UNIVERSITY OF CAPE TOWN

DEPARTMENT OF SOCIAL DEVELOPMENT

AN EXPLORATIVE STUDY OF THE PERCEPTIONS AND ATTITUDES OF SOCIAL WORK STUDENTS TOWARDS MENTAL HEALTH IN MALAWI

A minor dissertation submitted in partial fulfillment of the requirements for the award of the degree of Masters of Social Science in Clinical Social Work.

By

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DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced according to the Harvard-UCT 2016 guidelines.

Signature:

Date:

DEDICATION

I dedicate this study to Late Dr. Malango Mkandawire, my cousin, my sister. Our last conversation, face to face she said “Thandie, we have to go for it. Whether it’s a Masters or Doctorate, however far, we reach out to it and we get it. You and I, we are going to be great!” This one is for you, I’ll do it for both of us.

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My grateful thanks to the 3rd and 4th year Social Work students at the Catholic University of Malawi who participated in this study and made this study a possibility, as well as making me believe that Malawi has a fighting chance in bringing mental health problems to the fore because of their positivism.

I would like to acknowledge the management and staff at the Catholic University of Malawi for consenting to this study. Most importantly, I would like to acknowledge Mr. Lawrence Frank Nyambalo (President of the Student Representative Council) for supporting me throughout the phases of this study and time spent at the university.

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ABSTRACT

This phenomenological study seeks to understand the perceptions and attitudes of Social Work students towards mental health at the Catholic University in Malawi. This study explores perceptions and attitudes towards mental health and mental health problems; persons with mental health problems; effective intervention strategies for mental health problems and help seeking behavior. These objectives are supported by two theoretical frameworks: Recovery Theory in relation to mental health and the Attitudes Theory.

The research method is an exploratory qualitative design with multiple participants. Seventeen Social Work students were the unit of study, selected according to a purposive and discriminant sampling design. Data was collected using a semi-structured interview schedule, and recorded during an in-depth interview.

This study brought to the fore the perceptions and attitudes of Social Work students towards mental health and mental health problems. Participants indicated that they perceive mental health problems as a real illness citing genetics and biological factors; drug and alcohol abuse; and witchcraft/spirit possessions as the causes of mental health problems, with the commonality of mental health problems consolidating them as a real disease. Participants cited cognitive abilities and normality as indicators of mental health and mental health problems. Participants felt that recovery; interpersonal relationships and inclusion are significant aspects of mental health problems. Participants felt that effective treatment was dependent on the severity of the mental health problem, citing link to services and counseling as the roles of Social Workers in providing effective intervention. Participants indicated that they would seek professional help as well as encouraging their clients to seek professional help. Participants indicated that discrimination and segregation presents as a barrier for disclosure of mental health problems as well as treatment. Participants also indicated aggression and awareness as aspects of mental health problems and placing emphasis on easily recognizing symptoms of psychosis.

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION

1.1 Introduction

As people we all have different perceptions and attitudes towards different phenomena in the world that we live in. This study explores the perceptions and attitudes of Social Work students towards mental health at a University in the Southern Region of Malawi. The study focused on mental health literacy; perceptions and attitudes towards persons with mental health problems; perceptions and attitudes towards effective intervention strategies as well as perceptions and attitudes towards help seeking behavior.

Chapter one provides an introduction to the study. The first section describes the research and the Malawian context in which the university and the study is located. The second section introduces the study which encompasses problem formulation; goals and objectives, and the motivation. The third section defines the key concepts. The fourth section illustrates the overview of the research design and concludes with a discussion on reflexivity and limitations. Finally, this chapter provides an outline of the chapters in this study.

1.2 Contexts

1.2.1 Research Context

In relation to the prevalence of mental disorders, the World Health Organizations: World Mental Health (WMH) Survey, by Kessler, Aguilar-Gaxiola, Alonso, Chatterji, Lee, Ustun and Wang (2009: 31) state that mental health problems are frequently occurring in many countries across the world and they tend to have an early age-of-onset with profound societal consequences. There is a paucity of data on the incidence and prevalence of mental; behavioral and neurological

disorders; and drug related mental health problems in Malawi. A qualitative research study conducted by Udedi, Araru and Holzer (2016: 1), in Malawi, found that 28.8% of the patients attending primary care had a common mental health disorder and that, persons with mental health problems had a higher average number of health facility visits compared to those without common mental health problems. The paucity of data creates a barrier in reflecting the nature and magnitude of mental health problems in Malawi.

Udedi, Araru and Holzer (2016: 1), state that the exact ramifications of mental health problems on Malawian individuals, families, society and the economy are not understood. Factors such as population growth, HIV/Aids, gender based violence and substance abuse present challenges in responding effectively and adequately to the mental health problems in Malawi.

1.2.2 Location of the Study

1.2.2.1 Malawi

Malawi, nicknamed as 'The Warm Heart of Africa," and formerly known as Nyasaland, is a landlocked country in Southeast Africa and is amongst the smallest countries in Africa. Lake Malawi occupies 20 per cent of its area and it is the third biggest lake in Africa. Malawi's northern boundary lies within nine degrees of the equator, with Tanzania to the north, Zambia to the west and Mozambique to the east and south. Malawi's highest peaks reach 10 000 ft/3000 m whilst the lowlands are barely above sea level. The contrast in landscape makes Malawi one of the most diverse and illustrious places in all Africa (Malawi Tourism Guide, 2016).

Malawi's cloak of vegetation, presents scenery that is constantly changing. The Lake with its magnificent shoreline and the majestic Shire River which drains it, lie within the Great Rift Valley of Eastern Africa. From the Lake, a series of escarpments climb to the Central African

Plateau at 1600 - 5000 ft / 500 - 1500 m. Malawi's impressive and remarkable rippling land is interspersed with hills and forests. Malawi's truly magnificent mountains are the Whaleback Plateau of Nyika and mountainous Viphya in the north; the Dowa Highlands in the central region and, in the south Zomba Mountain and the crown jewel being Mount Mulanje, one of Central Africa's grandest peaks (Malawi Tourism Guide, 2016).

A landscape covered with forests, rivers, streams and waterfalls, these highlands provide a landscape not commonly associated with Africa. Viewing points allow the pleasure of seeing across countless miles of diverse and magnificent landscapes; the forest reserves and uplands offer activities that range from climbing to trekking, mountain biking to bird watching, or the simple tranquility of Malawi's natural incredible and astounding beauty. The Malawian people are, undoubtedly, Malawi's finest feature: friendly and welcoming to a fault. Every visitor is met with a smile and the warmth of the welcome is genuine and long-lasting (Malawi Tourism Guide, 2016).

Malawi Tourism Guide (2016), states that Malawi has an estimated population of 16, 777, 547 as of July, 2013, making Malawi one of the most densely populated countries in this part of Africa. The Northern, Central and Southern Regions, make up the three regions of Malawi: Lilongwe the Capital City lies in the Central Region, Blantyre the Commercial City lies in the Southern Region with Mzuzu City in the Northern Region. The country is further divided into 28 districts. Malawians are descended from the Bantu people who up until the Fifteenth Century moved across Africa into Malawi. Most of the Malawian population is rural, living largely in fascinating traditional villages.

One of Malawi's World Heritage Sites, are the Stone Age Rock Arts that are found in the Chongoni hills near Dedza District. Malawi has a rich diversity of culture with the Chewa Tribe

being the most prominent in the Central and Southern Region whilst the Tumbuka Tribe is most prominent in the Northern Region. Other tribes include the Yao, the Nyanja and the Maravi. Each tribe has contributed to Malawian culture either through dress, dance or language. Facial masks are usually tribe-specific, and are commonly used in various dances and ceremonies. Not only does the country have a diverse population of native people, but also a diverse population of Asians and Europeans. Traditional (African) doctors are still a common feature in Malawi thus attracting many people. The two main 'modern' religions in Malawi are Christianity and Islam, indicating and exhibiting a continuing adherence to traditional beliefs (Malawi Tourism Guide, 2016).

The British Broadcasting Corporation (BBC, 2016), reports that during the Fourteenth Century the Bantu tribes united small political groups which led to the formation of the Maravi Confederacy which at its height of popularity included large parts of present day Zambia and Mozambique including present day Malawi. During the Seventeenth and Eighteenth Century Portuguese explorers arrived from the East coast of present day Mozambique as well as the Scottish missionary David Livingstone whose exploration led to the arrival of more European missionaries, adventurers and traders. Britain colonized Malawi and was then named Nyasaland and a district protectorate was established.

In the country's history, the 19th century was the most significant with inter-tribal skirmishes, the slave trade, missionary work with the continued visits of Dr David Livingstone and the influence of British colonial rule. It was during the Nineteenth century that Reverend John Chilebwe led a revolt against British rule and at the height of his revolt he killed the white owners of an intensely cruel estate and displayed one of the heads outside his church. John Chilebwe was consequently shot dead within a few days by police. Despite facing strong opposition from the

Nyasaland African Congress and White Liberal Activists, Britain combined Nyasaland with the Federation of Northern and Southern Rhodesia now known as Zambia and Zimbabwe respectively (BBC News, 2016).

Malawi finally attained independence in 1964, with Dr Hastings Kamuzu Banda becoming the first prime minister of the then-named Nyasaland; Dr. Banda later declared himself President for Life. Dr. Banda's autocratic rule came to an end in 1993 when the Malawian people voted for a multi-party democracy, which led to Bakili Muluzi being elected as the first president in a now democratic Malawi. Bakili Muluzi was later succeeded by late Professor Bingu Wa Mutharika, who was then succeeded by Vice President Joyce Banda as a result of his death. Joyce Banda lost the presidency to Peter Wa Mutharika brother of late Professor Bingu Wa Mutharika after a highly publicized cash gate scandal (BBC News, 2016).

Malawi's foreign policy is pro-Western, which includes positive diplomatic relations with most countries and participation in several international organizations such as the United Nations (UN), Commonwealth of Nations (CON), African Union (AU) and The Southern African Development Community (SADC). Malawi is one of the least developed countries in Africa and in the world. Malawi's economy relies on agriculture and foreign aid and is thus faced with challenges in building and expanding the economy; improving health care, education and becoming financially independent. Malawi has a low life expectancy; a high infant mortality and a high prevalence of HIV/Aids (BBC News, 2016).

1.2.2.2 The University: The Catholic University of Malawi

The University of Malawi (UNIMA, 2016), states that, The Catholic University (CU) was established in 2004 and was officially opened in 2006. The vision of the university is to be "the

centre of excellence for quality holistic education in every field of knowledge for the good of the people of Malawi and beyond." The mission of the university is to "contribute to the integral development of the nation through vocation training, academic courses and research activities that are tailored to the most critical needs of the nation and the Catholic Church." The University is located in Limbe, a town in the Commercial City of Blantyre in the Southern Region of Malawi and it has a satellite campus in Lilongwe the Capital City of the country with Reverend Fr. George Buleya as the Vice Chancelor of the university.

The university falls under the umbrella name of University of Malawi (UNIMA), which includes The Chancellor College (CHANCO), The Polytechnic College (PC), The College of Medicine (COM), Malawi University of Technology and Science (MAST) and Mzuzu University (MZUNI). The Catholic University's main campus also known as the Montfort Campus is located in Nguludi, 17km from the Central Business District (CBD) of Limbe and a 45 minute drive from the CBD of the Commercial City of Blantyre. The university is further located on the edges of a rural area, it is surrounded by villages with the nearest institution being the Malawi University of Technology and Science (MAST), which is a 30 minute drive from the university (UNIMA, 2016).

The university boasts a plush scenery of rolling tea and corn estates as well as the view of the magnificent Mount Mulanje. When it first opened the university only had two faculties: The Faculty of Science and the Faculty of Education. By 2006, they included the Faculty of Commerce and now the university offers degree's, diplomas and certificates in Commerce, Law, Education, Social Sciences and Theology. The university is a single story, ten blocked bricked building for lecture rooms and administration offices; two double story residence halls, 4 single

story residence halls, electricity and running water. The facilities include a library, a cafeteria, computer laboratories and a clinic. The university has a soccer field, basketball and netball courts (UNIMA, 2016).

The university is not contained by a fence around the perimeter. The perimeter is patrolled by guards. The entrance to the residence halls are guarded by one guard each. The university has a diverse population in terms of ethnic groups with every ethnic group in Malawi represented at the university. Three quarters of the student population is not from the surrounding area with most students coming in from the urban areas (UNIMA, 2016).

1.3 Problem Formulation

Udedi, Araru and Holzer (2016: 3-4) state that the mental health services in Malawi are provided under the Mental Treatment Act, Act of 1948, Chapter 34:02. In many aspects the act is outdated and a new Bill is currently in the drafting stage of development. Of the available health facilities in Malawi, only 0.3% comprise of mental health facilities. The human and material resources in mental health institutions are inadequate and create a barrier for effective and enlightened mental health care. The country has very few qualified mental health professionals available and mental health problem diagnoses are not based on the International Classification of Diseases (ICD) systems and the Mental Health Information System (MHIS) is also not comprehensive, (Udedi, Araru & Holzer, 2016: 3-4).

According to Udedi, Araru and Holzer (2016: 3), basic mental health services with the inclusion of emergency mental health services are provided at district hospital level and patients with mental health problems are admitted in the medical wards. Each district hospital operates a static clinic and an outreach program for mental health services. District hospitals and health care

clinics have a limited range of psychotropic medications and the percentages for follow-up sessions are low. Furthermore, Udedi, Araru and Holzer (2016: 3), state that the existing mental health services are mainly stationed in urban areas and these services are not decentralized or integrated into the national primary health care delivery system regardless of the fact that the majority of the population lives in the rural areas.

According to Udedi, Araru and Holzer (2016: 3), the lack of mental health service integration into the health care delivery system not only leads to an outcome of a limited range of services available to the Malawian population but also a lack of development of the necessary skills for the management of mental health problems by general health care workers. Udedi, Araru and Holzer (2016: 4), state that in Malawi there is a pervasive misconception about the nature of mental health problems which generates fear and stigmatization thus rendering persons with mental health problems at a disadvantage; creating a barrier in the promotion of mental health and the development of mental health services

Udedi, Araru and Holzer (2016: 4), found that under the Ministry of Health there is the Health Education Unit which addresses stigma and misconceptions however it has not been utilized effectively. The mental health care delivery system has not been adequately decentralized; services are not community based and are inadequately integrated into Primary Health Care. There is minimal budgetary appropriation for mental health services and programs in the central government and at the local government district levels thus the sector is constantly starved of funds.

1.4 Rationale of the Study

There is scant research available on mental health problems in Malawi and the majority of research that is available has focused on nurses and their experiences with mental health especially with individuals with HIV/Aids as well as their attitudes towards mental health. It is not surprising that much of the research has been focused on nurses as it is nurses who make up the large majority of health workers working with persons with mental health problems in Malawi. There are a couple of published works on the attitudes of people towards mental illness in Malawi. For instance Crabb, Stewart, Kokota, Masson, Chabunya and Krishnadas (2012) published 'Attitudes towards Mental Illness in Malawi: A Cross-Sectional Survey,' which focused on patients and their primary caregivers in a hospital setting.

Kutcher, Gilberds, Morgan, Udedi and Perkins (2015) published 'Malawi Educators' Assessment of Student Mental Health Outcomes,' which focused on adolescent's perceptions and attitudes towards mental health in Mchinji District and in Lilongwe the Capital City. Thus there is a lack of research regarding attitudes towards mental health in other areas of the Malawian population such as the general public; other professions such as medical doctors; university students such as medical students or social work students.

According to Udedi, Swartz, Stewart and Kauye (2014: 459), Malawi has a very low detection rate of mental disorders which could be a result of both the patient and the clinician; in that patients may not disclose mental health problem symptoms to the clinician or clinicians may not enquire about these symptoms. Furthermore, clinicians may not ask these questions because of attitudinal issues; high workload or a lack of knowledge regarding mental health. Udedi, Swartz, Stewart and Kauye (2014: 459), state that with a limited number of mental health care facilities

and professionals; a majority of the mental health care services are being provided by non-specialized nurses and many mental health problems are going undetected thus the rationale for conducting this study is to explore how these barriers to mental health care have affected the mental health literacy of Malawians, with particular focus on undergraduate Social Work students at the Catholic University.

1.5 Significance of the Study

Social workers are amongst the group of professionals who first come into contact with persons with mental health problems, they therefore have an important role to play in mental health care. Bland (2014: 159) states that, although Social Work has been hesitant and cynical compared to psychologists and occupational therapists in adopting evidence based practice in mental health, it is essential that Social Work practice should be based on good evidence so as to provide efficient and effective services to mental health consumers. Bland (2014: 160), further states that, as a profession that has a history of compassionate humanism and understanding the power of suffering and relationships, it is therefore imperative that the Social Work profession embraces the theoretical framework of the recovery theory as there is growing evidence that persons with mental health problems experience the consequences of the illness more acutely than the intrusive symptoms themselves.

According to Bland (2014: 160), social justice is central to the identity of Social Work and social workers thus the recovery theory helps social workers to focus on the lived experiences of persons with mental health problems as well as the broader social context such as personal well-being, family, friendships, community, housing, safety, poverty, work and health. Furthermore, the recovery theory directs Social Work to familiar concepts such as dealing with empowerment,

social exclusion, stigma and discrimination. Udedi, Araru and Holzer (2016: 4) state that, in Malawi, mental health problems contribute a significant percentage to the disease burden thus the purpose of this study is to explore the perceptions and attitudes of undergraduate Social Work students towards mental health.

The significance of the study is that it could provide insight to the degree of mental health literacy amongst Social Work students and how they can integrate Social Work principles with mental health care practice so as to provide efficient and effective services to mental health consumers. This study could provide insight on what measures the university should take to improve mental health literacy amongst Social Work students. It could also prompt further research on mental health literacy in other areas of the Malawian population and what measures can be taken to improve mental health literacy in Malawi. Lastly, it could help facilitate the implementation of one of the objectives of the Mental Health Action Plan 2013-2020 which is providing comprehensive, integrated and responsive mental health and social care services in community based settings (Mental Health Action Plan, 2013: 7).

1.6 Goals and Objectives

The primary goal of this study was to explore the perceptions and attitudes of Social Work students towards mental health in Malawi.

Research Questions

The research study focused on four main questions, namely:

1. What is the Malawian Social Work student's perception of and attitude towards mental health?

2. What is the Malawian Social Work student's perception of and attitudes towards persons with mental health problems?
3. What are the Malawian Social Work student's perceptions of and attitudes towards effective intervention strategies for mental health problems?
4. What are the Malawian Social Work student's perceptions of and attitudes towards seeking professional help and referring clients to mental health professionals?

Research Objectives

1. To establish Malawian Social Work student's perceptions of and attitudes towards mental health
2. To explore Malawian Social Work student's perceptions of and attitudes towards persons with mental health problems
3. To establish Malawian Social Work student's perceptions of and attitudes towards effective intervention strategies for mental health problems
4. To explore Malawian Social Work student's perceptions of and attitudes towards seeking professional help and referring clients to mental health professionals

1.7 Concept Clarification

1.7.1 Mental Health

According to Baumann (2015: 781), the World Health Organization (WHO) defines mental health as 'a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.'

1.7.2 Mental Illness

The Diagnostic Statistical Manual of Mental Disorder, Fifth Edition (DSM-5) defines mental illness as 'a syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation or behavior that reflects a dysfunction in the psychological, biological or developmental process underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities. An expectable or culturally approved response to a common stressor or loss, such as death of a loved one, is not a mental disorder. Socially deviant behavior (e.g. political, religious or sexual) or conflicts that are primarily between the individual and the society are not mental disorders, unless the deviance or conflict results from a dysfunction in the individual, as described above.' (Baumann, 2015: 640).

The Mental Health Care Act, Act 17 of 2002 in South Africa defines mental illness as 'a positive diagnosis of a mental health related illness in terms of accepted diagnostic criteria made by a mental health practitioner authorized to make such a diagnosis.' (Baumann, 2015: 640).

1.7.3 Mental Health Literacy

Mental Health Literacy is a term that was first used by the Australian researcher Anthony Jorm and his colleagues in the late 1990's as an extension of the term health literacy. Mental Health Literacy refers to 'the knowledge and beliefs about mental health disorders that aid in recognition, management or prevention.' (Mendenhall & Frauenholt, 2013: 365).

Mental Health Literacy has four domains. Understanding how to obtain and maintain good mental health; understanding mental disorders and their treatments; decreasing stigma against

mental illness and enhancing help seeking efficacy thus it addresses three interrelated concepts: knowledge, attitudes and help seeking efficacy (Wei, McGrath, Hayden & Kutcher, 2015: 2).

1.7.4 Attitudes

Attitudes are a central concept in Social Psychology and early writers defined Social Psychology as the scientific study of attitudes. Gordon Allport (1935) defined attitudes as 'a mental and neural state of readiness, organized through experience, exerting a directive and dynamic influence upon the individual's response to all objects and situations with which it is related,' (Schwartz & Bohner, 2001: 436). In this study attitudes refer to the Social Work students beliefs about mental health and mental health problems; interventions and help seeking behavior in Malawi.

1.7.5 Perceptions

Lindsay and Norman (1977) describe perceptions as 'the process by which organisms interpret and organize sensation to produce a meaningful experience of the world (Pickens, 2005: 52). In this study perceptions refer to the Social Work students opinions of mental health and mental health problems; interventions and help seeking behavior in Malawi.

1.8 Research Methodology

1.8.1 Research Design

This study is qualitative and phenomenological, as it examines the perceptions and attitudes of Social Work students towards mental health in Malawi. It is also exploratory given the paucity of similar research in Malawi.

Grinnell and Unrau (2008: 192) define an exploratory study as the 'exploration of a research question about which little is already known in order to uncover generalizations and develop hypotheses that can be investigated and tested later with more precise and hence more complex designs and data gathering techniques.' This research design was chosen for the following reasons:

- It examines Malawian Social Work students perceptions of mental health
- It explores Malawian Social Work students attitudes towards mental health
- It explores Malawian Social Work students lived experiences with mental health
- It is exploratory given the paucity of research in this specific context

1.8.2 Sampling

Ritchie and Lewis (2011: 78) state that, purposive sampling is one of the sampling techniques used within non-probability sampling whereby the sample units are selected based on particular characteristics which will enable the researcher to get a detailed exploration and understanding of the central themes that the researcher wishes to study.

The sample had 17 participants from a total population of 68 3rd and 4th year Social Work students. The sample comprised of 4 3rd year female students and 6 3rd year male students from a total population of 40 3rd year Social Work students. The sample further comprised of 4 4th year female students and 3 4th year male students from a total population of 28 4th year Social Work students.

1.8.3 Data Collection

This study focused on the experiences, perceptions and attitudes of Social Work students towards mental health thus the study used semi-structured interviews with predetermined questions on an interview schedule so as to get detailed descriptions of the perceptions and attitudes of Social Work students towards mental health.

A pilot interview was conducted to test the interview schedule and the operationalization of the research.

1.8.4 Data Analysis

According to Tesch (1990), to have valid and reliable conclusions, qualitative data analysis involves a set of systematic and transparent procedures for processing data. For this study the collected data was analyzed using Tesch's approach which involves methodically organizing and reducing data into themes, categories and sub-categories.

1.9 Reflexivity

The researcher grew up in Malawi, a country where mental health problems such as Major Depression Disorder, Bipolar Personality Disorder, Borderline Personality Disorder are referred to as 'matenda azungu' which means 'white people diseases; where it is believed that mental health problems are the result of alcoholism and illicit drug use or that they are due to being possessed or Satanism. However, without disregarding people's beliefs and the different phenomena that occur in the world that science cannot explain; the researcher always believed that there was more to mental illness than it is perceived in the country.

Having earned a Degree in Social Work and currently studying towards a Masters in Clinical Social Work, the researcher's perception on mental health problems has been solidified and thus when she had a conversation with a friend whose view on mental health problems was that mental health problems were the result of Satanism and nothing else the researcher's interest was raised as to how many university graduates have the same view on mental health problems.

Having once been a 3rd and 4th year student in Social Work and presently a master's student in Clinical Social Work, the researcher has her own perceptions, beliefs and attitudes about mental health, the role of Social Workers in mental health and the challenges faced in Malawi. The researcher managed to maintain an attitude of reflexivity before; during and after the process and combined with supportive supervision this enabled the research to take shape in a trustworthy, non-biased manner. As this is the researcher's first experience of research at a Master's level, the final challenge was adjusting to the steep learning curve that the minor dissertation presented and limiting the researcher's subjective influence.

1.10 Limitations

This study has a number of limitations which have to be understood within the context of a minor dissertation. The researcher's subjectivity has been discussed but there were also design limitations. The research was conducted and analyzed by one person, using one research method and having only one source of data obtained in one session which is further discussed in Chapter three.

1.11 Outline of Chapters

Chapter one provides an introduction to the study. It discusses the context of the study, the problem formulation, the rationale of the study, the significance of the study and the goals and

objectives of the study. The key concepts of the study were defined, the research design was summarized and it concluded with the reflexivity and limitations.

Chapter Two provides the literature review. The study is embedded in the theoretical frameworks of the Recovery Theory and Attitudes Theory. Current research and literature around Social Work student's perceptions of and attitudes towards mental health, persons with mental health problems, effective intervention strategies and help seeking behavior are explored in reference to these two models.

Chapter Three presents the research methodology in detail. This chapter provides the details for choosing the qualitative, phenomenological and explorative research design, the trustworthiness of the design strategies, the data collection implementation and Tesch's (1990) method for data analysis. The pilot study is included. The chapter concludes with a discussion of ethics.

Chapter Four presents the analysis of the research data. It begins by discussing demographic factors before outlining the Framework for Analysis. Data is presented in four themes: perceptions and attitudes of Social Work students towards mental health; perceptions and attitudes of Social Work students towards persons with mental health problems; perceptions and attitudes of Social Work students towards effective intervention strategies for mental health problems and perceptions and attitudes of Social Work students towards seeking professional help and referring clients to mental health professionals.

Chapter Five presents the conclusions derived from Chapter Four together with the recommendations for key players.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This study is contextualized and supported by two theoretical frameworks: the Recovery Theory and Attitudes Theory. Current research and literature concerning Social Work students mental health literacy; attitudes towards persons with mental health problems; attitudes towards intervention strategies and help seeking are explored with reference to these two models. This chapter discusses the World Health Organization Mental Health Policy as well as the Malawi Mental Health Policy; the history of Clinical Social Work in Mental Health; it briefly discusses the theoretical frameworks. The Recovery Theory and Attitudes Theory are then used as frameworks for managing information relevant to the study.

2.2 Mental Health Policy

2.2.1 World Health Organization Mental Health Policy

The World Health Organization (WHO) considers mental health as being a vital part of health and well-being which is reflected in its definition of health in the constitution of the World Health Organization. The World Health Organization: Mental Health Action Plan 2013-2020 describes health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO: Mental Health Action Plan, 2013:7). The World Health Organization recognizes that mental health can be affected by a series of socio-economic factors such as living conditions or working conditions that need to be addressed through a strategy plan that is inclusive of promotion, prevention, treatment and recovery (WHO: Mental Health Action Plan, 2013:7).

The World Health Organization: Mental Health Action Plan (2013: 7) indicates that the goals of the Mental Health Action Plan 2013-2020 is to promote well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce mortality, morbidity and disability for persons with mental disorders. The objectives of the Mental Health Action Plan 2013-2020 are to strengthen effective leadership and governance for mental health; provide comprehensive, integrated and responsive mental health and social care services in community based settings; implement strategies for promotion and prevention in mental health and to strengthen information systems, evidence and research for mental health (WHO: Mental Health Action Plan, 2013:7).

This study sought to explore the perceptions and attitudes of Malawian Social Work students towards mental health. This study provides a beginning explorative representation of the degree of mental health literacy and the perceptions and attitudes held by Malawian Social Work students thus illustrating the degree to which an all-inclusive, integrated and responsive mental health and social care services in community based settings can be provided as well as the implementation of strategies for the promotion and prevention of mental health.

2.2.2 Malawi National Mental Health Policy

The existing and implemented mental health policy in Malawi is the National Mental Health Policy of 2000. The goal of this policy was to 'provide comprehensive and accessible mental health care services to all the citizens of Malawi, in line with the National Health Policy and National Health Plan, and fully integrated into the existing primary health services as well as the secondary and tertiary health care services, as appropriate' (National Mental Health Policy, 2000: 10).

Udedi, Araru and Holzer (2016: 2) state that mental health is recognized as an important public health and development concern by the Malawian government and the government is in the process of implementing a number of critical reforms that will help strengthen the country's health systems which now includes mental health as part of the essential minimum package of services. Furthermore, Udedi et al (2016: 2) state that with the identification of mental health as a significant global health problem as part of the sustainable development goals, this has led to the opportunity of putting mental health higher on the country's agenda.

Udedi et al (2016: 4) emphasize the point that the Malawi government whilst being attentive to the World Health Organization's definition of health, is also aware that any health system is not complete without giving enough consideration to the mental health of the population. Furthermore, with the conviction that health care services are ultimately aimed at ensuring freedom from disease and promoting individual and community well-being. Udedi et al (2016: 4) further indicate that the Malawian government has decided to give special attention to the problem of mental health issues by formulating a policy and action plan to assist in effectively addressing the relevant issues. The policy aims to guide decentralization, integration, formulation of community based programs and provision of quality care and development of human resources.

Udedi et al (2016: 2) indicate that the Malawi Mental Health Policy is at present in revision thus the policy that is currently in existence is the Malawi Mental Health Policy Brief 2016. This policy brief outlines the actions that the Malawi Government and stakeholders will be taking to ensure the provision of efficient, effective, comprehensive, integrated and responsive mental health services. Furthermore, it outlines how the government and stakeholders will address the

social determinants of mental illness including prevention, advocacy campaigns, treatment and monitoring mechanisms for reducing harm that can be attributed to alcohol.

Udedi, Araru and Holzer (2016) highlight that the Mental Health Policy Brief outlines the seven priority areas as:

- 1: Leadership and Governance

It focuses on coordination for mental health services and it includes programs, development and management; standard setting; inter-sectoral collaboration and coordination and relevant mechanisms and legislation.

The policy aims to ensure that effective leadership for mental health services will be established through creating a functional mental health unit responsible for mental health and to foster inter-sectoral collaboration and coordinate all the mental health activities in the country.

- 2: Empowerment of persons with Mental Disorders and Psychological Disability

This will include mental health in vulnerable groups, empowerment of service users and human rights. The policy will ensure a human rights approach to mental health to ensure the rights and responsibilities of persons with mental health problems and that mental illnesses are acknowledged and respected.

- 3: Comprehensive Integrated and Responsive Mental Health Services

This will focus on organizational services for mental health; mental health promotion, prevention, early intervention, treatment and rehabilitation; and quality improvement for mental health and essential medicines for mental health.

The policy will ensure the provision of comprehensive, integrated and responsive mental health and social care services across all sectors.

- 4: Capacity Building: Human Resources and Training Infrastructure

The government will commit to a strategic plan of building capacity in mental health care provision including adequate education, training and infrastructure at all levels of care. Furthermore, the policy will ensure that the government will support the creation of a mental health workforce that is able to address the burden of illness in Malawi. This will include the provision of fully integrated mental health services (linking primary care with secondary and tertiary mental health care provision).

- 5: Research, Monitoring and Evaluation in Mental Health

Effective interventions in mental health needs to be based on scientific research evidence thus the policy will ensure that the government and stakeholders promote research capacity in mental health in Malawi and support the dissemination of research findings to the public and relevant stakeholders. Furthermore, government will commit to an on-going systematic monitoring and evaluation of mental health services in Malawi.

- 6: Mental Health Financing

Mental Health services need to be appropriately funded and its financing needs to be guided by existing evidence for cost effective infrastructure.

The policy will ensure that funding of mental health services is proportionate to the burden of disease in Malawi.

- 7: Mainstreaming Mental Health Policies and Programs

This involves incorporating mental health services (awareness and prevention of mental illness; promotion of mental health; and provision of mental health services) into the policies and programs of all ministry departments and agencies.

This policy will ensure that government ministries and agencies in collaboration with other stakeholders will develop and implement a mental health strategic framework for all sectors to promote and protect mental health.

This study focused on the perceptions and attitudes of Malawian Social Work students towards mental health which encompassed assessing the student's mental health literacy. This study thus provides a depiction of the mental health literacy of Malawian Social Work students. It allows government to discern what needs to be improved not only amongst Social Workers but other mental health professions as well thus moving towards effectively implementing the mental health policy.

2.3 The History of Social Work and Mental Health

2.3.1 Social Psychiatry

In the early 20th Century, Psychiatry was exclusively linked to asylums, however, as a medical specialization through a number of avenues, driven by what Grob (1994) cited in Charles and Bentley (2016: 153) described as the 'dreams of social redemption through progressive reform,' begun to separate itself from the asylums. Charles and Bentley (2016: 153) state that through the movements of Social Psychiatry; the Mental Hygiene Movement; and the Aftercare Movement, Psychiatry was able to distance itself from the asylums. Social psychiatry proposes that a

significant amount of focus should be placed on the social and cultural context of mental health and mental health problems. Furthermore, Social Psychiatry suggests that an individual's community and environment causes mental health problems and not an individual's genetics.

Alexander and Selesnick (1966) cited in Charles and Bentley (2016: 153), state that by definition the Social Psychiatry Movement can be understood and acknowledged as the denunciation of the status quo of the period in history whereby the blame and responsibility for mental health problems lay in the hands of the individual. Persons with mental health problems were pathologized; and seen as either immoral or physically defective before Social Psychiatry emerged. Brain autopsies; treatment methods such a moral treatment that focused on the structure and discipline of the client's environment, demonstrates the beliefs about mental health problems that were held at the time. Charles and Bentley (2016: 153) indicate that Adolf Myer was a key figure in the development of Social Psychiatry and coined the term 'psychobiology' as his developmental approach to mental health problems emphasized the interaction between the person and their environment

Charles and Bentley (2016: 153) indicate that Adolf Myer argued that the patients social environment inclusive of their life at home should be taken into account when assessing and understanding patients with mental health problems. During this period the medical records of the institutionalized patients only consisted of patient names and diagnosis which frustrated Adolf Myer, which further resulted in him sending Mary Potter Brooks Myer, his wife, who was a Social Worker to visit the patients families and employers so as to attain a comprehensive understanding of the patients lives, which he believed was essential to providing effective care.

Charles and Bentley (2016: 153) state that the Social Work profession through Mary Potter Brooks Myer, as she conducted visits with past and present institutionalized patients, played a supporting role in the development of Social Psychiatry. The assessments that she conducted are what might today be referred to as bio-psychosocial assessments thus seeing the patients as a person within and influenced by their environment. Mary Potter Brooks Myer would eventually be referred to as the first Psychiatric Social Worker.

2.3.2 Mental Hygiene Movement

Charles and Bentley (2016: 154) describe that the Mental Hygiene Movement was founded by Clifford W. Beers who in his autobiography describes that the illness and death of his younger brother triggered his fall into delusional and chaotic thought processes. Sands (2001: 32) based on Clifford W. Beers own description; he describes Beers suicide attempt, delusions, depression and mania in crystal-clear detail and reported the abuse and punitive treatment that he was subjected to during his hospitalizations.

Charles and Bentley (2016: 154) state that Beers was constantly beaten, choked, spat on, placed in solitary confinement and was once put in a straight jacket for three weeks during his hospitalization. The inhumane treatment in the asylums was meticulously recorded by Beers and through the letters he wrote to the governor and other high ranking officials, he made his intentions known of wanting to start a worldwide movement, whose main objective would be to promote understanding of mental health problems and improve the conditions and treatment of persons with mental health problems.

Charles and Bentley (2016: 154) state that Beer's autobiography helped bring together the support needed for the cause which led to the establishment of the Connecticut Society of Mental

Hygiene in 1908, and a year later it was expanded to become the National Committee for Mental Health. The committee was a precursor to the National Mental Health Association which is now called Mental Health America. With the clear intention of challenging the stigmatizing beliefs of personal blame and dangerousness, the movement's goal was to improve both public attitudes and service delivery. Charles and Bentley (2016: 154) indicate that Social Workers were involved in the Mental Health Movement which reinforced the profession's dedication to social change, political action and advocacy, and as a result fighting stigmatizing beliefs of personal blame, dangerousness and poor prognosis.

Charles and Bentley (2016: 154) state that Clifford Beers employed three dozen members as trustees, from Academia, Medicine and Social Work to serve on the society's board. One of the Social Workers he employed was Jane Addams of Hull House. He also employed Jane Lathrop and through her long career as a friendly visitor, a resident of Hull House and tenure on the New York State Board of Charities, the Social Work profession can claim her as one of their own.

2.3.3 The Aftercare Movement

Charles and Bentley (2016: 155) state that the Aftercare Movement emerged in the 1890's as an interest area for reform in the United States of America. Social activists, neurologists and hospital superintendents who had adopted the principles of Social Psychiatry and Mental Hygiene supported the movement. The movement only gained momentum in 1906 when members of the New York Charities Aid Association (NYSCAA) adopted a resolution supporting a plan for a statewide aftercare system based on private philanthropy. Charles and Bentley (2016: 155) indicate that the association hired Edith H. Horton, a graduate of New York School of Philanthropy which is now the Columbia School of Social Work. Her work as an

aftercare agent for two mental hospitals served to be as an important development in the history of Psychiatric Social Work and Community Based Mental Health Care.

Charles and Bentley (2016: 155) state that Horton played an important role in the Aftercare Movement. Her tasks involved providing social services to patients who could leave the mental health facility but required help in finding a place to live, securing a job or obtaining other community resources; tasks similar to those of a Social Worker in mental health services in present day. Charles and Bentley (2016: 155) further state that the movement also hired Edith N. Burleigh who was a trained Social Worker and former mental health patient. Complementary to the physicians work, visiting patients at home for skilled friendly visits and careful assessment of the home conditions were some of the task of a Social Worker at the time. It was during this time that hospitals begun hiring Social Workers for case work and aftercare planning for people leaving institutions.

Charles and Bentley (2016: 155) state that Mary C. Jarrett was hired by the director of Boston Psychopathic Hospital to be Chief of Social Services and together they coined the term 'Psychiatric Social Work' in their book The Kingdom of Evils. Later on Mary would be known as the 'Mother of Psychiatric Social Work.' Early Social Workers involved in the Aftercare Movement created our professional niche by addressing issues of social functioning which is central to the Social Work profession's public sanction, image and identity. Furthermore, helping clients and their families; planning for and coping with life after the hospital and rejecting the stigmatizing beliefs of paternalism, dangerousness and poor prognosis were roles that early Social Workers embraced.

2.3.4 World War I and II

Sands (2001: 34) states that World War I created conditions that promoted the development of Social Work in mental health. Social Workers provided psychosocial services to military families. As a result of the war many soldiers were experiencing 'shell shock' or 'war neurosis' thus the Boston Psychopathic Hospital and National Committee for Mental Hygiene developed the first training program for Psychiatric Social Workers in order to help these soldiers. Sands (2001: 35), indicates that at the time Freud and Psychoanalysis were gaining popularity and a following from intellectuals and medical professionals. It also appealed to Social Workers for a number of reasons. Many clients did not respond to Mary Richmond's scientific casework. Psychoanalysis recognized that unconscious, irrational, intra-psychic dynamics consist of forces that resist treatment (Sands, 2001: 36).

Sands (2001: 36), states that psychoanalysis provided a framework for understanding personality and providing effective intervention methods. Social Workers who took a psychoanalysis course recognized the benefits of understanding the self. World War II raised consciousness about mental health problems and the need to expand mental health services. It was during this time that Social Work services became part of military medical services. Sands (2001: 38), further states that during the 1940's and 1950's Social Workers expanded the roles they played in mental health settings. They gathered data on clients, families and home environment, information they used to establish a diagnosis. Social Workers had increased contact with communities because of the placement of discharged patients living with their families or foster families. The shortage of psychiatrists at the time allowed and necessitated the use of Social Workers as psychotherapists.

These events occurred in the international first world context thus this information is pertinent to the first world, however not much is known about the effect of World War I and II in relation to mental health in Africa. As there is no such history recorded in literature in Africa and specifically Malawi, the findings that emerged from this study about mental health and mental health problems will be the contribution that this study makes in relation to Social Workers working within the mental health field.

2.4 Theoretical Framework

2.4.1 The Recovery Theory

Adams, Dominelli and Payne (2009: 2), define Social Work as 'a profession that promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. It utilizes theories of human behavior and social systems; Social Work intervenes at the points where people interact with their environment. Principles of human rights and social justice are fundamental to Social Work.'

Gitterman (2014: 599), states that contemporary Micro Social Work practice is an outcome of both historical trends and a response to current issues within the profession. It can be understood within the context of its historical professional traditions and language as well as the environmental pressures and demands placed on the profession. At the turn of the 20th Century, industrialization and urbanization led to severe social disorganization which was evident by the fragmentation of extended families, crowded urban slums, inadequate housing and schools and oppressive work conditions. Gitterman (2014: 599), further states that, the settlement Movement and Charity Organization Societies emerged simultaneously in response to the vast social

problems. The Settlement Movement believed that the cause of urban suffering at the time lay in the environment and that their work was not charity but good neighboring

Gitterman (2014: 599), indicates that, the philosophy of the Charity Organizations was characterized by 'scientific philanthropy' which aimed for the rational, efficient distribution of alms. As the job descriptions for these societies grew more complex and advanced training was required, paid workers replaced volunteers and this marked the birth of the Social Work profession and it relied heavily on the principles drawn from medicine and science. Scheyett and Kim (2004: 40) state that from the beginning of the 20th Century to the present day, Social Work has had a long tradition of supporting vulnerable populations and fighting discrimination and stigma. It is against the definition and background of the Social Work profession that this research study used the Recovery Theory to organize the literature relevant to this study.

Anthony (1993) cited in Slade (2013: 8) defines recovery as 'a deeply personal, unique process of changing ones attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond catastrophic effects of mental illness.'

Ramon, Healy and Renouf (2007: 108) state that recovery has a number of origins but there is general consensus that the development of the Recovery Movement first came from the Survivor/Consumer Movement, mainly from the United States of America during the late 1980's and early 1990's. Gumber and Stein (2013: 188) state that in the 1980's the Recovery Movement emerged as a grassroots social movement, mainly from the writings of previous consumers or survivors; and consumers or survivors. At the heart of the movement was that "Recovery should

not be defined in terms of the reduction or elimination of psychiatric symptoms but rather as a pursuit of an individual's preferred futures in the face of the psychosocial consequences of mental illness." Cohen (2005: 334) indicates that the movement has been led by those who view themselves in various terms such as former patients or consumers; former psychiatric inmates and psychiatric survivors (Cohen, 2005:334).

Gumber and Stein (2013: 187) state that, in response to the advancement in pharmacological treatment and the increased social critique of mental hospitals, in 1963 President Kennedy signed the Community Mental Health Centre Act (CMHCA), thus shifting the context of mental illness treatment from state mental hospitals to local communities. The Community Mental Health Centre's (CMHC) were developed to provide services that included inpatients, outpatients, partial hospitalization, emergency services, consultation and education but these services were not adequately provided for due to lack of funding, hiring personnel with inadequate training in mental health and a large number of former patients requiring services. Gumber and Stein (2013: 187) further state that the gaps in mental health services and treatment for adults dealing with serious mental health problems, created by deinstitutionalization led to the implementation of the Community Support Program (CSP) in the 1970's as a response to the problems created by deinstitutionalization.

Gumber and Stein (2013: 187-188), indicate that constant services that provided community support; assertive outreach; and coordinated community care for adults with mental health problems were the goals of CSP. Psychosocial rehabilitation whose emphasis was on the provision of training in social skills and working so as to increase, the chances of successful community living. Successful results for CSP were dependent on sufficient funds, favorable staff-to-client ratio and flexible, custom and intensive programming as CSP proved to be

resource demanding. Gumber and Stein (2013: 188) emphasize that the Consumer/Survivor Movement was a response to scarce resources; poor implementation of mental health services; and authoritarian and paternalistic services that dominated available treatment for persons with mental health problems. This movement begun with former patients or consumers advocating and coordinating themselves; to provide alternate self-help, peer support and education.

Slade (2013: 9) states that the recurring theme of recovery is that personal recovery is an individual process, one that is non-linear and involves making progress, losing ground and pressing forward again. Though personal recovery is an individual process, it is also evident that a supportive network (family, friends, peers and mental health professionals) is important. The importance of these different levels of relationships can be seen in the four key elements of the recovery process. The four key elements of recovery include Hope, Meaning, Self-Identity and Personal Responsibility.

Scheyett and Kim (2004: 40) present literature on how Social Workers exhibit negative attitudes towards persons with mental health problems. They describe their work as hopeless, dull and undesirable. These findings are further discussed later on in Chapter 2 when discussing Social Worker attitudes towards mental health. This description of their work goes against the spirit of the Social Work profession as well as the Recovery Theory thus this study will help discern whether Malawian Social Work students perceive their profession as beneficial to mental health as well as whether they believe in the recovery of a person with mental health problems.

2.4.2 Theory of Attitudes

Attitudes are a central concept in Social Psychology and early writers defined Social Psychology as the scientific study of attitudes. Gordon Allport (1935) cited in Schwarz and Bohner (2001:

436) defines attitudes as ‘a mental and neural state of readiness, organized through experience, exerting a directive and dynamic influence upon the individual’s response to all objects and situations with which it is related.’

According to Pickens (2005: 44), attitudes are a complex combination of things such as personality, beliefs, values, behaviors and motivations. Typically when speaking of a person’s attitude, it is in reference to their emotions and behaviors. The feeling and belief aspects of attitudes are mainly internal and can only be observed through an individual’s behavior therefore attitudes help us describe how we perceive situations as well as define how we behave towards an attitude object or situation.

According Pickens (2005: 45), Alfred Adler accentuated that a person’s attitude towards the environment has a noteworthy effect on their resulting behavior. Adler proposed that a person’s thoughts, feelings and behaviors are a result of one’s interactions with his or her physical and social surroundings. However, the direction of influence is not linear, it flows in both directions thus an individual’s attitudes influence the social world and the social world influences our attitudes. Pickens (2005: 45), indicated that these interactions can cause conflict between an individual’s attitude and behavior which Alfred Adler referred to as cognitive dissonance. Cognitive dissonance refers to ‘any inconsistency that a person perceives between two or more of one’s attitudes or between one’s behavior and attitudes.

According to Pickens (2005: 47), direct interaction and experiences with people or situations, learning and modeling result in the formation of attitudes. Delamater (2006: 289) states that the attitude structure has four well-established perspectives with two of these perspectives focusing on the ability of attitudes to express psychological constructs such as beliefs and emotions. These

two perspectives are: the Tri-Component Model and Belief-Based Model. Pickens (2005: 47) indicates that according to the Tri-Component Model, attitudes express affect, cognition and behavior and people develop general positive and negative evaluations that sum up their reactions to attitude objects based on the components of the model. Once these evaluations are formed they may shape an individual's beliefs, feelings and behaviors, making these components more coherent with each other. As experience with the attitude object increases, these components become more similar in valence

According to Delamater (2006: 289), individuals with a positive attitude towards an attitude object often have feelings, beliefs and behaviors that are optimistic towards the object whilst individuals with a negative attitude towards an attitude object often have feelings, beliefs and behaviors that are negative towards the object. The Belief-Based Model proposes that attitudes are purely affective reactions to an object that are influenced by beliefs alone. Delamater (2006: 291) states that attitudes have functions that fulfill different psychological needs. These functions include object-appraisal function, which exist when attitudes function in a way that simplifies interactions with an attitude object; value-expressive function, which exists when people tend to like the objects that promote their values whilst disliking the objects that threaten their values and lastly attitudes serve the basic need to experience emotions (Delamater, 2006: 291).

2.5 Application of the Recovery and Attitude Theory

Oaken, Craig, Ridgway, Ralph and Cook (2007: 3) state that people living with a Psychiatric Disability and those around them must have hope for themselves and their futures so as to obtain the necessary resources to overcome the challenges they face living with a disability. The establishments of specific hopes and aspirations by the individual and those around him or her

have been identified as the crucial first steps in the process of recovery. Slade (2009: 92) states that mental health professionals can support the development of hope by promoting relationships. They can foster relationships with a higher being (though many clinicians find spirituality problematic), close relationships (family, friends, neighbors, and pets), peers relationships and professional relationships.

Professional relationships can be fostered by attaching and understanding the importance of the wishes and preferences of the service user and when possible being led by their priorities. According to Slade (2013: 14) we should have an open mind about learning from and being changed by the service users, using coaching skills whenever possible and giving and receiving supervision that not only considers the relationship but also the technical intervention competencies. Oaken et al (2007: 3-4) state that in a recovery oriented approach patients have the freedom to choose the type of assistance that they regard as necessary such as the choice of therapist and psycho-educational programming; the ability to make educated decision about the use of medication as well as the ability to state their preferences and the importance of the preferences being honored by the mental health professionals especially during a crisis.

Zellman, Madden and Aguiniga (2014: 660), state that people living with mental health problems are amongst the vulnerable and oppressed populations that the Social Work profession has a mission to serve. Social Workers are often identified as the main group of professionals providing mental health services. In the United State of America, Social Workers account for 60% to 70% of mental health professionals. Research indicates that these statistics are true for those areas in which there are limited resources i.e. Africa. Furthermore, institutions that are held in high regard such as the National Institute of Mental Health and the Council of Social Work Education recognize the Social Work profession as one of the primary providers of mental health

services. Due to the lack of research on mental health in Malawi and Africa, these findings could possibly be more pertinent in Malawi as well as Africa.

Zellman, Madden and Aguiniga (2014: 660) state that in light of this, it is the responsibility of the Social Work profession and Social Work education to train knowledgeable, competent and self-aware Social Workers who are capable of providing effective services to people experiencing a wide array of mental health problems or needs. Essential to this education, is the facilitation of the development of the students knowledge, skills and theory base that is necessary for effective practice with persons with mental health concerns. Furthermore, it is essential that students are assisted in identifying their own personal attitudes and stereotypes and engaging them in activities that will help them shift from their negative attitudes and stereotypes.

2.5.1 Social Work and Mental Health Literacy

The National Association of Social Workers (NASW) as cited by Mendenhall and Frauenholtz (2013: 365) identified that one of Social Work's top priorities is universal access to health and mental health. Furthermore, improving health literacy amongst the general public at a national and international level is one of the National Association of Social Workers goals. The United States Department of Health and Human Services refers to health literacy as the 'degree to which individuals have the capacity to obtain, process and understand health information and services that are needed to make appropriate health decisions.'

Mendenhall and Frauenholtz (2013: 365) indicate that it has been found that poor health outcomes including increased incidence of chronic illnesses and less than optimal use of preventive services can be attributed to low rates of health literacy. Interventions to increase health literacy suggest that these interventions can improve an individual's health and the use of

health services. However in an effort to increase rates of health literacy, mental health literacy has unintentionally been sidelined in these interventions. Mendenhall and Frauenholtz (2013: 366), further states that in an effort to increase rates of mental health literacy, social workers are in the best position to lead the field in mental health literacy practices as they have the necessary skill set and since the birth of the Social Work profession, social workers have been instrumental in the development, implementation and research of many interventions that improve mental health literacy (Mendenhall & Frauenholtz, 2013: 366).

Mendenhall and Frauenholtz (2013: 366) indicate that social workers provide the majority of mental health care services which suggests that they have greater opportunities to measure mental health literacy of their clients as well as assess and improve health communication practices in the mental health field and implement mental health literacy interventions. Furthermore, the underlying goals of mental health literacy of reducing stigma and improving access to mental health services align with Social Work's professional values of dignity and worth of individuals; social justice and concern for historically marginalized and at risk populations. As social workers provide the majority of mental health services and according to McGory and Goldstone cited in Martin (2016: 43), three quarters of mental health problems develop before the age of 25 thus it is imperative that social workers exhibit high rates of mental health literacy.

According to the review of the literature by Martin (2016: 43) most literature states that early intervention is essential for young individuals presenting with the signs and symptoms of mental health problems. Early intervention has proven to minimize social, psychological and medical problems later on in life. One of the barriers in accessing mental health services by young people is the low degrees of mental health literacy, which consequently increases the risk of long term

harmful effects for young people living with mental health problems. Martin (2016: 43) states that it is therefore important that Social Workers are able to identify the signs and symptoms of a mental health problem as this allows for the formation of suitable professional responses and a lack in suitable professional responses leads to delayed service provision. Social workers should also be aware of their attitudes and beliefs as they influence help seeking behaviors and professional responses.

This study examined the degree of mental health literacy of undergraduate social work students in Malawi focusing on perceptions and attitudes towards mental health as it falls under the umbrella of mental health literacy. There is a paucity of research in this area in Africa and Malawi thus literature from across the globe has been used. In a qualitative study conducted by Martin (2016: 53) with Australia 3rd year undergraduate Social Work students to examine their degree of mental health literacy; the study found that before the study was conducted the student's rates of mental health literacy were significantly low. After taking a course on mental health literacy and conducting a second test, respondents exhibited increased rates of mental health literacy and correctly identifying mental health problems. Most respondents could accurately identify psychosis and depression with substance misuse.

Martin (2016: 53) states that the study also found that the Australian Social Work student's knowledge of mental health medications also improved, however, this was only in relation to depression and psychosis. Knowledge of mental health medications was not consistent in relation to other mental health problems such as post-traumatic stress disorder and social phobia. According to Martin (2016: 53), this lack of knowledge of mental health medications emphasizes the need for social workers to get accustomed to the medications that their clients are prescribed as this will allow them to correctly identify the side effects and adverse reactions. Furthermore,

after the course in mental health literacy, cognitive behavioral therapy and psychotherapy increasingly became the preferred methods of intervention.

According to Martin (2016: 56) previous studies have found that there is a strong correlation between personal experience with mental health problems and mental health literacy. A particular study cited by Martin (2016: 56) found that students had high rates of mental health literacy in relation to depression. Many of the students had suffered from depression or were related to someone who had suffered from depression. Although the overall response indicated high rates of accurately recognizing mental disorders, some of the participants failed to differentiate depression and psychosis and they felt that psychosis would be best dealt with alone. Some participants stated that drinking as a means to relax would be helpful for depression with suicidal thoughts and social phobia. Some stated that expressing disapproval would be a helpful intervention for depression with substance misuse.

The overall results of the study referred to by Martin (2016: 56) showed increased rates of mental health literacy. Not only were participants willing to seek professional help for themselves but for their close family members and friend, furthermore seeking help was perceived as helpful form of support. Self-help strategies; physical activity; relaxation and socialization were also considered the most helpful interventions for all mental health problems. Martin (2016: 56) indicates that the study found that participants were unlikely to see the clergy, minister or priest as they were considered to be the least helpful as well as being viewed as harmful. This highlighted that participants were most unlikely to seek services from the chaplaincy or refer people to them. This literature is contextualized within the first world with particular focus on Australia, equivalent literature focusing on Malawi and Africa does not exist.

2.5.2 Clinical Social Worker/Client Relationship

Newhill and Korr (2004) cited in Zellman, Madden and Aguiniga (2014: 661) state that mental health professionals working with persons with chronic mental health problems have often been found to hold negative attitudes towards their clients. Wahl and Araesty-Cohen (2010) cited in Zellman, Madden and Aguiniga (2014: 661) found that mental health professionals had inconsistent or negative attitudes towards mental health problems. According to Bory and Kristiansen (2004) cited in Zellman, Madden and Aguiniga (2014: 661) the recovery theory states that the professional relationship between the practitioner and client fosters hope. The worker-client relationship plays a vital role in the recovery process and that effective treatment partnerships are based on equality, collaboration and viewing the individual as a capable and resourceful person.

According to Kondrat and Early (2011) cited by Zellman, Madden and Aguiniga (2014: 662) research has shown that the attitudes and beliefs of mental health professionals towards their clients can have a direct effect on the professional relationship and service outcomes. Low expectations and negative attitudes towards individuals with serious mental health problems reduces the abilities of mental health professionals to develop effective working relationships with their clients. Positive outcomes are dependent on effective worker-client partnerships.

Eklund (2003) cited in Zellman, Madden and Aguiniga (2014: 662) found that case managers can help reduce or can unknowingly reinforce the effects of self-stigma and that strong worker-client relationships lead to useful outcomes for the client. It has also been found that individual's under psychiatric care believed that the nature and quality of the worker-client partnership was

the most important element of treatment. Due to the paucity of research in Malawi and Africa on mental health, equivalent literature does not exist.

2.5.3 Mental Health and a History of Stigma

Zellman, Madden and Aguiniga (2014: 661) found a number of studies that demonstrated that mental health professionals uphold stigmatizing attitudes similar to those held by the general population towards persons with mental health problems. Stigma can be exhibited in different forms however the frequently discussed form of stigma in literature in reference to mental health problems refers to social stigma. Wesselman, Day, Graziamo and Doherty (2012: 166) state that individuals with mental health problems are one of the most stigmatized groups that frequently experience the loss of personal relationships and social supports, housing opportunities and employment.

Arboleda-Florez and Stuart (2012: 459), state that from ancient times, labeling individuals as mentally ill has been fundamental in the process of stigmatization as it instantly marks an individual as being of lesser social value. In ancient Greece, mental illness was linked to dangerousness which is easily evident in Greek mythology. Arboleda-Florez and Stuart (2012: 459) indicate that Goffman perceived stigma as being caused by one of three dishonoring conditions, which are capable of damaging one's social identity. These dishonoring conditions are abominations of the body such as physical deformities, tribal stigma which stems from ethnicity, gender or religion and blemishes of individual character such as unemployment, criminality or mental illness.

According to Arboleda-Florez and Stuart (2012: 459), the derogative application of the term stigma to mental health problems appeared when mental illness became linked to sin. Although

the trials described in Malleus Maleficarum (The Witches Hammer) contain numerous indications of mental illness such as schizophrenia and depression, these inquisitorial approaches towards witches represented a negative and condemning attitude towards those with mental illnesses. These attitudes have existed in Christian culture since the rise of rationalism in the 17th Century to the present. According to Wesselmann, Day, Graziamo and Doherty (2012: 166), empirical research related to religious beliefs about individuals with mental illness is scarce. Religious communities and beliefs provide an essential source of coping and social support resources, however, they can also be harmful if they encourage maladaptive forms of coping or ineffective treatment options.

According to Wesselmann, Day, Graziamo and Doherty (2012: 167), the limited amount of empirical research available on religious beliefs suggests that religious beliefs about mental illness are positively correlated to secular stigmatizing beliefs about mental illness which consequently leads to inadequate social support for both persons with mental illness and their families. Research has found that members of religious communities persuade individuals with mental illnesses to stop taking psychiatric medicines and focus on treatments that give preferentiality to prayer and religious text study thus religious beliefs and communities have significant influence on the type of treatment or psychiatric services an individual will recommend to persons with mental health problems (Wesselmann, Day, Graziamo & Doherty, 2012: 167).

Wesselmann, Day, Graziamo and Doherty (2012: 167), indicates that research has also found two separate but related factors in Christian communities which are mental illness is the result of sinful or immoral behavior and that they have spiritually oriented causes and treatments. Due to the paucity of research on mental health, literature focused on religion and mental health in

relation to Malawi is not extensive; however, the available literature is by Crabb, Stewart, Kokota, Masson, Chabunya and Krishnadas, (2012), whose study presents findings from Malawi and West Africa.

2.5.4 Attitudes towards Mental Health

Across the world people have different attitudes towards mental health and mental health problems. For instance, according to Ahmead, Rahhal and Baker (2010: 356) in Arab cultures their attitude toward mental illness is that mental illness is caused by supernatural entities such Jinn or demons (creatures that cannot be seen but live among the people with the power to change and hurt people), devils, and the inability to follow rituals and fate. Devils or Jinn possess an individual thus causing mental health problems. They believe that through traditional treatments such as traditional healers or visiting holy places and religious people, persons with mental health problems can be healed.

According to Ahmead, Rahhal and Baker (2010: 356-357), emotional and behavioral problems are not considered to be mental health problems and the family has the right to do something about these problems without seeking professional help. Mental health professional in Arab cultures hold negative attitudes towards persons with mental health problems, attitudes that are similar to the general public. Furthermore, they do not take into consideration genetic factors as the cause of mental health problems but rather give preference to spirits as being the cause of mental health problems.

With the paucity of research available on attitudes towards mental health in Africa, most of the information found is drawn from different parts of the continent. Recent studies reviewed and cited by Crabb, Stewart, Kokota, Masson, Chabunya and Krishnadas (2012: 2) have found the

experience of stigma in Africa may be more prominent in persons with mental health problems, their families and communities than was previously observed in African countries. This could have been the result of a lack of research in the area of attitudes towards mental health.

For instance, according to Crabb et al (2012: 2) in Ethiopia, three quarters of families with mental illness experience stigma. Members of the general public in South Africa attribute mental illness to stress or a lack of will power instead of mental illness being viewed as a medical illness whilst members of the general public in West Africa display inadequate knowledge about the causes of mental health problems. Negative attitudes towards mental health problems are widespread in West Africa and a large majority of the population believes that those with mental illnesses are dangerous and are unsuitable for normal social contact

In Nigeria, according to Crabb et al (2012: 2) the majority of people attribute mental illness to supernatural reasons instead of psychosocial explanations that are common in international findings. Furthermore, family members experience a higher occurrence of anger and stigma. In Ghana, members of the general public attribute the cause of mental illness to culturally specific explanations and are more accepting and supportive towards persons with mental health problems.

2.5.5 Attitudes towards Mental Health in Malawi

According to Crabb et al (2012: 1) the World Health Organization found a strong correlation between stigma and discrimination associated with mental health problems and poverty, suffering, and disability. Social exclusion and discrimination; isolation; being identified as the black sheep of the family; isolation; blame and secrecy; and shame are associated with the experience of stigma. Low rates of suicide prevention and the inability for persons with mental

health problems to recognize their illness and poor re-integration of persons recovering from mental health problem in society are resultant of stigma proving to be a barrier to treatment. As with many African countries there is a paucity of information regarding attitudes towards mental health in Malawi, however, crabb et al (2012) cite one study conducted on attitudes towards mental health at the Queen Elizabeth Hospital in Blantyre, Malawi. This was a cross-sectional study that was carried out over a two week period. The study focused on both patients and carers.

According to Crabb et al (2012: 3) the study found that a large number of participants perceived drug and alcohol abuse as the main cause of mental health problems. These findings are positive in that it suggests that members of the general public consider the potential of successful treatment and recovery. However, alcohol and illicit drug use can only be attributed to a few mental disorders thus the majority of the sample was factually incorrect on the causes of mental health problems. Crabb et al (2012: 3) state that many sub-Saharan African countries have a negative attitude towards drug and alcohol use and is perceived to be morally wrong which may also be why most of the sample attributed mental health problems to spiritual reasons such as spirit possession or God's punishment. These findings were consistent to those found in Nigeria thus suggesting that may be views on the cause of mental illness may be common across Africa.

According to Crabb et al (2012: 3), in Nigeria, negative and stigmatizing attitudes towards person with mental health problems are strongly correlated with religious and magical beliefs instead of biological explanation which are consistent with sub-Saharan countries. In these countries persons with mental health problems are treated punitive manner or are treated by traditional or faith healers, outside the world of modern medicine. With the sample in Malawi attributing drug and alcohol use and spiritual causes to mental health problems this raises concerns for the potential for discrimination and non-medical treatment as well as maltreatment

in the worst case scenario. The sample in Malawi also attributed brain disease as a cause of mental health problems which then poses contradictory views alongside equally strong alcohol and illicit drug and spiritual attributions (Crabb et al, 2012: 3).

Crabb et al (2012: 4) state that unlike Western tradition where the mind and body are separate entities, in Malawi it is possible that there is no distinction between the two and that spiritual possessions are believed to affect the brain directly thus resulting in a strong brain disease attribution to the cause of mental illness. The study also found that many of the participants supported the link in mental health perceptions of poverty being a causal factor of mental health problems. However this view was held by those living affluent lives compared to those living in poverty. Most of the country lives in relative poverty thus it may be difficult for members of the general public to view poverty as a cause of mental health problems. Unlike developed countries where mental illness may carry stigma, mental illness also elicits sympathy and people with mental health problems have access to health services and support from the welfare states (Crabb et al, 2012: 4).

Crabb et al (2012: 4) state that in Malawi impoverishment awaits those living with mental health problems. Thus the possibility of an even worse fate is a condition impoverished people or communities may be reluctant to consider. According to Crabb et al (2012: 4) the study also found that the participants believed that mental illness could be treated outside hospital settings thus reflecting the reality of very minimal community mental health care in Malawi and that the participants are not aware of alternative treatments in hospital settings. Lastly, the study found that very few participants would be ashamed if a family member experienced mental health problems and many stated that they were prepared to maintain a friendship with someone who had been mentally ill.

Crabb et al (2012: 5) indicated that many of the participants were unwilling to increase social intimacy such as sharing a room with an individual who had experienced mental health problems. One in five of the participants were prepared to consider marriage to someone who had experienced mental illness, this may be due to the fact that half the participants believed that mental health problems are caused by genetic factors thus the fear of mental health problems being passed on to their future children. The sample in Malawi displayed less stigmatizing views regarding social distance which may be a result of the fact that half of the sample had personal experience with mental health problems either as someone with mental health problems or being related to someone with mental health problems.

2.5.6 Attitudes of University Students towards Mental Health

With the paucity of research available on attitudes towards mental health in Africa, most of the information found is drawn from different parts of the continent as well as the world. In a qualitative research study conducted by Youssef, Bachew, Bochie, Leach, Morris and Sherma (2014), in the English speaking Caribbean, where the demographics are similar to those in Malawi in regards to a growing population of persons suffering from mental health problems, a limited number of infrastructure and trained personnel and a general public that lacks knowledge; researchers found similar results as those found in this study. In the Dominican Republic, the majority of participants were unable to identify persons suffering from alcoholism, depression or childhood hyperactivity as having a mental illness. Participants in this study did not recognize drug and substance abuse as a mental health problem but only as a cause of mental health problems.

In this study psychosis shall refer to persons with mental health problems that are unkempt, aggressive, walking the streets and picking up food from trash cans or rubbish pits as this is how the participants in this study perceive psychosis. The participants in this study stated they would easily recognize mental health problems if the person was presenting with the signs and symptoms of psychosis. Furthermore, participants stated before taking a course in mental health, their perceptions of mental health problems was similar to that of members of the general public. According to Youssef et al (2014: 48) in the Dominican Republic, Psychosis was readily recognized as a mental illness. Similarly in Trinidad and Tobago, Psychosis was easily and readily recognized as a mental illness with respondents agreeing that hospitalization was the best way of treating a person with mental health problems.

All of the participants in this study mentioned that they had a limited amount of knowledge about mental health problems and interventions. Participants were able to provide basic information for mental health problems and interventions. The results of this study support Youssef et al (2014: 51) whose study found that the university's student population also had limited knowledge about mental health. Similarly a study conducted at the University of Zurich, cited by Youssef et al (2014: 51), students had difficulty recognizing specific symptoms of Schizophrenia and had a number of false beliefs. In this study, particularly with Schizophrenia, participant's were able to identify it as a mental illness but were unable to give the specific symptoms of Schizophrenia.

Youssef et al (2014: 51 state that participants in the English speaking Caribbean suggested that education would improve knowledge about mental health. Participants in this study suggested awareness campaigns and civic education. The difference between the Malawian Social Work students at the Catholic University and the English speaking Caribbean Social Work students and similarly with India and Sweden was the degree of mental health literacy. Students in the

countries mentioned above had higher degrees of mental health literacy and their suggestions were based on participants viewing persons with mental health problems as having no hope of being cured whilst the Malawian Social Work student's suggestions were based on a lack of knowledge.

Youssef et al (2014: 52), state that due to these findings, it suggests that people view a diagnosis of mental illness as a lifelong condition. The findings from this study contradict Youssef et at (2014: 52) in that more than half of the participants in this study perceive recovery to be an aspect of mental health problems. According to Youssef et al (2014: 52) a diagnosis of mental illness becomes a marker of identity and potentially one of the reasons people with mental health problems avoid seeking help and disclosing their diagnosis to others.

A study conducted by Zellmann and Madden (2014) on Social Work Student's attitudes towards seeking professional help found that one third of the sample indicated that they would not be comfortable seeking treatment. However a large number of students, two thirds, indicated that they would be comfortable working in mental health and seeking treatment (Zellmann & Madden, 2014: 671). These findings are consistent with this study whereby participants indicated that they were comfortable working in mental health and they would not find it difficult seeking professional help.

2.5.7 Attitudes of Social Workers towards Mental Health

With the paucity of research available on attitudes towards mental health in Africa, most of the information found is drawn from different parts of the continent as well as the world. According to Hansson, Jormfeldt, Svedberg and Svensson (2011: 48), studies show that the public perceptions of persons with mental health problems is one of dangerousness, unpredictability and

difficult to talk to thus negative attitudes and discrimination towards persons with mental health problems is still widespread amongst the general population and it is viewed as one of the main barriers to successful treatment, rehabilitation and the inclusion of persons with mental health problems in society. According to Scheyett and Kim (2004: 40), persons with mental health problems particularly those who experience psychotic and affective symptoms and struggle to obtain services in a system that is fragmented, confusing and often lacking effective care, the social worker and client relationship is therefore important in the success of any treatment. A social worker's positive attitude towards people with mental health problems is essential for effective intervention.

According to Hansson et al (2011: 49), studies have shown that persons with mental health problems feel patronized, humiliated and punished when in contact with mental health services and consumers point out that mental health professionals are the most stigmatizing group. According to Scheyett and Kim (2004: 40), studies have shown that mental health professionals including social workers exhibit negative attitudes towards persons with mental health problems; describing their work as hopeless dull and undesirable. In the qualitative study conducted by Hansson et al (2011) with a sample of mental health professionals that included social workers found that practitioners predominantly had negative attitudes towards persons with mental health problems; sharing the same views as the public that people with mental health problems are dangerous and unpredictable.

A qualitative study conducted by Wang, Locke and Chonody (2013), which focused on undergraduate Social Work students attitudes towards mental health found that race can be a contributing factor to people's attitudes towards persons with mental health problems. White Social Work students were most likely to not distance themselves from people with mental

health problems and were most likely to endorse medications and seeing mental health professionals. African American Social Work students were most likely to distance themselves from people with mental health problems and were most likely to stigmatize mental illness. They also agreed with views that mental illness is caused by an immoral or sinful life. The authors attributed these findings to the high levels of religiosity and spirituality among African American communities.

2.5.8 Attitudes of Social Work Students towards Mental Health

2.5.8.1 Attitudes of Social Work Students towards Persons with Mental Health Problems

With the paucity of research available on attitudes towards mental health in Africa, most of the information found is drawn from different parts of the continent as well as the world. According to Kubiak, Ahmedani, Rios-Bedoya and Anthony (2011: 254), Social Workers are often the first point of contact for individuals experiencing mental health problems and substance abuse problems. It is unclear what beliefs and attitudes are held by Social Workers in association to and treating these mental health problems. According to Kubiak et al (2011: 254) a few studies have discovered that Social Workers, student Social Workers and other mental health professionals are often biased about working with clients with substance abuse problems and hold stereotypes that stigmatize persons with mental health problems. For individuals with mental health conditions and substance use disorders, it has been found that social stigma and stigmatizing attitudes are barriers to effective care and primary practice intervention

Kubiak et al (2011: 254) state that each Social Worker has a variety of beliefs and experiences that they come with when entering the Social Work profession and these individual beliefs and

attitudes are shaped through collective experiences and corresponding cognitions. Very minimal research exists on the relationship between the beliefs and attitudes of Social Workers towards individuals with behavioral conditions and their practice behaviors. Kubiak et al (2011) conducted a qualitative research that used nicotine dependence, major depression, alcohol dependence and Alzheimer's disease to assess Social Work student's willingness to provide treatment based on their levels of stigmatizing beliefs towards these mental health problems.

According to Kubiak et al (2011: 256) a social worker's stigma and evasive attitude towards treating persons with certain mental health problems can be exhibited through their willingness or unwillingness. There are several concepts such as pity and fear that are rooted within the concept of stigma; however the concepts around willingness to treat are rooted within the preferences or attitudes (prejudices) aspects of stigma. Kubiak et al (2011: 256) state that although social workers often endeavor to build up within themselves attitudes and beliefs that compliment the helping profession many are unconscious of their internalized stigma. It is unclear what conscious and unconscious beliefs and attitudes Social Workers hold and how these affect effective client engagement and retention.

According to Kubiak et al (2011: 256) social workers, student social workers inclusive of their families, friends and colleagues often have histories of alcohol and drug abuse, depression and nicotine dependence thus many professionals may feel discomfort or embarrassment in relation to their personal experiences that might diminish their help and practice related behaviors. This facet of stigma presents a barrier to early interventions directed towards the earliest manifestation of drug dependence, depression and related neuropsychiatric disturbances. It is essential to discern the attitudes as reflected by intended practice behaviors among social workers as they provide a large amount of mental health services across the world.

The study conducted by Kubiak et al (2011) found that students scored lower on the Medical Condition Regard Scale (MCRS) for major depression. This could have been a result of the belief that clients can benefit from counseling and medication and that they can recover. This supports the hypothesis that students would experience less anxiety when working with clients they thought would recover. According Kubiak et al (2011: 264) the study also found that high levels of stigma were associated with nicotine dependence, followed by alcohol dependence which presented no statistical difference from Alzheimer's suggesting that students may have taken into account non-measured attributions such as controllability into responses.

Kubiak et al (2011: 264) state that students may think or believe that an individual with Alzheimer's may have less control of their condition compared to smoking. High levels of stigma were exhibited by junior students when answering questions about clients with alcohol and nicotine dependencies whilst senior students displayed high levels of stigma and practice discomfort when talking about clients with alcohol dependence. According to Kubiak et al (2011: 264) half the students indicated having a personal history of depression and these students displayed higher levels of stigma towards clients with Alzheimer's disease and were less likely to report stigma with clients with nicotine dependence suggesting that those with a personal history of depression are more likely to smoke cigarettes. Past or current smokers were more likely to claim depression compared to non-smokers.

According to Kubiak et al (2011: 266), the student's personal characteristics were not indicative or predictive of their attitudes or beliefs. The study found that social work students demonstrated high levels of stigma in working with clients with nicotine dependence; however current use of nicotine was not predictive of stigma related to nicotine addiction. Sixty three per cent of the students perceived that they had a family member that had an alcohol and drug problem and 16%

of the students had a drug and alcohol problem. These results could suggest that students were more likely to have strong beliefs about clients with alcohol dependence problems; however these factors were not predictive of stigma for either nicotine dependence or alcohol dependence.

According to Kubiak et al (2011: 266) high levels of stigma were associated with students who had received high rein forcers of $37. Students receiving rein forcers below $12 exhibited higher levels of negative views towards clients with the Alzheimer's disease whilst students receiving rein forcers above the minimum of $12 exhibited higher levels of stigma thus reinforcement may play a role in understanding stigmatizing beliefs. The high proportion of students with personal or family history support studies that argue that mental and behavioral problems are present among Social Work professionals which can affect their helping relationships with clients.

2.5.8.2 Social Work Students Help Seeking Attitudes

With the paucity of research available on attitudes towards mental health in Africa, most of the information found is drawn from different parts of the continent as well as the world. According to Kubiak et al (2011: 266-267) mental health professionals are not resistant to mental health problems as well as drug and alcohol abuse disorders and the consequences of these disorders go beyond personal consequences but can also affect client interactions and interventions. It has been found that depression is common amongst care giving professions and is associated with impaired professional practice. Siebert (2004) cited in Kubiak et al (2011: 266-267) found that from of a sample of 751 Social Workers, 46% claimed to have lifetime depression whilst 20% were on medication for depression. However a social worker's role identity and the expectations of their families, friends, clients and themselves present a barrier to acknowledge that they have

personal problems that are similar to their clients therefore affecting the way social workers engage in clinical behavior.

According to Ting (2011: 253) depression is one of the most common and often researched mental health conditions. However, there is limited research on the occurrence of depression among social work students and their beliefs about seeking help. In the United States of America, depression is considered the most pervasive mental health condition with 18 million people affected annually. Despite these numbers, the majority of people suffering from depression do not report seeking professional help. Fear of stigma, lack of knowledge and concerns of quality of care are stated as some of the reasons why people do not seek treatment.

College students have higher self-reported rate of depression with low rates of seeking professional help compared to the general population. Schwitzer (2005) cited in Ting (2011: 253) found that college students who were more likely to seek professional help were those who presented with low risk for mental health problems and had higher functioning capacities compared to students who presented with high risk for mental health problems and had adjustment and coping problems. Furthermore, help seeking was not common amongst men and minority students. Researchers have found mixed results when assessing student's levels of education and help seeking attitudes.

Al-Damarki (2003) cited in Ting (2011: 253) found that college seniors had more tolerance and positive attitudes towards mental health providers whilst Granello (2003) and Hickie et al (2007) cited in Ting (2011: 253) found that the level of education was not a significant predictor of positive attitudes towards help seeking among students. Frequently cited reasons for not seeking help were: suspicion, distrust of mental health services, feelings of stigma and the fear of being

judged. According to Ting (2011: 253) social work students are at an increased risk of experiencing stress that can lead to potential mental health problems such as depression due to challenges in academic casework and additional responsibilities as interns during field practice. In light of this 215 Bachelor of Social Work students from the Mid-Atlantic State University were part of a research study to examine help seeking attitudes.

According to Ting (2011: 259) students cited structural reasons such as lack of time; resources such as insurance and knowledge such as help seeking procedure whereby students did not know where to go to find help and students cited preference for informal help, stating that they preferred talking to family and friends instead of a stranger. Lastly, students cited concerns of quality, questioning the skills of the therapist and how professional they are. The results of the study demonstrate that students help seeking attitudes are based on the Belief-Based Model where attitudes function to fulfill different psychological needs and these perceptions correlate with the object-appraisal function of attitudes which exist to simplify interactions with an attitude object (Delamater, 2006: 291).

Students also expressed reasons, according to Delamater (2006: 291) that fulfill the value-expressive function of attitudes, which exists when people tend to like the objects that promote their values whilst disliking the objects that threaten their values. According to Ting (2011: 259) students cited personal reasons such as stigma or embarrassment – fear of being labeled crazy or in need of help and the fear of what others may think. Students also cited confidentiality concerns such as the fear of their privacy not being kept and the need for perfection and control, expressing that seeking help implied that they lacked control and it symbolized personal weakness (Ting, 2011: 260).

Delamater (2006: 291) states that attitudes serve the basic need to experience emotions. In relation to serving the basic need to experience emotions, according to Ting (2011: 260) students cited distrust and fear of mental health services and professionals such as therapists; that push their own agendas onto others. Students also cited the cultural competency of the therapist, expressing concerns of whether the therapist will understand their religion or background. Students exhibited denial of needs or problems stating that they do not need professional help. Lastly students expressed a lack of motivation to seek help; students realized that they needed professional help but lacked the incentives to seek help (Ting, 2011: 261).

According to Ting (2011: 261), the study found that the themes and reasons for not using mental health services were similar regardless of whether the student was a junior or senior. Juniors and seniors reported that they would not hesitate seeking help or using mental health services if the need arose. These students expressed that they found mental health services useful and suggested that everyone should experience the process. These responses were not found amongst freshmen and sophomore students.

2.6 Conclusion

This chapter traced current literature concerning the mental health literacy of social work students as well as the perceptions and attitudes of social workers and social work students towards mental health using the recovery and attitudes theoretical framework. As this was a study located at a Malawian university, literature also explored the perceptions and attitudes of the Malawian population towards mental health.

CHAPTER THREE: RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

According to Babbie and Mouton (2012: 49), the term 'methodological paradigm' can be understood to include both the actual methods and techniques used by social researchers including the basic principles and assumptions related to their use. In empirical research, social scientists use a number of methods and techniques. The methods used vary according to the tasks that they perform: ranging from the methods and techniques of sampling; data collection methods and methods of data analysis.

Babbie and Mouton (2012: 49) state that the methods selected and their applications are always dependent on the aims and objectives of the study; the nature of the phenomenon being investigated and the underlying theory or expectations of the researcher. Furthermore, the application of methods and techniques includes a variety of assumptions as well as certain assumptions and values regarding their use under specific circumstances

This chapter outlines the course of the research: the rationale for choosing the design; the trustworthiness of the design strategy; the data collection implementation; pilot study and verification process. The chapter concludes with considering the ethical issues.

3.2 Research Methodology and Design: Qualitative Research Design

According to Babbie and Mouton (2012: 645), a paradigm is a model or framework for observation and understanding, which shapes both what we see and how we understand it and in the practice of social research, according to de Vos, Strydom, Fouche and Delport (2011: 73), there are two well known and recognized approaches to research: the qualitative and quantitative

paradigms and these paradigms distinctly differ from each other. According to Corbin and Strauss (2015: 4), qualitative research is a 'form of research in which the researcher or a designated co-researcher collects and interprets data, making the researcher as much a part of the research process as the participants and the data they provide.'

Corbing and Strauss (2015: 4) state that qualitative research employs an open and flexible design which differs from the notion of rigor that is essential when doing quantitative research and that qualitative research approaches, according to Babbie and Mouton (2012: 270) always attempts to study human behavior from the perspective of the social actors themselves; an approach that anthropologists refer to as the "emic" perspective. Qualitative research is aimed at describing and understanding human attitudes and behavior within their natural setting instead of an artificial environment of experiments and surveys.

Creswell (2013) cited in Corbin and Strauss (2015), states that there are many different types of qualitative research and each of them have their own purpose and structure. One type of qualitative research is phenomenology, according to Grinnell and Unrau (2008: 89) it focuses on people's subjective experiences and interpretations of the world. Babbie and Mouton (2012: 271) state that the phenomenologist seeks to understand an individual's behavior by attempting to view things from their point of view. It is against this background that this research is thus located within a qualitative phenomenological framework as it explores the perceptions and attitudes of Malawian Social Work students towards mental health problems at the Catholic University in Malawi.

Grinnell and Unrau (2008: 192) define an exploratory study as the 'exploration of a research question about which little is already known in order to uncover generalizations and develop

hypotheses that can be investigated and tested later with more precise and hence more complex designs and data gathering techniques. There is a paucity of research on social work student's attitudes towards mental illness and the context of the research is bound in place and time and is therefore an exploratory study as it seeks to understand the perceptions and attitudes of undergraduate social work students towards mental illness at the Catholic University in Malawi.

According to Grinnell and Unrau (2008: 457) qualitative research does not aim or emphasize objectivity however it must still endeavor to acknowledge and supplement its own subjectivity and bias and Babbie and Mouton (2012: 274) state that two approaches are used to understand objectivity and validity in qualitative research: Munchhausen Objectivity developed by the Dutch philosopher Adrian Smaling and the notion of 'Trustworthiness' developed by two American researchers Egon Guba and Yvonne Lincoln. This study is located within the qualitative phenomenological framework thus according to Creswell (2009: 13), the researcher ascertains the real meaning of human experiences about a particular phenomenon as expressed by the participants and this method relies on the human judgment and discipline of the researcher; it is therefore important that the researcher indicate trustworthiness (Grinnell & Unrau, 2008: 403).

Lincoln and Guba (1985) cited in Babbie and Mouton (2012: 276) indicate that a good qualitative research is found within the notion of trustworthiness which refers to the neutrality of the research findings and decisions. In discussing and assessing the trustworthiness of the qualitative design and data, Lincoln and Guba's constructs of credibility, transferability, dependability and confirmability will be used (de Vos, Strydom, Fouche & Delport, 2011: 346).

3.2.1 Credibility

De Vos et al (2011: 346) state that credibility is an alternative of internal validity and Leedy and Ormrod (2020: 97) describe internal validity as the degree to which the research design and data collected permits the researcher to derive accurate conclusions about cause and effect and other relationships within the data. According to de Vos et al (2011: 346) the goal of credibility is to illustrate that the research was carried out in a manner that ensures that the subject was accurately defined and described based on the literature presented in chapter 2 and according to Babbie and Mouton (2012: 277) that there is compatibility between the constructed realities that exist in the minds of the participants and those presented in the literature review.

This study focused on Bachelor of Social Work Senior Students (3rd and 4th years) at the Catholic University in Malawi. The researcher was not familiar with the context being studied thus she had to gain the trust of the university administration and the participants by first approaching the administration and explaining the research and its purpose. The researcher was then granted permission to conduct the study and was presented with a letter of consent to present to the president of the student council who would then help the researcher access the 3rd and 4th year class list so as to start making contact. Upon contact participants were presented with written documents explaining the research as well as consent forms.

3.2.2 Transferability

Lincoln and Guba (1985:290) cited in de Vos (2011: 346) suggests that transferability is the alternative to external validity or generalization and Leedy and Ormrod (2010: 99) describe external validity as the degree to which the research findings can be applied or generalized to other contexts. According to Babbie and Mouton (2012: 277), a qualitative researcher is not primarily concerned with statistical generalizations and does not claim that knowledge gained

from one context can be applied or be relevant for another context or the same context in a different time frame. In qualitative research the responsibility of demonstrating transferability rests on those who wish to apply it to the receiving context.

This study used thick descriptions. The researcher collected detailed descriptions of data in context and reported them with sufficient detail and precision thus according to Guba and Lincoln (1984) cited in Babbie and Mouton (2012: 277), this allows for judgments about transferability to be made by the reader. The study also used purposive sampling which is proposed as one of the strategies for transferability by Guba and Lincoln (1984) cited in Babbie and Mouton (2012: 277) as it involves selecting participants or locations that will help the researcher understand the problem and the research question (Creswell, 2010: 178).

3.2.3 Dependability

According to Babbie and Mouton (2012: 278) qualitative research should demonstrate to the readers that the evidence provided, if it were repeated with the same or similar participants in the same or similar contexts it would yield similar findings thus demonstrating dependability.

The detail in the research design, the use of the semi-structured interview schedule for data collection and its implementation in this research study allows the readers to assess both dependability and replicability.

3.2.4 Confirmability

Lincoln and Guba (1985) cited in Babbie and Mouton (2012: 278) refer to a confirmability audit trail which states that ‘an adequate trail should be left to enable the auditor to determine if the

conclusions, interpretations, and recommendations can be traced to their sources and if they can be supported by the inquiry.'

The confirmability of this research study is established through the chain of evidence that is presented in this chapter.

3.3 Sampling

According to Leedy and Ormrod (2010: 146) qualitative researchers obtain their data from different sources other than different people such as objects, textual materials, audiovisual and electronic records. These different units that they select consist of their sample and the process of selecting them is called sampling.

3.3.1 Sampling Design

In order to be credible, the sample should reflect the perceptions and attitudes of undergraduate Social Work students towards mental health in Malawi. According to Babbie and Mouton (2012: 166) this entails choosing a range of participants that would reflect the perceptions and attitudes of Social Work students as well as provide valuable data that is essential to the purpose of the study. Babbie and Mouton (2012: 166) further state that it is sometimes appropriate to select a sample that is based on the researcher's knowledge of the population which are Social Work students. Its elements and the nature of the research aims and selection is based on the researcher's judgment and purpose of the study.

It is therefore against this background that a purposive and discriminant sampling design was used whereby participants chosen would provide the most information about the perceptions and

attitudes of Social Work students towards mental illness and later returning to the data sources that were most apt in helping the researcher validate the theory (Leedy & Ormrod, 2010: 147).

The first step was to identify the operational criteria:

- Students enrolled for the Bachelor's Degree in Social Work
- Senior student (3rd and 4th year Social Work students)

The second step was to select the sample, which occurred in two stages. The first stage involved enquiring from the university's registrar which department or lecturers should be contacted to notify them about the research study being conducted with their students and request the class lists of potential 3rd and 4th year Social Work student participants and their contact details. The researcher was notified that, that was not necessary and was directed to the president of the student representative council in order to gain access to the class lists of potential 3rd and 4th year Social Work students and their contact details. The president stated he did not require a formal letter detailing the purpose of the research study as the researcher had already been given permission by the university to conduct the study. The president was able to give the researcher a list of potential 3rd and 4th year Social Work students and their contact details.

The second stage was sampling students from the two lists using a purposive, discriminant sampling design. Participants were contacted telephonically and the scope of the research was explained. One participant declined to take part after giving telephonic consent. The researcher was alerted to the fact that since the participants are of the same academic years and some of them are friends they shared the nature of the interview and the participant stated that they could not be part of the study as they did not feel confident in their knowledge of mental health problems thus another participant was chosen from that year. Prior to the data collection process

each participant was given a letter outlining the research, it was discussed and a written consent was obtained which is presented in Appendix C. The researcher encouraged honesty of responses and attempted to track her own bias through reflective commentary and supervision via email as the research was conducted in Malawi.

3.3.2 Sample Size and Composition

The sample size for a minor dissertation using a qualitative research design and face to face semi-structured interviews is also prescribed by the department in which the study is supervised, which is a sample of between 15 and 20 participants.

The sample had 17 participants from a total population of 68 3rd and 4th year Social Work students. The sample comprised of 4 3rd year female students and 6 3rd year male students from a total population of 40 3rd year Social Work students. The sample further comprised of 4 4th year female students and 3 4th year male students from a total population of 28 4th year Social Work students.

3.4 Data Collection Strategy

Creswell (2010: 178), states that data collection steps include setting the boundaries of the study; collecting information through unstructured or semi-structured observations and interviews; documents and visual materials as well as establishing the protocol for recording information. This research study involved exploring the perceptions and attitudes of Malawian Social Work students towards mental health hence choosing the standardized semi-structured interviews as a means of data collection. According to de Vos et al (2011: 296) semi-structured interviews provide a detailed picture of the participant's beliefs, perceptions or accounts of a particular topic. The interviews allow flexibility for both the researcher and the participant. It allows the

researcher to pursue interesting topics as they emerge and allows the participant to provide an extensive picture of the topic being discussed.

The same interview schedule was used with all the participants however the researcher allowed flexibility by allowing the interviews to flow naturally and explore different areas of discussion depending on the topics raised by the participants. Interviews lasted an average of 60 minutes with some interviews reaching 90 minutes. All seventeen interviews took place on the university premises in the office of the president of the student representative council which was relatively quiet and private.

The times were arranged according to the schedules of the participants and the interviews took place over a two week period. All the interviews were conducted in English and were recorded for accuracy.

3.4.1 Trustworthiness

Grinnell and Unrau (2008: 263), state that one of the considerations in data collection within the qualitative paradigm is how to best record the answers provided by the participants. The researcher has to convert the answers to valid, useful data without distorting or omitting any of the data. They suggest three criteria for recording interviews. The first is that it should accurately record the manifest intent if not the exact wording of the participant's answers. For this study all the interviews were recorded and transcribed. The researcher has both electronic and hard copies of the exact wordings of the participant's answers.

The second criteria is that it should be as unobtrusive as possible so that it does not inhibit the flow of the interview or distract the participant from giving complete candid answers. The

interviews were held in the office of the president of the Student Representative Council which was located away from the hub of the university providing silence and privacy.

The third criterion is that it should facilitate transmittal of the data from the recording instrument to the data bank. The researcher was able to transcribe the electronic data into electronic copies as well as hard copies of the interview.

The study was targeting the perceptions and attitudes of Malawian Social Work students thus to ascertain trustworthiness, enough interviews were conducted to ascertain themes, patterns and inconsistencies in the data. The interviews have been stored electronically and they can be accessed via the researcher. The details of the participants remain anonymous. The researcher made the effort to present the data clearly and was mindful to not lose information through bias and carelessness.

3.5 Data Collection Instrument

3.5.1 Interview Schedule

Holstein and Gubrium cited in de Vos et al (2011: 296) indicated that a researcher using semi-structured interviews is guided by an interview schedule. This is a set of predetermined questions that might be used as an appropriate instrument to engage the participant and designate the narrative terrain. The interview schedule can be accessed in Appendix E. Although the questions were predetermined, the researcher exercised flexibility to allow for the exploration of topics of discussion that were raised by the participants (Rubin & Babbie, 2011: 253). At the end of the interview participants were asked whether they had any further information they wished to add to the information already obtained.

The interview was guided by the schedule, it was not dictated by it (de Vos, Strydom, Fouche & Delport, 2011: 296) and the interview was allowed to flow organically (Rubin & Babbie, 2011: 270).

3.5.2 The Pilot Process

Leedy and Ormrod (2010: 111) indicate that in planning a research project, researchers may have to do a brief exploratory study or pilot study so as to try specific procedures, measurement instruments or methods of analysis. A pilot study is a great way to determine the feasibility of the researchers study. The participant was a 4th Year, 1st Semester Male Social Work student. The pilot participant was contacted telephonically and the research study was explained. In addition to explaining the research study over the phone, the pilot process included the participant reading through the explanatory letter to participants that included the informed written consent.

The pilot process included asking the participant if they had any questions, comments or concerns regarding the research letter and the informed written consent before they signed the consent document. The interview was recorded; attention was paid to the length of the interview as well as the clarity and flow of the questions. At the end of the interview the participant was asked if there are any issues the researcher should take in consideration. Minor changes were necessary, especially in recording the demographic information. The pilot interview was included in the research data.

3.5.3 Trustworthiness

The researcher employed Leedy and Ormrod's (2010) interviewing guidelines. The written informed consent was obtained prior to collecting the data. The informed consent is presented in Appendix D. The data was recorded using the voice recorder in the researcher's laptop. The data

was transcribed and stored on hardcopy and electronically. The researcher was able to rephrase, clarify, explore and encourage the use of examples to illustrate the participant's experiences with mental health due to the flexible nature of the interview.

The researcher was aware that not having had any prior contact with the university and the students thus not having a prior relationship of trust, could predispose participants to biased responses. At the beginning of each interview participants were informed that their identity would be protected and that the information they share will remain confidential. Participants were further asked if they were comfortable with the interview being recorded and that the researcher would be the only person to have access to the recording, however the researcher's supervisor would have access to the recordings if necessary. Participants were also informed that there were no right or wrong answers and that they should feel free to share any information that they have on mental health.

3.6 Data Collection Tools

According to Franklin and Jordan cited in Grinnell and Unrau (2008: 89) qualitative researchers are the principal instruments of data collection which means that the data collected is processed through the person collecting them and the skills of the researcher as an interviewer determine the quality of the interview (de Vos, Strydom, Fouche & Delport, 2011: 287). The researcher used paraphrasing, clarifying and probing to obtain information on the participant's perceptions and attitudes towards mental health.

The data was recorded verbatim so as to maintain the depth and integrity of the information gathered. The data was transcribed. Reflective notes were taken during the course of the interview and recorded on the interview schedule

3.7 Data Analysis

Creswell (2009: 183), states that 'the process of data analysis involves making sense of text and image data. It involves preparing the data for analysis, conducting different analyses, moving deeper and deeper into understanding the data, representing the data and making an interpretation of the larger meaning of the data. In qualitative data analysis, Babbie and Mouton (2012: 490) state that there is no neat and tidy approach to data analysis however, Tesch provides a particularly useful structure through which order may be created in qualitative data analysis.

This study used Tesch's (1990) method of analyzing data to identify the underlying themes.

The following process was used in the data analysis:

1. Creswell (2009: 186), states that the researcher should get a good sense of the whole by reading all the transcripts carefully whilst writing down any ideas that come to mind.
2. The researcher decided to focus on one theme at a time so as not to be overwhelmed with the volume of data. The first few transcripts were read carefully whilst writing down thoughts on the margins as they emerged so as to discern the underlying meaning.
3. The researcher then compiled a list of all the topics that emerged. The topics were grouped into major topics, unique topics and leftovers. Each theme was color coded.
4. The remaining transcripts were read carefully following the process mentioned above.
5. Topics were grouped into categories. Topics that were related to each other were also grouped into categories. Related categories were highlighted to show their interrelationship.

6. Upon completion the researcher re-checked the accuracy of the categories and sub-categories that emerged. Going back to the transcripts to check for accuracy where necessary.
7. All the data belonging to each theme, category and sub-category were then assembled in one place and a preliminary analysis was conducted.
8. The framework for analysis was compiled which allowed the researcher to manage the analysis of the significant data.

3.8 Limitations to the Study

This study has a number of potential limitations, which have to be understood within the context of a minor dissertation.

3.8.1 Qualitative Research Study

This study used the qualitative research approach thus according to Atieno (2009: 17) the main limitation with qualitative approaches is that their findings cannot be generalized to the wider population with the same degree of certainty that quantitative approaches can. Findings of the research are not tested to establish whether they are statistically significant or due to chance.

3.8.2 Sampling Methodology

The research study used a purposive non-probability sampling technique, focusing on Social Work students at the Catholic University in Malawi. A limitation with this type of sampling is that findings cannot be generalized to other areas of the Malawian population.

3.8.3 Data Collection Strategy

Leedy and Omrod (2010), state that the bias and subjectivity of the researcher can affect the quality of the data. Data is more unstructured and subject to interpretations.

The study was conducted by one person, increasing the potential for bias.

3.8.4 Data Analysis Strategy

Rubin and Babbie (2005), state that one of the possible limitations of the qualitative research approach is the possible biases of the researcher and participants.

A limitation to this study was that the data was analyzed by one person, the researcher thus allowing for subjective interpretation and increasing the potential for bias. Furthermore, participants may provide socially acceptable responses which may not necessarily be their true opinions thus affecting the reliability and validity of the data collected.

3.9 Ethics

de Vos et al (2011: 57), defines ethics as ‘a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and offers rules and behavioral expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students.’

The researcher consulted Strydom (2005), to guide research planning and ensure that ethical considerations are upheld. The ethical considerations are as follows:

Avoidance of Harm

De Vos et al (2011: 58) indicates that research participants can be harmed physically and emotionally during the research process and in addition to physical and emotional harm, according to Babbie and Mouton (2012: 522), participants can also be harmed psychologically thus the researcher must look out for these dangers and protect participants from them.

To protect participants from any harm, this study informed participants that they could withdraw from the study if and when they felt threatened. This was outlined in the written consent and discussed verbally.

Voluntary Participation

According to Babbie and Mouton (2012: 521) research often requires participants to disclose personal information that their family and friends are not privy to. They are asked to disclose this information to strangers. Furthermore, research requires participants to give up a significant amount of their time and energy thus disrupting their everyday activities.

This study informed participants that they had the right to accept or decline participation in the research study. Furthermore, if they do accept to be part of the study, they had the right to withdraw from the interview process if and when they felt like they cannot continue with the process.

Informed Consent

Informed consent refers to providing all possible and adequate information about the research, the procedures that will be followed, likely advantages and disadvantages and the possible dangers the respondents may be exposed to (de Vos et al, 2011: 59).

The researcher presented the participants with a written consent form before conducting the interview that provided information on the goals of the study; its advantages and disadvantages; the dangers that the participants may be exposed to and the credibility of the researcher thus allowing participants to participate voluntarily or decline being part of the study.

Deception

Corey et al (1993) cited in de Vos (2011: 60) refers to deception as withholding information or offering incorrect information in order to ensure participation of subjects when they would otherwise possibly have refused to do so.

The purpose of this research study and all possible and adequate information pertaining to the study were clearly outlined in the written consent document.

Violation of Privacy

Privacy refers to the individual's right to decide when, where, to whom, and to what extent his or her attitudes, beliefs and behavior will be revealed. This principle can be violated in a number of ways and it is imperative that the researcher keeps in mind the importance of safeguarding the privacy and identity of respondents (de Vos et al, 2011: 61).

The researcher informed the participants that their identity will remain confidential and that care would be taken to protect their identity in the narrative examples. Participants were also informed that they could withdraw from the research study if they felt like their privacy had been violated.

Compensation

Compensation was not offered.

Debriefing

Debriefing refers to giving subjects the opportunity, after the study, to work through their experience and its aftermath. This is one possible way that the researcher can minimize harm to the respondents (de Vos et al, 2011: 66).

The researcher was available if and when participants needed debriefing and the researcher also compiled a list of referral sources if help would be requested.

Actions and Competence of the Researcher

The research study is required to be conducted in an ethically correct manner thus researchers are ethically obliged to ensure that they are competent and adequately skilled to conduct the research study. It is also the researcher's obligation to the scientific community to report correctly on the analysis of data and the results of the study (de Vos et al, 2011: 63).

The researcher was supervised throughout the process by a supervisor that had been nominated by the University to help ensure that the researcher had the necessary competence and skills to manage the research process. The proposal for the study and the ethical clearance application was vetted and approved by the ethics committee.

Co-operation with Contributors and Sponsors

Careful consideration needs to be given to the extent to which acknowledgement is given to each participants contribution to the research study. Grinnell (1988) cited in de Vos et al (2011: 65) states that such credit becomes a formal issue when research reports are written for possible publication.

The researcher acknowledged all contributors to the research study

Publication of the Findings

De Vos et al (2011), states that the researcher should compile an accurate and objective report.

If requested, the researcher will format the findings appropriately for professional publication. The dissertation will be accessible through the library of the University of Cape Town.

3.10 Conclusion

This chapter outlines the qualitative, phenomenological and exploratory methodology used in this study. Particular attention was given to the trustworthiness of the research design to enable the reader to consider whether the analysis as outlined in the next chapter is trustworthy in terms of increasing understanding and replicability and holds true over place, time, context and person.

CHAPTER FOUR: A PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 Introduction

This chapter presents the findings of the study which are divided into two sections. The first section presents the key demographic information thus setting the context of the study. The second section presents the findings of the study. It begins by outlining the Framework for analysis which serves as the structure to present the findings. The findings are grouped into four themes: Malawian Social Work student's perceptions of and attitudes towards mental health, Malawian Social Work student's perceptions of and attitudes towards persons with mental health problems, Malawian Social Work student's perceptions of and attitudes towards effective intervention strategies for mental health problems and Malawian Social Work student's perceptions of and attitudes towards seeking professional help and referring clients to mental health professionals. Only significant findings are presented and are illustrated by quoted examples.

SECTION ONE: DEMOGRAPHIC INFORMATION

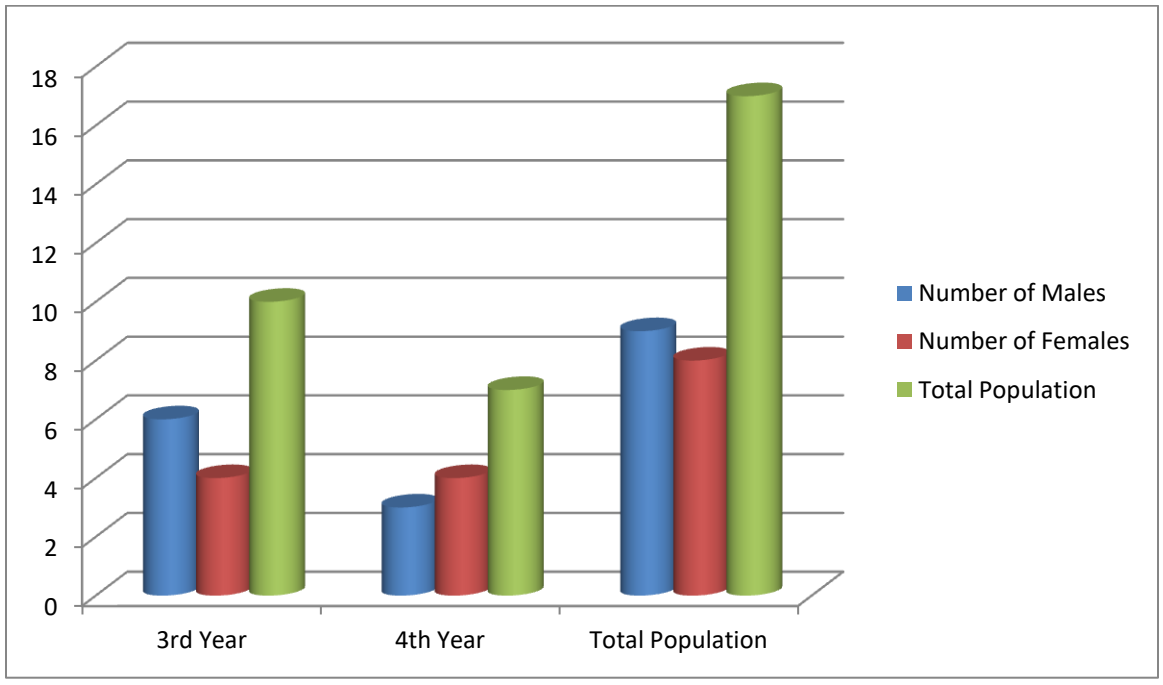
Social Work students at the Catholic University in Malawi were the unit of study in this research.

4.2 Demographic Profile

The sample comprised of 17 participants from a total population of 68 3rd and 4th year Social Work students. The sample comprised of 4 3rd year female students and 6 3rd year male students from a total population of 40 3rd year Social Work students. The sample further comprised of 4 4th year female students and 3 4th year male students from a total population of 28 4th year Social Work students. This demographic information thus suggests that the sample comprises of a

slightly larger representivity of males. Third year male Social Work students will have more representatives thus allowing for the provision of a better understanding and reflection of the perceptions and attitudes of 3rd year male students.

Data related to number of Social Work Students in 3rd or 4th year are depicted in graph 4.1.



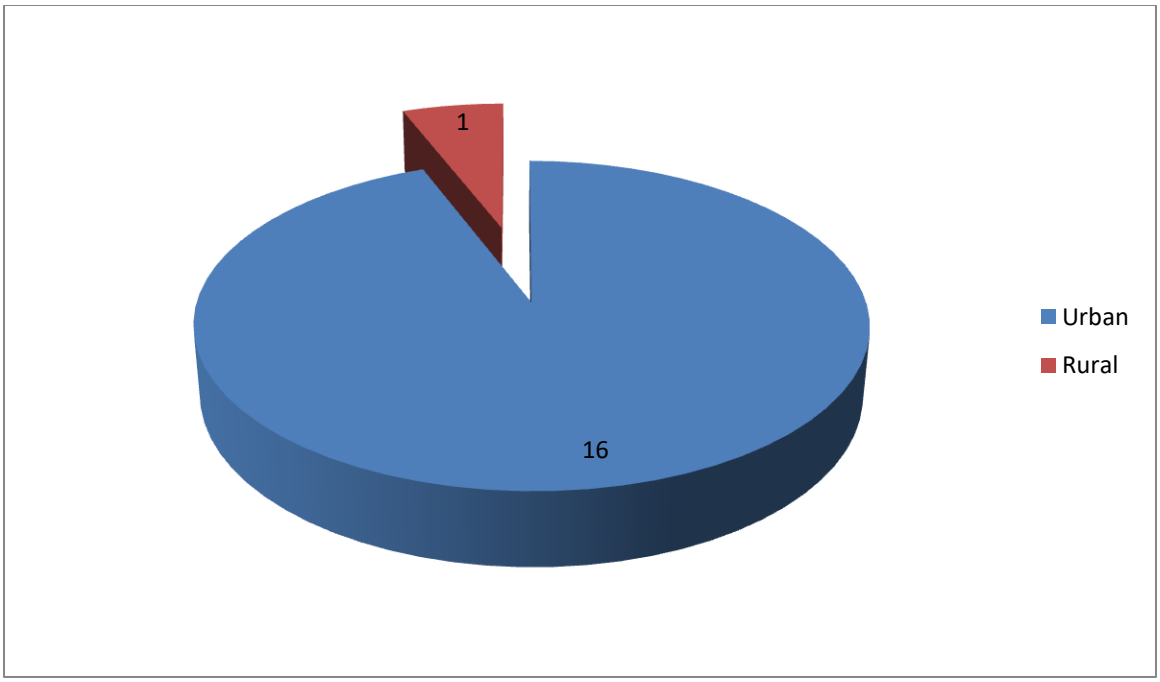
Graph 4.1 Total Populations of Participants

This study focused on senior students based on the premise that they would have more knowledge on mental health, mental health problems and interventions in comparison to 1st and 2nd year Social Work students. Based on this premise, it further allows the assessment of the differing levels of mental health literacy between 3rd and 4th year students at the university thus providing a rich understanding of the different levels of knowledge concerning mental health. However, these considerations proved inapplicable due to the fact that, the data revealed that the Social Work program only offers a mental health course in their 2nd year of study.

In further discussing the demographic information, four areas are going to be represented to further contextualize the participant's demographics namely, rural/urban dwelling, secondary school, required practicum and tribe.

4.2.1 Urban/Rural Dwelling

Data related to rural or urban dwelling of the participants are depicted in graph 4.2.

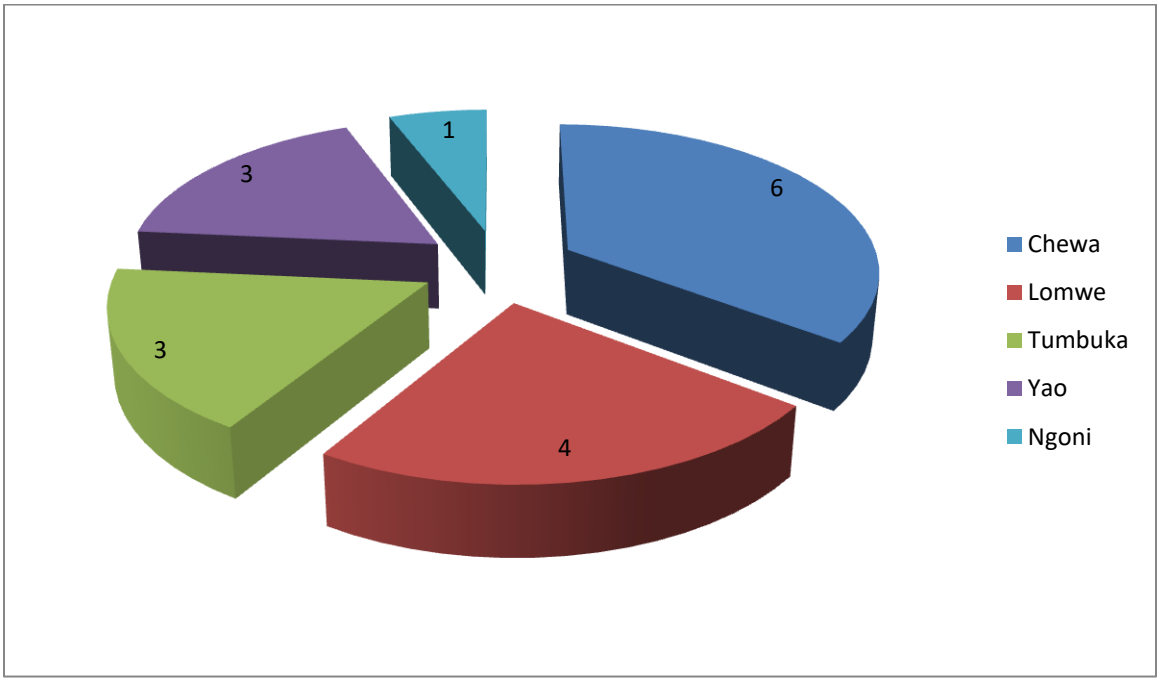


Graph 4.2 Urban/Rural Dwelling

In this sample, 16 of the participants live in the urban areas of Malawi with one participant living in one of the rural areas of Malawi. This demographic was included with the objective of discerning whether there would be differing degrees of knowledge on mental health as well as differing perceptions or attitudes towards mental health. As most of the sample comprised of participants who live in urban areas, this suggests that the sample is mainly compromised of the perceptions and attitudes of students from urban areas towards mental health.

4.2.2 Tribe

Data related to participant's tribes is depicted in graph 4.3

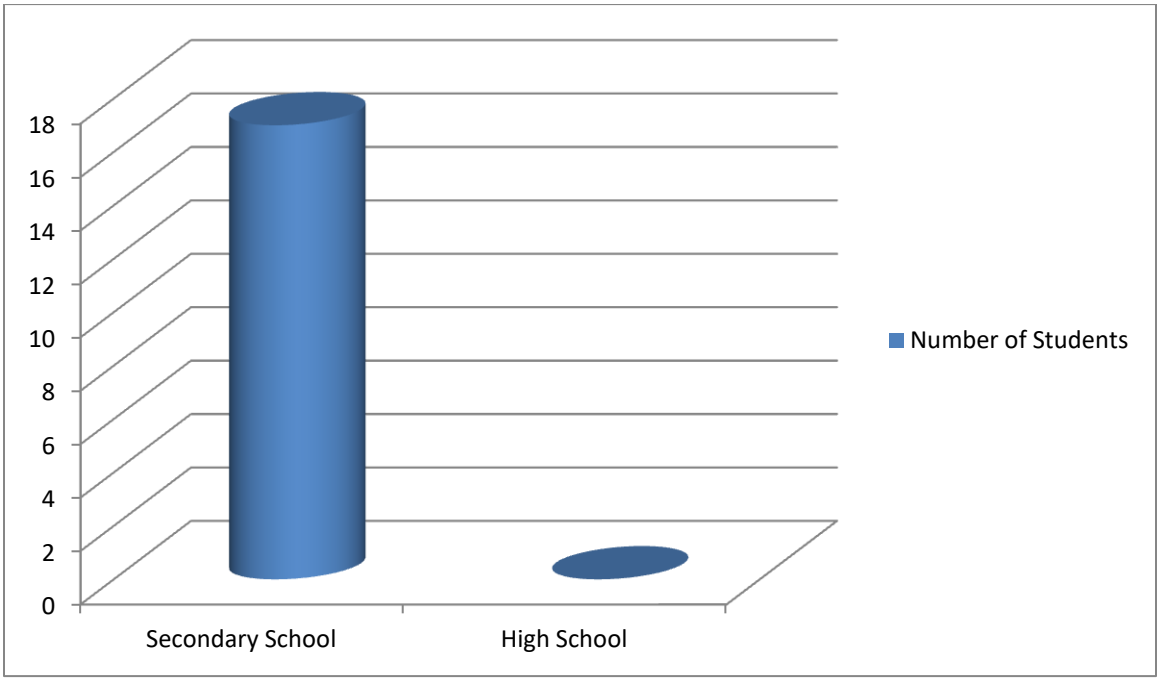


Graph 4.3 Tribe

In this sample, six participants were Chewa, four participants were Lomwe, three participants were Tumbuka, three participants were Yao and one participant was Ngoni. This demographic information was taken into consideration with the objective of discerning the tribal beliefs of each participant and how these have affected their perceptions and attitudes towards mental health. This demographic information proved to be immaterial in being influential on the perceptions and attitudes of students, due to the fact that, the data revealed that, most of the participants had little or no knowledge about their tribal beliefs on mental health.

4.2.3 Secondary School

Data of the number of Social Work students who went to secondary school is depicted in graph 4.4



Graph 4.4 Secondary School Students

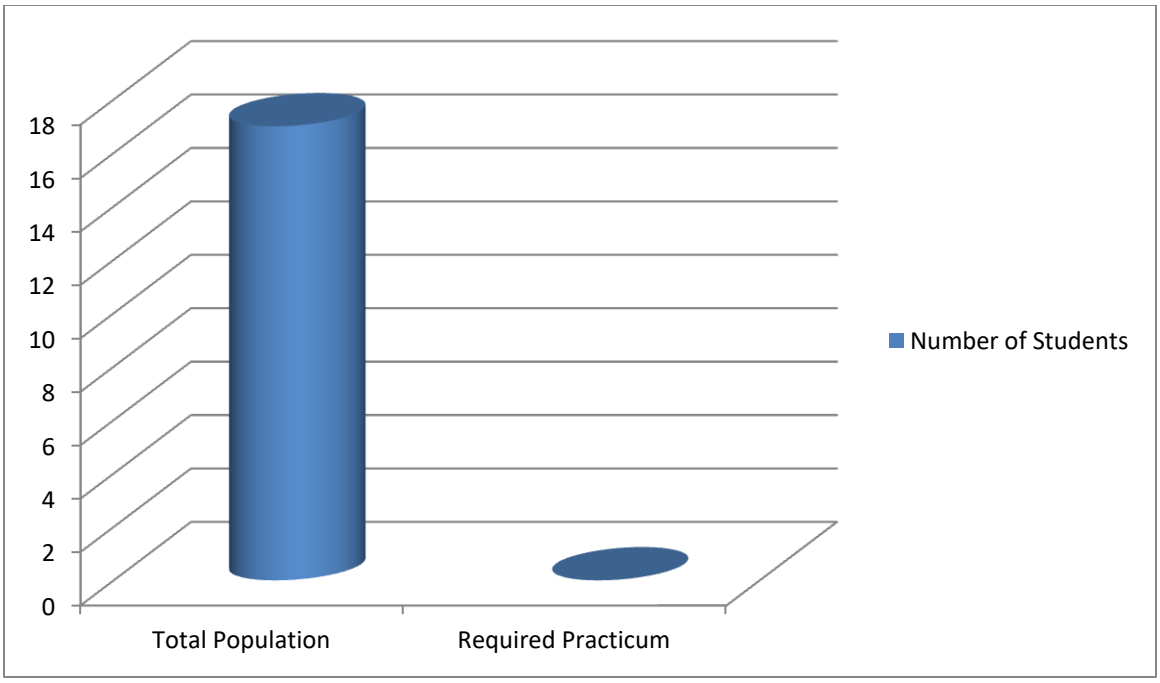
In this sample, all 17 participants went to secondary school. In Malawi there is significant difference between secondary school and high school. Secondary schools use the Malawian government endorsed syllabus whilst high schools use the University of Cambridge Syllabus thus focusing on O-Levels and A-Levels consequently different forms of knowledge are passed on. High schools tend to have students from upper class socio-economic status thus have easier access to and exposure to different forms of information.

This demographic information was taken into consideration with the objective of discerning whether a difference in educational backgrounds and as a combined factor socio-economic status

can influence the perceptions and attitudes of students towards mental health. This sample contained students who went to secondary school only thus suggesting that the sample was comprised only of secondary school graduates.

4.2.4 Required Practicum

Data related to required practicum is presented in graph 4.5.



Graph 4.5 Required Practicum

This sample contained 17 participants and of the 17 participants none of them had been attached to an agency for field practice as the Catholic University's Social Work Syllabus does not include required practicum. This demographic information was included with the objective of discerning whether at different years of study, the social work students would have been exposed to mental health problems at their different agency attachments however this demographic information resulted in the emergence of the lack of a comprehensive Social Work Degree

provided by the Catholic University. This finding will be further discussed in the recommendations in Chapter 5.

This concludes Section One, which set the contextual framework for the data analysis. This is followed by Section Two, which represents the analysis of the research data.

SECTION TWO: ANALYSIS OF RESEARCH DATA

The structure for this section is provided by the Framework of Analysis which is presented in Table 1. The framework is linked to the research questions and the data is grouped thematically in order to manage and present the data more coherently and effectively. Four themes are presented: Malawian Social Work student's perceptions of and attitudes towards mental health, Malawian Social Work student's perceptions of and attitudes towards persons with mental health problems, Malawian Social Work student's perceptions of and attitudes towards effective intervention strategies for mental health problems and Malawian Social Work student's perceptions of and attitudes towards seeking professional help and referring clients to mental health professionals.

4.3 Framework of Analysis

The framework for the data analysis is presented in Table 1. The collected data was analyzed according to Tesch (1990), which involved methodically organizing and reducing the data into themes, categories and subcategories as outlined in the Framework of Analysis. This chapter specifically discusses significant themes and categories that have been identified by eight or more participants with some sub-categories with less than eight respondents but were deemed relevant by the researcher. Response number is indicated in brackets.

Themes	**Categories**	**Sub-Categories**
Social Work Student's Perceptions of and Attitudes towards Mental Health	1.1 Etiology of Mental Health Problems (17)	1.1.1 Genetic and Biological Factors (10) 1.1.2 Drug and Alcohol Abuse (10) 1.1.3 Witchcraft/Spirit Possessions (7)
	1.2 Cognitive Abilities (17)	1.2.1 Rationality (15)
	1.3 Appearance and Behavior (17)	1.3.1 Speech (10) 1.3.1 Isolation from Peers (8)
	1.4 Commonality of Mental Health Problems (14)	
	1.5 Normality (12)	1.5.1 Societal Norms and Expectations (8)
Social Work Student's Perceptions of and Attitudes towards persons with Mental Health Problems	2.1 Recovery (17)	
	2.2 Interpersonal Relationships (17)	2.2.1 Professional Relationships (17) 2.3.1 Friendships (17) 2.3.2 Intimate Relationships (11)
	2.3 Inclusion (13)	

Social Work Student's Perceptions of and Attitudes towards Effective Intervention Strategies for Mental Health Problems	3.1 Effective Treatment (17) 3.2 Role of Social Workers (17) 3.2 Initiatives (10)	 3.2.1 Link to Services (11) 3.2.2 Counseling (9) 3.2.1 Lack of Resources (10)
Social Work Student's Perceptions of and Attitudes towards Seeking Professional Help and Referring Clients to Mental Health Professionals	4.1 Help Seeking – Social Work Students (17) 4.2 Help Seeking - Clients (17) 4.3 Discrimination/Segregation (15)	
Unique Categories	5.1 Aggression (11) 5.2 Awareness (11) 5.3 Psychosis (10)	

4.4 Theme 1: Social Work Student's Perceptions of and Attitudes towards Mental Health

This section presents the data for theme one, Social Work student's perceptions and attitudes towards mental health. Four significant categories emerged: Etiology of Mental Health Problems (17): Cognitive Abilities (15); Commonality of Mental Health Problems (14); Normality (12); and Behavior (12). Significant sub-categories emerged for four of the categories, as outlined in the Framework for Analysis.

All 17 participants indicated that mental health problems can be classified as real diseases made up with an array of factors. A substantial amount of time was spent interviewing and discussing theme one as identified by the field notes.

"Yeah it is, it is. As long as it prevents you from doing something I think that's a hinder in life." (4th year female student).

"Yes, exactly, it is a real disease." (3rd year male student).

This finding contradicts the qualitative research conducted by Crabb, Stewart, Kokota, Masson, Chabunya and Krishnadas (2012), stating that members of the general public do not view mental illness as a medical condition but rather a result of stress or lack of will power. The amount of time used to discuss the indicators and commonality of mental health problems; demonstrates and strengthens the Social Work student's perceptions and attitudes that mental health problems are real and affect functionality.

Each category of Social Work student's perceptions and attitudes towards mental health will now be discussed, in order of significance, beginning with etiology of mental health problems.

4.4.1 Category 1: Etiology of Mental Health Problems

The findings suggest that the etiology of mental health problems was one of the most significant factors in influencing the perceptions and attitudes of Social Work students in Malawi, discussed by all 17 participants in the research interviews.

"I think it's a condition that comes due to, like a lot of things, could be from your family, others, yeah, it could be due to some traumatic thing that you went through but basically, I think it's just

that, a different state of mind from everybody else that one goes through." (4th year female student)

"Mental illness, I would describe it as a condition; it might be a condition or a disease of the mind yeah. It might be maybe somebody is challenged mentally or emotionally or okay, some might be, might have that condition as inherited, maybe from family members, it goes in their families, others, it might just be cause of maybe other causal factors, maybe an accident or drug abuse or something but it's a condition." (4th year male student)

This finding concurs with the qualitative research conducted by Crabb et al (2012), wherein participants attributed different causal factors to mental health problems. This finding suggests that Social Work students in Malawi take into account the multi-causal component of mental health problems.

Three sub-categories emerged from this category namely Genetic and Biological Factors (10); Drug and Alcohol Abuse (10); and Witchcraft/Spirit Possessions (7). These will be discussed as follows:

4.4.1.1 Sub-Category 1: Genetics and Biological Factors

Ten (10) participants indicated genetics and biological factors as one of the causes of mental health problems. Participants felt that an individual is predisposed to mental health problems if he or she comes from a family with a history of mental health problems. Participants further indicated that an individual is susceptible to mental health problems as a result of Pre-Mature Births; Pre-natal, Peri-natal and Post-natal factors.

"Maybe you can get it from your parents, if your family has a history of mental illnesses; you have high chances of getting it yeah." (3rd year female student)

"Not eating the right foods, let's say smoking, drinking while you are pregnant or when the mum is giving birth sometimes, something goes wrong, like during the birth process and some people can get their mental problems from there." (4th year female student)

This finding contradicts the qualitative research conducted by Ahmed, Rahhal and Baker (2010), wherein mental health professionals disregard genetic factors as one of the causes of mental health problems; it further contradicts Charles and Bentley (2016), stating that Social Psychiatry suggests that an individual's genetics do not cause mental illness but their community and environment. Although this study contradicts Charles and Bentley (2016), at the same time it concurs with Charles and Bentley (2016), by considering the environments role in influencing an individual's well-being.

This finding is significant in that the mental health perceptions and attitudes of Social Work students in Malawi of the etiology of mental health problems are not only perceived as being caused by genetics and biological factors but also taking into consideration the role external environmental factors play in influencing genetic and biological factors potentially leading to mental health problems.

This finding is further significant in that it further influences the participant's perceptions of intimate relationships a sub-category that emerged under interpersonal relationships in theme two. This sub-category will be further discussed in theme two.

4.4.1.2 Sub-Category 2: Drug and Alcohol Abuse

Ten (10) participants indicated drug and alcohol abuse as one of the causes of mental health problems. Participants stated that the excessive use of drugs such as Chamba (weed) and alcohol leads to mental health problems. Participants felt that individuals also tend to be inventive in the manipulation of drugs to achieve a high level of intoxication.

"The most famous which most of us know is drugs and alcohol abuse, when you take too much of Indian Hemp (Chamba), the smoking itself." (3rd year male student)

"Drugs like the people who you know, they take cough syrup and boil it to make, it's a very dangerous drug… my, yes, my friends at my hostel do that. They go get cough syrup at the clinic and they boil it, it becomes a very bad drug, yes, so people do that so I think drugs like those they can cause like people to go mentally ill." (3rd year female student)

This finding concurs with the Malawian study based at the Queen Elizabeth Hospital, Blantyre, Malawi conducted by Crabb et al, (2012), wherein participants perceived the use of drugs and alcohol as the cause of mental health problems thus echoing the perceptions of participants across Sub-Saharan Africa. This finding also concurs with Youssef, Bachew, Bochie, Leach, Morris and Sherma (2014), wherein participants recognized drug and substance abuse as a causal factor of mental health problems but not a mental health problem in itself.

This finding is significant in that it further supports the link in mental health perceptions and attitudes of Social Work students of drug and alcohol abuse as a causal factor of mental health problems.

4.4.1.3 Sub-Category 3: Witchcraft/Spirit Possessions

Seven (7) participants indicated witchcraft/spirit possessions as one of the causes of mental health problems. Participants felt that as a nation Malawi perceives witchcraft or spirit possessions as a causal factor of mental health problems.

"I would say like what's happening in society today, I would say witchcraft yes people believe so much in witchcraft. Let's say they want to get rich and then they are told by the witchdoctor to do this and then they go against that and then normally their requirement is they are going to get mad." (4th year female student)

"Some people who are coming from a village like they think there's some witchcraft or they are possessed with demons, they can also be affected with mental illnesses just because of the witchcraft thing." (3rd year male student)

This finding concurs with the qualitative research conducted by Crabb et al (2012), wherein members of the general public in Nigeria perceive witchcraft and spirit possessions as a causal factor of mental health problems. This finding also concurs with Ahmed, Rahhal and Baker (2010) whereby in Arab cultures mental health problems are perceived to be caused by possession by the Devil or Jinn or demons thus further supporting the link, as indicated by Arboleda-Florez and Stuart (2012), of witchcraft and spirit possession being perceived as a causal factor of mental health problems dating as far back as the 17th Century.

This finding is significant in that, not only does it further support the link in mental health perceptions and attitudes of witchcraft and spirit possessions being a causal factor of mental health problems but it also suggests that participants consider cultural explanations of mental

health problems regardless of the fact that participants indicated that culture has not played a role in influencing their perceptions and attitudes.

4.4.2 Category 2: Cognitive Abilities

All the 17 participants in the sample discussed cognitive abilities when identifying the indicators of mental health problems. Participants felt that mental health problems are directly connected to the functionality of the brain.

"Mental health is, I don't know, the cognitive ability or the psychological capacity, okay, how best can you make rational decisions, yeah. (4th year male student)

"I think, it's the branch of, it's medical, I think to deal with the mental or the brain, how people think, the psychological well being of a person." (3rd year female student)

"Is a psychological problem which affects the brain." (3rd year male student)

This finding concurs with the study conducted by Crabb et al (2012) in Malawi, whereby participants attributed brain disease as the cause of mental health problems. This finding suggests that Social Work students in Malawi perceive cognitive ability as an indicator of mental health and mental health problems.

This finding is further supported by fifteen (15) participants, who made specific reference to rationality when discussing cognitive abilities thus resulting in the emergence a significant sub-category.

4.4.2.1 Sub-Category 1: Rationality

Fifteen (15) participants stated that rationality or a lack thereof, is an indicator of mental health or mental health problems. Participants felt that logical reasoning or sound decision making is essential in discerning an individual's mental health.

"Mental illness, I don't really know how I would describe it but I think I would say it's a condition, I think that's the best word, a condition where one is unable to make sound decisions." (4th year female student)

"Mental health, well, I would describe it as the ability of a person to think properly, being of sound mind, you know, being able to make his or her own decisions without maybe any particular help, being able to stand up on your own." (3rd year male student)

Participants associated rationality to day by day activities and life experiences. Examples of the Social Work student's perceptions of day by day activities and life experiences will be presented which further supports their perceptions of rationality being an indicator of mental health or mental health problems.

"Reasonable, okay, people will do things according to age. You expect somebody to do something, to reason in a particular way at a different age. Like the way a five year old will reason or deal with a particular challenge will be different from somebody older." (4th year male student)

*"Sound mind, I think, *laughs* being normal, being what is acceptable in the society whereby everybody says what you are doing is correct and they are in agreement with what you are doing, it's to the moral of the society of where you are coming from." (3rd year male student)*

This finding supports the participant's perceptions and attitudes of brain disease being a causal factor of mental health problems, in the study conducted by Crabb et al (2012). This finding further supports Crabb et al (2012) wherein the Malawian population believes that spirit possessions affect the brain directly which results in a strong brain disease attribution to the cause of mental health problems.

This finding is significant in that, it suggests that Malawian Social Work students perceive rationality which is encompassed within cognitive abilities as an indicator of mental health and mental health problems.

4.4.3 Category 3: Appearance and Behavior

The findings suggest that appearance and behavior was one of the most significant factors in influencing the perceptions and attitudes of Social Work students in Malawi. Participants stated that distinguishing ones mental health is not always easy as some individuals may appear to be mentally healthy. Participants stated that they would interact or engage in an assessment process to discern an individual's mental health.

Although five (5) participants stated that they would not be one hundred percent certain in discerning whether a person has mental health problems or not, all 17 participants made particular reference to appearance and behavior as an indicator of mental health problems. Participants felt that they would easily recognize someone presenting with psychosis.

*"Sometimes not really but yeah, the dressing *laughs* cause the way a person starts taking care of his body changes. First, he used to look smart, she used to look beautiful and smart and then all of a sudden he just doesn't comb his hair, she doesn't wear makeup." (3rd year male student)*

"If I knew the people and then after they have developed a mental problem, there would be a difference in the way they behave. Even if I didn't know the person, you still notice that this person isn't acting normal." (4th year male student)

*"I would recognize someone whose mad *laughs* I would recognize them by the way you see them carrying a lot stuff, eating in the rubbish pits, you don't expect someone normal to be doing that." (3rd year female student)*

This finding is new in view of the fact that in none of the literature reviewed is appearance and behavior cited as a perception and attitude indicator of mental health and mental health problems, however, in relation to psychosis, this finding concurs with the qualitative research in English speaking Caribbean conducted by Youssef, Bachew, Bochie, Leach, Morris and Sherma (2014) whereby Social Work students indicated that they would easily recognize psychosis.

This finding is significant in that, not only does it suggest that Social Work students in Malawi perceive appearance and behavior as an indicator of mental health and mental health problems but also further supports the link of mental health perceptions and attitudes of psychosis being easily recognizable.

Two significant sub-categories evolved from this category which further supports Social Work student's perceptions and attitudes towards appearance and behavior being an indicator of mental health and mental health problems.

4.4.3.1 Sub-Category 1: Speech

Ten (10) participants cited speech as an indicator of mental health and mental health problems. Participants felt that a lack of associated speech is a sign of mental health problems.

"Even the little things that are going on like, you are asking them to do something and then they just start, they blow up, they start shouting, like they even start talking about things that aren't in that context." (4th year female student)

"Maybe I can ask them two or three questions and if they respond contrary to the point, then I can know that maybe this person is mentally disturbed." (3rd year female student)

"And sometimes the answers are of track than from what you are really seeking from the person." (4th year male student)

This finding is new since in none of the literature reviewed is speech discussed as a perception and attitude indicator of mental health and mental health problems, however, this finding supports Crabb et al (2012), in that the sample in Malawi attributed brain disease as the cause of mental health problems. This suggests that one's cognitive abilities have been affected further suggesting that other cognitive abilities associated with speech can be affected.

The findings suggest that Social Work students in Malawi perceive speech to be an indicator of mental health and mental health problems as well as using interaction as a tool of discerning an individual's speech proficiency.

4.4.3.2 Sub-Category 2: Isolation from Peers

Eight (8) participants stated that isolation from peers is an indicator of mental health problems. Participants felt that being withdrawn in relation to engaging with family, friends and day by day activities acts as an indicator of mental health problems.

"Non-interactive person, just staying alone (4th year female student)

"There's that and sometimes they tend to isolate themselves from their peers yeah." (3rd year male student)

"These people show signs that they are always silent and then they just withdraw themselves." (3rd year female student)

This finding is new in view of the fact that in none of the literature reviewed is isolation from peers identified as a perception and attitude indicator of mental health or mental health problems. Crabb et al (2012) state that the World Health Organization found a strong correlation between stigma and discrimination associated with mental health problems and poverty, suffering, and disability. Social exclusion and discrimination; isolation; being identified as the black sheep of the family; isolation; blame and secrecy; and shame are associated with the experience of stigma.

Although Crabb et al (2012) speaks of isolation as the result of the experience of stigma in relation to mental health problems, this correlation suggests and the results of this study suggest that isolation is an indicator of mental health and mental health problems.

This finding suggests that Social Work students in Malawi perceive isolation from peers as an indicator of mental health and mental health problems.

4.4.4 Category 4: Commonality of Mental Health Problems

Fourteen (14) participants indicated that mental health problems are common in Malawi. Participants felt that the commonality of mental health problems in Malawi strengthened their perceptions of mental health problems being a real disease. Participant also felt that members of the general public do not perceive mental health problems as being common due to the fact that psychosis is the only mental health problem taken seriously.

"Yes, I think they are and I think people don't know. Most people like, a lot don't know that it's mental health. Other people they are like what, 'she's moody,' but she might have a problem mentally but because of the little knowledge that we have, we just think, we think mental illness is walking naked in the streets, wearing rags, eating from bins. That's what most Malawians perceive as mental illness. So I think it is, it's a problem but people just don't know it yet yeah." (4th year female student)

"They are, um, common but mostly they are unregistered, some people just stay at home that, ah, I think with time they will be well or they consult witchdoctors that they should provide some kind of help so it's unreported." (4th year female student)

"yes, they are but they are not seriously taken care of because some people they just think it's normal and compared to the outside world, they think, for stress, they take it as a medical thing but in Malawi if someone is stressed, it's a normal thing yeah." (3rd year female student)

This finding is new in view of the fact that, in none of the literature reviewed is commonality of mental health problems discussed as a perception and attitude indicator of mental health and mental health problems. In spite of these findings being new, Crabb et al (2012) state that the experience of stigma may be more prominent than previously perceived. Individuals with mental health problems, including their families and communities, in countries such as Ethiopia, South Africa and countries in West Africa experience a lot of stigma. Further stating that negative attitudes towards mental health problems, are widespread in West Africa.

In relation to the commonality of mental health problems, the presence and experience of a lot stigma, not only in West Africa but also in Southern Africa suggests that mental health problems are common not only in Malawi but across Africa.

This Finding suggests that Social Work students in Malawi perceive the commonality of mental health problems as an indicator of mental health problems as well as strengthening their perceptions and attitudes towards mental health problems being a real disease and a serious health issue.

4.4.5 Category 5: Normality

Twelve (12) participants cited normality as an indicator of mental health and mental health problems. Participants felt that normality is largely a subjective concept, however, participants indicated that there are some aspects of life that are standard and conventional. Participants also indicated that normality is not only based in an individual's functionality but also in observing and comparing an individual's behavior and functionality to that of another individual.

"Well, I guess normal is a very subjective term but then there certain lines of thinking or behavior that are just the way they are" (3rd year male student)

"It's a condition that a person is psychologically normal, yes, like they are going through a lot of things as people but then they are able to control themselves. That's when we can consider a person as their mental health is normal" (3rd year female student)

"Mental health, this is condition that a person suffers from, it's in the brain, that he or she doesn't have that access to information that he can do it properly. He cannot do some things correctly as the normal person can do so." (3rd year female student)

This finding concurs with Crabb et al (2012), whereby members of the general public in West Africa believe that individuals with mental health problems are dangerous and are unsuitable for normal social contact.

The perceptions of the people in West Africa described by Crabb et al (2012) do not specifically speak to normality as an indicator of mental health and mental health problem, however, a reference to functionality in 'normal social settings' suggests the perception of normality as an indicator of mental health and mental health problems among the populations of West Africa.

This finding further suggests that Social Work students in Malawi perceive normality to be indicator of mental health and mental health problems.

It is thus not surprising that a significant sub-category emerged from this category that further supports the perceptions and attitudes of Social Work students in Malawi towards normality.

4.4.5.1 Sub-Category 1: Societal Norms and Expectations

Eight (8) participants cited societal norms and expectations as an indicator of mental health and mental health problem. Participants felt that society influences what is deemed to be normal or not.

"They should be able to do what is deemed to be normal to society for that person at that particular age. My conduct, speech, my actual behavior should be line with my age or stage of development." (4th year male student)

"A person behaves in different ways, so a person's behavior it's said to be normal or abnormal according to cultural context, so it depends on where you are coming from." (3rd year male student)

This finding further supports Crabb et al (2012) whereby members of the general public in West Africa view individuals with mental health problems as being unsuitable for normal social contact.

In light of the fact that, different countries have different cultures, countries in West Africa have their own perceptions of what is normal and what isn't in relation to their own societal norms and expectations. The reference to functionality in 'normal social contact' suggests the perception of societal norms and expectations being an indicator of mental health and mental health problems.

This finding further suggests that Social Work students in Malawi perceive the transgressions of societal norms and expectations as an indicator of mental health and mental health problems.

4.4.6 Summary and Consolidation of Theme One

This concludes the presentations of findings organized around the first theme of 'perceptions and attitudes of Social Work students towards mental health.' As this study is located within the frameworks of attitudes and recovery, the following section looks at the participant's personal experiences with persons with mental health problems and their perceptions and attitudes towards recovery.

4.5 Theme 2: Social Work student's Perceptions of and Attitudes towards Persons with Mental Health Problems

This section presents data for Theme Two, Malawian Social Work student's perceptions and attitudes towards persons with mental health problems. This section focuses on recovery and interpersonal relationships. Three categories were significant: Recovery (17); Interpersonal Relationships (17); and Inclusion (13). Significant sub-categories emerged for interpersonal relationships. This section begins with a general discussion, before discussing significant categories.

Of the 17 participants, Eleven (11) participants indicated that they have, had personal experience with mental health problems. Two (2) of the participants indicated that they themselves have, had mental health problems. Nine (9) participants indicated that their personal experience of mental health problems was in relation to a friend or close family member having mental health problems.

"I've struggled with stress… I'm not important to this world, like I'm not doing anything to this world, I'm just useless." (3rd year female)

"I have a friend who suffered from mental problems… It started with academic failure and he changed schools. He got withdrawn and dropped out of school because he was too depressed and he started drinking alcohol excessively and he also started using drugs." (3rd year male student)

"My aunt, she's HIV positive and when the doctor told her that she's HIV positive, she wanted to commit suicide and eventually she used to hallucinate. (4th year female student)

This finding concurs with the qualitative research by Kubiak, Ahmedani, Rios-Bedoya and Anthony (2011), stating that Social Work professionals, students, including their families, friends and colleagues often have mental health problems such as depression and drug and alcohol abuse.

Participants indicated that witnessing a friend or close family member suffer through mental health problems elicited feelings of sympathy and wanting them to be normal again. Participants stated that personally experiencing mental health problems resulted in them perceiving mental health problems from a different point of view.

Participants indicated that their change in perspective was in relation to having empathy towards persons with mental health problems; the realization that anyone can have mental health problems as well as the possibility of recovering from mental health problems. This finding further supports the link of mental health problems often being a part of Social Workers and Social Work students including family and friends personal experiences.

The following section will now discuss the categories that emerged from Theme Two.

4.5.2 Category 1: Recovery

All 17 participants indicated that people with mental health problems can recover. Participants felt that if people seek help such as counseling and medication they would recover from their mental health problems. Participants also felt that recovery was dependent on the severity of the mental health problems.

"I think so. I've seen people recovering. My uncle recovered, now he is okay. So I think if they go through help, they go through therapy, they go through counseling, they do recover. There is a chance for them to live a normal life again yeah." (3rd year female student)

"Yes, they can recover, that's why we have mental health hospitals, like that is why we have medications. So they can recover from mental illness." (3rd year male student)

"Yes, they can but it depends on the severity of the problem but yes I believe you can." (4th year male student)

This finding contradicts, Youssef, Bachew, Bochie, Leach, Morris and Sherma, (2014), whose findings indicated that people view a diagnosis of mental illness as a lifelong condition. They further contradict Scheyett and Kim (2004), wherein mental health professionals including Social

Workers exhibit negative attitudes towards persons with mental health problems, describing their work as hopeless, dull and undesirable.

This finding is significant in that, it further supports the link in mental health perceptions and attitudes of recovery as an aspect of mental health problems. This finding further supports the theoretical framework on which this study is based whose principle goals are described by (Slade, 2013), as changing attitudes, values, feelings, goals, skills and roles; achieving a way of life that is satisfying and hopeful within the limitations of the illness. It involves developing a new meaning and purpose of one's life.

This finding is also significant not only because it reflects positive perceptions and attitudes towards the diagnosis and prognosis of mental health problems but also reflects positive perceptions and attitudes of Social Work students in Malawi toward help seeking behavior which is further discussed in theme four.

4.5.2 Category 2: Interpersonal Relationships

All 17 participants indicated that they would have an interpersonal relationship with someone who has mental health problems or a history of mental health problems. Three significant sub-categories evolved: Professional Relationships (17); Friendship (17); and Intimate Relationships (10).

4.5.2.1 Sub-Category 1: Professional Relationships

All 17 participants stated that they would work professionally, as colleagues, with someone who has a history of mental health problems. Participants felt that you can't discern whether a person

has a history of mental health problems. Participants also felt that a history of mental health problems could not prevent them from working with someone with mental health problems.

"Recovered, yes, I would work with them; I would work with them like I work with anyone because it could be anyone who has recovered." (4th year male student)

"I would work with them because that is the past now, they have moved on and I wouldn't want, I don't think if it was me, I would want to feel segregated, so I wouldn't do something that would make someone feel bad because if it was someone doing that to me I would personally not feel okay with that, so I think I would work with them." (3rd year female student)

Sixteen (16) participants indicated that they would work with someone who is currently suffering from mental health problems. Participants felt that they would not have a problem working with someone with a mental health problem as long as their work is not affected. Participants also indicated that it would be dependent on the severity of the mental health problems.

"Well, if I do not face any challenges or if their condition does not impose any challenges on my work, then I think it's okay." (4th year male student)

"It will depend on the extent of the mental illness because if it's severe, I think they need a break, stay at home, they need to take their medication or maybe go for rehabilitation, so they can really be back to normal." (4th year female student)

This finding is new in view of the fact that, in none of the literature reviewed is professional relationships with a colleague with mental health problems discussed as an aspect of perceptions and attitudes towards mental health problems. Although this finding on professional relationships is new and specific to a type of relationship, from a general point of view, it contradicts Crabb et

al (2012) who states that people in West Africa, Ethiopia and South Africa experience a lot of stigma and discrimination.

This finding suggests that Social Work students in Malawi perceive potential professional relationships with a colleague with mental health problems or a history of mental health problems positively. It further suggests non-stigmatizing and non-discriminatory perceptions and attitudes towards potential colleagues with mental health problems or a history of mental health problems.

All 17 participants indicated that they would work with a client who has mental health problems or a history of mental health problems. Participants felt that they would not have any reservations about working with a client with mental health problems. Participants also cited that they would do so in view of the fact that they are Social Workers and their profession entails them to do so.

"I think I would. I wouldn't find it, I wouldn't find any problems even working in a mental institution. I think, yeah, those would be one of the fields I would want to work in." (4th year male student)

"Yes I can, being a Social Worker, we meet a lot of clients, being a Social Worker you experience a lot of cases and some of them might be of people that have a history or they may be involved in mental health problems, so it's not a thing for me as a Social Worker to work with those kind of things because you know they are a client and they need our help." (3rd year male student)

*"Yes, I'm a Social Worker, it's my job *laughs*." (3rd year female student)*

This finding contradicts Kubiak, Ahmedani, Rios-Bedoya and Anthony (2011), stating that Social Workers, student Social Workers and other mental health professionals are biased towards working with people with mental health problems and substance abuse problems. Also citing that social workers enter the Social Work profession with a diversity of experiences and beliefs and that these attitudes and beliefs are formed through collective experiences and corresponding cognitions.

This finding is significant in that it suggests that Social Work students in Malawi perceive a professional relationship with a client who has mental health problems or a history of mental health problems positively as well as deem it a requirement of their chosen profession.

4.5.2.2 Sub-Category 2: Friendships

All 17 participants indicated that they would be friends with someone who has a history of mental health problems. Participants cited that they would be friends with people with a history of mental health problems as that is the past and it should not affect the present. Participants felt that having a history of mental health problems is like having any other health condition.

"Yeah, I would be friends because I don't think I believe in labeling people because of their past. I think to me a past, is just a stepping stone for the future, so I believe in giving people second chances." (3rd year female student)

"Yeah I would because its, that's the past even though maybe it can come back but I would be friends with that person because it's just the same as being sick from any other sickness, so he has recovered, his okay, so it's okay." (4th year female student)

Fourteen (14) participants indicated that they would be friends with a person with mental health problems. Although participants indicated that they would be friends with an individual with mental health problems, they stated that friendship would be dependent on the severity of the mental health problems. Participants felt that friendship would also be dependent on the Social Work student's personalities and values.

*"Yeah I would be but it depends on the *laughs* because others, they are aggressive, they might really aaarg (hand gesture of aggression), so I would not be friends with that kind of person. It depends on the type of mental illness. They might be aggressive you know, they might hurt you but others who are okay, there's no problem, I would be friends with them." (4th year male student)*

"Yes. Me, personally, yes, because I don't know why but I really like, it might even be a problem but I like it when I get to hear other people's problems and how they are living. There couldn't even be problems but I just like it when people talk to me because it makes me feel some kind of way, like special. If this person is telling me this, it means they trust me, at least it means I'm trustworthy. I don't know but I just like to keep other people's secrets, I'm that person." (4th year female student)

This finding contradicts Crabb et al (2012), wherein participants displayed an unwillingness to increase social intimacy with someone who had experienced mental health problems. This finding further contradicts Wang, Locke and Chonody (2013), stating that African American Social Work students were most likely to distance themselves from people with mental health problems and stigmatize mental health problems.

This finding is significant in that, it suggests that Social Work students in Malawi perceive friendship with persons with a mental health problem or a history of mental health problems positively and with a non-prejudiced attitude.

4.5.2.3 Sub-Category 3: Intimate Relationships

In contrast to the 2 previous sub-categories, eleven (11) participants stated that they would not be in an intimate relationship with someone who has a mental health problem or a history of mental health problems. Participants cited one of the causes of mental health problems discussed in theme one: Genetics and Biological Factors as one of the reasons that would prevent them from being in an intimate relationship with someone who has mental health problems or a history of mental health problems. Participants felt that they would feel uncomfortable being in an intimate relationship with someone with a mental health problem or a history of mental health problems due to the unpredictable nature of mental health problems.

*"No, *laughs*, no, ah no, like I said some mental illness are caused by genetic factors. Let's say for example I got intimate with this guy who has a history of mental illness maybe it will be transferred to our children, yes, so I wouldn't do that *laughs* provided he tells me." (4th year female student)*

"Well, what if that mental illness kicks in again? And one of the signs and symptoms are aggressiveness. I could get hurt. Secondly, it's believed that mental illness is hereditary yeah, so I won't want to have my kids having the same problem like their mother has." (3rd year male student)

"Well because the person can become very unpredictable from time to time." (4th year male student)

This finding concurs with Crabb et al (2012), wherein half of the participants perceive genetic factors as being the cause of mental health problems resulting in a fear of mental health problems being passed on to their offspring. This finding further concurs with Hansson, Jormfeldt, Svedberg and Svensson (2011), who stated that mental health professionals including Social Workers shared similar views as that of the general public, specifically from the perspective of intimate relationships that people with mental health problems are dangerous and unpredictable and thus not desirable as potential intimate partners.

This finding is significant in that, it further supports and strengthens the link of mental health perceptions of genetic and biological factors being a causal factor of mental health problems and persons with mental health problems being perceived as dangerous and unpredictable, especially with regards to the consideration of intimate relationships.

4.5.3 Category 3: Inclusion

Thirteen (13) participants stated that people with mental health problems should be included in society. Participants felt that inclusion would be dependent on the severity of the mental health problem. Participants also felt that, inclusion would help people with mental health problems feel like they are contributing to society.

"Inclusion would have to depend on what kind of mental illness and how they behave, if they are not disruptive, then yes."

"I think it should depend on their level of illness for example, like I said illnesses like maybe hallucinations, they can be included because some people only do that when its, let's say during the night, yes, they can be included. Whilst some people, those people that are mad, mad, mad,

they can be put in rehabilitation centers or yes, mental hospitals, yes, so that they should be treated." (4th year female student)

"Yeah, they should be included. In the sense that at times those people tend to suffer from loneliness, so when you are trying to include them, they may feel needed that maybe they can provide something despite their mental illness, they can still say something to the community." (3rd year female student)

This finding supports Wesselmann, Day, Graziamo and Doherty (2012), who states that people with mental health problems are often stigmatized, losing personal relationships, social support, housing opportunities and employment. This finding is significant in that it further supports the link in mental health perceptions of exclusion of persons with mental health problems as a resulting aspect of mental health and mental health problems.

This finding is also significant in that it begins to speak to the segregation and discrimination that persons with mental health problems experience, and further findings emerge in theme four and will be further discussed in theme four. The participant's indication that inclusion is important does reflect some positive and non-stigmatizing perceptions and attitudes.

4.5.4 Summary and Consolidation of Theme Two

This concludes the presentation of findings concerning Theme Two, that of perceptions and attitudes of Social Work students towards persons with mental health problems.

Theme Three presents data that reflects the participant's perceptions and attitudes towards effective intervention strategies for mental health problems.

4.6 Theme 3: Social Work Student's Perceptions of and Attitudes towards Effective Intervention Strategies for Mental Health Problems

This theme explored what the participants, given their perceptions and attitudes towards mental health and mental health problems, thought were effective intervention strategies. The focus was on treatment strategies and initiatives to improve mental health services in Malawi. On analyzing the data, three significant categories emerged: Effective Treatment (17); Role of Social Workers (17); and Initiatives (10). This section will begin with a general discussion before discussing the significant categories.

Sixteen (16) participants indicated that they do not know enough about effective mental health interventions.

"No, I don't know much about interventions." (4th year female student)

"Not enough. I can still learn. I think there is room for more knowledge. I think I know the basic stuff. We keep learning." (4th year male student)

"No, I don't. If there is another opportunity that we have to learn about mental health, sure then I will go for that," (4th year female student)

It is therefore not surprising that participants were uncertain of the mental health facilities available in Malawi and when they could identify the mental health facilities available in Malawi they were uncertain about the services that those facilities provide.

"Mmmh, I know Zomba, it's pretty much what I know about mental illness in Malawi, especially in the South. So I think it's Zomba, Zomba Mental Hospital, I don't know yeah." (3rd year male student)

"Honestly, I don't know, I don't know, I only know about; I don't even know how they do it at Zomba Mental Hospital, what they do, I don't even know if they give injections." (3rd year male student)

"Well, since we have mental institutions and services and other hospital, I would assume they have drugs that are offered depending on the condition but I'm not sure of the services because I've not actually had the proper information." (4th year male student)

This finding concurs with Youssef, Bachew, Bochie, Leach, Morris and Sherma (2014), whose qualitative research conducted in the English Speaking Caribbean found that all the participants stated that they did not know enough about mental health problems and interventions and these findings were similar to those found at the University of Zurich.

This finding is significant in that it supports the link of lack of knowledge in mental health literacy among Social Work students. However, consideration should be given to this finding and the findings that follow, due to the fact that the Catholic University of Malawi only offers the mental health course in the second year of the Social Work program thus a potential influencing factor in the moderately low mental health literacy rates.

The following section will now discuss the categories that emerged from theme three, including the significant sub-categories that evolved from these categories.

4.6.1 Category 1: Effective Treatment

Although participants were uncertain about the services that are provided in the mental health facilities available in Malawi, all 17 participants were able to indicate what intervention strategies they perceived would be effective. Participants felt that providing effective

intervention would be dependent on the severity of the mental health problem. Participants indicated that effective intervention employs the use of both medication and therapy.

"The treatment option would depend on the severity of the disorder and the signs and symptoms that they are saying and what you observed, yeah, it would depend on that." (4th year female student)

"I would, it would depend on what they are suffering from. If its severe, I would suggest they go to a mental institution because I believe they offer all sorts of treatment. If it's something where, it comes and goes and they can still work, I would suggest counseling and if it's necessary then they get medication." (4th year male student)

"First of all, it would be the medical treatment, the medical point of view, then after that the psychotherapy to see if that particular person is responsive to the treatment. So psychotherapy is important, yeah, it's where we judge not their capacity to decide, how they respond to particular questions, what do they decide for their future. So with only medical treatment without psychotherapy we cannot really see how progressive treatment is." (4th year male student)

This finding focuses on the specific tools of intervention, excluding the intervention process from a holistic point of view. This provides a clear contrast between the perceptions of the participants in this study and Hansson, Jormfeldt, Svedberg and Svensson (2011). The participants in this study have a positive and non-stigmatizing view of persons with mental health problems and perceive recovery as a part of mental health problems through different intervention strategies whilst Hansson, Jormfeldt, Svedberg and Svensson (2011) state that the public perceptions of persons with mental health problems are those of dangerousness, unpredictability and difficult to talk to thus negative attitudes and discrimination towards persons

with mental health problems is still widespread amongst the general population and it is viewed as one of the main barriers to successful treatment, rehabilitation and the inclusion of persons with mental health problems in society. Scheyett and Kim (2004) provide further contrast by stating that another barrier to effective treatment is a system that fragmented and confusing and often lacking in effective care.

This finding is significant in that not only does it suggest that Social Work students in Malawi perceive effective treatment as an essential aspect of mental health problems but also supports and strengthens the positive link of mental health perceptions and attitudes of recovery being an important aspect of mental health problems.

One other significant category emerged from this theme. It focuses on the role of Social Workers in providing effective intervention strategies.

4.6.2 Category 2: Role of Social Workers

All 17 participants indicated what they perceive it to be their role as Social Workers to work with persons with mental health problems. Two significant sub-categories evolved: Link to Services (11) and Counseling (9).

In discussing what initiatives the Social Work students would like to see developed in Malawi to improve the welfare of persons with mental health problems, participants cited what the roles of Social Workers are in helping develop these initiatives. Participants felt that establishing a Social Workers association in Malawi would help with advocacy and policy making for mental health.

"I think Social Workers should be in the forefront, maybe if we had an association, I don't think we have one in Malawi… we have to organize ourselves. If we organize ourselves we can

actually be heard with one voice and we can actually even learn from other Social Workers from other countries. Use what knowledge they have to impact policy and legislation. We can advocate for changes." (4th year male student)

"I am Social Work major and I minor in Politics. I chose politics because I think if I am Social Worker, for me to be able to implement these, I have to be in a role that I will be able to make decisions for people, like represent my people. So if you are a Social Worker and then you are representing your people in policy making, I think you are in a good position." (3rd year female student)

This finding focuses on the legislation and policies that social workers can engage in to help their clients and not on the personal one on one encounters, however their engagement suggests a positive attitude towards persons with mental health problems thus concurring with Scheyett and Kim (2004), stating that the relationship between the social worker and client is imperative to the success of any treatment, further indicating that a social worker's positive attitude towards people with mental health problems is essential for effective intervention.

This finding is significant in that not only does it suggest that Social Work students in Malawi positively perceive the role of the Social Worker as an important factor in ensuring effective intervention but also the importance of a positive relationship between the social worker and his or her client.

4.6.2.1 Sub-Category 1: Link to Services

Eleven (11) participants indicated that their role as a Social Worker is to link persons with mental health problems to mental health services. Participants indicated that mental health services could be provided by organizations or mental health institutions.

"My role, I would say, linking them to organizations that can help them, for example mental hospitals or rehabilitation centers." (4th year female student)

"I would also you know, be there to link them as a broker, to link them to organizations or hospitals, that will be able to help them recover from mental illness." (3rd year male student)

This finding is new in view of the fact that, in none of the literature reviewed on perceptions and attitudes is linking to services discussed as one of the roles of a Social Worker in providing effective intervention and its relation to attitudes and perceptions. This finding suggests a positive attitude towards persons with mental health problems thus supporting Scheyett and Kim (2004), whereby a positive attitude in social workers towards persons with mental health problems leads to effective and successful interventions.

This finding is significant in that it suggest that Social Work students in Malawi positively perceive the act of linking to services as an important role of Social Workers in ensuring the provision of effective mental health interventions. This finding is further significant in that it begins to speak to participant's encouraging their clients to seek professional help, a category that emerged in theme four and will be further discussed in theme four.

4.6.2.2 Sub-Category 2: Counseling

Nine (9) participants cited counseling as one of the roles of a Social Worker. Participants felt that counseling leads to a better understanding of the problem that the client is presenting with.

"As a social worker, we have a lot of roles but to this case of mental health, the first and the foremost is counseling because you have to know what caused the case then you know that maybe you can advocate for the rights of those kinds of people." (3rd year female student)

"As a Social worker, I have to counsel all those people, I have to provide counseling." (3rd year male student)

This finding is new in view of the fact that in none of the literature review, addressing the perceptions and attitudes of social workers towards mental health is counseling discussed as one of the positively perceived roles of a Social Worker in providing effective interventions. This finding supports Scheyett and Kim (2004), as it suggests a positive attitude towards persons with mental health problems, which is essential for effective and successful interventions.

This finding is significant in that not only does it suggests that Social Work students in Malawi positively perceive counseling as an important role of a social worker in ensuring effective mental health services but also begins to speak to the participants own help seeking behavior and what interventions they would choose if they had mental health problems. The finding on help seeking behavior will be further discussed in theme four.

4.6.3 Category 3: Initiatives

Ten (10) participants stated that the initiative they would like to see developed in Malawi is the establishment of more mental health facilities. Participants stated that they would like to see more mental health clinics and hospitals. Participants also stated that they would like to see more rehabilitation and recreation centers.

"I would be happy if there would be the creation of many hospitals which will be catering for mental health illnesses and maybe in those rural areas there will be primary health care that will really help people who cannot manage to come all the way to these hospitals." (4th year female student)

"The initiative I think is just to have more facilities especially for mental health issues. Zomba mental health alone, Psychiatry at Queens, Saint John of God, they are, it's a joke, true joke. According to the real situation on the ground, they are not enough." (4th year male student)

"Firstly, rehabilitation centers, most of the rehabilitation centers are not rehabilitation centers if you look at what actually happens on the ground. Prisons, juvenile centers, they are really not rehabilitating people apart from Zomba mental hospital which is actually official… and recreation centers to at least create an environment in Malawi where people can actually prevent and rehabilitate." (3rd year male student)

This finding is new in view of the fact that in none of the literature review, are Social Work students' beliefs about the expansion of mental health facilities discussed as positive initiatives for improving mental health services. This finding provides a clear contrast in improving the mental health capacity in their respective countries between the social work students in Malawi and English speaking Caribbean. Youssef, Bachew, Bochie, Leach, Morris and Sherma (2014), state that participants in English speaking Caribbean consider education to be one of the avenues of improving knowledge about mental health whilst the participants in this study consider the development of mental health facilities as one of the avenues of improving mental health services in Malawi.

This finding is significant in that it suggests that Social Work students positively perceive increasing the number of mental health facilities as an important aspect of improving mental health services.

4.6.3.1 Sub-Category 1: Lack of Resources

Ten (10) participants indicated that a lack of resources would hinder the establishment of these initiatives. Participants felt that the lack of funding would prevent the establishment of the different initiatives they would like to see implemented in Malawi. Participants also felt that politics hinders the development of initiatives in Malawi.

"Fund, honestly, in Malawi, funds. That's one thing that hinders most of these developments. So you are talking of funds, where would you get the funds to develop all the rehab centers." (3rd year male student)

"I think in Malawi, the problem is, we have the money yes but the politicians that we have they are just there to access the wealth than addressing the problems that we have at hand. So I think there should be insight of helping people, doing what can really help the nation as a whole instead of just getting the wealth that I should send my children to high school." (4th year female student)

This finding is new in view of the fact that in none of the literature reviewed, addressing the perceptions and attitudes of social work students towards mental health is the lack of resources discussed as a hindrance to the implementation of mental health facilities and a concern as a reflection of the perceptions and attitudes of social work students. This finding is significant in that it suggests that Social Work students in Malawi positively perceive the lack of resources as a hindrance to the implementation of effective mental health initiatives which also suggest a resultant effect of not improving mental health services.

4.6.4 Summary and Consolidation of Theme Three

This concludes the presentation of data for theme three, that of the perceptions and attitudes of Social Work student towards effective intervention strategies.

The next section presents the findings that emerged from theme four.

4.7 Theme 4: Social Work Student's Perceptions of and Attitudes towards Seeking Professional Help and referring Clients to Mental Health Professionals

This theme explored the participants help seeking perceptions and attitudes in relation to themselves as well as their clients. Three significant categories emerged: Help Seeking – Social Work Students (17); Help Seeking – Clients (17); and Segregation/Discrimination (15). This section will begin with a general discussion before discussing the significant categories.

All 17 participants indicated that they would seek professional help if they had mental health problems. Eleven (11) participants indicated that their choice of intervention would be counseling or therapy. Participant cited counseling as it presents a platform on which they can be given advice. Participants also cited counseling in relation to their attitudes towards medication.

"I would choose counseling, yeah, they need to counsel me how I'm feeling, how I should express myself, see how things are going." (3rd year female student)

"I hate medicine, I would rather talk to someone, so if it's a shrink or go for those group therapies. I would rather do that. Let's say after school, go and it will give me time to interact with other people than, I hate medication, so taking meds every day, I'll just go like no, I would rather go for counseling than medication." (4th year female student)

This finding concurs with Zellman and Madden (2014), wherein students indicated that they would be comfortable seeking treatment. The indication of a treatment strategy suggests the willingness of the participants to seek professional help if they are experiencing mental health problems. This finding is not surprising considering the findings presented on counseling in theme three, as participants perceive counseling as one of the important roles of a Social Worker in providing effective mental health intervention.

This finding is significant in that it suggests that Social Work students in Malawi positively perceive counseling as an effective mental health intervention strategy not only for their clients but also for themselves.

The next section will discuss the significant categories that emerged from Theme Four.

4.7.1 Category 1: Help Seeking – Social Work Students

Seventeen (17) participants indicated that they would seek professional help if they had mental health problems. Participants indicated that they would seek professional help, so as to receive help. Participants also indicated that they would seek professional help in an effort to deal with the problem before it becomes severe.

"Yeah, that means I may go to someone, maybe a specialist, maybe a Social Worker, yeah, so that I may be healed, so that she can help me with the problems." (3rd year male student)

"Yes because I think I've learnt what this does to people, so I wouldn't want to get to that point where I can't be redeemed so I would seek professional assistance, like go to counseling. It would be really hard because you are there like 'no I was also, I've trained to do let's say things like these' but with time you learn it's for the better." (4th year female student)

Although not being significant in terms of the number of participants who indicated the perception, as it was only one participant, it seems prudent to highlight the perception reflected in the last half of the last quotation. It concurs with Kubiak, Ahmedani, Rios-Bedoya and Anthony (2011), who state that Social Work professionals, students including their families, friends and colleagues have histories of mental health problems thus they may have discomfort or embarrassment in relation to their personal histories that might diminish their helping and practice related behaviors; and Siebert (2004), stating that the role identity of a Social Worker and the expectations from families, friends, clients and themselves present a barrier to acknowledge personal problems that are similar to their clients thus affecting how they engage in clinical behavior.

All 17 participants indicated that they would not have any difficulties speaking to a mental health professional. Participants stated that mental health professionals are bound by a code of ethics as well as having the knowledge to effectively help them. Participants also felt that their ability to talk to a mental health professional would be dependent on how amenable the mental health professional is.

"No, I wouldn't find it a problem, my information will be confidential, I will tell a professional because they have; they follow a code of ethics yes." (4th year female student)

"I actually wouldn't find any problems because he or she might have, he or she should have more knowledge about the problem that I do and he or she should know how to help me." (3rd year male student)

"If that professional is really welcoming, he or she is really empathetic that he puts himself in my shoes, maybe making me understand that he feels my situation then I would be able to disclose my information." (4th year female student)

This finding concurs with Zellman and Madden (2014), wherein students indicated that they would be comfortable seeking treatment; and contradicts Ting (2011), where students displayed low rates of seeking professional help compared to the general population.

Based on the researcher's observations of the participants, this finding concurs with Schwitzer (2005), stating that students with a low risk for mental health problems and high functioning capacities were more likely to seek professional help compared to students with high risks for mental health problems and adjustment and coping problems. Based on the researcher's observations the participants in this sample displayed low risk for mental health problems and display high functioning capacity.

This finding is significant in that it further supports the link of mental health perceptions and attitudes of help seeking behavior as an essential aspect of mental health problems.

4.7.2 Category 2: Help Seeking – Clients

All 17 participants indicated they would encourage their clients to seek professional help if they have mental health problems. Participants stated that as Social Workers they have limited knowledge about mental health and mental health problems thus they would refer their clients to mental health professionals who have extensive knowledge.

"One of my roles as a Social Worker, is to actually link such people to resources that could help them, so yes, I would refer them to a mental specialist." (3rd year male student)

"As a Social Worker we are trained as Social Workers, we may have limited skills. A psychologist might have more knowledge and even better methods of helping the patient. It's not like a business that I have customers and I'm clinging to them, you are trying to help the person get better." (4th year male student)

This finding concurs with Wang, Locke and Chonody (2013), who found that white Social Work students in America were most likely to endorse medication and seeing mental health professional. This finding is significant in that it reflects positive perceptions and attitudes that Malawian Social Work students hold in relation to encouraging their clients to seek professional help for their mental health problems.

This concludes the presentation of findings on help seeking behavior.

4.7.3 Category 3: Discrimination/Segregation

Fifteen (15) participants cited discrimination/segregation as one of the barriers to the disclosure of mental health problems. Participants indicated that failure to disclose mental health problems is a result of the fear of being segregated and discriminated against.

"Society cannot accept them, so they think if I say this to the society, they will consider me that I'm not normal and then if I go to school, people will be laughing at me; if I go to school I will be isolated; if I go to school, people will discriminate me, maybe they will label me as 'wa misala' so I don't have to disclose myself." (3rd year female student)

"They feel that you would segregate them. They feel that you will not accept them in society, so I think most of them, they don't feel comfortable." (3rd year female student)

"If they come out to people maybe they think that they will be segregated, maybe they will think that they can't fit in, so that's the main problem." (3rd year male student)

This finding concurs with Crabb et al (2012), stating that the experience of stigma may be more prominent than previously perceived. Individuals with mental health problems, including their families and communities, in countries such as Ethiopia, South Africa and countries in West Africa experience a lot of stigma; proving to be a barrier to treatment.

This finding is significant in that it further supports the link of mental health perceptions and attitudes of Social Work students of stigma as being a resultant aspect of mental health problems.

This concludes the presentation of data that emerged from theme four. The next section will discuss Unique Categories.

4.7.4 Unique Categories

This section presents the findings from the data that stood out and was observable across all four themes. Three significant categories emerged: Aggression (11); Awareness (11); and Psychosis (9)

4.7.4.1 Sub-Category 1: Aggression

Eleven (11) participants cited aggression as an aspect of mental health problems. Participants indicated that people with mental health problems are generally aggressive. Participants also felt that people with mental health problems can either be aggressive or not.

"Oh yes, I think all people who are mentally ill are aggressive. Like I said from my experience; my friend will be nice one minute, the next anger outburst; his overreacting to things. Most of anthu a misala I see in the streets, usually they chase people." (3rd year male student)

"There are some that are aggressive, there are some people that are not depending on like, I have already said the advancement of the illness." (3rd year male student)

This finding concurs with Hansson, Jormfeldt, Svedberg and Svensson (2011), who stated that Social Workers shared similar views as the general public, perceiving them as dangerous and unpredictable, however, in the same breath they contradict these findings to a certain extent, as the participants in this study indicated that people with mental health problems can either be aggressive or not.

This finding is significant in that it further supports the link in mental health perceptions and attitudes of aggression as an aspect of mental health problems.

4.7.4.2 Sub-Category 2: Awareness

Eleven (11) participants indicated that awareness is essential in improving knowledge about mental health and mental health problems. Participants stated that Civic Education and Awareness Campaigns would be instrumental in improving knowledge about mental health and mental health problems.

"Civic educating people; just like the way they do with pre-natal clinics for pregnant women." (4th year male student)

"Awareness campaigns in schools or universities like this one and everywhere or in health centers." (3rd year female student)

This finding concurs with Youssef, Bachew, Bochie, Leach, Morris and Sherma (2014), wherein participants in the English Speaking Caribbean indicated that education would improve knowledge of mental health and mental health problems.

This finding is significant in that it further supports the link of mental health perceptions and attitudes of Social Work students of awareness as an effective intervention strategy in improving knowledge of mental health and mental health problems.

4.7.4.3 Sub-Category 3: Psychosis

Ten (10) participants indicated psychosis as an indicator of mental health problems. Participants indicated that they themselves including general members of the Malawian public perceive mental illness as being the unkempt individual walking on the streets and eating from trash cans thus making it easy to identify psychosis.

"Well, they dress up in rags, they pick food from trash cans and normally what they say is sometimes irrelevant, out of context… from a Malawian context." (3rd year male student)

*"I would recognize someone who is mad *laughs* I could recognize them that they are mad, like the way you see them carrying a lot touch, eating in rubbish pits." (3rs year female student)*

This finding concurs with Youssef, Bachew, Bochie, Leach, Morris and Sherma (2014), wherein participants indicated that they would easily recognize someone presenting with Psychosis. This finding is significant in that it reflects that Social Work students in Malawi equate psychotic features and symptoms to mental health problems thus all other symptoms of mental health conditions which do not include psychosis are not recognized and understood to also be indicative of mental health problems.

4.8 Conclusion

This chapter was divided into two sections. Section one presented demographic data providing the context for data findings. Section two presented data that emerged from the four research

questions outlined in chapter one. Data was organized into four themes. The first two themes presented data on perceptions and attitudes of Social Work students towards mental health and persons with mental health problems. The last two themes explored effective intervention strategies and help seeking attitudes. Unique categories explored data that emerged across all four themes.

The next chapter discusses conclusions and recommendations arising from this chapter.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Four research questions were asked in this study: what is the Malawian Social Work student's perception of and attitude towards mental health; what is the Malawian Social Work student's perception of and attitudes towards persons with mental health problems; what are the Malawian Social Work student's perceptions of and attitudes towards effective strategies for mental health problems and what are Malawian Social Work student's perceptions of and attitudes towards seeking professional help and referring clients to mental health professionals. Section one of this chapter considers the conclusions that can be derives from addressing these four research questions. Section Two presents the recommendation that follow the conclusions.

5.2 Section One: Conclusions

This section considers the conclusions from each Theme. The conclusions for each theme will be organized based on the categories that emerged and each theme will be concluded by providing broad over arching general conclusion about the perceptions and attitudes of Social Work students in Malawi.

This section begins by considering the conclusions that derived from the demographic data before discussing the conclusions that emerged from the research questions.

5.2.1 Contextual Demographic Information

Some aspects of the demographic data deserve mention in the conclusions, as they provide a context to understand the experiences of the participants thus generating recommendations in their own rights.

5.2.1.1 Tribe

Malawi has different tribes thus this demographic information was included with the objective of understanding how the participants different tribes and cultural beliefs influenced their perceptions and attitudes towards mental health however participants indicated that even though they belonged to a particular tribe, culture had not influenced their perceptions and attitudes as they have little knowledge about their respective cultures. However, participant's responses suggested that culture played a role in influencing their perception and attitudes towards mental health.

5.2.1.2 Required Practicum

The Social Work program at the Catholic University does not have a field practice component thus participants indicated that they do not have experience with agencies thus have not been exposed to clients with mental health problems. Participants indicated that this limits their knowledge of mental health and mental health problems.

5.2.2 Conclusions of Theme One: Social Work Student's Perceptions of and Attitudes towards Mental Health

This theme used up most of the time in the interviews and the analysis of the findings. The perceptions and attitudes of Social Work students in Malawi towards mental health cluster around the etiology of mental health problems, cognitive abilities, appearance and behavior, commonality of mental health problems and normality.

5.2.2.1 Etiology of Mental Health Problems

It was clear that Malawian Social Work students not only perceived mental health problems to be real and affect an individual's functionality, but also that mental health problems, are caused by a number of factors thus taking into account the multi-causal component of mental health problems. The perceptions and attitudes of Social Work students in Malawi towards the etiology of mental health problems is one whereby genetics and biological factors, drug and alcohol abuse and witchcraft/spirit possessions cause mental health problems.

Malawian Social Work students not only perceive genetics and biological factors to be the cause of mental health problems but also consider the role that external environmental factors play in influencing genetics and biological factors leading to mental health problems.

As a result of Malawian Social Work students perceiving witchcraft/spirit possessions to be one of the causal factors of mental health problems, it reflects taking into consideration cultural or traditional explanations of mental health problems.

5.2.2.2 Cognitive Abilities

It was evident that cognitive abilities with specific reference to rationality are perception and attitude indicators for mental health and mental health problems amongst Malawian Social Work students. Rationality was described in reference to sound mind, sound decision making or logical reasoning when engaging in different activities; it was therefore evident that Malawian Social Work students associated rationality with managing day by day activities and life experiences. The inability to demonstrate unassailable cognitive abilities or rationality indicates mental health problems or the possibility of mental health problems.

5.2.2.3 Appearance and Behavior

This study found that Social Work students in Malawi perceive appearance and behavior to an indicator of mental health and mental health problems. Isolation from peers and speech were identified as perception and attitude indicators of mental health and mental health problems. Participants indicated that isolation from peers and speech does not necessarily mean that a person has mental health problems, in light of this participant's perceived interaction to be an effective tool for discerning an individual's speech proficiency and the possibility of mental health problems.

5.2.2.4 Commonality of Mental Health Problems

Participants in this study indicated that mental health problems are common however members of the general public are unable to identify them, stating that people easily identify psychosis as they equate psychotic features and symptoms to mental health problems. Furthermore mental health problems are either not reported or registered thus the inability to effectively account for the percentage of mental health problems in Malawi.

Malawian Social Work students perceive the commonality of mental health problems to be an indicator of the burden of disease in relation to mental health problems. The commonality of mental health problems being a perception and attitude indicator of mental health and mental health problems strengthens the perception of mental health problems being a real disease and a serious health condition.

5.2.2.5 Normality

Participants in this study indicated that although normality is a subjective concept some aspects of life are standard and conventional, which is reflected in the emergence of normality with emphasis on the transgressions of societal norms and expectations being a perception and attitude indicators of mental health and mental health problems.

It is evident from the findings of theme one that Malawian Social Work students perceive mental health problems to be a real disease and a serious health issue, caused by a number of factors. Participants not only indicated genetics and biological factors as the cause of mental health problems but also cited drug and alcohol abuse and witchcraft/spirit possessions as presented in chapter four as the causes of mental health problems. It was also evident that Malawian Social Work students hold a number of perception and attitude indicators of mental health problems which included cognitive abilities, commonality of mental health problems and normality.

5.2.3 Conclusions of Theme Two: Social Work Students Perceptions of and Attitudes towards Persons with Mental Health Problems

Eleven (11) participants indicated that they have, had personal experiences with mental health problems. Two of the eleven participants indicated that they themselves have, had personal experiences with mental health problems, whilst the rest of the participants indicated that their personal experiences with mental health problems were in relation to close family members and friends.

The participant's personal experiences influenced their perceptions and attitudes towards mental health. The conclusions that will be presented for theme two are: Recovery, Interpersonal

Relationships and Inclusion which reflect the participant's positive perceptions and attitudes towards persons with mental health problems.

5.2.3.1 Recovery

Anthony (1993) cited in Slade (2013: 8) defines recovery as 'a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond catastrophic effects of mental illness.'

Malawian Social Work students perceive recovery to be an aspect of mental health problems therefore supporting the theoretical framework upon which this study is based. Although some of the participants indicated that recovery is dependent on the severity of the mental health problem, their consideration and over arching perception of recovery being an aspect of mental health problems by all the participants reflects Malawian Social Work student's positive perceptions and attitudes towards the diagnosis and prognosis of mental health problems.

5.2.3.2 Interpersonal Relationships

Participants in this study demonstrated a willingness to engage in interpersonal relationships with persons with mental health problems or a history of mental health problems, specifically from the perspective of professional relationships and friendships.

Malawian Social Work students positively perceived potential professional relationships with a colleague with mental health problems or a history of mental health problem which suggests

non-stigmatizing and non-discriminatory perceptions and attitudes towards potential colleagues with mental health problems or a history of mental health problems.

Although Malawian Social Work students perceive working with clients with mental health problems or a history of mental health problems to be a requirement of their chosen profession, their willingness to work with clients with mental health problems or a history of mental health problems reflects positive perceptions and attitudes towards clients with mental health problems or a history of mental health problems.

In relation to intimate relationships, Malawian Social Work students perceive intimate relationships with persons with mental health problems or a history of mental health problems as undesirable, based not only on genetics and biological factors being the cause of mental health problems thus creating the fear of mental health problems being passed on to their offspring's but also the unpredictable and dangerous nature of persons with mental health problems thus also suggesting that Social Work students in Malawi perceive persons with mental health problems to be dangerous and unpredictable.

5.2.3.3 Inclusion

Participants in this study indicated that persons with mental health problems are often excluded through stigmatizing and discriminatory attitudes towards them. Malawian Social Work students indications of the importance of inclusion, reflects positive and non-stigmatizing perceptions and attitudes towards persons with mental health problems.

The positive perceptions and attitudes demonstrated by Malawian Social Work students create an impression of optimism. Positive perceptions and attitudes towards mental health and persons with mental health problems suggest the development of positive relationships with clients that

will consequently lead to effective mental health interventions. It also suggests that stigmatizing and discriminatory attitudes amongst Social Workers are minimal thus making it easy for persons with mental health problems to seek professional help. It suggests decreasing stigmatizing and discriminatory perceptions and attitudes amongst members of the general public towards persons with mental health problems as a possible result of an increasing number of people having personal experiences with mental health problems.

5.2.4 Conclusions of Theme Three: Social Work Students Perceptions of and Attitudes towards Effective Intervention Strategies for Mental Health Problems

Participants focused on the role of Social Workers and the implementation of initiatives, in improving and providing effective mental health services and interventions.

5.2.4.1 Effective Treatment

Malawian Social Work students positively perceive the role of the Social Worker as an important factor in ensuring effective intervention thus suggesting the importance of a positive relationship between the Social Worker and the client.

Participants indicated a numbers of roles played by a Social Worker when providing effective mental health interventions such as advocacy, activism, policy making, however participants positively perceived counseling and the act of linking clients to mental health services as an important role of a Social Worker in providing effective mental health services.

5.2.4.2 Initiatives

Increasing the number of mental health facilities in Malawi is positively perceived as an important aspect of improving mental services in Malawi by Malawian Social Work students.

The perception and attitudes of lack of resources by the participants is one of the hindrances towards the implementation of effective mental health services thus suggesting the inability to improve and provide mental health services.

Although participants were able to indicate the roles of a Social Worker and the initiatives they would like to see developed in Malawi, participants struggled with providing sufficient information on effective intervention strategies. Participants were able to identify the mental health facilities available in Malawi but were unable to provide information that these facilities offer. Furthermore, participants had limited knowledge on mental health problems in general.

The exhibition of moderately low mental health literacy rates should be viewed with the consideration that the mental health course is only offered in the second year of study for the Social Work Program at the Catholic University.

These findings, further reflects positive perceptions and attitudes towards mental health and mental health problems. The indication of increasing the number of mental health facilities in Malawi not only suggests inadequate provision of mental health services but also further supports the perceptions and attitudes towards recovery being an aspect of mental health problems as well as suggesting the promoting and encouraging help seeking behavior.

5.2.5 Conclusions of Theme Four: Social Work Student's Perceptions of and Attitudes towards Seeking Professional Help and referring clients to Mental Health Professionals.

Participants focused on help seeking and discrimination/segregation in theme four.

5.2.5.1 Seeking Professional Help

Malawian Social Work students positively perceive seeking professional help and encouraging their clients to seek professional help as an essential aspect of mental health problems. Participants indicated that they would not find it difficult to disclose their mental health problems to a mental health professional as they have the necessary skill sets to help them as well as being bound by a code of ethics to maintain privacy and confidentiality.

Participants in this study indicated that they would prefer counseling over medication, as their choice of intervention, thus supporting the participant's perceptions and attitudes towards counseling as an effective intervention strategy for mental health problems. Participants perceptions and attitudes on encouraging or referring clients to mental health professionals was based on their abilities to effectively help the client with mental health problems, participants stated that if they did not have the necessary skills to help their clients they would refer them to mental health specialists or professionals.

5.2.5.2 Discrimination/Segregation

All the participants in this study stated that people find it difficult to disclose their mental health problems due to the fear of being judged, segregated, stigmatized and discriminated against. Participants indicated that persons with mental health problems are excluded from job and housing opportunities and social activities. Malawian Social Work students positively perceive stigma and discrimination to be a resultant aspect of mental health problems.

5.2.6 Unique Categories

The conclusions being made under unique categories are based on findings that stood out and emerged across all four themes.

5.2.6.1 Aggression

Malawian Social Work students positively perceive aggression to be an aspect of mental health problems. Participants indicated that not all persons with mental health problems are aggressions, stating that aggression is dependent on the type and severity of mental health problems.

5.2.6.2 Awareness

Participants indicated that they had limited knowledge about mental health and mental health interventions. Participants further stated that Malawians as a whole have limited knowledge of mental health and awareness through awareness campaigns and civic education will improve knowledge about mental health. Malawian Social Work students positively perceive awareness to be an effective intervention strategy in improving knowledge of mental health and mental health problems.

5.2.6.3 Psychosis

Malawian Social Work students equate psychotic features and symptoms to mental health problems thus all other symptoms of mental health conditions which do not include psychosis are not recognized and understood to also be indicative of mental health problems.

5.3 Recommendations

Recommendations are based on an integrated assessment of the conclusions and are ordered for ease of reference for the following: The Catholic University, Ministry of Education, The Ministry of Health, Social Workers and Society.

5.3.1 The University

The participants stated that they do not know enough about mental health problems and mental health interventions. The university offers one semester of a mental health course it is therefore recommended that the university should have more than one semester of mental health as the participants displays moderately low mental health literacy levels.

It is recommended that the university introduce Psychology to the Department of Social Sciences. The introduction of Psychology will allow the introduction of lectures that focus on the psychology of the human mind thus creating more time for Social Work students to gain a comprehensive understanding of mental health rather than Social Work lectures compacting a broad course of psychology into one semester. Furthermore, with a good understanding of Psychology, Social Work students will be better equipped to effectively work with clients with mental health problems.

It is recommended that if the university cannot include a Psychology Department, they should consider an intensive Psychology training for the student's for a week or two with the Chancellor College of Malawi which has a well established Psychology program dating back to 1978.

The Social Work student's curriculum at the Catholic University does not include field practicum. It is recommended that the university include field practicum in the curriculum so that the students can apply theory into practice thus allowing the students to gain a good understanding of the profession as some students are displaying a lack of understanding on some of the Social Work practices.

It is recommended that if the field practicum aspect of Social Work training is introduced, it should be rigorously thought through, applied and continuously evaluated, particularly for its long term efficacy in developing competent and effective Social Workers.

5.3.2 The Ministry of Education

It is recommended that the ministry of education ensures that universities which offer Psychology and Social Work such as the Chancellor College can effectively integrate these courses so as to develop competent Social Workers.

It is recommended that the ministry of education works towards introducing mental health courses in all Malawian Universities instead of focusing on those universities that are deemed to be better suited for mental health courses.

It is recommended that the ministry of education should invest and ensure the training of more trained Social Work students.

It is recommended that the ministry of education introduces courses for mental health problems and interventions in primary and secondary institutions within the life skills program.

5.3.3 The Ministry of Health

Half the participants either had a friend or relative that has mental health problems it is therefore recommended that the ministry of health improves the mental health services that are available in Malawi to cater to the needs of people with mental health problems in Malawi.

It is recommended that more facilities are developed to cater to the needs of people with mental health problems as the available services are not enough to cater the needs of all people with mental health problems in Malawi.

It is recommended that government officials exhibit transparency in the distribution of resources that are allocated for effective mental health services.

It is recommended that government officials that are appointed within the ministry of health have a good understating and appreciation of mental health problems.

5.3.4 Social Workers

It is recommended that Social Workers establish an association thus allowing for the recognition of Social Workers in Malawi and a platform to effectively execute change within communities.

It is recommended that Social Workers get involved with policy making including policies involving mental health thus giving people with mental health problems a voice.

It is recommended that Social Workers work with government officials in raising awareness and educating people about mental health problems thus helping reduce the stigma and discrimination attached to people with mental health problems. This could allow for the reporting of mental health problems.

It is recommended that Social Workers create an environment in which people with mental health problems are accepted.

5.4.5 Future Research

- In theme one, participants described mental health in relation to normality. The researcher was further intrigued on how people relate with persons with mental health problems. It is recommended that future research should look into whether the stigma people with mental health problems face are related to the mental health problems itself or the stigma is related to persons with mental health problems not fitting into society's status quo.
- In theme two, all of the participants mentioned that they would have relationships with people with mental health problems with the exception of intimate relationships. It recommended that future research should look into whether other mental health professionals would have the same sentiments as well as looking at other professions and members of the general public.
- In theme three, most of the participants were unaware of the mental health facilities that are available as well as what services they offer. It is recommended that future research should look into whether members of the public are aware of the mental health facilities that are available as well as the services that they offer.
- In theme four, the results that emerged supported the literature presented in Chapter 2, whereby people with mental health problems face segregation and discrimination. The researcher was intrigued by the cycle of stigma. It is recommended that future research should look into whether people with mental health problems isolate themselves because

of the stigma they face or they isolate themselves due to the perceived stigma that would follow or a combination of the two.

- The Social Work students at the Catholic University had knowledge about mental health and mental health problems, however they lacked knowledge in some areas of mental health such as recognizing mental health problems as well as what mental health facilities are available and what services they offer. It is recommended that future research should look into the mental health literacy not only of mental health professionals but should include other professions as well as members of the general public.
- It is recommended that future research should look into the commonality of mental health problems as well as people's perceptions of people who are most likely to suffer from mental health problems.
- One of the unique categories that emerged was psychosis. Participants mentioned that people mostly recognize psychosis as a mental health problem whilst other mental health problems are not prioritized. It is recommended that future research should look into whether psychosis is the only mental health problem that people recognize or are privy to information that allows people to recognize other mental health problems.
- Participants mentioned that they had little or no knowledge about their tribal beliefs on mental health problems thus not influencing their perceptions and attitudes towards mental health. It is recommended that future research should look into whether culture has no influence on people's perceptions of mental health or the lack of cultural influence is due to the fact that most of the participants grew up in urban areas thus culture not being emphasized by older generations.

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APPENDIXES

Appendix A: Letter to the President of the Student Union

13th April, 2016

Dear Lawrence Nyambalo,

I am currently studying towards a Master's degree in Clinical Social Work at the University of Cape Town. One of the requirements for the award of the degree of Master of Social Science in Clinical Social Work is to complete a research dissertation.

My research topic is "an explorative study of the perceptions of and attitudes of Social Work students towards mental health in Malawi." There is a paucity of research in Malawi that has focused on perceptions of and attitudes of the general public and medical and mental health professionals towards mental health. Furthermore, there is no recorded research on the perceptions of and attitude of Social Work students towards mental health thus my interest in pursuing this particular aspect of mental health.

I need to obtain a sample of 3rd and 4th year Social Work students. My intention is to interview at least 17 Social Work students in order to make the research findings viable. Their participation will be voluntary, anonymity will be guaranteed and any identifying information will remain confidential and not part of the study. They will also be entitled to withdraw from the study at any stage.

I need your help obtaining a list of all 3rd and 4th year Social Work students, as well as identifying the Social Work students who can participate in the research study. This way I will

ensure that I include in the sample students at different levels of completing their degree and how their perceptions of and attitudes towards mental health differ.

I look forward to your response as soon as possible. I am hoping to start the interviews in the month of April.

If there are any queries or concerns in compiling this list, please don't hesitate to ask me.

Thank you in advance for your assistance.

Kind Regards,

Thandiwe Mkandawire.

Appendix B: Letter to the Participants

Dear,

Request to participate in a research study conducted at…… University in Malawi

I am currently studying towards a Masters degree in Clinical Social Work at the University of Cape Town. I will truly appreciate your participation in this research study in order to fulfill the requirements for the award of the degree of Master of Social Science in Clinical Social Work. As Social Workers we are the largest providers of mental health services and we are usually the first line of professionals who come in contact with people with mental health problems. Therefore, I wanted to explore the mental health literacy and perceptions of and attitudes of Social Work students towards mental health.

The title of my dissertation is "an explorative study of the perceptions of and attitudes of Social Work students towards mental health in Malawi." There is a paucity of research in Malawi focused on student perceptions of and attitudes towards mental health. Furthermore, there is no recorded research on the perceptions of and attitudes of Social Work students towards mental health in Malawi.

This research study explores your perceptions of and attitudes towards mental health; towards persons with mental health problems; effective intervention strategies for mental health problems and seeking professional help and referring clients to mental health professionals.

Research Format:

I am interviewing approximately 17 Social Work students, chosen as a representative sample of 3rd and 4th year Social Work students. The data will be collected through in-depth interviews that

will be recorded, transcribed and then analyzed. These interviews will last approximately an hour and will take place at a time and place of your choosing during the month of April 2016. On completion of the analysis, you will be offered the opportunity to examine the findings and comment of them either by email, individual discussions or as a group.

Ethical Considerations:

As a student of the University of Cape Town, I am guided by ethical considerations which are as follows:

Participation:

Participation in this research study is voluntary and an informed written consent is required based on the contents of this letter. You may withdraw at any stage of the research study.

Anonymity and Confidentiality:

Demographic data will be requested but identifying details will not be recorded and your identity will not be disclosed in the research. Lecturers will not be informed about who is taking part in the research study. Family specific information will not be relayed to lecturers or the university as a whole. The university will have access to the completed research document which will contain the data analyses and not the individual interviews. The individual interviews will be stored confidentially.

Counseling:

I am available for counseling should any issues arise as a consequence of this research study. Alternatively I will provide a list of referral sources should it be requested.

Compensation:

No compensation will be offered.

Publication:

The research may be published if requested by the University of Cape Town and accepted by a journal identified as appropriate by the University of Cape Town.

Supervision:

I am supervised by Mr. Ronald Addinall; a staff member of the Department of Social Development at the University of Cape Town. He is responsible for ensuring that the research complies with academic integrity and ethical standards and appraises the work at each critical stage of the research. He can be contacted at ron.addinall@uct.ac.za or +2721 650 3475 should you have any concerns.

Researcher's Credentials:

I am a qualified Social Worker with 2 years of experience. I have a Bachelors Degree in Social Work (Hons). This research is in part requirement for a M.Soc.Sc in Clinical Social Work from the University of Cape Town. I am bounded by both the ethical standards of my profession as well as those of the university.

I can be contacted during working hours on +265881275151 should you have any queries.

I appreciate your taking the time to read this and for considering whether or not to participate. I am confident that the results are going to be valuable for the university to consider.

Kind Regards,

Thandiwe Mkandawire

Appendix C: Informed Written Consent

I understand the contents of the explanatory letter and I have had the opportunity to clarify any points of concern.

I agree to willingly participate in the research study entitled "an explorative study of the perceptions of and attitudes of Social Work students towards mental health in Malawi."

I understand that

I understand that:

- My anonymity will be protected
- Any personal and identifying information will be kept confidential according to the professional ethics as determined by the University of Cape Town.
- I can withdraw at any stage
- I or my family have access to counseling should it become necessary as a consequence of this research study.
- I will have access to comment on the analysis and be availed of the completed research.
- The research may be published at some stage
- I have not been offered any compensation for taking part in this research study
- I have the details of the supervising academic at the University of Cape Town should I have any concerns pertaining to the research study.

Name:

Signed:

Date:

Researcher signed:

Date:

Appendix D: Interview Schedule

Social Work Student

Age:

Sex:

Year of Study:

Rural/Urban:

Secondary School:

Required Practicum:

Tribe:

Contact Details (Number/Email Address)

Question One: What is the Malawian Social Work Students perception of and attitudes towards mental health?

Understanding of Mental Health

How would you describe mental health?

How would you describe mental illness?

What do you think causes mental illness?

Does the Catholic University Social Work curriculum have courses aimed at mental health?

Would you recognize the warning signs of mental illness?

Would you recognize mental health problems?

How can one take care of their mental health?

Do you think you know enough about mental health problems?

What can be done to improve knowledge about mental health problems?

Mental Health in Malawi

Do you think mental health problems are common in Malawi?

What do you think are the common mental health problems in Malawi?

Attitudes towards Mental Health

Do you think mental illness is a real disease?

Do you consider (Depression, stress, post-traumatic stress disorder), to be mental health problems?

Who do you think is most likely to suffer from mental illness?

Question Two: What is the Malawian Social Work Students perception of and attitudes towards persons with mental health problems?

Personal Experience

What is your experience of mental illness?

Have you suffered from mental health problems?

Do you have close family members or friends who have suffered from mental health problems?

What was your experience of witnessing a close family member or friends suffer from mental health problems?

How did your personal experience influence your view of mental health problems?

Attitudes towards persons with mental health problems

Do you think a person with mental health problems can recover?

Do you think people with mental health problems should be included in society?

Would you be friends with someone who has mental health problems?

Would you be friends with someone who has a history with mental health problems?

Would you have an intimate relationship with someone who has a history of mental health problems?

Would you work professionally with someone who has a history with mental health problems?

Would you work with a client who has mental health problems or a history of mental health problems?

Question Three: What are the Malawian Social Work Students perceptions of and attitudes towards effective intervention strategies for mental health problems?

Knowledge about Intervention Strategies

Do you know what treatment options are available in Malawi?

What treatment options would you recommend to a client?

Do you think you know enough about mental health interventions?

What do you think is your role as a Social Worker in helping persons with mental health problems?

Initiatives

What initiatives would you like to see developed in Malawi?

What could be some of the problems in developing these initiatives?

What can Social Workers do to help develop these initiatives?

What can Social Workers do to improve awareness of mental health problems and mental health interventions?

Question Four: What are the Malawian Social Work Students perceptions of and attitudes towards seeking professional help and referring clients to mental health professionals?

Social Work Student

Do you think people find it difficult to talk about their mental health problems?

Would you find it difficult to talk about your mental health problems to close family members and friends?

Would you seek professional help if you had mental health problems?

Would you find it difficult to talk about your mental health problems with a mental health professional?

What intervention strategy would you choose for yourself?

Client

Would you recommend that your client speak to a mental health professional?

Would you encourage your client to speak to a close family member, friend or clergy about their mental health problems?

What do you think is the best form of support for persons with mental health problems?