***Transcript 2***

**Researcher:** Okay so we are going to get straight into the questions. So, first thing first, what is your understanding of public health.

**Participant B:** Okay so in my view public health its health service you know, I'm basically thinking about when one is sick, that is accessible to the public and one would not have to pay because there is a word public to it. So, your wellbeing Uh whether its prevention of illness or treatment of an illness but in facilities that are governed by the state and its free for all.

**Researcher:** Okay and then can you just give us some of the services that are provided specifically in public health.

**Participant B**: Okay. So, in terms of services with kids I think there is immunisation at clinics then that is the primary public health service, then at hospital when one is sick treatment for any sickness. Prevention we do have talks a lot uhm the multidisciplinary service, so one will get therapy, will get treatment for an illness uhm then assistance linking one with another department so hospital. Then we also have tertiary as well where one needs further management of the illness whether it's an academic hospital from one hospital it means we do need specialist or tertiary in terms of mental health it will be you Weskoppies or Sterkfontein it means the condition is not well managed inn a secondary institution, you need a tertiary institution..

**Researcher**: Alright

**Participant B**: So, it differs with age uhm kids will have a specialised service, immunisation and those things and then adults as well services will also be different and senior citizens it will also be different.

**Researcher**: Okay. And then of, because now you are a social worker within the public health sector in a hospital, what services do you provide within your department?

**Participant B**: Okay. So, we’ve got department of social work, then all the social workers in the department are deployed to different wards so like myself I am in mental health ward so I only specialise with matters related to mental health so there is a social worker for that. And then we’ve got another social worker for the medical ward. The social worker in medical ward will do urology will do gynae and ortho yes. Then there is a social worker for peds (paediatrics) dealing more with matters related to children. Then we’ve got another social worker for the HIV program dealing more with matters related to HIV and other illnesses. Then uhm okay, on my side if I can be a bit specific, in terms of mental health when patient are referred to the hospital or are admitted from a family the primary role of the social worker is to be part of the team that's treating, so we’ve got care, treating and rehabilitation. So, we are a bit part of the whole progress of how the patient is gonna be cared for. Then my role it will be presenting any factor that contributes to the illness, so let's look at households, have challenges patient is not well cared for at home or the issue was related substance he has never been to rehab. So, whatever the trigger to the relapse or to the illness in the society it's the role of the social worker to present that. Uhm the society at large, does the patient have access to resources or is unemployment playing a factor in the patient’s illness, that's the role of the social worker to present to the team what factor contribute to the illness. Then part of the rehabilitation, we do group support so that our patients understand that they are not alone. Social workers play a major role when the patient is being discharged, is this one going home or do we need other facilities to assist with further treatment and care and rehabilitation.

**Researcher:** Thank you for sharing that. So, in terms of your legislative policies and frameworks, what are some of those policies within our contexts that guides your services as a social worker within the hospital?

**Participant B:** Okay the major we all know is the Batho Pele that's one policy that guides every employee. Then in terms of social work we’ve got different legislations that would cover us like if I can speak of the social worker in mental health. We’ve got the United Nations Convention of people with disability. The responsibility of the social worker is also understanding that people that are not born in SA, that are foreigners are treated like a South African citizen. The we’ve got situation of the country that everybody has the right to health services. So, in terms of mental health all South Africans, whether you’ve got an ID, or you do not have when you knock on the door you need to be given the service equally like someone who has got an ID. Then we’ve got the mental health framework recently there is the 2024 to 2030, it kind of give us a guidance of how different sectors how we are all involved. In terms of mental health, we also have the challenge of substance use so we have to work with other departments such as social development and substance abuse starts in primary, so we also work with education. So, there are a lot of legislations that assist the social worker in mental health link the patient to other resources. Then we’ve got the Mental Health Act 17 of 2002 hoping it can be amended. So that is our baby, although it has loopholes, it's our primary guide on how we are going to as a multidisciplinary team including the social worker give guidance or service to a patient. Then coming down to a social worker, we do have Standard operational procedures so it's more of the structure of the service that you are going to give. So, SOPs every 4 years they are renewed, and they give you the scope of practice that if you are in mental health, this is how you are going to operate. There are other legislations that I would not touch like when a mental health care user is under the age of 18, you would have the Children’s Act to guide you and then as well as referring. So, you have mental health care users that are elderly then you have the Older Person’s Act to guide you but, on my side, because those patients have not been much in my ward, I don't touch base on it. So, in terms of kids, we have the pedes ward, so under 12 are attended by a social worker in the Pedes ward. So, I'm not really much into child protection services but when there is a case which needs me, I know the children’s Act would be my priority in my guidance on where to refer and then what services need to be given to a child.

**Researcher**: That is a handful of information, thank you for that. In terms of your approaches then, because now that is legislative framework that guides you holistically, but I understand that within the social work profession there are specific approaches, specific models that guide our interventions, of course with different cases. So, what are the approaches that you use the most?

**Participant B**: I think all the health social workers we use the bio-psychosocial assessment. Uhm because when you see a patient you need to identify whether the condition that is presented is it due to biological factors, psychological factors societal factors, the social part so you are assessing all the other factors then starting to understand where you are going to fit in giving the service. So that is number 1 it stands out. Then when it comes to other approaches, it differs from where one was trained, I am more of a person-centred approach, so I know in healthcare we have a client centred approach. I am more of a resilient approach, asset-based, strengths-based approach. I sometimes look into appreciative enquiry especially when I see that this patient has multiple admissions, the patient has been seen be different social workers, different hospitals, so appreciative enquiry works well because that time I will start saying to the patient, listen I am a professional but it seems we are not understanding you. How have you been coping up to now? Then we start sharing the patient saying for the first time, someone appreciates that I have got a voice. So that appreciative inquiry is very important, then it keeps you back to the asset based where the patient will give their own coping skills, whoever they got in their resource box to assist them. So, there are a lot of different approaches that it goes back to where one was trained. They will see okay I studied the person centred then it works well with the client centred, even the doctor has sent a referral, I still wanna hear the patient presenting. So, I wouldn't say based on what someone has referred you with, but now that I am focusing on this person. I am not focusing on what has been said by another person, let me hear what are their issues, how they have been coping what are the resources or the support. Like I work in \*\*\* [*Name of the area*], and I know the resources within \*\*\*[*Name of the area*], but I still wanna know the patient’s resources because I wanna hear what is the patient using within the community.

**Researcher**: Okay. Thank you so much for that. So now, when we started with the interview, you did mention that you have been in health care for 4 years if I'm not mistaken and you worked in an NGO prior to this. Uhm just in comparison, the NGO I understand it’s completely different from health care. How was your experience in the NGOs?

**Participant B**: Honestly speaking NGOs are interesting I think when you wanna go in government is in terms of remuneration, the salary and other benefits such as medical aid and housing allowance plays a role uhm but NGOs in terms of training one for fieldwork it's so beautiful. When one has a degree, we need to trust that they are equipped to understand the patient because you did your practical. They are also equipped to ask for help when they feel “okay I think I'm stuck or if they feel oh the counter transferring patient how well you know first time we met, we did not click quite well”, you can make use of another social worker. So, I think that is the advantage of NGO. NGOs uhm social workers plays a major role in NGOs. You would do lot of awareness, community engagement you know, you are a liaison officer. You make sure that the patient is linked with this department, you do follow up. It’s beautiful. In NGOs I think the role of social workers is an enabler, advocate, liaison office, counsellor, you’ve got the opportunity to play all those roles. Then in government, like in public health, it's kinda a little bit limited. If you are in mental health, you are just in mental health. There are patients with dual diagnosis. I'm limited when I contact rehabs, they will tell you “Oh we are actually receiving applications, please refer the patient to this NGO or Department of Social Development because we prefer to receive applications from there”, you see that's a limitation when the patient needs services urgently. Yeah, so I think this time your role you can still play it, but it has a lot of limitations, lot of boundaries around it. Uhm in NGOs for example in terms of community work, it become easy to speak to the director of the NGO and say “oh I think my clientele, I have picked up a problem, a lot of children are dropping out of school or lot of children have special needs, I think the Department of Education needs to assist with special school applications”, it's just an example. The director would respond within 2 days or so, then when you come to government it's a process from supervisor, HOD, from HOD to clinical manager, CEO, then sometimes you might be told about the MEC’s office. So, you’ve got so much constraints that by the time it reaches the last person it’s 3 months or so. Yes those limitations yes, boundaries are important I know we need to be supervised but limitations are also a bit problematic that's why departments are not doing quite well or health per se is not doing quite well or its not well perceived by the general population because social worker can't just walk and say there is a meeting at community ward I'm going to have a talk there, no, you need to go through the supervisor, from supervisor, HOD, clinical manager then afterwards the meeting is done.

**Researcher**: Thank you so much for sharing that again. So now we gonna jump into the multidisciplinary teams within the hospital. So, you said you’ve been here for 4 years so since you have been employed here you started working within the MDT. Uhm can you just mention the professions involved in your team.

**Participant B**: Uhm so the scope of practice has a different description of the professions that need to be involved in the MDT. The practicality of it in field it's a bit different so a multidisciplinary team you would have different professionals that are recognised by the Mental Health Act, so we have occupational therapist, a doctor, nurse, a social worker, psychologist uhm then engaging with the support structure, the next of kin of the patient. Then in terms of the scope of practice, everyone that has given service or is interested in the wellbeing of the patient can be part of the multidisciplinary team. Let's say this patient, the police have a case against him, but he was now admitted when we have the MDT, we need to have the officer or the sergeant investigating the matter. If it's an under 18 child protection social workers are involved, in the multidisciplinary team we need to that social worker. Then attorneys, let's say the patient has assets they made an application, someone wants to administrate that patient’s assets, the attorney can be invited to the MDT meeting when we are doing assessment. So, the primary goal of the MDT is all the professionals to sit around to assess the patient. So the role of the social worker is to speak about what are the other factors that are contributing to the illness or what are the other factors that are triggering the relapse, planning on the discharge, yes there is good support, family are they understanding the condition or not, is the patient understanding the condition, do we have language barrier as well, also reminding our team mates like the doctor okay colleagues, the patient has spoken about side effects, elaborate it at the patient’s level that we ensure the treatment adherence all of us advocating for a good treatment adherence. So, it differs, each facility, depending on the area, you would have limited members of the MDT but in terms of the scope of practice, everyone that is giving service or has an interest in the wellbeing of the patient can be part of the MDT.

**Researcher**: Oh okay. That makes perfect sense. So now you have mentioned already some of the roles and the services that you would render within your team how, in your observation, how do you think your roles are perceived by your team members?

**Participant B**: Honestly speaking I think health is not doing well with the role of the social worker. Every now and then I wish I could be given a platform to clarify, there is a lot of misconception. For example, doctors would say please help client with ID application, yet I'm not even in home affairs. Please assist patient with grant application and the challenge when, especially with doctors when they mention something to family, or patient, the patient comes with preconceived ideas. There are times when they say the patient has no windows uhm. It's as if a social worker has a petty cash to resolve all the challenges, you’ve got food parcels, you’ve got food for the patient to eat, like you are a miracle worker. Patient has poor adherence, please assist with psychoeducation. Like someone diagnosed this patient, you are the one who need to educate the patient. But then okay in simple terms there is a lot of misconception on the role of the social worker. Luckily with my team we’ve training regularly where I try to pick up what are the misconceptions then I try to do training on the role of the social worker. So at least I am here and there but I must be honest with you when it comes to health care, there will be one clinical social worker coming once a week so you would understand why people do not understand the role of a social worker. In hospital we’ve got four social workers, and the hospital has about 600 patient beds so you also understand that we are also limited, we are becoming miracle workers, we can get food parcels, if I knock on home affairs door someone can easily get an ID even though they do not have a birth certificate. It's a big misconception and I think we as social workers I'm glad that you are doing your Masters, we do play a role on how we redefine or clarify it because we constantly need to have talks or training to educate other professions on what is the actual role of the social worker.

**Researcher**: Yes, and that is one of the reasons why this study is being conducted. So now you are in a hospital there is another social worker in a clinical level who like you said they might be 1 or 2, and they still have to do all the community work, group work, which can make their role and work with the other team members a little bit difficult. So how would you describe your line of communication here with the other team members?

**Participant B**: Okay Uh our communication is very good. So, we speak on social media platforms, we speak telephonically, we discuss patients together it's because I am in that ward...I am in the ward and we see each other 5 days of the week, but definitely in clinics it's gonna be very difficult. Youve got 2 clinics, and you are the only social worker, and you are generic, you are seeing all, malnutrition, HIV, its mental health all these other issues that community is presenting to you as a social worker at a clinic. So that is the big difference. Then on my side in the hospital, the only small challenge that I think I would have is the idea that...Sometimes my colleagues think when I do home visit then all the patients must be removed and taken to centres. I would hear lot of them having this pre-conceived idea that patients must be removed from their homes to a licensed facility, in actual world that is not really ideal. I constantly have to remind them our patient...all the other conditions need to be integrated back into the community and put measures in place to assist the whole family, the patient and community. But because I'm in a secondary institution or secondary health care, which is hospital, it's not easy to always go to communities for community talks so that's why at times, it will be difficult to know the community counsellor, when do they have meetings so that you can come and present the ides of integration. Yeah so, the communication is good, but we still have a long way.

**Researcher**: Okay, Alright. So, no we gonna a little bit on training. For you become a social worker within our context you must have acquired your undergrad degree which is 4 years. Now your 4 years do you think, or do you believe that whatever training you received in those years was adequate enough or adequately equipped you to function effectively as a social worker in health care.

**Participant B**: Uh to be honest it's not. When I was doing training, it was more about counselling yeah. Thats a big loophole, I know we had social workers that would come and give talks, on child protection, legislation, but honestly speaking it was really not enough. The other big issue I know right now is that social workers are now trying to touch base on it so when you are in field, patients and their families have their own definition of their problems and when you are in field, you would hear that people have preferences. Uhm “yes, we would take treatment but we also wanna consult traditional healers” so the understanding of multidisciplinary team, was not well introduced when I was studying. So, I think that if that was well introduced, it would have been perfect. When I was still studying, what I was well equipped on was therapy, if I had to come and give therapy I would have done the best but I think the advantage is that when you have studied you change field, it becomes easy to read material, you wouldn't be reluctant to read something because now I am in mental health let me read more about what does the DSM say, what are the criteria's that doctors use to diagnose, so that when I have a family group conference when the family don't understand the symptoms then you help them understand. To say okay you say the symptoms have been going for more than 2 weeks, then you know what the DSM say about the duration. And then the other biggest challenge is for the fact that we are undergrad, is just a generic social work. I am wondering if then I would have loved to be a clinical social worker with generic social worker, I don't know I think back then I was so in love with the idea of working as a social worker and working with children that's when I started. I loved it dearly, so I don't know if they introduced specialisation undergrad would we still be happy, because I might take clinical then when I'm in field I fall in love with child protection so yeah that way I'm a bit caught up but specialisation it has to start early, it won't do us justice by putting us generic. Somehow, the second level we need to start with specialisation so that we can be well equipped.

**Researcher**: Or some would argue that with 4 years it's a great foundation for you, like what you are saying that we should specialise at 3rd or 4th level, but when you come to the field you feel like I want... so the foundation is a little bit relevant but it needs to be ...

**Participant B**: improved a bit. Yes, especially for health some of misconceptions is the fact that social workers are broad and some of them don't know what they need to be doing so they are basically roaming around, which makes it difficult for the other professions to respect us.

**Researcher**: True, I do agree with that. So now besides the 4-year training is there other training that you have acquired in health care specifically?

**Participant B**: Yes, uhm health care we normally have field days training we do attend lot of training. So recently I think we attended one on ethics and the Batho Pele principles. We attended one for the mental health review board then we’ve got inhouse training as well bi-monthly so that we equip yourself. And what I love with continuation of training is the fact that it's more like career development. So, we do need to constantly attend training and grab if we hear and notify our department if we hear that there is a training elsewhere because South Africa, it's not standardised because one minute you hear of decolonisation you will want to read about it. So, trainings do assist, unfortunately you would never have a training that is the entire week you would have a maximum of 3 days. Most times it's a one-day thing and a read at home material. It's not standardised, it's not always that we have trainings that would last for long.

**Researcher**: We hope that changes. So now you have touched a little bit on the roles and the services, and you have touched a bit on the r... if you do not mind can you just expand on the roles that you specifically play within your wards.

**Participant B**: Okay. So, the role of the social worker is to advocate, mediate, enabler, uhm counsellor. So, the one that I would play quite a lot uh so in terms of a counsellor I do psycho education with the patient I will have one on one with the patient and help them understand the medication, the significance of medication also to enable them to identify symptoms. So, you would have a condition that she is schizophrenic, but other patients might say I don't have the negative symptoms like hear voices that want to kill me. But I hear voices that tell me how great I am. So, my role then as a counsellor is to educate the patient on the significance of treatment and equip patient with coping skills. Then enabler, the integration to the community, plan of discharge, how do I enable the patient to be integrated back into the community coping skills, enable the patient to identify their own coping skills. Also enabling the patient to understand when they are not okay so uhm there are patients who are independent and live alone. So, you would say to the patient do you know when you are not okay because we don't want a situation to be brought by the police all the time. Then they will say, I started feeling depressed so now you enable the patient to identify when they are not okay. Advocacy, that is very important. So, our patient’s mental health is a stigma, so we need to advocate for them to get the right services. So, you would have a patient with mixed up dates coming to a hospital on a Thursday, the date that the patient was given is the 6th but the patient is coming on the 9th the patient medication is running out. So if one team member says no you must go back, come back on the 16th the role of the social worker is to advocate that the patient must get the service, remember this is a mental health care user, let's explore how did it happen they mixed up the dates and what happened. The patient might say I have missed it, or the patient might say I'm feeling fatigue I don't want treatment anymore, but today I just woke up and I said I am going to the hospital. So, the social worker needs to understand what could be the issue, ensure that that the patient does not leave the hospital without getting the service. So that's when we advocate for the services. The other part of advocacy is ensuring that our patient assets are protected as much as I know there are resources out there, I need to ensure that patient’s assets are not being abused our patients themselves are also not being abused and that they also know their rights. So that is the advocacy role. We also mediate most of the time if it's a family group conference so families tend to say we don't want this person anymore, they would use harsh words such as crazy. So, the mediation part involves equipping the family to change the language and not to use such words to the patient. I would say” Please know that this patient is living with a mental condition” so you are mediating in the family setting because the idea is to have the patient go back home.

**Researcher**: You have mentioned quite a lot uhm and then you also mentioned a lot of tasks that you have to perform within those roles but with skills. What skills in your case do you think one social worker should know or should have.

**Participant B**: uh I love that when you are training communication skills was one thing from first level until 4th  that's one thing, we were taught which is communication skills. When you get to field, I think it goes with experience as well, then you start developing negotiation skills. No matter how frustrated the family members are how do I get negotiate for my patient, build the rapport as well with them. In terms of communication, I think you also have good listening skills, and you need to be empathic, advanced empathy as well. You need to ask yourself when someone is presenting, how do I understand them further. So, it goes in field each community differ, when we were in university, we would do participatory action research that is one community development or community research approach which plays a major role because when you work in \*\*\*[*Name of health facility*], its different when you go to \*\*\* [*Name of another health facility*]. So how you approach the community it's gonna be different. But when you’ve got participatory action research you wanna move long with the people, you are not going to say I will do everything for you guys, let's work together. So, I have touched on communication, listening, negotiation then management. Management when it comes to administration of our work, because the other challenge when doctors write, they need to read what you wrote more than you reading what they wrote. So writing is very significant. I would say basic communication skills but when you are now in field, they get to be polished over because of your experience.

**Researcher**: Let's hope I get there

**Participant B**: You will definitely

**Researcher**: Okay so in terms of working in a hospital again regardless of you are in a mental health or not, what form of support from your own department do you guys receive, if there is any?

**Participant B**: Okay so the nice thing about social work is that when you are a grade 1 you would need to have a supervisor so that anything that you are writing someone must, as a supervisor they say I have read the content, I did not investigate but I have read the content of the report so that provides you with protection. Whatever you are writing because it's gonna be an image, a report is an image of our hospital to another place. So, a report can be used as evidence in the court so the supervisor must see it so that you are protected should the report end up in the wrong hands. Let's say you wrote a report for the patient to be placed then the family takes that placement and takes the report to the master of high court, then the master of high court will say we have your report, you did not write a report to the master of high court but if they call you then your supervisor would say we have never wrote a report to Master of high court, we wrote a report about the patient to placement so that provides you with protection. Secondly, when it comes to continuation of professional development uhm the department plays a role to ensure that you do attend training that are social work related. Then on the ground you don't have access to management so you've got within your department a social work manager who can be your link to the management so that also provides you with a liaison officer, someone who can speak and come and report back to you as well. So, the report is the administration part. Then the department when it comes to your career development its sorted. So, every social worker your wellbeing becomes very important even if department might dysfunction but there are times where the social worker themself have burnouts, so the department needs to play a role with workload. So when we do stats they see your workload, on a daily basis how many patients do you see, are you well especially you might have a family crisis, your department is the one who will manoeuvre, this social worker has a crisis but another social worker will stand in to provide the intervention so in ideal world we would say the holistic being of the social worker academic growth, protection of the social worker as well in managed by the department of social work in every hospital. We may have differences but ideally that is what needs to be running in the department of social work.

**Researcher**: Alright, okay thank you for that. So now you have already mentioned some of the challenges already, within your wards, your mental health wards what specific challenges do you face on daily basis?

**Participant B**: Okay, in the ward setting or community?

**Researcher**: it can be with colleagues, it can be with patients

**Participant B**: One challenges the fact that we have stigma in the community is why we have a lot of relapses. There are really lot of relapses. When one is known as a mental patient it’s like when one has been seen by the social worker, everytime they come back they just say “the social worker please see the patient” although current admission, it might be the patient had a psychotic episode so that is one challenge we would have that come from the community. I think as social workers in hospitals, there are not enough resources, my biggest challenge is when I need to down refer someone for protective workshop or skills development, I don't have enough I think that is the biggest challenge. I don't want patients to go home…eat your food, have medication because you get grants then sit the whole day...that is very sad, the reality is that community do not have programmes. I envy the HIV/AIDS programme where there is lots of talks about HIV door to door. But mental health I don't think we have the exposure of people doing door to door. So that in itself is a challenge. Biggest challenge is we are licensed or we are credited, we are permitted to have patients for 72 hours it’s not workable especially if one is referred, someone may walk from Limpopo to Gauteng barefooted we need to trace the family, so 72 hours is not ideal to find the family within the 72 hours so when that patient stays 2 weeks or so the other team members label the patient as a social problem. So, it becomes a bit of a stigma within. So, at the back of my mind, I am starting to think they treat them differently. So, for example, such patients who are waiting for me to trace their families, every week they would not be seen by the multidisciplinary team it’s a matter of we saw them the other time but remember every patient that is in the ward needs to be seen by the MDT but now because he has been seen we are waiting to trace the family, so he is treated differently. We don't have a lodging or a ward where the male patient can lodge while waiting for family so yeah that is a bit of a challenge. When one has problem in the ward, they are labelled as a social problem they are not seen by the whole team, the other team members will tell them just wait for the social worker to address the social issue. The community, we are not doing well, there are no resources. As the mental health, we do not have good relations with the other sectors, they have started cluster meetings, and there is no representation from the Department of Education, but we are serving kids with special needs. There is no representation from social development, but we’ve got substance use problems. There are a lot of challenges.

**Researcher**: And now with your experience within the MDT, the good part of it, what have you experienced.

**Participant B**: There are more benefits than challenges. I have been quite fortunate that I have worked with a team that put the best interest of the patient first. We may have different professional opinions I have given an example. When a patient is for placement or will go back home, I will present the social opinion, OT will present the Ot opinion, psychologist, doctor and the nurse and at the end we say we are different, but let's come and engage on what's gonna be in the best interest of the patient. We are doing quite well, so it has strengthen our work relationship uhm I must be honest we spend 8 hours of our life in a workplace so the best thing within our multidisciplinary team is a good working relationship, you’d never hear one saying the other team members cant engage or can't discuss the patient with them so that's the best thing. We do have uhm team building outings just to strengthen the team its awesome, that just one beautiful thing. Then what else! Inhouse training beautiful, we learn a lot, like I said South Africa...decolonising changing all the time we learn a lot from each other, we are teaching each other a lot and in the training every member of the team is given an opportunity to train others. So, it will not be just doctors training that's what I love about our team. Luckily, in my 4 years we have never had a patient that died under our care, I must say that's the best thing ever. We had patients that had injured each other, so I love the fact that our staff, we would never have cases of neglect from the nursing staff or doctors so I love that.so the best interest of the patient we define it in different ways as per our different professions but we may have a patient here, we find a common ground to say this particular patient what's gonna be in best interest of them and I love the fact that we are all moving along with that principle.

**Researcher**: And I would also assume that the good working relationship makes it easier to address any challenges, any issues that you guys would face.

**Participant B**: It does you would never hear one colleague say can you please speak to so and so because I don't speak to her. So, we all have a good work relationship and professional ethics are very important we do maintain the professional ethics.

**Researcher**: Thats wonderful you have shared quite interesting information about your role in the ward and it makes one wonder how much social workers do work in the field and then some of these roles we don't know about them we might know from the book yes but you wouldn't imagine that it actually works in the practical world. So, I wanna know from your side is there anything that you would like to share that I maybe did not cover in the interview.

**Participant B**: I think legislations we touched on it and it's my favourite. Ethics cover all of us. Uhm the role of the counsellor I think we never really touched on it. The fact that we are paying the council, it’s almost like its non-existing. As much you are speaking on your studies on public health, the council need to contribute, the council need to advocate for social workers we would not be respected if our council is just sitting not doing much. The reason why I’m saying its seating and not doing much it's because if we have pop up messages the council say we have training or please check monthly newsletter yeah, we will say the council is active. If our council would visit institutions where social workers are I would say the council is active but apart from that the council for me is just a structure building, they only communicate with me when I need to make payment. So, I think I don't know how, I'm just wondering how as well, but our council need to pull up their socks. I think this study is beautiful for the fact that I am worried about the image of social work in public health we are not doing enough we need to do more. And undergrad but council they need to figure out a way, there needs to be something done.

**Researcher**: Okay just in closing in terms of recommendations towards public health services, what can be changed, what can be improved what do you think are the loopholes at the current moment.’

**Participant B**: there is only so much that the social workers can do. As much as we hear the statistics of high numbers of social workers being unemployed, I think the department of health can take advantage of that and deploy social workers within the community. The stigma in the community around public health, people assume that when they are coming to \*\*\* [*Name of th*e *health facility*] using public transport, they are going to die they say that's the place you end. There was one guy who was singing this religious song that when you go to the hospital, we sing that song because we know you won’t come back. So I think the department has to deploy more social workers within the community to do community work, talks in schools, hospitals every facility that is there to restructure the image of public health that guys there are complain offices where you can complain, or appraise when someone has given a good service, those things are there. So, I think people might have a different image of public health. The fact that we have one social worker in 2 or 3 clinics that in itself we are running for that social worker to have burnout, so we are not looking after the resources. So, in general the Gauteng department must look after its resources especially the human resources wellbeing of the staff is very important. As much as we are worried about the patients, have enough staff capacity, we do need more staff, and as social workers the fact that we can play multiple roles, it gives us that advantage so please deploy them and they will be doing the service within the community and our patients will have support groups within their community, they do not need to spend money for follow-ups

**Researcher**: You have been wonderful I must say. You have been great and definitely this interview is gonna contribute to the largest part of the future of this profession and research wise, improving our roles and how we are perceived by other professionals in the field. I really appreciate it and the time and the effort.

**Participant B**: I also appreciate the opportunity to be a part of a study. I do want to contribute to any positive development of our country or our field. Thank you so much for giving me this opportunity.