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EXPERIENCES OF PUBLIC HEALTHCARE NURSES WORKING WITH MENTALLY ILL PATIENTS IN PUBLIC HEALTH

Abstract:

Mental illness in South Africa has been ranked as the third greatest contributor to this country's burden of disease with estimates of 1 in 6 individuals likely to suffer from some form of mental disorder (Stein, Williams, & Kessler, 2009).

Due to the decentralisation of medical care from a predominantly hospital based medical care system to a community based medical care system in 2002, (Lund, Petersen, Kleinjes & Bhana, 2012) a large portion of the population primarily use community-based care services (Lehohla, 2011). South Africa has a shortage of human resources who are qualified to diagnose and counsel individuals who may have a mental illness (Lund, Petersen, Kleintjes & Bhana, 2012). The World Health Organisation (WHO) (2007), report states that there are only 9.3 medical human resources to every 100 000 people in South Africa. This implies that primary health care (PHC) workers, (particularly nurses, social workers, occupational therapists and doctors) who interact frequently with patients may be unduly burdened. Public health care nurses, specifically, are unofficially required to recognise mental illness and appropriately refer patients for assistance. These nurses may have had some basic training around mental illness but they may not be equipped to recognise, diagnose or treat mental illness resulting the patient being inadequately treated.

In South Africa the biomedical approach to mental health care is consistent within psychiatric care, in that the manifestation of psychiatric symptoms are treated biomedically, in order to contain the neurobiological antecedents of the illness. However, this approach is arguably less conducive to psychosocial difficulties that result in needing mental healthcare (Petersen, Bhagwanjee, Parekh, 2000). The significance of this research is that it highlights issues of mental health and illness within the scope of public health care facilities and whether these facilities are able to provide adequate care for patients with mental illness. The Life Esidemeni crisis (2016), demonstrates the urgent need to shine a spotlight on mental health service provision in South Africa, both in research and society.

In light of the above factors, the aim of this research is to better understand what public healthcare staff, not trained in psychiatry or psychology, understand about mental illness, and explore their personal experiences of treating patients who may be experiencing a mental illness or a mental health crisis. This study is an Interpretive Phenomenological (IP) study focusing on the unique perspectives and experiences of primary health care (PHC) workers.

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