



Social Drivers of Mental Health among the Employees of Youth Opportunities South Africa (YOSA) in Gauteng Province, South Africa

Sithole P.

The Discipline of Social Work, School of Human & Community Development,
University of the Witwatersrand, Johannesburg 2000, South Africa

Lelaka C. M.*

The Discipline of Social Work, School of Human & Community Development,
University of the Witwatersrand, Johannesburg 2000, South Africa

[*Corresponding author]

Abstract

Mental health is one of the most important, relevant topics and has been increasing globally especially in South Africa. This has affected individuals, families, and the community at large. Understanding the factors that contribute to mental health challenges, these can assist in mitigating factors contributing to mental health, enhancing and strengthening current mental health programs and policies. The study explored the social drivers of mental health among the employees of Youth Opportunities South Africa (YOSA) in Gauteng Province.

The study followed a qualitative approach, and participants were selected using a purposeful sampling procedure. The study was conducted among five participants using face-to-face semi-structured interview guide. The collected data was analysed through thematic analysis. A total of four (4) themes emerged from data analysis with various sub themes for each theme. The themes include the causes of mental health, impact of mental health, challenges facing people with mental health, and resources to support individuals with mental health challenges. The findings suggest that mental health is caused by various economic and psychological factors which impacts negatively on the individual's health and well-being. There is need for improved and promotion of accessibility of mental health services, increase numbers of mental health practitioners, on-going education and awareness to support on mental health, robust psychosocial and comprehensive support to enhance and strengthen mental health services in communities. Available programs and policies need to be revised to support individuals, families and communities affected by mental health.

Keywords

Mental health, Soweto, Perspective, Attitude

INTRODUCTION

According to World Health Organisation, (2022), mental health is a state of mental well-being that allows individuals to manage the pressures of life, recognize their abilities, work, and learn well, and contribute to their community. A life with a mental challenge is often a considerably shorter one, even in rich countries, people with mental issues have life expectancies that are up to 20 years shorter than those without them (Patel, 2014). More than 75% of people with major mental challenges in developing nations do not receive treatment for it (Becker & Kleinman, 2013). In the foreseeable future, the worldwide expense of mental health is anticipated to rise rather than reduce, stigmas remain deeply established, and little has changed in terms of resource allocation for mental healthcare in poorer nations (Farrington et al., 2014). Mental health problems can be caused by a wide range of various causes. This may stem from complications arising from childhood to adolescence and adulthood and people are affected differently (Rouhanizadeh & Kermanshachi, 2021). Amongst others, this might include the following: childhood trauma including gender-based violence, social isolation, or loneliness, experiencing discrimination and stigma, including racism, grief and bereavement, unemployment, poverty, abuse, or substance use (Hassan et al., 2018). Studies have identified risk factors of mental health challenges to

be linked with various social factors such as gender, age, race, marital status, size of a household and other factors (Ruiz-Pérez et al., 2017). It is argued that females, young people, lower job satisfaction, food insecurity and lower socio-economic status are associated with high risks of developing mental health challenges (Campbell et al., 2022). Individuals without formal and traditional support are at risk of deteriorating. Negative family and peer relationships are associated with increased negative mental health outcomes. This could be a result of a series of poor mental health during childhood (Young et al., 2017).

Certain physical illnesses, such as thyroid abnormalities or autoimmune diseases, might impair brain function and cause mental health issues. Neurotransmitter imbalances, such as serotonin and dopamine, may have an impact on mood and emotional regulation (Jaffee, 2023). Studies revealed that emotional variables to measure mental health involve adaptability, coping mechanisms, emotional regulation, and resilience (Campbell et al., 2022). Healthy coping mechanisms, good adaptability and emotional regulation, and strong resilience were associated with low risks of developing mental health challenges. Studies argue that a low level of the identified variables increases the vulnerability of developing mental health challenges (Campbell et al., 2022). There is emerging evidence that shows the association between poor mental health and economic inequality (Macintyre et al., 2018). Individuals from a low socioeconomic status were found to be associated with frequent mental health issues. It is argued that individuals from the lowest socioeconomic status are estimated to be 2 to 3 more likely to develop mental health challenges than individuals from the highest socioeconomic status (Kim & Cho, 2020). Mental health challenges are prominent amongst the economically marginalised groups. An increased socio-economic disadvantage is associated with poorer mental health. This includes poverty, debt, low household income, poor housing, and unemployment (Macintyre et al., 2018).

Data supplied by the South African College of Applied Psychology show that only 27% of South Africans reporting severe mental challenges ever receive treatment; furthermore, this implies that quarters of these individuals are not accessing any form of mental care at all (Wilson, 2021).

Mental health challenges are very prevalent in Africa however the proportion of Africans who get treated for mental health is very low, and this is also affected by treatment defaults. A population of 10.8 % in Kenya is suffering from mental challenges (Ngobe et al., 2021). Approximately 85% of people suffering from mental challenges in Ethiopia seek help from traditional healers (Amuyunzu-Nyamongo, 2013). Uganda has a prevalence of depression, bipolar and anxiety at 9.3%, 4.9% and 8.5% respectively. A study conducted across all nine South African provinces revealed that at least one in five South Africans are suffering from mental disorders, with depression as a common major at 9.9% and agoraphobia at an estimation of 9.8% (Ngobe et al., 2021). The study aimed to explore the social drivers of mental health among the employees of Youth Opportunities South Africa (YOSA) in Gauteng Province, South Africa.

CONCEPTUAL FRAMEWORK

The research followed a reasoned action approach. The reasoned action approach is a social cognitive model that identifies the elements of intentional behaviour (Hagger et al., 2018). It was developed by Martin Fishbein and Icek Ajzen in 1975 (Tyrone, 2014). The reasoned Action approach was established to predict individual intentions to engage in specific behaviours at a particular time and within diverse contexts (Anisman & Kusnecov, 2022). It provides important information for predicting health behaviours, moreover, it is useful for planning and implementing health promotion and prevention programs for illnesses or diseases (McEachan et al., 2016). The reasoned action approach argues that attitude towards a behaviour, perceived behavioural control and perceived norms determine the intentions of people, moreover, people's intentions predict their behaviour (McEachan et al., 2016). The weakness of the theory is that it assumes that individuals are aware of their subjective norms and attitudes. It assumes that individuals make decisions based on rational thinking. It does not account for situations in which the decisions are based on unconscious influences (Salgues, 2016).

People with mental health challenges receive negative attitudes from communities because they are stigmatized, discriminated against, and receive less support from their community. This may be caused by little or no conversations surrounding mental health in communities. This theory enables the understanding of people's intention behind any behaviour. This theory argues that a person's attitude is their understanding of the outcomes of the behaviour based on whether they are positive or negative (Peace, 2003). Mental health for other people is not easily identified and can be easily missed while others' behaviour can be easily identified and recognised hence the community is most likely to react differently towards people experiencing mental health challenges. This is because of little or no knowledge about mental health. If an individual believes that an action will lead to positive results, they will have a positive attitude towards the behaviour (Peace, 2003). If community and family members are empowered with knowledge about mental health, they are more likely to offer psychosocial support to people living with mental health challenges. Subjective norms refer to the pressure that people experience from peers, authority, friends, and figures to perform or not perform a certain behaviour (Peace, 2003).

In some communities that might not understand mental health challenges, they are more likely to discriminate and stigmatise community members living with mental health challenges, hence there is poor psychosocial support for community members living with mental health challenges. The theory will assist to understand or predict the perspectives and attitudes of Soweto community members towards mental health. If the community normalised a positive attitude towards mental health, the responses from the participants will show a positive attitude towards mental health but if the community has normalised negative attitudes towards mental health, the outcomes of the research will reveal a negative attitude towards mental health.

METHODOLOGY

Research Approach

This was a qualitative approach and was appropriate for the study because it allowed the researcher to acquire rich data from the participants (Busetto et al., 2020). Qualitative search addresses how and why certain phenomena occur, hence researchers can extract detailed information from participants. It aims to explore behaviours and events rather than measuring them (Berk et al., 2015). Qualitative research is focused on how the social world is perceived, understood interpreted or constructed (Cleland, 2017).

Study Design

This study followed a descriptive research and explorative design. A descriptive research design is a type of research methodology that aims to describe the attitudes, opinions, perceptions, or characteristics of a population being studied (Aggarwal & Ranganathan, 2019). Descriptive research design focuses on providing a detailed and precise representation of the collected data which can be used to generate hypotheses, identify patterns in the data and explore trends (Aggarwal & Ranganathan, 2019). The design was appropriate for this study because it assisted in understanding the perspectives and attitudes of Soweto community members towards mental health. This design was useful in providing a representation of the perspectives and attitudes of Soweto community members towards mental health. Explanatory research design is a type of research methodology that explores a few studies to reference (Rahi, 2017). It is applied when there is little or no knowledge about a phenomenon. It allowed for a better understanding of areas that have limited or no information (Rahi, 2017). The explanatory research design was appropriate for this research because it offered insight and a better understanding of how Soweto community members view mental health. The explanatory design enhanced the validity of the data by providing a thorough examination of the acquired data. Explanatory design promoted critical study of the data and theory, resulting in a more complex comprehension of mental health.

Study Setting

The study was conducted at Youth Opportunities South Africa (YOSA) which is a registered Non-profit organization located in Soweto, Molapo. YOSA offers school-based interventions within Soweto communities. It provides individual and family interventions amongst its various services. The organisation was appropriate for the study because it is in Soweto and frequently interacts with the community members of Soweto. This made the setting appropriate for the study, given that the staff understand the experiences of Soweto community members and were able to offer an insight on the perspectives and attitudes of Soweto community members towards mental health.

Population, Sample, and Sampling Procedure

Population

A population is a complete set of individuals with a unique set of characteristics. The study population is the portion of the target population accessible for the study (Banerjee & Chaudhury, 2010). It refers to a group of individuals who are being studied (Shukla, 2020). The study population for this study were YOSA community members.

Sample

A sample is any part of the population that is defined (Banerjee & Chaudhury, 2010). The sample represents every member of the population (Banerjee & Chaudhury, 2010). A study sample refers to a subset of the population that represents a population group within a study (Boddy, 2016). The sample size of this study was 5 participants from YOSA.

Sampling Procedure

The study used a purposeful sampling procedure. Purposeful sampling refers to the deliberate selection of participants or information based on a specific criterion allied with the objectives or questions of the research (Palinkas et al., 2013). It refers to the deliberate selection of informants based on their ability to explain a specific phenomenon (Robinson, 2014). Purposeful sampling aims to ensure that participants represent certain characteristics or experiences that are significant to the research (Palinkas et al., 2013). Purposeful sampling was suitable for the study because it was convenient to approach people with the required characteristics that represent the population of Soweto. The study included males and females aged 18 years and above, be a community member of the Youth Opportunities South Africa (YOSA) and to have been exposed to living with members presenting with mental health challenges.

METHOD OF DATA COLLECTION

The researcher used semi-structured and face-to-face interviews to collect data from participants. The purpose of research interviews was to explore the perceptions, experiences, and beliefs of individuals on specific phenomena (Gill et al., 2008). Semi-structured interviews allowed the researcher to understand the unique perceptions of participants rather than a generalised understanding of a phenomenon (Adeoye-Olatunde & Olenik, 2021).

DATA ANALYSIS

Data analysis in qualitative research is the process of systematic arrangement and observation of collected data (Wong, 2008). Data analysis involves categorising the collected data to reduce the volume of the raw data. This helps to draw

meaning from the data and to create a pattern to understand a certain phenomenon based on the analysed data (Wong, 2008). Thematic analysis is a systematic identification and provision of understanding of themes across a data set (Braun & Clarke, 2012). This study utilised Thematic analysis to analyse the collected data. Thematic analysis assists researchers in understanding collective or shared experiences (Braun & Clarke, 2012). Thematic analysis was suitable for this research because it is flexible and allows a researcher to focus on data in many ways. In analysing data, the researcher adopted the Maguire & Delahunt, (2017) steps of analysis.

TRUSTWORTHINESS

In qualitative research, the trustworthiness of the data is imperative and needs to be considered. According to Korstjens & Moser (2018), the trustworthiness of qualitative data consists of four criteria such as credibility, transferability, dependability, and confirmability and it refers to the extent that the data can be considered truthful and accurate.

ETHICAL CONSIDERATIONS

Ethical clearance to conduct the study was granted by the University of Witwatersrand, School of Human and Community Development Ethics committee, Constituted under the University Human Research Ethics Committee (Non-Medical). The clearance certificate number is Protocol Number: SW23/10/03. Permission for conducting the study YOSA was obtained from YOSA.

RESULTS

Demographic data

All five (5) participants who participated in the study were YOSA's staff members. All participants met both the inclusion and exclusion criteria of the study. The majority of participants were female, with three (3) females and only two (2) males. All participants were Africans and serving within the communities of Soweto. The majority (4) of participants were single with only one (1) being married. Regarding employment status, two (2) participants were employed part-time, one (1) was self-employed, and two (2) were classified as "other".

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

Themes and sub themes

Table 1: Themes of findings

The research findings revealed four (4) themes that emerged from data analysis with various sub themes for each theme. The themes include the following: causes of mental health, impact of mental health, challenges facing people with mental health, and resources to support mental health people. Below is the table showing themes; sub themes; and excerpts from participants.

Theme	Sub theme
Causes of mental health	Distress
	Unemployment
	Poverty
Impact of Mental Health	Health and Well-being
	Work performance
	Families
Challenges facing people with Mental Health	Lack of job satisfaction
	Stigma and discrimination of mental health challenges
	Being judged
	Access to mental health resources
Resources to support individuals with mental health challenges	The need for more mental health practitioners
	Inadequate and unresponsive emergency mental health services
	Importance of education in addressing mental health

Theme 1: Causes of mental health

The study revealed that factors such as distress, unemployment, and poverty are implicated as underlying causes of mental health difficulties.

Distress

The findings from the study suggests that staff members may have certain expectations regarding their work, career progression, or personal development within the organization. When these expectations are not met, it can lead to disappointment. This causes distress for the staff members.

"If we do not meet our expectations, we get disappointed and then with disappointment, there's uhm - there comes an issue of low self-esteem and uhm broken confidence and then the problem of mental health challenges arises".

Unemployment

The quote below reveals the volatile nature of employment, where individuals may unexpectedly lose their jobs due to changing circumstances. This can be a significant source of stress and mental health challenges. The quote emphasises the potential impact of unemployment on the mental well-being of individuals working in the organization. It suggests that the uncertainty and sudden changes in employment status could be a contributing factor to the mental health challenges experienced by YOSA staff members.

“People are confronted with so many life challenges. The changing circumstances of everyday life. Today you are employed, the following day you are retrenched because situations are changing even in the workplace”.

Poverty

The quote below highlights the impact of poverty on mental health, particularly in the context of not being able to afford necessities such as food. It suggests that poverty can lead to mental health challenges, especially for individuals with large families or single parents who struggle to provide for their children. In the context of the research topic on factors contributing to mental health challenges of YOSA staff members in Gauteng province, South Africa, this text underscores the role of socioeconomic factors, such as poverty, in influencing mental well-being. It suggests that the financial struggles faced by YOSA staff members, including the inability to afford necessities, could be contributing to their mental health challenges.

“Social issues like poverty...Not being able to like just to get like basic things. Yeah. I think that can also cause mental health. Like not being able to afford getting food. Especially if there's like a large family or like a single parent. Yeah, not being able to get things for your kids”.

Theme 2: The impact of mental health

The study investigated the influence of mental health on multiple facets of YOSA staff members in Gauteng province, South Africa. It examined how mental health affected the health and well-being of the staff, as well as its impact on their performance at work and their families.

Health and wellbeing

The quote highlights a key issue in healthcare which is the lack of awareness and understanding of mental health needs in environments primarily focused on physical health. It suggests that there's a tendency to view mental health issues as solely requiring medical intervention, overlooking other forms of support like counselling. This indicates a need for a more holistic approach to healthcare that considers both physical and mental well-being.

“I'm sure even if you are physically fit and you walk up to a nurse in a clinic and they say, I need to be assisted mentally, I need mental health assistance, they say, so how can we help you here? Because they are looking at medical people who need medicine. But when you are just wanting.

Work performance

The quote below highlights the impact of mental health on work performance, emphasizing that individuals facing mental health issues may struggle to be productive, whether they are employees or students. For YOSA staff in Gauteng Province, factors contributing to mental health challenges include high workloads, role-related stress, exposure to trauma, and limited support or resources. These challenges can lead to anxiety, depression, and burnout, affecting staff performance.

“let's say, you are employed or wherever that you are, whether it's in the workspace, if you've got mental health issues, obviously you can't, uh, be productive enough. Whether you are a student experiencing mental health, you also can't perform”.

Families

The quote below reveals how mental health challenges can significantly impact families, causing distress and disruption as they cope with the changes in a loved one's behaviour and well-being. This understanding is relevant to the factors contributing to mental health challenges faced by YOSA staff members in Gauteng Province. It suggests that witnessing a family member's mental health decline can be confusing and overwhelming, leading to stress for the entire family.

Because look, here is somebody who was okay, a father, a brother, a sister, or somebody you knew, being the person that you grew up with. Then eventually that person changes to be a sick person. And not coping with their daily living. Maybe as far as hallucinating. And you wonder what has happened to this person. And those life changes affect the whole family. They stress the whole family as they begin to now want to adjust to living with such a person”.

Theme 3: Challenges facing people with Mental health

The study investigated the challenges experienced by individuals with mental health issues, revealing several key findings. Participants identified a lack of job satisfaction as a significant concern. Additionally, they expressed limited knowledge about mental health, which could hinder their ability to effectively manage their conditions. Discrimination against individuals with mental health challenges was also reported, highlighting the stigma still associated with mental

illness. Furthermore, access to mental health resources was identified as a major challenge, indicating a need for improved support systems for individuals facing these difficulties.

Lack of job satisfaction

Azwindhini's quote emphasizes the interconnectedness of job satisfaction, mental health, and organizational performance. For YOSA staff members, job insecurity, performance pressure, financial strain, and mental fitness are critical factors that contribute to their mental health challenges. Addressing these issues through supportive policies, mental health resources, and a conducive work environment is essential to improve both individual well-being and overall organizational health.

"A lot of people may lose their jobs; they may fail to do what they're supposed to do. So, it may affect the job itself, because then you are paying somebody who's not doing what they're supposed to do, because mentally they are not fit for it" -Azwindhini.

"You know, mental health affects the typical person, which is your mood, your attitude, and your department network. So given those challenges, one, some people don't care about their responsibilities, they don't care about their work. They don't do what they're supposed to do, because then priorities shift when mental disposition is affected. So, because of that, a lot of people may lose their jobs, they may fail to do what they're supposed to do"-Azwindhini

Stigma and discrimination

The quotes below highlight the stigma discrimination experienced by individuals in black communities in Gauteng province, South Africa. Individuals with mental health challenges face stigma discrimination due to factors such as socioeconomic status, blame and judgment for their life choices, misunderstandings about mental health, and negative family dynamics. This stigma creates a challenging environment for YOSA staff members dealing with mental health issues.

"In some cases, people think you have a calling umm you know, yeah. It's usually those cases. They never believe it's seriously a mental health issue. And some families can discriminate you because of that. They're like, okay, oh, so you said you have depression, you're just too soft" - Thuli.

Not everyone feels free to share their emotional challenges since communities treat people differently. While some prefers to share their challenges, and others prefer to keep quiet. Those who share, they are more likely to be discriminated against based on their economic circumstances and what they go through. This is supported by the below except:

"In like black communities, right, not a lot of people are privileged enough. So, if you go there and you're like, this is how I'm feeling, a lot of people, you're going to get judged because of your situation at that point, like, either you're poor, either you don't have this, or either you do have that, or the choices that you made probably have led to that state. So, people are going to judge you based on whatever that's happening in your life, and then they're not going to look at you as if like, okay, how can we help this person?" - Boity

Being judged

This quote underscores the significant role that stigma, judgement, and societal perceptions play in the mental health challenges faced by YOSA staff members. Addressing these issues requires creating a supportive and non-judgmental environment where mental health concerns are taken seriously, and staff members feel validated and understood. Promoting mental health awareness and education within the organization can help reduce stigma and encourage a culture of openness and support.

"Probably having to speak out about their mental health because they know like they're going to be judged, they're not going to be taken seriously, and I know like there's this thing where like ohh no you are just seeking for attention you don't know what you're talking about. Umm or you either have a calling or you're just doing this because now it's a trend, everybody is talking about mental health and stuff" -Boity

Access to mental health resources

The study reveals that there is limited accessibility and visibility of mental health services which contributes to the mental health challenges faced by YOSA staff members in Gauteng Province. It highlights the need for more readily available and prominent mental health resources within communities to encourage help-seeking behaviour and support overall mental well-being.

"If these services are more accessible, like the way they are with. Physical health. I think people will be, uh, willing to go and seek help. So, they should be more visible if they are in communities" -Sizakele

Theme 4: Resources to support individuals with mental health challenges

The study explored recommendations from the participants on how mental health services could be improved for YOSA'S staff members. The recommendations included the need for more mental health practitioners, Inadequate and unresponsive emergency mental health Services and Importance of education in addressing mental health.

The need for more mental health practitioners

This quote reveals how the shortage of qualified social workers and psychologists, particularly in poor communities, contributes to the mental health challenges faced by YOSA staff members in Gauteng Province. It highlights the need for increased hiring and better distribution of mental health professionals to ensure adequate support and care.

"I think they should-there are a lot of qualified social workers, psychologists that do not have jobs. I think they should hire a lot of social workers or community-based workers to work on that because umm there's limited social workers social workers and people who help with mental health in most communities, especially the poor communities"- Thuli

Inadequate and Unresponsive Emergency Mental Health Services

Thuli's quote focuses on how the ineffectiveness and lack of empathy in emergency mental health services contribute to the mental health challenges faced by YOSA staff members in Gauteng Province. It highlights the need for improvements in these services to provide timely, compassionate support to individuals in crisis.

"I think they should make sure, as much as there are emergency lines. Emergency lines sometimes they do not respond and sometimes they are not as welcoming and empathetic as they are supposed to"- Thuli.

Importance of Education in Addressing Mental Health

This quote focuses on how education can play a pivotal role in addressing mental health challenges faced by YOSA staff members in Gauteng Province. It underscores the need for educational initiatives to enhance understanding, reduce stigma, and promote proactive interventions for mental health issues.

"So, I would say education, uh, yeah, education is needed. For people to understand, uh, mental health issues in like, in more depth for them to know that it's not just something that can just go away on its own. We must do something about it. So that's what I think. I think education is important"-Sizakele

DISCUSSION

The study explored the social drivers of mental health among the employees of Youth YOSA in Gauteng Province, South Africa. The findings revealed four themes that emerged from data as follows: causes of mental health, impact of mental health, challenges facing people with mental health, and resources to support individuals with mental health challenges. The findings reported that community members experience mental health challenges caused by various factor. The findings confirmed that a change in socio-economic status is associated with unemployment and poverty have been mentioned as one of the causes of mental health challenges. This is supported by other studies that workplace stress, lack of social support, and workload demands are significant predictors of mental health problems among employees in South Africa (Mzamo & Meso, 2018). Additionally, Makhanya et al., (2019) support our findings on the causes of mental health and maintain that distress from unemployment, poverty, and inequality on mental health outcomes among youth in South Africa are major causes of mental health in South Africa. Furthermore, the perceptions of failure have been linked to various forms of psychological distress (Johnson et al., 2017). Research indicates that experiencing failure can result in emotional upheaval. The perception of failure has been connected to conditions such as depression and suicidal ideation (Johnson et al., 2017). Our study highlights the importance of the causes of mental health especially on young adults who can contribute economically to South Africa. Thus, young adults who are unemployed face a higher likelihood of experiencing mental health problems, including feelings of depression and thoughts of suicide. Involuntary job loss is linked to feelings of shock and stress (Nam et al., 2021). Research has indicated that unemployment is connected to behaviours such as insufficient physical activity, increased alcohol consumption, smoking, and an elevated risk of mortality (Nam et al., 2021). The loss of income has been shown to be a significant factor in the development of mental health issues (Ridley et al., 2020). Negative income shocks, such as job losses resulting from factory closures, can exacerbate these challenges (Ridley et al., 2020). Our study highlighted the cause of poverty contributing negatively to the mental health of individuals. Poverty is linked to unstable income and expenses, leading to increased concerns and uncertainty that can negatively impact mental health (Ridley et al., 2020). Furthermore, experiencing poverty during childhood and in the womb can lead to nutritional deficiencies and other stressors, resulting in impaired cognitive development and an increased risk of mental challenges in adulthood (Ridley et al., 2020).

Our study findings revealed that mental health can impact negatively on different individual, and this can hamper their health and well-being. Most studies also support the facts that poor mental health can significantly reduce quality of life, leading to decreased satisfaction, enjoyment, and fulfilment in life (Dodgen et al., 2016). Mental health impacts self-care behaviours such as eating habits, physical activity, and sleep patterns. Poor mental health can lead to neglect of these important aspects of health (Dodgen et al., 2016). Our findings also showed that individual with mental health challenges face work challenges and end up being unproductive in the workplace. This is supported by Ahmadi et al., (2012) that individuals experiencing mental health issues may struggle with concentration, decision-making, and problem-solving, leading to decreased productivity. They may also have difficulties with interpersonal relationships, communication, and coping with stress, which can further affect their ability to perform effectively (de Oliveira et al., 2022). Mental health issues can result in increased absenteeism, being present at work but not fully productive, and higher turnover rates, all of which can have negative consequences for both the individual and the organization (de Oliveira et al., 2022). Our study found that the impact of mental health not only affected the individuals with mental health only, but this had stretched to affect families as well because individuals don't leave alone but belong to the families as a unit system. This finding is

supported by Vukeya et al., (2022) that mental health can indeed cause stress, strain relationships, and disrupt family dynamics and furthermore, family members may experience emotional distress, guilt, and confusion as they try to understand and cope with their loved one's condition (Feinberg et al., 2021). Financial burdens can also arise from costs related to treatment and care. Overall, mental health issues can profoundly affect the well-being and functioning of families.

A study by Cao et al. (2022) investigating the impact of mental health on job satisfaction through the lenses of social and psychological capital found that positive mental health is associated with increased job satisfaction, whereas negative mental health is linked to decreased job satisfaction. Similarly, research by Lu et al. (2022) examining the relationship between mental health and job performance revealed that good mental health fosters positive work engagement and innovative behaviour, thereby enhancing job performance. In contrast, poor mental health is associated with lower job satisfaction and reduced productivity. According to research, social injustices and socioeconomic hardship play a major role in the mental health issues that these groups face (Shohel et al., 2022). The idea that mental health problems are personal flaws rather than serious medical conditions frequently serves to increase stigma. Studies supporting this idea indicate that people often see mental health issues as moral or personal failings rather than as illnesses that need to be treated (Shohel et al., 2022). Many Black communities hold strong religious beliefs, which sometimes leads to viewing mental health struggles through a spiritual lens rather than a medical one (Fante-Coleman et al., 2023). This can result in discrimination within families and communities, with individuals being labelled as weak or overly sensitive. This view is corroborated by research that shows a high degree of stigma and misconceptions about mental health in Black communities, often tied to cultural and religious beliefs (Fante-Coleman et al., 2023). Additionally, the stigma surrounding mental health can further isolate families and prevent them from seeking support (Feinberg et al., 2021). Research consistently shows that stigma is a significant barrier to seeking mental health care. This stigma manifests in various forms, including negative social judgment, perceived or actual discrimination, and internalized shame, all of which contribute to individuals' reluctance to discuss their mental health issues openly. A systematic review found that mental health-related stigma significantly hinders help-seeking behaviours, with many individuals fearing negative consequences such as being labelled as attention-seeking or not being taken seriously (Eboh, 2023). Mental health service utilization is influenced by various factors, including accessibility. Research indicates that accessibility to mental health services is often limited (Mubeen et al., 2024). This limitation is attributed to several issues such as delayed appointments, time-consuming processes, overburdened facilities, and transportation challenges (Mubeen et al., 2024).

In regions with less development, there are fewer mental health professionals compared to more developed areas (Sipahutar et al., (2022). This leads to a gap between those needing mental health care and those providing it, resulting in a shortage of services. To address this, there should be more funding for mental health services to hire more staff (Shisana et al., (2024). South Africa faces significant disparities in mental health care. Despite the availability of toll-free emergency mental health services, many users report negative experiences (Sorsdahl et al., 2023). Additionally, telepsychology is not included in the training and internship programs for psychology interns in South Africa (Goldschmidt et al., 2021). This necessitates that mental health care providers acquire new skills independently to deliver therapeutic services through technological platforms (Goldschmidt et al., 2021). To enhance the quality of mental health services, it is crucial to train healthcare professionals, such as registered counsellors and clinical associates, at the primary health care level, thereby increasing their capacity to provide mental health services (Sorsdahl et al., 2023). Promoting mental health awareness through education in the workplace has significant advantages, such as creating a safe psychological environment, reducing stigma, and motivating staff to seek assistance when necessary (Hanisch et al., 2016). Studies demonstrate that having a better understanding of mental health and well-being enables employees to handle stress more effectively, maintain their well-being, and prevent stress from becoming overwhelming (Breslin et al., 2017). It also prepares them to discuss mental health issues appropriately, whether they are addressing their own challenges or offering support to colleagues. Awareness helps employees identify signs of mental health difficulties in themselves or others and seek suitable support promptly (Hanisch et al., 2016). Research indicates that diminishing mental health-related stigma enhances knowledge and supportive behaviours towards individuals with mental health problems, thereby improving workplace productivity and reducing absenteeism and presenteeism (Breslin et al., 2017).

EXAMINATION OF THE RESULTS

The study explored the social drivers of mental health among the employees of YOSA in Gauteng Province, South Africa. The themes emerged included the causes of mental health, impact of mental health, challenges facing people with mental health, and resources to support individuals with mental health challenges. The study found that Soweto community members with mental health challenges experience various challenges. Societal inequalities are among the reported causes of mental health challenges among the community members of Soweto. Social inequalities which encompass poverty and unemployment are causes of mental health challenges. Some of the causes of mental health challenges among Soweto community members include academic pressures, pressure from loved ones and a sense of being stagnant in life. The study found that other community members whose family members were well informed received support from their families, however, those with families that are poorly educated about mental health do not receive adequate support from their loved ones. This is because the family does not understand mental health hence, they cannot offer proper support for their loved ones who are experiencing mental health challenges. The study revealed that there is little information

regarding psychosocial support for community members because the community does not know about the forms of psychosocial support available for mental health. Furthermore, community members of Soweto do not understand mental health hence they struggle to understand the experiences of community members facing mental health challenges. This places relationships under pressure, either be it friendships or romantic relationships. This might be due to the loved ones not understanding mental health which negatively affects their ability to support their loved ones with mental health challenges. Based on the findings, it is imperative that people experiencing mental health challenges are recommended to seek help for their mental health challenges before they could get sever and to speak to a person that they can trust to get the support that they need. This is imperative since the support system for people with mental health challenges encourages people with mental health challenges to seek help and maintain good mental health.

SUMMARY OF THE RESEARCH

The study aimed to explore the social drivers of mental health among the employees of YOSA in Gauteng Province, South Africa. The themes emerged included the causes of mental health, impact of mental health, challenges facing people with mental health, and resources to support individuals with mental health challenges. There is evidence that people living with mental health face daily challenge which impact negatively on their lives. The findings suggest the urgent need here for education, reduction of stigma, support across various organisations, healthcare sectors and families to work together in supporting such individuals. Existing mental health policies' needs to be challenged, enhanced and strengthen to ensure programs include individual communities, and various workplace spaces.

CONCLUSION

The study explored the social drivers of mental health among the employees of YOSA in Gauteng Province, South Africa. The findings revealed four themes that emerged from data analysis and sub themes for each theme as follows: causes of mental health, impact of mental health, challenges facing people with mental health, and resources to support individuals with mental health challenges. The findings suggest that mental health is caused by various economic and psychological factors which impacts negatively on the individual's health and well-being. There is need for improved and promotion of accessibility of mental health services, increase numbers of mental health practitioners, on-going education and awareness to support on mental health, robust psychosocial ad comprehensive support to enhance and strengthen mental health services in communities. Available programs and policies need to be revised to support individuals, families and communities affected by mental health.

ACKNOWLEDGEMENT

The authors thank the participants of YOSA and the YOSA organisation for providing permission to conduct the study. The authors also thank the University of Witwatersrand for the study approval.

FUNDING INFORMATION

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

DECLARATION OF CONFLICT

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

1. Adeoye-Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi-structured interviews. *JACCP: Journal Of The American College Of Clinical Pharmacy*, 4(10), 1358–1367. <https://doi.org/10.1002/jac5.1441>
2. Adu, P., & Miles, D. A. (2023). Understanding limitations and delimitations. *Dissertation Research Methods*, 136–146. <https://doi.org/10.4324/9781003268154-10>
3. Aggarwal, R., & Ranganathan, P. (2019). Study Designs Part 2 – Descriptive studies. *Perspectives in Clinical Research*, 10(1), 34. https://doi.org/10.4103/picr.picr_154_18
4. Ambikile, J. S., & Iseselo, M. K. (2023). Challenges to the provision of home care and support for people with severe mental illness: Experiences and perspectives of patients, caregivers, and healthcare providers in Dar es Salaam, Tanzania. *PLOS Global Public Health*, 3(1). <https://doi.org/10.1371/journal.pgph.0001518>
5. Amuyunzu-Nyamongo, M. (2013). The social and cultural aspects of mental health in African societies. *Commonwealth Health Partnerships*, 2013, 59–63.
6. Andalibi, N., & Flood, M. K. (2021). Considerations in designing digital peer support for Mental Health: Interview Study among users of a Digital Support System (buddy project). *JMIR Mental Health*, 8(1). <https://doi.org/10.2196/21819>
7. Anisman, H., & Kusnecov, A. W. (2022). Adopting healthy behaviors: Toward prevention and cures. *Cancer*, 369–400. <https://doi.org/10.1016/b978-0-323-91904-3.00019-7>
8. Banerjee, A., & Chaudhury, S. (2010). Statistics without tears: Populations and samples. *Industrial Psychiatry Journal*, 19(1), 60. <https://doi.org/10.4103/0972-6748.77642>

9. Bangpan, M., Dickson, K., Felix, L. and Chiumento, A. (2017). The impact of mental health and psychosocial support interventions on people affected by humanitarian emergencies: A systematic review. Humanitarian Evidence Programme. Oxford: Oxfam GB
10. Barrow, J. M., Brannan, G. D., & Khandhar, P. B. (2022). Research ethics. National Center for Biotechnology Information. <https://pubmed.ncbi.nlm.nih.gov/29083578/>
11. Berk, M., Otmar, R., Dean, O., Berk, L., & Michalak, E. (2015). The use of mixed methods in drug discovery. *Clinical Trial Design Challenges in Mood Disorders*, 59–74. <https://doi.org/10.1016/b978-0-12-405170-6.00006-3>
12. Bianco, S., Gasparini, F., & Schettini, R. (2014). Color coding for data visualization. *Encyclopedia of Information Science and Technology, Third Edition*, 1682–1691. <https://doi.org/10.4018/978-1-4666-5888-2.ch161>
13. Bjørlykhaug, K. I., Karlsson, B., Hesook, S. K., & Kleppe, L. C. (2021). Social Support and recovery from mental health problems: a scoping review. *Nordic Social Work Research*, 12(5), 666–697. <https://doi.org/10.1080/2156857x.2020.1868553>
14. Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research: An International Journal*, 19(4), 426–432. <https://doi.org/10.1108/qmr-06-2016-0053>
15. Bos, J. (2020). Confidentiality. *Research Ethics for Students in the Social Sciences*, 149–173. https://doi.org/10.1007/978-3-030-48415-6_7
16. Braun, V., & Clarke, V. (2012). Thematic Analysis. *APA Handbook of Research Methods in Psychology, Vol 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological.*, 57–71. <https://doi.org/10.1037/13620-004>
17. Burns, J. K. (2008). *Implementation of the Mental Health Care Act (2002) at District Hospitals in South Africa: Translating Principles into Practice*. SAMJ: South African Medical Journal. http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0256-95742008000100023
18. Busetto, L., Wick, W. and Gumbinger, C. (2020) ‘How to use and assess qualitative research methods’, *Neurological Research and Practice*, 2(1). doi:10.1186/s42466-020-00059-z.
19. Capri, C., Watermeyer, B., Mckenzie, J., & Coetzee, O. (2018). Intellectual disability in the ESIDIMENI tragedy: Silent deaths. *South African Medical Journal*, 108(3), 153. <https://doi.org/10.7196/samj.2018.v108i3.13029>
20. Cleland, J. A. (2017). The qualitative orientation in medical education research. *Korean Journal of Medical Education*, 29(2), 61–71. <https://doi.org/10.3946/kjme.2017.53>
21. Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC Medical Research Methodology*, 11(1). <https://doi.org/10.1186/1471-2288-11-100>
22. Daniel, B. K., & Harland, T. (2017). Research tools. *Higher Education Research Methodology*, 78–84. <https://doi.org/10.4324/9781315149783-8>
23. Demuth, C., & Mey, G. (2015). Qualitative methodology in developmental psychology. *International Encyclopedia of the Social & Behavioral Sciences*, 668–675. <https://doi.org/10.1016/b978-0-08-097086-8.23156-5>
24. Encyclopædia Britannica, Inc. (2023, April 19). Soweto. Encyclopædia Britannica. Retrieved April 25, 2023, from <https://www.britannica.com/place/Soweto>.
25. Encyclopedia. (2023, April 25). "Encyclopaedia of sociology.encyclopedia.com. 12 Apr. 2023. Encyclopedia.com. Retrieved April 25, 2023, from <https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/cognitive-consistency-theories>
26. Figgou, L., & Pavlopoulos, V. (2015). Social Psychology: Research Methods. *International Encyclopedia of the Social & Behavioral Sciences*, 544–552. <https://doi.org/10.1016/b978-0-08-097086-8.24028-2>
27. Greener, S. (2018). Research limitations: The need for honesty and common sense. *Interactive Learning Environments*, 26(5), 567–568. <https://doi.org/10.1080/10494820.2018.1486785>
28. Hadebe, N. F., & Ramukumba, T. S. (2020). Resilience and social support of young adults living with mental illness in the City of Tshwane, Gauteng Province, South Africa. *Curationis*, 43(1). <https://doi.org/10.4102/curationis.v43i1.2084>
29. Hagger, M. S., Polet, J., & Lintunen, T. (2018). The reasoned action approach applied to health behaviour: Role of past behaviour and tests of some key moderators using meta-analytic structural equation modelling. *Social Science & Medicine*, 213, 85–94. <https://doi.org/10.1016/j.socscimed.2018.07.038>
30. Hall, T., Kakuma, R., Palmer, L., Minas, H., Martins, J., & Kermode, M. (2019). Social Inclusion and exclusion of people with mental illness in timor-leste: A qualitative investigation with multiple stakeholders. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-7042-4>
31. Hassan, M. F., Hassan, N. M., Kassim, E. S., & Hamzah, M. I. (2018). Issues and challenges of mental health in Malaysia. *International Journal of Academic Research in Business and Social Sciences*, 8(12). <https://doi.org/10.6007/ijarbss/v8-i12/5288>
32. Honey, A., Waks, S., Hines, M., Glover, H., Hancock, N., Hamilton, D., & Smith-Merry, J. (2021). COVID-19 and psychosocial support services: Experiences of people living with enduring mental health conditions. *Community Mental Health Journal*, 57(7), 1255–1266. <https://doi.org/10.1007/s10597-021-00871-0>

33. Karapapa, S. (2020). Scope limitations. *Defences to Copyright Infringement*, 68–111. <https://doi.org/10.1093/oso/9780198795636.003.0003>
34. Korstjens, I., & Moser, A. (2018). Series: Practical Guidance to Qualitative research. Part 4: Trustworthiness and Publishing. *European Journal of General Practice*, 24(1), 120–124. <https://doi.org/10.1080/13814788.2017.1375092>
35. Korstjens, I., & Moser, A. (2017). Series: Practical guidance to qualitative research. part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120–124. <https://doi.org/10.1080/13814788.2017.1375092>
36. Kunzler, A. M., Stoffers-Winterling, J., Stoll, M., Mancini, A. L., Lehmann, S., Blessin, M., Gilan, D., Helmreich, I., Hufert, F., & Lieb, K. (2021, February 3). Mental health and psychosocial support strategies in highly contagious emerging disease outbreaks of substantial public concern: A systematic scoping review. *PLOS ONE*, 16(2), e0244748. <https://doi.org/10.1371/journal.pone.0244748>
37. Lewis, A. (2001). The issue of perception: some educational implications. *Educare*, 30(1), 272–288.
38. Mackenzie, C. (2014). *The Routledge Companion to Bioethics*. <https://doi.org/10.4324/9780203804971>
39. Maguire, M., & Delahunt, B. (2017). Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. *AISHE-J*, 9, 3351. <http://ojs.aishe.org/index.php/aishe-j/article/view/3354>
40. Malla, A., Joobar, R., & Garcia, A. (2015). "Mental illness is like any other medical illness": a critical examination of the statement and its impact on patient care and society. *Journal of psychiatry & neuroscience: JPN*, 40(3), 147–150. <https://doi.org/10.1503/jpn.150099>
41. Martinac, M., Babic, D., Bevanda, M., Vasilj, I., Bevanda Glibo, D., Karlovic, D., & Jakovljevic, M. (2017). Activity of the hypothalamic-pituitary-adrenal axis and inflammatory mediators in major depressive disorder with or without metabolic syndrome. *Psychiatria Danubina*, 29(1), 39–50. <https://doi.org/10.24869/psyd.2017.39>
42. Masemola, H. C., Moodley, S. V., & Shirinde, J. (2022). Perceptions and Attitudes of black men in a rural district of South Africa towards Depression and its Treatment. <https://doi.org/10.21203/rs.3.rs-1473644/v2>
43. McEachan, R., Taylor, N., Harrison, R., Lawton, R., Gardner, P., & Conner, M. (2016). Meta-analysis of the reasoned action approach (RAA) to understanding health behaviours. *Annals of Behavioral Medicine*, 50(4), 592–612. <https://doi.org/10.1007/s12160-016-9798-4>
44. *Mental Health Care Act 17 of 2002*. South African Government. (n.d.). <https://www.gov.za/documents/mental-health-care-act>
45. Mohamed Ibrahim, O. H., Ibrahim, R. M., Al-Tameemi, N. K., & Riley, K. (2020). Challenges associated with mental health management: Barriers and consequences. *Saudi Pharmaceutical Journal*, 28(8), 971–976. <https://doi.org/10.1016/j.jsps.2020.06.018>
46. Monnapula-Mazabane, P., & Petersen, I. (2021). Mental health stigma experiences among caregivers and service users in South Africa: A qualitative investigation. *Current Psychology*, 42(11), 9427–9439. <https://doi.org/10.1007/s12144-021-02236-y>
47. Msomi, N. (2020, November 10). *Lockdown and covid-19 risk affected Soweto residents' mental health; study shows*. Health. Retrieved March 20, 2023, from <https://health-e.org.za/2020/11/05/lockdown-covid-19-mental-health/>
48. Muchemwa, P. L. (2015, March 28). *Research Instrument for Data Collection*. Academia.edu. https://www.academia.edu/11695245/RESEARCH_INSTRUMENT_FOR_DATA_COLLECTION
49. Nakkeeran, N. (2016). IS SAMPLING A MISNOMER IN QUALITATIVE RESEARCH? *Sociological Bulletin*, 65(1), 40–49. <http://www.jstor.org/stable/26368063>
50. National Institute of Mental Health. (n.d.). *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the surgeon general*. National Center for Biotechnology Information. <https://pubmed.ncbi.nlm.nih.gov/20669516/>
51. Nicholl, P., Graham, D., Redpath, J., Kearney, P., Wallace, J., Mulvenna, M., Martin, S., & Benest, I. (2014). Identifying the barriers and enablers for supporting learners with special needs in Higher Education. *Handbook of Research on Transnational Higher Education*, 467–485. <https://doi.org/10.4018/978-1-4666-4458-8.ch024>
52. Ong, H. S., Fernandez, P. A., & Lim, H. K. (2021). Family engagement as part of managing patients with mental illness in primary care. *Singapore medical journal*, 62(5), 213–219. <https://doi.org/10.11622/smedj.2021057>
53. Osieja, H. (2016). Academic freedom: Foundations, limitations, and delimitations. *EDULEARN Proceedings*. <https://doi.org/10.21125/edulearn.2016.0393>
54. Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2013). Purposeful sampling for qualitative data collection and analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
55. Parija, S., & Mandal, J. (2014). Informed consent and research. *Tropical Parasitology*, 4(2), 78. <https://doi.org/10.4103/2229-5070.138533>
56. Patel, V. (2014). Why Mental Health Matters to Global Health. *Transcultural Psychiatry*, 51(6), 777–789. <https://doi.org/10.1177/1363461514524473>

57. Peace, A. G. (2003). Software piracy. *Encyclopedia of Information Systems*, 131–142. <https://doi.org/10.1016/b0-12-227240-4/00162-3>
58. *Perspective Definition & Meaning | Britannica Dictionary*. (n.d.). Perspective Definition & Meaning | Britannica Dictionary. <https://www.britannica.com/dictionary/perspective>
59. Rahi, S. (2017). Research design and methods: A systematic review of research paradigms, sampling issues and instruments development. *International Journal of Economics & Management Sciences*, 06(02). <https://doi.org/10.4172/2162-6359.1000403>
60. Rani, R., & Sharma, R. K. (2012). Ethical Consideration in Research. *International Journal of Nursing Education*, 4(1).
61. Raphaelalani, S., Becker, P. J., Böhmer, M. W., & Krüger, C. (2021). The Role of Mental Health Care Act status in dignity-related complaints by psychiatric inpatients: A cross-sectional analytical study. *South African Journal of Psychiatry*, 27. <https://doi.org/10.4102/sajpspsychiatry.v27i0.1602>
62. Recker, J., & Recker, J. (2021). Ethical considerations in research. *Scientific Research in Information Systems: A Beginner's Guide*, 197-214.
63. Robinson, R. S. (2014). Purposive sampling. *Encyclopedia of Quality of Life and Well-Being Research*, 5243–5245. https://doi.org/10.1007/978-94-007-0753-5_2337
64. Ross, P. T., & Bibler Zaidi, N. L. (2019). Limited by our limitations. *Perspectives on medical education*, 8(4), 261–264. <https://doi.org/10.1007/s40037-019-00530-x>
65. Salama, R. A., Tadros, T. M., Sikandar, I., Ashraf, A., & Khan, A. (2021). Attitudes of healthcare professionals towards Mental Illness: A Survey Study in ras al khaimah. *Open Journal of Psychiatry*, 11(03), 160–173. <https://doi.org/10.4236/ojpsych.2021.113013>
66. Salgues, B. (2016). Acceptability and diffusion. *Health Industrialization*, 53–69. <https://doi.org/10.1016/b978-1-78548-147-5.50004-7>
67. Seetharaman, B. (2016). *Sampling and methods of data collection in qualitative research ...* Indian Journal of Continuing Nursing Education. Retrieved April 29, 2023, from <https://www.ijcne.org/article.asp?issn=2230-7354;year=2016;volume=17;issue=2;spage=41;epage=47;aulast=Seetharaman>.
68. Shahwan, S., Goh, C. M., Tan, G. T., Ong, W. J., Chong, S. A., & Subramaniam, M. (2022). Strategies to reduce mental illness stigma: Perspectives of people with lived experience and caregivers. *International Journal of Environmental Research and Public Health*, 19(3), 1632. <https://doi.org/10.3390/ijerph19031632>
69. Shareef, H. S. (2021). Challenges faced by mental health patients and role of community. *Pure and Applied Biology*, 10(4). <https://doi.org/10.19045/bspab.2021.100131>
70. Shields-Zeeman, L., & Smit, F. (2022). The impact of income on Mental Health. *The Lancet Public Health*, 7(6). [https://doi.org/10.1016/s2468-2667\(22\)00094-9](https://doi.org/10.1016/s2468-2667(22)00094-9)
71. Shukla, S. (2020). Population, Employment (National Concept), employment by industry (domestic concept): Finland. *CONCEPT OF POULATION AND SAMPLE*. <https://doi.org/10.1787/e1e69103-en>
72. Sng, B., Yip, C., & Han, N.-L. (2016). Legal and ethical issues in research. *Indian Journal of Anaesthesia*, 60(9), 684. <https://doi.org/10.4103/0019-5049.190627>
73. Sorsdahl, K., Petersen, I., Myers, B., Zingela, Z., Lund, C., & van der Westhuizen, C. (2023). A reflection of the current status of the mental healthcare system in South Africa. *SSM - Mental Health*, 4, 100247. <https://doi.org/10.1016/j.smmh.2023.100247>
74. Sorsdahl, K., Stein, D., Grimsrud, A., Seedat, S., Flisher, A., Williams, D., & Myer, L. (2009). Traditional Healers in the Treatment of Common Mental Disorders in South Africa. *Journal Of Nervous & Mental Disease*, 197(6), 434–441. <https://doi.org/10.1097/nmd.0b013e3181a61dbc>
75. *Stigma, prejudice, and discrimination against people with mental illness*. Psychiatry.org - Stigma, Prejudice and Discrimination Against People with Mental Illness. (n.d.). <https://www.psychiatry.org/patients-families/stigma-and-discrimination>
76. Swanepoel, M. (2011). Human rights that influence the mentally ill patient in South African medical law: a discussion of sections 9; 27; 30 and 31 of the Constitution. *Potchefstroom Electronic Law Journal (PELJ)*, 14(7), 1-20. Retrieved September 18, 2023, from http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S1727-37812011000700005&lng=en&tlng=en.
77. Tyrone, W. W. (2014). Cognitive neuroscience and psychotherapy. *Cognitive Neuroscience and Psychotherapy*. <https://doi.org/10.1016/c2013-0-00684-6>
78. Uddin, M. N., Bhar, S., & Islam, F. M. (2019). An assessment of awareness of mental health conditions and its association with socio-demographic characteristics: A cross-sectional study in a rural district in Bangladesh. *BMC Health Services Research*, 19(1). <https://doi.org/10.1186/s12913-019-4385-6>
79. Vargas-Sánchez, A., Plaza-Mejía, M. Á., & Porras-Bueno, N. (2016). Attitude. *Encyclopedia of Tourism*, 58–62. https://doi.org/10.1007/978-3-319-01384-8_11
80. Wainberg, M. L., Scorza, P., Shultz, J. M., Helpman, L., Mootz, J. J., Johnson, K. A., Neria, Y., Bradford, J.-M. E., Oquendo, M. A., & Arbuckle, M. R. (2017). Challenges and opportunities in Global Mental Health: A research-to-practice perspective. *Current Psychiatry Reports*, 19(5). <https://doi.org/10.1007/s11920-017-0780-z>

81. Weissbecker, I., Ventevogel, P., Hanna, F., & Pathare, S. (2020). Mental health and psychosocial support in humanitarian settings. *The Cambridge Handbook of Psychology and Human Rights*, 373–388. <https://doi.org/10.1017/9781108348607.026>
82. Wessels, J. S., & Naidoo, T. (2019). The management of a policy implementation project: The disastrous Gauteng mental health marathon project. *Africa Journal of Public Sector Development and Governance*, 2(1), 138–172. <https://doi.org/10.55390/ajpsdg.2019.2.1.8>
83. Williams, D. D. (2018). *Qualitative Inquiry in Daily Life* (1st ed.). EdTech Books. <https://edtechbooks.org/qualitativeinquiry>
84. Wong L. (2008). Data analysis in qualitative research: a brief guide to using nvivo. *Malaysian Family Physician: The official journal of the Academy of Family Physicians of Malaysia*, 3(1), 14–20.
85. Woods, M. (2011). Interviewing for research and analysing qualitative data: An overview. *Massey University*, 67–80.
86. Worku Tegegn, M., Alemayehu Wolde, H., Ashebir, L., & Debela, K. L. (2023). “An all-inclusive, user-friendly resource”: A review of Taylor, Bogdan, and devault’s introduction to Qualitative Research Methods: A Guidebook and Resource (4th edition). *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2023.6488>
87. World Health Organization. (2022). *Mental health*. World Health Organization. Retrieved April 25, 2023, from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.
88. Xu, H., & Jia, H. (2015). Privacy in a Networked World: New Challenges and Opportunities for Privacy Research. *Journal of the Washington Academy of Sciences*, 101(3), 73–84. <https://www.jstor.org/stable/jwashacadscie.101.3.73>
89. Yang, Y., & Hayes, J. A. (2020, September). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy*, 57(3), 426–436. <https://doi.org/10.1037/pst0000317>

