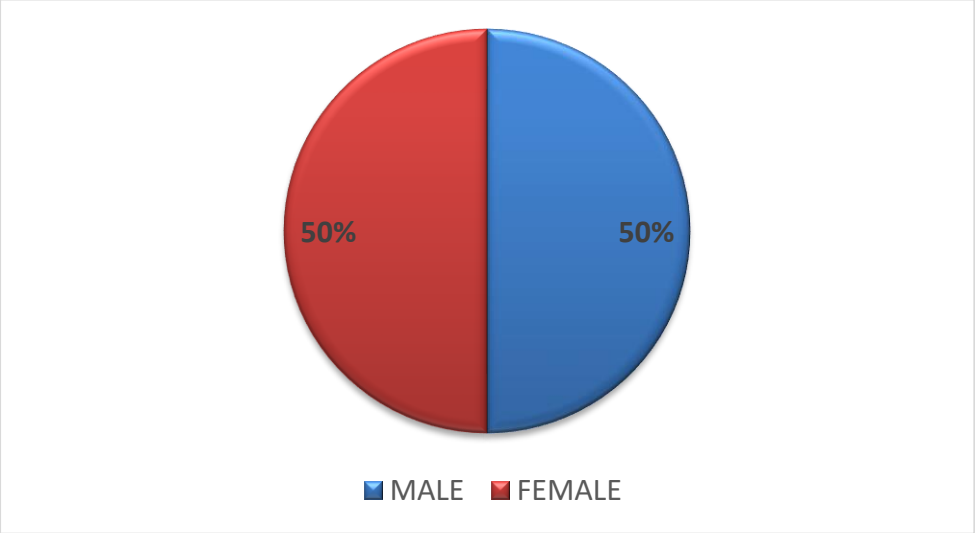

Figure 1: Gender of participants.

3.3. DISCUSSION OF THE STUDY FINDINGS

Four major themes were developed after substantial data analysis, namely: challenges related to medical doctors, challenges related to parents/guardian, Challenges related to being a child, and insufficient support as reflected in **table 2.** Data was analysed and discussed according to Tesch's steps.

Table 2: Themes and Sub-themes for the barriers towards child psychiatric assessment by medical doctors

THEMES	SUB-THEMES
1. Challenges related to medical doctors	1.1. Limited medical doctor's training 1.2. Inadequate assessment time 1.3. Language barrier
2. Challenges related to parents/guardian	2.1. Lack of collateral history 2.2. Cultural and religious beliefs 2.2. Lack of knowledge and awareness
3.Challenges related to being a child	3.1. Communication deficiency 3.2. Insufficient history
4. Insufficient support	4.1. Lack of Multidisciplinary team (MDT) 4.1. Lack of facilities

3.3.1. Theme 1: Challenges related to medical doctors The following three subthemes emerged under theme one which are limited medical doctor's training, inadequate assessment time, and language barrier, as reflected in table 3 below.

Table 3: Theme 1 and subthemes

THEME	SUB-THEME
1. Challenges related to medical doctors	1.1. Limited medical doctor's training 1.2. Inadequate assessment time 1.3. Language barrier

Theme 1. Challenges related to medical doctors

Participants articulated that they experienced barriers towards proper child psychiatric assessments. They mention barriers such as limited medical doctor's training, inadequate assessment time, and lack of language understanding. Each category is discussed below.

Subtheme 1.1. Limited medical doctor's training

The majority of the participants perceived their level of training as limited to a general level of training. They perceived child psychiatry as a level of specialty that needs one to be trained as a specialist. Participants made the following comments:

Participant no 1 indicated that, *"…we need a trained child psychiatric doctor that will be able to engage the child and obtain necessary information in order to come up with the diagnosis and treatment..."*

This was supported by **Participant no 3,** who said that, *"…all medical doctors are trained as generally practitioners however those who go for specializing may specialize in mental illness and able to conduct child psychiatric assessment better…"*

Participant no 5 added, *"…medical doctors feel not being trained enough to handle children's mental health problems..."*

According to the findings of this study, medical doctors working in outpatient departments perceive their training as being limited with regard to child psychiatry. This is in line with Dombagolla, et al. (2019), who revealed staff barriers that included insufficient knowledge and education regarding psychiatric illness. Similar sentiments are shared by Docrat, et al. (2019), who indicated a critical shortage of child psychiatrists with only three of the nine provinces of South Africa, namely the Western Cape, Free State and Gauteng, reporting to have child psychiatrists working in the public sector.

Subtheme 1.2. Inadequate assessment time

The majority of the participants articulated that limited time to conduct child psychiatric assessment is a barrier towards child psychiatric assessments. The following comments were made by participants:

Participant no 8 indicated, *"… most of the times, especially in our institution we are very crowded with lack of human resources, as medical doctors we get overwhelmed that we could not get full assessment…the recording of the information, we are given short period of time, less than thirty minutes to assess, whereas if you need to do proper child psychiatric assessment it may needs more than an hour..."*

This was supported by **Participant no 10,** who said that, *"…as medical doctors we would receive more information if we had enough time to assess the child..."*

Participant no 8 added, *"… sometimes we are pushing time, the problem will be with the recording of everything that you are getting from the information to thoroughly assess the child and also see other patients after that…so you try to be as fast as you can, and you can't be thorough in that situation…"*

These study findings revealed that medical doctors experience workload and limited time to conduct child psychiatric assessments. The above quotes share similar sentiments to O'Brien, et al. (2016), who indicate extensive waiting lists for assessment. Furthermore, Dombagolla, et al. (2019), highlighted barriers such as limited time and overcrowding affecting the assessment of children in outpatient departments.

Subtheme 1.3. Language barrier

A few participants indicated the language barrier wherein they fail to understand the language of the child. This could negatively affect the process of child psychiatric assessments. The following are the participants' comments.

Participant no 6 indicated that, *"… I for one I do not speak Venda, I also do not speak Tsonga, so vast majority of my patient speak those languages. So, my competency in both languages is very low. I can understand a little, so most of the times I would rely*

on the nurse to come and translate. They may not be precisely translating exactly…that can also impair the outcome of my psychiatric assessment…"

Participant no 6) added, *"…the type of a language a medical doctor speaks influence the history taking…"*

The above comments share similar sentiments to those of Moissac and Bowen (2019), who revealed experiences whereby language barriers contributed to poorer patient assessment, misdiagnosis, incomplete understandings of patient conditions and impaired confidence in services received. The findings of this study concur with the findings of the study done by Shamsi, et al. (2020), who indicated that language barriers pose challenges in terms of achieving high levels of satisfaction among medical professionals and patients, providing high quality healthcare and maintaining patient safety.

3.3.2. Theme 2: Challenges related to parents/guardian

Two subthemes emerged namely, cultural and religious beliefs and lack of awareness, as reflected in table 4 below.

Table 4: Theme 2 and subthemes

THEME	SUB-THEME
2. Challenges related to parents/guardian	**2.1. Lack of collateral history** **2.2. Cultural and religious beliefs** **2.2. Lack of knowledge and awareness**

Theme 2: Challenges related to parents/guardian

The analysed data reveals that participants perceive children and parents or guardians as being a barrier towards child psychiatric assessments. The following subthemes are now discussed.

Subtheme 2.1. Lack of collateral history

All participants mentioned parent or guardian as a barrier towards child psychiatric assessment. They indicated a need for a collateral history in order to finalize the assessment whereby the information could be obtained from the parents. In most cases the required parent will not be available. Participants made the following comments:

Participant no 4) indicated, *"…the issue of providing collateral history by the parents, some parents would leave their children with granny wherein they bring their grandchildren without complete history about the pregnancy and the development of the child…"*

This was supported by **Participant no 7,** who said, *"… sometimes it becomes difficult to get detailed information especially when the child is brought in by somebody who is not spending full time with the child. Where in the mother has gone to work, we find that we cannot get adequate information that will lead to make proper assessment of the child…*"

Participant no 4, said*, "…most of the times parents do not bring the necessary documents, to assist with assessment such as the road to health chart…"*

Participant no 6 added, *"…most of these children do not stay with their parents, it is either they are in a certain facility or nursed by somebody…so you do not get a concrete history about how everything happened till consultation time..."*

This study revealed that parents are seen as a barrier towards proper child psychiatric assessments. This is in line with the findings of the study conducted by Sambrook (2019), indicating that parents may be extremely anxious or tired, wherein it may impair communication between doctor and parent. Some parents or guardians may not have a child's best interests at heart, and they may attempt to conceal facts and keep secrets. History taking and mental status examination are the most important diagnostic tools a psychiatrist must obtain history to make an accurate diagnosis (Srinath, et al., 2019).

Subtheme 2.2. Cultural and religious beliefs

A few participants articulated that the culture and the religion of the parents negatively affect the assessment, since parents would interpret mental illness as a result of witchcraft or possession by the spirits. Parents end up withholding necessary information in order to conclude the child psychiatric assessment. The following comments were made by the participants:

Participant no 1 indicated, *"… it becomes difficult to get information due to beliefs…it could be religious or traditional and other things. … because they will not open up or share other treatments that they went through before they come to you…"*

Participant no 3 added, "… *some parents believe in witchcraft and take their children for consultation in the traditional healers*…"

Kumar and Phookun (2016), concur with this finding when stating that certain socio-cultural and religious beliefs are a barrier, whereby the mentally ill are thought to be possessed by demons, spirits, leading to practice of witchcraft and torturing them. People generally consider mentally ill to be wicked; their illness as a result of early life sinful deeds, 'karma'. Another study done by Shi, et al. (2020), indicated that cultural barriers involve fear of discrimination, losing face concern, self-stigma, public stigma, and choosing alternative treatments such as asking help from traditional medicine, fortune-tellers and religious leaders.

Subtheme 2.3. Lack of knowledge and awareness

Participants mentioned that parents/guardians lack knowledge on mental health care. Parents happen to experience stigma towards mental illness. Participants made the following comments:

Participant no 4) said*, "…sometimes parents stigmatize mental illness, they fail to attend OPD simply because it is called mental health clinic…some would experience denial towards mental illness…"*

Participant no 8 indicated that, *"…sometimes we find that the parents are not educated and do not know what mental health is, especially for a child…"*

This was supported by **Participant no 5,** who said, *"…we do experience challenges, because parents do not understand mental illness, they may relate it to other things…"*

The findings of this study are supported by Kumar and Phookun (2016), who revealed a lack of awareness, myths and stigma related to psychiatric disorders, as commonly observed by the parents during child psychiatric assessment. Another study conducted by Zifkin, et al. (2021), revealed major barriers to child psychiatric services, including a lack of knowledge, information, and guidance by the parents.

3.3.3. Theme 3: Challenges related to a child

Theme three consists of two subthemes namely, communication deficiency and insufficient history as reflected in a table 5 below.

Table 5: Theme 3 and subtheme

THEME	SUB-THEME
3. Challenges related to a child	**3.1. Communication deficiency** **3.2. Insufficient history**

Theme 3: Challenges related to a child The majority of the participants articulated those children lack communication skills, and as a result, it is perceived as a huge barrier towards psychiatric assessment. The following subthemes are now discussed.

Subtheme 3.1. Communication deficiency

Participants articulated the deficiency in communication by children as one of the barriers to conduct appropriate child psychiatric assessment. The following comments were made by the participants.

Participant no 1 indicated*, "…since children are still developing in their cognitive thinking, it also affects their way of communicating how they feel and their experiences…"*

Participant no 6 added*, "… most of the children we see in our facilities, they would have some element of language impairment, they cannot articulate properly…some cannot speak at all; some are coming from marginalized background…"*

Participant no 8 indicated, *"…children cannot give information by themselves…and they are the ones, who understand what they feel, but no one knows that they have mental illness …it is difficult for a child to understand…"*

This study finding shares sentiments with the findings by Srinath, et al. (2019), who revealed that children with developmental delays or specific deficits in speech and social skills may find it difficult to express themselves. There can be several reasons behind this lack of verbal communication, such as anxiety, anger, developmental deficits, physiological need (hunger, sleep) or mental illness. Another study conducted by Stewart and Hamza (2017), indicated greater difficulties for children with mental health problems to express and comprehend during communication.

Subtheme 3.2. Insufficient history

Participants articulated that they cannot obtain sufficient history from the child during the process of psychiatric assessment, since children has difficulty to express how they feel. The following comments were made by participants:

Participant no 6 indicated **…** *"Given the fact that the child cannot express how they feel, so even to get at the definite diagnosis is still an issue…"*

Participant no 7 added **… "***Okay, the challenges that we have mostly, is because children are not able to express themselves…"*

Participant no 6 indicated… **"***My experience with regard to child psychiatric assessment is this that, it is very complicated in that babies do not present themselves like adults…"*

These findings are in line with the study findings conducted by Virgolino, et al. (2017), revealing the difficulty of the process of taking sexual history from the child, several barriers still impede the expression about sexual topics. These findings are supported by Sword (2021), who indicated a key part in encouraging children to recognise, understand their feelings and emotion as it has a positive impact on their mental health. Children might not have the ability to talk about their emotions due to age (Sword, 2021).

3.3.4. Theme 4: Insufficient support

Theme four is comprised of two subthemes namely, lack of multidisciplinary team and lack of facilities as indicated in table 6 below.

Table 6: Theme 4 and subthemes

THEME	SUB-THEME
4. Insufficient support	**4.1. Lack of Multidisciplinary team (MDT)** **4.1. Lack of facilities**

Theme 4: Insufficient support

The participants mentioned barriers they experience regarding insufficient support in the working environment, as a hindrance from assessing children with mental health problems accordingly. The following subthemes are now discussed.

Subtheme 4.1. Lack of Multidisciplinary team (MDT)

All participants mention the need of MDT in this study. They indicated lack of a functional team to provide support in order to come up with the proper child psychiatric assessment that will lead to correct diagnosis and treatment. Participants made the following comments:

Participant no 1 said, *"…we experience the challenge of failing to have functional MDT…if we had a team approach to children psychiatric assessment, it would be better than our current situation…"*

This was supported by **Participant no 3** who said, *"…another barrier is the issue of Multi-Disciplinary Team…mental illness requires MDT approach…we need Social worker, Psychologist and Occupation therapist, without those members it becomes difficult to assess the child…"*

Participant no 10 added, *"…regarding team of professional they were supposed to be meeting although I can't remember last time it happened…we use to meet every two weeks…"*

This study finding share similar findings to those of Srinath, et al. (2019), who indicated that child psychiatric assessment and treatment are generally conducted by the multidisciplinary team. These findings are supported by Rukundo, et al. (2020), who indicated that a multi-disciplinary team approach increased confidence, knowledge, and the assessments were more thorough and child centered with more psychological treatments were being used.

Subtheme 4.2. Lack of facilities

The majority of the participants mentioned lack of facilities as a barrier towards child psychiatric assessment. Participants made the following comments:

Participant no 2 said, *"…the most challenge we experience in our hospital is the building and the facilities to be utilized, it is not appropriate at the moment…"*

Participant no 10 added, *"… our setting is not conducive to conduct child psychiatric assessment…it becomes difficult to keep a child for longer time since we do not have facilities to entertain them…we do not have toys; we do not have any play room that is suitable to entertain the child…in the place like this most children do not enjoy spending time in this kind of environment…before you complete with the assessment, the child would be upset or seem to be bored…"*

Participant no 9) added, *"…I think the barriers would be resources, as we have a poor hospital with poor resources we do not have much…"*

Study conducted by Srinath, et, al., 2019 revealed that most child clinics pay special attention to the appearance of the place, and the availability of toys, books, and play spaces. Simple things such as walls painted in bright colours, with cartoon characters, and fables keep the children engaged and wanting to come back to the place.

Dombagolla, et al. (2019), indicated that environmental/resource barriers included limited space. A similar sentiment is shared by Mokitimi, et al. (2019), who indicated limited capacity, workload demands, inadequate and inequitable resource allocation that reflected widespread neglect of child and adolescent mental health services in South Africa. In many low and middle-income countries, funds are not adequately assigned for the health sector, and out of which, mental healthcare funding is excessively neglected. Even if funds are allocated, they are directed mainly to large institutes and cities (Kumar & Phookun, 2016).

3.4. CHAPTER SUMMARY

This chapter discussed participants profile and discussion of the findings. Four themes that emerged from data analysis, namely perceived barriers related to medical doctors, barriers related to parents/guardian, barriers related to children and insufficient support. Chapter four will discuss recommendations, limitations and conclusions.

CHAPTER FOUR

LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

4.1. INTRODUCTION

The previous chapter discussed participants profile and discussion of the research findings. This chapter will outline the limitations of the study, conclusion and recommendations.

4.2. LIMITATION OF THE STUDY

The research was conducted in only five of the general hospitals in Vhembe District in the Limpopo province. Only the medical doctors who were allocated to the outpatient department during the period of data collection formed part of the study. If other districts within the province were involved, the research would have yielded to different findings, since other districts have medical doctors with speciality in child psychiatry.

4.3. CONCLUSIONS OF THE STUDY

The main purpose of this research was to investigate the experiences of the medical doctors on barriers regarding child psychiatric assessment in selected hospitals of Vhembe District. The objective was to explore on the experiences of the medical doctors on barriers regarding child psychiatric assessment. The purpose and the objective of the research were met and addressed successfully.

Theme 1: Challenges related to medical doctors

The study findings reveal barriers that general medical doctors perceived regarding child psychiatric assessments. These include limited level of training in psychiatry, inadequate time for assessment and language barriers.

Theme 2: Challenges related to parents/guardian The study reveals that medical doctors perceive parent/guardian as a barrier. Parents fail to assist with child psychiatric assessment due to being absent during the consultation of the child. Other parents will be affected by culture and religious beliefs towards mental illness. Myths

and lack of knowledge by the parents or guardian also contribute to poor child psychiatric assessment.

Theme 3: Challenges related to being a child

These findings revealed that communication deficiency and inability of children to express themselves resulting in insufficient history taking are barriers affecting child psychiatric assessment.

Theme 4: Insufficient support

These findings reveal lack of support by the MDT and lack of appropriate facilities as barriers regarding child psychiatric assessment.

4.4. RECOMMENDATIONS

The following are the recommendations in relation to the study findings, developed from each theme respectively.

- **Recommendation for training**

Training for child psychiatric specialization is recommended. The employer should motivate for the medical doctors as it would benefit them regarding child psychiatric assessments.

- **Community campaigns and awareness**

The district should organise community campaigns and awareness to educate parents about mental illness, this could assist in the improvement of the knowledge in the society.

- **Insufficient support**

Hospital management should ensure that there is a functional Multidisciplinary team (MDT) within all hospitals. to provide comprehensive child psychiatric assessment. The employer should ensure all necessary facilities and working resources are in place, to meet required standards for child psychiatric programmes. This could be achieved through involvement of the allocation of funds and prioritising of mental health care services within the general hospitals.

These study findings depicted the barriers experienced by the medical doctors within the general hospitals. More research could be done with special attention to the development and implementation of the child psychiatric policies and guidelines.

4.5. SUMMARY

Chapter four elaborated on the limitations of the study, conclusion to the study and the recommendations. Suggestions for further studies were also outlined in this chapter.

REFERENCES

Babatunde, G. B., Van Rensburg, A. J. and Bhana, A. (2019). Barriers and facilitators to child and adolescence mental health services in low and – income countries: a scoping Review. Available online at www.doi.org. (Accessed on the 20/08/2020).

Brink, H., Van de Walt, C., and Van Rensburg, G. (2018). *Fundamentals of Research Methodology for Health Care Professionals*, 3rd ed. Juta. Cape Town, South Africa.

Burns, N. A. and Grove, S. K. (2016). *Understanding Nursing Research, Building an Evidence Based Practice.* Singapore: Elsevier/Saunders.

Child Act No 38 of 2005. (c.v) Cape Town: Government Gazette. Pretoria: Government Printers.

Creswell, J. W. (2017). *Research Design, Qualitative, Quantitative, and Mixed Methods Approaches,* 4th ed. Department of Family Medicine, University of Michigan: Sage publishing.

De Vos, A. S., Strydom, H., Fouche, C. B. and Delport, C. S. L. (2014). *Research at Grass Roots: For the Social Sciences and Human Services Professions.* 2nd edition. Pretoria. Van Schaik.

Dickoff, J., James, P., and Wiedenbach, E. (1968). *Theory in a Practice Discipline-Part 1: Practice Orientated Theory.* Nursing Research. Philadelphia.

Docrat, S., Besada, D., Cleary, S., Daviaud, E. and Lund, C. (2019). Mental health system costs, resources and constraints in South Africa: A national survey. *Health Policy and Planning*. V34(706-719)

Dombagolla, M. H. K., Kant, J. A., Lai, F. W. Y., Hendarto, A. and Taylor, D. M. (2019). Barriers to providing optimal management of psychiatric patients in the emergency department (psychiatric patient management). *Australas Emerg Care*. V22(1):8-12.

Dunjwa, M. L. (2017) Compensation Commissioner for Occupational Diseases & National Department of Health. Available online at: www.pa.org.za (Accessed on the 18/10/2019).

Gray, D.E. (2009) Doing research in the real world. 2nd edition. Sage publication

Harrison, J., Wasserman, K., Steinberg, J., Platt, R., Coble, K. and Bower, K. (2017). The Five S's: A Communication Tool for Child Psychiatric Access Projects. *Curr Probl Pediatr Adolesc Health Care*. V46(12): 411-419

Hesse-Biber S. N. (2017). *The Practice of Qualitative Research: Engaging Students in the Research Process,* 3rd ed. Sage publications. Boston College. United State of America

Kieling, C. and Rahman. A. (2011). Child and adolescent mental health worldwide: evidence for action. Available online at www.thelancet.com (Accessed on the 10/11/2019).

Kumar, A. and Phookun, H. R. (2016). Barriers in the treatment of psychiatric disorders. *Open J Psychiatry Allied Sci*. v7(99-102).

Levitt, H. M., Motulsky, S. L., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for Designing and Reviewing Qualitative Research in Psychology: Promoting Methodological Integrity. Qualitative Psychology, 4(1), 2-22.

Lincoln, Y. S. and Guba, E. G. (1999)**.** *Naturalistic Inquiry*. Newbury Park C A: Sage publications.

Macleod, E., Woolford, J., Hobbs, L., Gross, J., Hayne, H. and Patterson, T. (2016). Interview with children about their mental health problems: The congruence and validity of information that children report. *Clinical Child Psychology and Psychiatry*, 22.

Mayo Clinic. (2019). Available online at www.mayoclinic.org (Accessed on the 12/10/2019).

Mental Health Care Act No 17 of 2002. (c.v) Cape Town: Government Gazette. Pretoria: Government Printers.

Mina, S., Goyal, S. and Verma, R. (2018). Doctors' perspectives, knowledge, and attitudes toward childhood psychiatric illnesses. *Indian Journal of Social Psychiatry* v34:203-207.

Moissac, D. and Bowen, S. (2019). Impact of language barriers on quality of care and patient safety for official language minority Francophones in Canada. *Journal of Patient Experience.* v6(1):24-32

Mokitimi, S., Jonas, K., Schneider, M. and de Vries, P. J. (2019). Child and Adolescent Mental Health Services in South Africa—Senior Stakeholder Perceptions of Strengths, Weaknesses, Opportunities, and Threats in the Western Cape Province. *Front Psychiatry*. v(10):841

Mokitimi, S, Schneider, M. and de Vries, P. J. (2018). Child and adolescent mental health policy in South Africa: history, current policy development and implementation, and policy analysis. *International Journal of Mental Health Systems*. v12 (36).

Mouton, J. (2001). *How to Succeed in your Master's and Doctoral Studies. South African Guide and Research Boo*k. Pretoria: Van Schaik Publishers.

O'Brien, D., Harvey, K., Reardon, T. and Creswell, C. (2016). Barriers to managing child and adolescent mental health problems: a systematic review of primary care practitioners' perceptions. Available online at www.nlm.nih.gov (Accessed on the 20/08/2020).

Polit, D. E. and Beck, C. T. (2017). *Nursing Research: Generating and assessing evidence for nursing practice.* London. Lippincott Williams & Williams.

Rukundo, G. Z., Nalugya, J., Otim, J. P. and Hall, A. (2020). A Collaborative Approach to the Development of Multi-Disciplinary Teams and Services for Child and Adolescent Mental Health in Uganda. *Front Psychiatry*.v11

Sadock, B. J, Sadock, V. A. and Ruiz, P. (2015). *Kaplan & Sadock's Synopsis of Psychiatry: Behavioural Sciences/Clinical Psychiatry*, 11th edition. Philadelphia: Wolters Kluwer.

Sambrook, D. (2019). Paediatric History. Available online at www.geekymedics.com (Accessed on the 13/01/2022).

Schierenbeck, I., Johansson, P., Andersson, L. and van Rooyen D. (2013) Barriers to accessing and receiving mental health care in Eastern Cape, South Africa. *Health Hum Rights*. 15(2):110-123.

Shamsi, H., Almutairi, A., Mashrafi, S. and Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. *Oman Med J*. v35(2)

Shi, W., Shen, Z., Wang, S. and Hall, B. J. (2020). Barriers to professional mental health help-seeking among Chinese adults: A systematic review. *Front Psychiatry*. V11(442)

Srinath, S., Jacob, P., Sharma, E. and Gautam. A. (2019). Clinical practice guidelines for assessment of children and adolescents. *Indian Journal of Psychiatry*. V61:158-175.

Standard Treatment Guidelines and Essential Medicine List for South Africa (2019). Available online at: www.health.gov.za (Accessed on the 14/12/2019).

Stewart, S. L. and Hamza, C. A. (2017). The Child and Youth Mental Health Assessment (ChYMH): An examination of the psychometric properties of an integrated assessment developed for clinically referred children and youth. Available online at www.doi.org (Accessed on the 14/12/2019).

Sword, R. (2021). How to encourage children to express feeling and emotions. Available online at www.highspeetraining.co.uk (Accessed on the 10/01/2022).

Unicef. (2019). Increase in child and adolescent mental disorders spurs new push for action by UNICEF and WHO. Available online at: www.unicef.org. (Accessed on the 14/04/2020)

Virgolino, A., Roxo, L. and Alarcao, V. (2017). Facilitators and Barriers in Sexual History Taking.The Textbook of Clinical Sexual Medicine. Springer, Cham.

Zifkin, C., Montreuil, M., Beausejour, M., Picard, S., Gendron-Cloutier, L. G. and Carnevale, F. A. (2021). An exploration of youth and parents' experiences of child mental health service access. *Archives of Psychiatric Nursing*. v35(5):407-562

ANNEXURES

Annexure 1: Letter from UHDC

University of Venda

School of Health Sciences

Research Office

Executive School Higher Degree Committee

To : Mr Mubvafhi Norman Lufuno

Department of Advanced Nursing Sciences (MCur Candidate)

From: Prof RT Lebese

Research Professor, School of Health Sciences

Date: 12 October 2020

The decision of the Executive School Higher Degree Committee on 05 September 2020

Application for approval of a dissertation proposal report in Advanced Nursing Sciences:
Mubvafhi Norman Lufuno (11540583)

Title: Barriers regarding child psychiatric assessment by medical doctors in selected hospitals of Vhembe District, Limpopo Province

Supervior : Dr Maluleke M

Co-supervisor: Dr Raliphaswa N.S

ESHDC recommended for approval by the UHDC

Prof RT Lebese
Research professor (Chairperson of ESHDC)

Annexure 2: Ethical clearance

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mr NL Mubvafhi

STUDENT NO:
11540583

PROJECT TITLE: **Barriers regarding child psychiatric assessment by medical doctors in selected hospitals of Vhembe district, Limpopo province.**

ETHICAL CLEARENCE NO: SHS/20/PDC/46/1301

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof M Maluleke	University of Venda	Supervisor
Dr NS Raliphaswa	University of Venda	Co- Supervisor
Mr. NL Mubvafhi	University of Venda	Investigator – Student

Type: Masters Research
Risk: Minimal risk to humans, animals or environment
Approval Period: January 2021 – January 2023

The Human and Clinical Trails Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
  - Within 48hrs in case of any adverse event (or arly matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project., the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected,
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately,
  - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: October 2020

Name of the HCTREC Chairperson of the Committee: Prof MS Maputle

Signature: MSMaputle

UNIVERSITY OF VENDA
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"A quality driven financially sustainable, rural-based Comprehensive University"

Annexure 3: Permission from Limpopo Province Department of Health

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Department of Health

Ref : LP_2021-04-020
Enquires : Ms PF Mahlokwane
Tel : 015-293 6028
Email : Phoebe.Mahlokwane@dhsd.limpopo.gov.za

Norman Lufuno mubvafhi

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

Barriers regarding child psychiatric assessment by medical doctors in selected hospitals of Vhembe district, Limpopo province

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
   a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
   b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
   c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   e. The approval is only valid for a 1-year period.
   f. If the proposal has been amended, a new approval should be sought from the Department of Health
   g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

pp**Head of Department** 18/05/2021 **Date**

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

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Annexure 4: Permission from the Department of Health Vhembe District

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OFHEALTH
VHEMBE DISTRICT

Ref: S5/6
Enq: Muvari MME
Date: 02.06.21.

Dear Sir/Madam. MUDVAFHI L.N

Permission to conduct a research on the
"……".

1. The above matter refers.

2. Your letter received on the 02.06.21 requesting for permission to conduct an investigation is hereby acknowledged.

3. The District has no objection to your request.

4. Permission is therefore granted for the study to be conducted within Vhembe District. You are expected to submit the results to the District.

5. You are however advised to make the necessary arrangements with the facilities concerned.

Wishing you success in your endeavors.

…… 4/6/2021
CHIEF DIRECTOR: DISTRICT HEALTH DATE

Private Bag X5009 THOHOYANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373, (015) 962 227

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Annexure 5: Permission from Malamulele hospital

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
MALAMULELE HOSPITAL

REF : S 4/5.
ENQ : Siwela T.S
DATE : 25/06/2021

TO WHOM IT MAY CONCERN

SUBJECT: PERMISSION TO CONDUCT A RESEARCH IRO : MUBVAFHI N.L

1. This serves to acknowledge the receipt your application to conduct a research study at Malamulele hospital and the research topic is **"Barriers regarding child psychiatric assessment by medical doctors in selected hospitals of Vhembe District, Limpopo Province"**
2. The permission to conduct the study in question is recommended since it has all the requirements such as : the application letter, research proposal, Training institutions Ethical clearance certificate, Provincial and District offices approvals as prescribed by departmental circular no 24 of 2015.
3. Hopping for an effective cooperation between the participants of this research and also the findings / feedback to can help us address the possible identified gaps.

Thank you

M Kalyphiasweg
CHIEF EXECUTIVE OFFICER
MALAMULELE HOSPITAL

25/06/2021
DATE

CONFIDENTIAL

DEPARTMENT OF HEALTH
MALAMULELE HOSPITAL, P/BAG X9245
MALAMULELE, 0982
25 JUN 2021
REGISTRY

Malamulele Hospital Private Bag x9245 Malamulele 0982
Tel: (015) 851 0026/1020/1017/1019 Fax: (015) 851 0620

Annexure 6: Permission from Tshilidzini hospital

TSHILIDZINI HOSPITAL ETHICS COMMITTEE

Memorandum of understanding

Tshilidzini Hospital Ethics Committee with MUBVAFHI M.L ..... at their meeting resolved to sign a Memorandum of Understanding after the two parties have agreed on the following information:

1. Reasons for making a research at Tshilidzini hospital.
Tshilidzini Hospital is one of the participating hospitals in Vhembe District, forming part of the study setting.
2. What will be the benefit of the entire hospital community out of your findings?
It will contribute meaningfully to the body of knowledge to the hospital and the Department of health.
3. Who to meet in conducting your research
The medical doctors working in out patient department COPD attending to Paediatric and mental health clinics
4. What do you do with your findings?
It will be communicated through writing publications and presentations in the conferences
5. We will require the hard copy of your research
A copy of the research document will be provided to the participating Hospital.
6. We do not anticipate any information to be divulged to all types of media without the knowledge of the Ethics Committee and Hospital Board.
7. Memorandum of understanding should be signed by both parties.

Signed by: .....

30/06/2021
Date:

MUBVAFHI NL
Researcher

Annexure 7: Permission from Elim hospital

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
ELIM HOSPITAL

Ref: S5/3/2
Enq: Raluthaga T
Tel: 2065
Email: Thifiwa.Raluthaga@dhsd.limpopo.gov.za

To: Mr. Mubvafhi NL

Cc: Acting Manager Nursing Services: Mrs. Sinthumule VV

Cc: Acting Senior Clinical Manager: Dr. Mushadu M.S

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH ON BARRIERS REGARDING CHILD PSYCHIATRIC ASSESSMENT BY MEDICAL DOCTORS.

1. The above matter bears reference.
2. Receipt of your letter dated 15th of June 2021 together with the approval from the Provincial and District offices is hereby acknowledged with thanks.
3. You are hereby granted permission to access the hospital to conduct the research as requested.
4. When collecting the data, you are kindly advised to liaise with Mrs. Sinthumule: Acting Nursing Manager and Dr.Mushadu Acting Senior Clinical Manager regarding issues of the patient's rights and the accessibility of Medical Officers.
5. Your urgent attention is always appreciated.

A10021
CHIEF EXECUTIVE OFFICER

25.06.21
DATE

P/Bag X312, Elim Hospital, 0960
Tel (015)556 3201/2/3/4/5, Fax (015)556 3160.
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RESTRICTED

Annexure 8: Permission from Donald Fraser hospital

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
DONALD FRASER HOSPITAL

Ref: 4/2/2
Enquiries: Neluheni T/ Mphephu V.F
Ext. 9306 Cell no. 0721880436
17/09/2021

TO: Mr Mubvafhi LN
University of Venda
P/Bag X5050
Thohoyandou
0950

LIMPOPO PROVINCE
DONALD FRASER HOSPITAL
2021 -09- 17
PRIVATE BAG X1172
0971 VHUFULI
DEPARTMENT OF HEALTH

RE: "Barriers regarding child psychiatric assessment by medical doctors in selected hospitals of Vhembe District Limpopo Province"

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
   - Kindly be informed that In the course of your study there should be no action that disrupts the services.
   - You are to give report to quality assurance manager of Donald Fraser Hospital after completion of research study at Donald Fraser Hospital.
   - After completion of the study, a copy should be submitted to our institution to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - You are therefore requested to contact nursing administration office number 7, OPD basement for logistic arrangements.

3. Please bring along the following documents:

   - Permission letter granted from department of health.
   - Permission letter granted from educational institution.
   - This letter.

Hoping you will find this in order

SIGNED.....Date 17/09/2021

CHIEF EXECUTIVE OFFICER

Private bag X1172, Vhufuli 0971
Tel: 015 963 1778/9, 015 1783 1791/2 • Fax: 015 963 1773, 015 963 1796
Cell: 083 248 0184

Annexure 9: Permission from Siloam hospital

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH
SILOAM HOSPITAL

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT
HUMAN RESOURCE
18 JUN 2021
P/BAG X 2432,MAKHADO,0920
SILOAM HOSPITAL

Ref : S4/2/1/1/3
Enq : Mushaphi N.T: HRD
Date : 18 June 2021

TO: MUBVAFHI NORMAN LUFUNO

RE: PERMISSION TO CONDUCT RESEARCH: YOURSELF

1. The above matter refers.
2. The Hospital highly acknowledges the receipt of your application letter regarding the above matter.
3. Kindly note that the institution is granting you permission to come and conduct research in Barriers regarding child psychiatric assessment by medical doctors in Siloam Hospital in Vhembe District Limpopo Province.
4. You are kindly requested to adhere to the conditions as set out in your approval from the Provincial Office.
5. Hoping that you will find the above in order

Chief Executive Officer

18/06/2021
Date

Private Bag X2432. Makhado, 0920
Tel (015) 973 0004/5/6, 015 973 1447/8, 015 973 1977, 015 973 1892/4/9
Fax (015) 973 0607.

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Annexure 10: Interview transcript

TRANSCRIPTION OF INDIVIDUAL INTERVIEW NO 5

KEY: Researcher = R

: Participant = P

R. Good afternoon Doctor

P. Good afternoon

R. How is the weather treating you today?

P. It is treating me very well, it is cool today.

R. I see your OPD is so full today, is it always like this everyday?

P. Yes, we always have many patients who need our help.

R. Ok, my name is Mubvafhi Norman Lufuno, I am a student from the University of Venda and I am studying masters in nursing. I have come to conduct research as part of our learning, as it was discussed and agreed before. I would like to request your permission again in order to continue with this interview. Are you allowing us to continue with the interview?

P. Yes

R. Ok, thank you very much for your permission Doctor. Here is the tape recorder with me, to record our interview for the purpose of transcribing. The red button is a stop button, should you feel not comfortable to continue with recording of the conversation, you are welcomed to press the stop button without giving any reason and stop the recording. In this interview there will be no remuneration for participating, there are no risks that will be incurred by participating in this study. The information discussed in this interview will be treated with confidentiality. We will also observe all COVID 19 protocols. I will also like to remind you that participating in this study is what you are doing out of your free will, should you wish to withdraw your consent at any time during the process of this interview, you should feel free to withdraw without giving any reasons.

P. Ok

R. I am interested on learning the barriers you experience regarding child psychiatric assessment, may you kindly share with me?

P. Children are special group of people; child psychiatry is also a special component. Many of our professionals where trained in general, adult psychiatric management and paediatric management. There is that gap where in most of our doctors and health care workers become uncomfortable working with mental health problems in children.

R. Mmmm

P. Yes, they feel not being trained enough to handle children's mental health problems. The other thing is that there is no child psychiatrist currently in our area. The other problem is the presentation of the children problems differ with of the adults.

R. I hear you mentioning the challenge of skilled human resources regarding children, are you saying that is a barrier to child psychiatric assessment?

P. Yes, that is one of the challenges we have. If you observe in our wards there will be few adolescents and children are not there. Even in OPD it rare to see children with mental health problems, they are mostly seen in Paediatric OPD. And the doctors in paediatric department are only trained to manage general conditions.

R. Mmmm, training seems to be the most barriers in this area?

P. yes

R. Ok, I hear you mentioning the challenge of specialised training referring to doctors. Do you also experience the same challenge with other members of the MDT?

p. Yes, we do have other members of MDT; they also seem to be experiencing same problems of child psychiatric training. Although they work differently but the knowledge acquired was general.

R. Mmmm, with regard to the issue of the parents are there any challenges experienced relating to child psychiatric assessment?

P. Yes, we do experience challenges, because parents do not understand mental illness, they may relate it to other things, where in they would interpret it as a cultural or traditional problem.

R. Meaning the issue of culture and religion my negatively affect the child psychiatric assessment?

P. Yes

R. please tell me more about that

P. Sometimes it delays the assessment of the child. It becomes a barrier it self. They will firstly try to fix it, thinking maybe the child is possessed by the spirits.

R. Mmmm, in summary you mentioned the barriers of culture and delay in consultation.

p. Yes, some people have a myth of believing that psychiatric treatment turns people into zombies, since sometimes patients are sedated and during that process parents may fail to understand.

R. If I may put it in other words, are you saying mental illness is stigmatised in the community?

P. Yes that is true, that's another thing, mental illnesses is regarded as a taboo in some communities. People get ostracised based on their condition of mental illness.

R. Mmmm, in summary of our discussion, you mention the issue of child psychiatry as a different subject from adult. You also mentioned the challenge of parents who experience cultural and religious problems.

P. Yes, parents at sometimes they do not bring their children for consultation, they would send someone where in they person fails to provide necessary collateral information to assist with the child's assessment.

R. Mmmm, you also mentioned the lack of skills on training to manage children with mental illness. You also mentioned the issue of stigma toward mental illness. Also spoke about culture and traditional problems.

P. Yes, they firstly try other methods of treatment, when they see it not working then they consider the hospital as the last resort.

R. Thank you very much Doctor, if you have more information to add you are welcomed to add?

P. No, not so much.

R. Ok, let me conclude by reminding you about our consent form, we mentioned that there is no risk for participation in this study, no benefits, confidentiality will be ensured and the COVID 19 protocols will be observed.

P. Yes

R. Let me thank you for your time. What you have said will help other health care providers to have understanding of the challenges with regard to child psychiatric assessment.

P. Thank you.

Interview transcript

TRANSCRIPTION OF INDIVIDUAL INTERVIEW NO 6

R-Researcher

P-Participant

R. Good morning to you Doctor

P. Hi, good morning to you Sir

R. My name is Mubvafhi Norman Lufuno, from the University of Venda studying master's in nursing. I am researching on the topic "Barriers by medical doctors regarding child psychiatric assessment". I have come to conduct an interview as it was discussed and agreed before. How is this morning treating you today?

p. The morning is treating me very well thanks.

R. I see the weather today; it seems to be favorable?

P. It is quite cloudy, but it's a nice day.

R. Yes it seems to be better than other days where it is too hot. Okay, before we go further with our interview. I have an audio recorder with me, to record our conversation for the purpose of transcribing. On this audio recorder here is a pause should you wish to stop you can press on the pause. This one is a stop should you wish to stop recording completely you can press that button. Doctor are you giving me permission to continue with the interview?

P. Yes you are permitted.

R. Thank you very much Doctor. We will consider the issue of consent. This is our information letter informing that, there will be no risk for participating in this study, no rumination that will be received for participating, confidentiality will be ensured meaning the information that is discussed is between me, you and my supervisor at the University. We will not use your name or your personal details on the report, instead we will use codes. We will also observe the covid 19 protocols, the sanitizer, social distance and we put on our masks as we are supposed to do that in this time. As you have agreed before, I would like to request you consent once more?

P. Yes, I have consented.

R. Thank you very much Doctor. Without taking much of your time, I would like to learn the barriers that you experience or know regarding child psychiatric assessment, may you kindly share with me?

P. Ok, thank you for the opportunity, one of the important barriers we face with child psychiatric assessment, the first one above all is the language.

R. Mmmm, please tell us more about that.

P. With children the language is not yet fully developed to express themselves and with language I will also mean the type of a lounge a medical doctor speaks influence the history taking and the kind of the diagnosis we will make. I will expand it to communication where in most of the children we see in our facilities, they would have some element of language impairment, they cannot articulate properly. Some they cannot speak at all; some they are coming from marginalized background.

R. Mmmm, tell me more about that.

P. So we rely on the information that we get from the collateral by the guardian or whoever that has accompanied them where in most cases is the parent.

R. Mmmm, ok thank you for information where you mention the doctors' as well regarding communication. Are there anywhere the doctor struggles to convey a message to the patient in order to assess the child?

P. Yes there is a way, I for one I do not speak Venda, I also do not speak Tsonga, so vast majority of my patient speak those languages. So, my competency in both languages is very low. I can understand a little, so most of the times i would rely on the nurse to come and translate. They may not be precisely translating exactly, but just give me an idea of that they are trying to say. So that can also impair the outcome of my psychiatric assessment.

R. Mmmm, ok, when it comes to the issue, I head you mentioning guardian who can be a parent or anyone who brought the child to the hospital, so is there some barriers or challenges that makes it difficult to assess the child when it is caused by the parent?

P. Most of the time is when the children are brought to us is always late. So, the clinical presentation, they come when its severe, they never come when it is still mild or moderate symptoms. Given the fact that the child cannot express how they feel, so even to get at the definite diagnosis is still an issue. Above all is that most of these kids they do not stay with their parents, its either they are in a certain facility or nursed by somebody. So, you do not get a concrete history about how everything happened until they arrive to the consultation.

R. Mmmm, tell me more about that.

P. I need to find out what could have contributed to the situation. Another thing is that, because most of the patients that we see, their first line of seeking medical intervention they will go to the traditional healers. That sometimes makes it more difficult, and they usually don't disclose it. So, it becomes difficult to know what we are dealing with because we are still leaving in a community where psychiatric conditions are not regarded as medical conditions that we see. So, they will still follow their traditional route.

R. Mmmm, please clarify me on the issue of traditional route, what do you mean?

P. Majority of the patients that I see, once or twice they have consulted with the traditional healer and there are believe in western medicine sometimes it is not very good or they will mix the two. So that is another issue we happen to face.

R. Okay, please allow me to take you back to the issue of the medical doctors, are there any other barriers experienced regarding child psychiatric assessment?

P. Assessing regarding psychiatric condition goes beyond ounce's professional ability; one will need to explore lot of skills. You would also need an integral team where the psychologist will be involved to try and explore other things that might have contributed. In some of the instances we find that we need a social worker on board, because there are some pyscho-social elements that really contribute to psychiatric condition of children. So alone we cannot really do.

R. Mmmm, tell us more about that.

P. Our psychiatric assessment is done by our medical doctor, also done by the psychologist, in case of trauma related we also have trauma counselor, and we also

have registered counselor. We also have social worker, we have the occupational therapist, and we have the physiotherapist team that assist with the assessments. We approach children as a team.

R. Thank you very much Doctor, would you like to add more information?

P. No, if there is anything we will communicate.

R. Thank you very much doctor. Let me summarize our discussion. I heard you talking about the condition of the child regarding language, communication by the doctors which is the issue of language barrier. The issue of late consultation where may be due to the guardian or parents. We also disused about the issue of traditional believes. We also spoke about the issue of a team of professional approach to child psychiatric assessment. Is that what you discussed?

P. Yes

R. Thank you very much doctor, let me that you for this opportunity, we understand you as doctors you are always busy, there must be a lot of work that is waiting for you here.

P. Yes

R. Let me conclude by reminding you about the consent, that in our interview there is no risk, no benefit like remuneration. Confidentiality with the information will be ensured.

P. Yes and thanks

R. Thank you very much and have a wonderful day.

Interview transcript

TRANSCRIPTION OF INDIVIDUAL INTERVIEW 10

KEY: Researcher = R

: Participant = P

R. Good afternoon Doctor

P. Good afternoon to you, how are you?

R. I am doing very well and how are you doing today?

P. I am also doing very well.

R. Thanks. I am Mubvafhi Norman Lufuno; I am a Masters student at the University of Venda. As it was discussed before, I have come to conduct an interview on the topic of 'Barriers regarding child psychiatric assessment by medical doctors'. I brought a tape re4corder with me to record our conversation for the purpose of transcribing to the script without missing important information. This red button indicates a stop; you are welcome to press stop at any time should you wish to stop the recording. In case you would like to pause you can also press on this button written pause. Anyway how is the weather treating you today?

P. I think the weather is favorable today, it is neutral.

R. thanks for this wonderful weather. Before I even go further I would like to ask your permission if you are allowing me to continue with this interview?

P. Yes, you can continue.

R. Your permission is much appreciated. I would like to discuss with you about the consent, there will be no risk that will be incurred by participating in this study. There will also be no remuneration. We will also follow the covid 19 protocols. The information that will be recorded will be treated with confidentiality. I would like to ask for your consent again?

P. yes, I am giving my consent.

R. Thanks for the consent, without any wasting of your precious time we will move to our research question. I would like you to share with us, your experience or knowledge with regard to barriers to child psychiatric assessment?

P. Here on our side, although we do not have many patients but our setting is not conducive to conduct child psychiatric assessment. It becomes difficulty to keep a child for longer time since we do not have facilities to entertain them. We do not have toys; we do not have any play room that is suitable to entertain the child. In the places like this most children do not enjoy spending time in this kind of environment. Before you complete with the assessment, the child would be upset or seem to be bored. It becomes a challenge since we end up relaying on the history from the relatives or the parents who brought in the child, since we will be failing to collect proper assessment form the child. We end up taking the information from the collateral as it is, where as some times it may not be a true reflection of the condition of the child. Sometimes parent report what they feel comfortable with or they just summaries the information, where as if I had to spend enough time with the child I would gather more relevant information that will also assist in the diagnosis. That is our most challenge of our assessment area.

R. Kindly elaborate more on the issue of the space.

P. I do not see structure as our major problem, but looking at this place let's say if we would take one room with enough space to put all necessary toys that will be able to entertain the child. You will observe our consulting area, that we do not have specific area for children. Wither old or middle age or children we see them in the same area. So for children there is nothing that can keep them longer concentrating.

R. in other words you are talking about the necessary items suitable for the child please elaborates on that.

P. Yes I am referring to items such as children's chair, tables that will attract the child. I think in such a room a child mighty offers some time to concentrate.

R. You also mention the issue of parents giving the information, please elaborate on that.

P. Yes. In most of the time parents will tell you what they see, although they would be giving correct information, it would still be the best and receive more information through enough time assessing the child. The observation of the child assists with the assessment and the formulation of the diagnosis. However, we become obliged to take what the parents communicate to us, where are sometimes we misdiagnosing children. As we utilize the communicated information and miss to assess properly.

R. In other words are you saying the most challenge is the setup for children that should not be the same as of the adults?

P. Yes, I think if we have Multidisciplinary team will also assist a lot since they mostly spend enough time with the children. It would help us a lot with the information on our assessment and communication skills.

R. You mention the team of professional, please elaborate on that.

P. What I have observed with other members such as Occupational therapist they spend more time with the children. If you observe there are as well it is more open and accommodative to children. It becomes easier for them since myself as a doctor I cannot spend much time with the child here in casualty since there could come emergency patients.

R. In other words on your side as the doctor time is also too little to assess the child.

P. Yes, but for other members of the team member it becomes easier for them.

R. With regard to recording are there any challenges, if yes kindly share with us.

P. If the child is assessed in Occupational therapy department they document their report and then attach their signature, then refer the child and document the whole information.

R. Mmmm, tell me more about that.

P. Yes, Multidisciplinary team assists a lot even on the planning for the management of the child. Sometimes children do not need medical treatment only that is where it benefits more this child by proving psychotherapies.

R. If I may summarize we discussed about the setup that it has to be conducive for psychiatric assessment. We also discussed about team approach on the assessment of the child. Would you still wish to add more information?

P. Yes, regarding team of professional they were supposed to be meeting although I can't remember when last time it happened. We use to meet every two weeks. However, we still experience challenges regarding getting hold of the psychiatrist.

R. Would you like to add more information?

P. No, other than what I shared with you, I do not have other things.

R. Allow me to summarize by saying we discussed about setup, team of professionals, limited time, parents who are supposed to provide collateral.

P. Yes, with regard to the parent's issue at times the information is provided by someone who just brought the child mean while he or she does not stay with the child since the biological parents maybe at work place.

R. Let me thank you for your time that you share this whole information with me. I would also like to remind you again about our consent. There will be no risk from participating in this study. There is no remuneration. The information discussed will be treated with confidentiality. Thank you very much for your participation in this study.

P. Thank you.

Annexure 11: Letter of information and consent form

Title of the Research Study : "Barriers regarding child psychiatric assessment by medical doctors in selected hospitals of Vhembe District Limpopo province"

Principal Investigator/s/ researcher : Mr NL Mubvafhi MPH

Co-Investigator/s/supervisor/s : Prof M Maluleke (Phd)

: Dr NS Raliphaswa NS (Phd)

Brief Introduction and Purpose of the Study: I Mubvafhi Norman Lufuno, a Master's Degree student in nursing science at the University of Venda school of Health sciences, conducting a study titled 'Barriers regarding child psychiatric assessment by medical doctors in selected hospitals of Vhembe District Limpopo province'. The purpose of the study is to investigate barriers regarding child psychiatric assessment by medical doctors in general hospitals Vhembe district Limpopo province

Outline of the Procedures: (*In this study, participants will be given information on the purpose of the study, the benefits of the participants, collection of data and the identity of the researcher. It would be done so that the participants would have information regarding what they are consenting. The participants would be requested to give consent through signing the consent form*).

Risks or Discomforts to the Participant: There are no risks which are anticipated as a result of participating in this study. The district management has assured us that no punitive measures will be taken against you based on the information you provide and you will not be judged or penalised for the diagnosis of the child.

Benefits: Your participation in this study will help in generating information that will help in promoting children's mental health. No direct financial benefits will be given to you.

Reason/s why the Participant May Be Withdrawn from the Study: Your participation to this study is entirely voluntary and you can stop participating any time without a reason. You can withdraw from the study if you consider it not to be in your best interest. You can be withdrawn from the study failure to comply with the regulation of the study facility and guidelines.

Remuneration: (*In this study the researcher will provide all necessary information about the purpose of the study and the procedure to be followed without deceiving them into participating to the study. No money will be paid to them).*

Costs of the Study: (*the participant will not be expected to cover any costs towards the study)*

Confidentiality: The information gathered will be treated confidentially and your identity will not be revealed only codes will be used to maintain anonymity.

Research-related Injury: (*Participants will be protected from harm)*

Persons to Contact in the Event of Any Problems or Queries:

(Supervisor : Dr M Maluleke 076 394 9752, Co-promoter: Dr NS Raliphaswa 082 262 7809) Please contact the researcher (076 8910 745) my supervisor (076 394 9752) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

General:

Potential participants will be assured that participation is voluntary and the approximate number of participants to be included is twenty medical doctors. A copy of the information letter will be issued to participants. The information

letter and consent form will be translated and provided in the primary spoken language of the research population

Statement of Agreement to Participate in the Research Study:

I hereby confirm that I have been informed by the researcher, (*Mr NL Mubvafhi*), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _,

I have also received, read and understood the above written information (*Participant Letter of Information*) regarding the study.

I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.

In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.

I may, at any stage, without prejudice, withdraw my consent and participation in the study.

I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant ……Date……. Time……. Signature…….

(*Mr NL Mubvafhi)* herewith confirm that the above participant has been fully Informed about the nature, conduct and risks of the above study.

Full Name of Researcher……Date……. Time……. Signature……

Full Name of Witness (If applicable) ……Date…….Signature…….

Full Name of Legal Guardian (If applicable) ……Date……Signature……

Annexure 12: Editing confirmation letter

Dr Catherine Hutchings
Freelance Editorial Services

51 Bathurst Road
Kenilworth
7708
Cape Town
Western Cape
South Africa

Telephone/Fax: + 27 21 7618522
Mobile: + 27 82 9702219
E-mail: catherinehutchings@gmail.com

To whom it may concern.

I hereby confirm that I edited Norman Lufuno Mubvafhi's

Dissertation entitled,

BARRIERS REGARDING CHILD PSYCHIATRIC ASSESSMENTS BY MEDICAL DOCTORS IN SELECTED HOSPITALS OF THE VHEMBE DISTRICT, LIMPOPO PROVINCE

in February 2022.

I wish this student well in their endeavours.

Catherine Hutchings

Dr Catherine Hutchings

Annexure 13: Pre-test

TRANSCRIPTION OF INDIVIDUAL INTERVIEW

KEY: Researcher = R

: Participant = P

POPULATION: Medical Doctors working in Outpatient Department (OPD)

R. Good afternoon?

P. Good afternoon, how are you?

R. I am doing very well, how are you doing?

P. I am also doing well.

R. How is the weather today?

P. It is better today, yesterday it was hot.

R. We appreciate this favorable weather. My name is Mubvafhi Norman Lufuno; I am a student at the University of Venda studying masters. I am conducting a study with a purpose of investigating barriers regarding child psychiatric assessment by medical doctors. I am kindly requesting for your permission to conduct interview with you.

P. I am the doctor; I am working in psychiatric department. Permission is granted.

R. Thank you for offering your permission. We will then move to the issue of consent form. It indicates the details of the researcher, nature, no risk or benefits that will be received by participating in this study. Confidentiality will be ensured as the information will be amongst me, you and my supervisor. We will not disclose your name and personal details, but use the codes to transcribe. Are you giving me your consent?

P. Yes, I am consenting; I was not expecting remuneration because this is part of work.

R. Mmmm, thank you Doctor. We will move to the question of our interview. May you kindly share with me barriers regarding child psychiatric assessment?

P. Are you referring to children and adolescents?

R. Yes, looking at children who are less than 12 years and we have 13 to 18 in general, what are the barriers?

P. The most challenge we experience in our hospital is the building and the facilities to be utilized, it is not appropriate at the moment.

R. Mmmmm

P. It was also worsened by the units that caught fire and burned down. It makes it difficult for us to assess children.

R. Mmmmm

P. We also have a challenge of referring to child psychologist of which we do not have one in our institution. We also have problem to communicate with the social workers though we are working in the same institution.

R. If I may generalize, since you mentioned that challenge of the psychologist and social workers, are you saying in other words you experience challenge regarding Members of Disciplinary Team (MDT)?

P. Yes, it is a challenge that developed recently.

R. OK, if I am understanding you well, for a child to be assessed for mental illness it needs the team as a whole consist of psychologist, social worker, occupational therapist, psychiatrist and other members. Can you tell me more about other members of the team?

P. If we book a child to be seen by the psychiatrist, a child can be seen once in a month. Since the psychiatrist is not station in our institution but comes once by schedules. However, in case we need urgent consultation we refer the child to the psychiatrist in her institution.

R. Mmmm, you are able to refer to another hospital?

P. Yes

R. You mentioned the barrier of infrastructure and other resources, kindly tell me more about it?

P. The most important thing we need is enough space in order to assess a child. We could also manage to observe the child as MDT.

R. Mmmm, are there any other barriers that you would like to share?

P. no, there is nothing more.

R. Ok, in summary we discussed barriers such as the infrastructure and the MDT where some of the members are missing. Is that what you shared with us?

p. Yes

R. Let me thank you for sharing that information with me. I would also like to remind you about the consent, participating in this study is voluntary, no remuneration, no risks and confidentiality will be ensured. You name and other personal information will not be disclosed but codes will be used.

P. Ok

R. Let me thank you once more.

P. My pleasure, you will have a blessed day.

R. You too, good bye