

# Challenges Faced by Mental Health Nurse Specialists in North West, South Africa

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## Abstract

This article reports on a study that sought to explore and describe the challenges faced by mental health nurse specialists in North West (NW), South Africa, using a qualitative research design. The study population comprised all mental health nurse specialists working in public mental health care institutions in NW. A non-probability expert sampling method was used to identify mental health nurse specialists for voluntary participation. The sample size was determined when data saturation was reached after interviewing seven mental health nurse specialists working in the province. Data analysis was done independently by both the researcher and the co-coder. Credibility, transferability, dependability and confirmability were observed to ensure trustworthiness. Three themes emerged from the study, namely: (1) challenges affecting mental health nurse specialists directly; (2) challenges directly influenced by the government; as well as (3) suggestions to support mental health nurse specialists. Recommendations were derived and proffered to support mental health nurse specialists in NW.

**Keywords:** challenges; mental health; nurse specialist; nurses



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## Introduction and Background

Mental health is a serious concern globally (Bährer-Kohler and Carod-Artal 2017, 222). The challenge is also similar in South Africa where Barron and Padarath (2017, 1) have indicated that there has been no progress made on mental health care, treatment and rehabilitation services since 1994. Sehularo (2016, 3) points out that despite the professional qualification in the field of mental health nursing having been in existence for 40 years, there is still a severe shortage of mental health nurse specialists in South Africa, specifically North West (NW). An adequate number of health nurse specialists in the country would benefit individuals with advanced mental health conditions, their families, groups and communities. At the time of the study, the mental health care institution where the researcher worked, had fewer than five mental health nurse specialists registered with the South African Nursing Council (SANC), thus reinforcing the reality of the parlous shortage of mental health nurse specialists. Other authors such as Albuquerque-Sendín et al. (2018, 77) submit that some of the challenges faced by mental health nurse specialists include training, professional recognition, prolonged shifts, low salaries and burnout. Despite available guidelines, policies and protocol from the World Health Organization as well as the Department of Health, South Africa continues to face challenges in mental health, such as lack of human resources for mental health, especially at primary level; inadequate training of human resources on mental health; lack of drugs; wrong priorities; and stigma attached to mental illness (Ambikile and Iseselo 2017, 1). Failure to identify and respond to the challenges affecting the advanced mental health nurse specialists on the African continent limits the extent to which they can become strategic leaders for professional development (Elliott et al. 2016, 24). The effort towards improving advanced mental health nurse specialists in Africa should not only be directed towards increasing infrastructure and health resources, but also improving training, support and protection in the performance of their duties (Albuquerque-Sendín et al. 2018, 2).

In South Africa, implementation of the Occupational Specific Dispensation (OSD) in 2007 certified all psychiatric units as specialist wards. This dispensation points to the urgency for professional nurses such as mental health nurses to study further post-graduation (Doodhnath 2013, 5). The extant literature shows that mental health nurse specialists need to work within their scope of practice (Doodhnath 2013, 55–60). For instance, their workload has to be reviewed in terms of their specific job description. There is opportunity for the skills of these nurses to be endorsed in multi-disciplinary team meetings. Nursing management should distinguish between a specialist role and a general role. These nurses should also work in an environment that has adequate resources and opportunities to practise advanced activities rather than exhibiting general knowledge. Support and recognition of mental health nurse specialists from the nursing management need to improve.

Based on the information above, it is clear that there are challenges affecting mental health nurse specialists in practising to the full extent of their education and training (Albuquerque-Sendín et al. 2018, 77). Oates, Drey and Jones (2017, 471–479) add that the extent and influence of mental health nurse specialists, their skills and knowledge on clinical practice has seldom been interrogated in depth. This, coupled with deficits in knowledge of mental health nursing specialty and non-utilisation of mental health nursing specialty, may result in failure to achieve the WHO slogan that says “No health without mental health”. Despite the challenges cited above, thus far there have not been any studies on the challenges faced by mental health nurse specialists in NW, thus justifying the need for the current study.

## Problem Statement

Mental health nurse specialists face serious challenges that hinder them from utilising their specialty in NW. One of these challenges is that their field is not known by mental health care users, families and communities, including other mental health nurses and management. The researcher’s personal experience as a mental health nurse specialist is that there is a severe shortage of mental health nurse specialists in the province and this leads to major forensic cases and children being referred to other provinces because of the unavailability of mental health units and adequately trained specialists. According to Sehularo (2016, 3), there are only five mental health nurse specialists at the local mental healthcare institution in NW. One is in possession of a master’s degree in community mental health nursing, and the other four hold postgraduate diplomas in child and adolescent mental health nursing. It is also concerning that some of the professional nurses do not even have a basic qualification in mental health nursing. One of the local mental health care institutions in the province has seven vacant positions for operational managers who are mental health nurse specialists, but due to the serious shortage of these specialists in the whole country, it is a serious challenge to fill these positions. Despite these challenges, the current study was the first to be conducted in NW that sought to explore, describe and contextualise the challenges faced by mental health care nurse specialists.

## Research Questions

The following research questions arose from the background and problem statement of the study:

1. What are the challenges of mental health nurse specialists in NW?
2. What recommendations could be made to support mental health nurse specialists in NW?

## Aim of the Study

The aim of the study was to explore, describe and contextualise the challenges of mental health nurse specialists in order to make recommendations in support of this population in NW.

## Research Methodology

### Research Approach

A qualitative research approach was used to answer the researcher's concerns about the challenges faced by mental health nurse specialists in NW. This is a broad range of research designs and methods used to study phenomena of social action where there is little understanding of the nature of the problems (Brink, Van der Walt and Van Rensburg 2012, 121).

### Research Context

The study was conducted in NW. The province has two specialised public mental health care institutions, one in Potchefstroom and the other one in Mahikeng. Both institutions were included in the study. There are no mental health nurse specialists in public clinics in NW; hence, all the participants were from the two hospitals.

### Research Design

A qualitative, exploratory, descriptive and contextual research design was used in the study to address the challenges faced by mental health nurse specialists in NW. Through this research design, new knowledge was explored and described in depth to close the gap and provide some definitive explanation that spurs further research on the challenges experienced by mental health nurse specialists in the area demarcated for the study.

### Population and Sampling

The population in this study included all mental health nurse specialists working in NW. A non-probability expert sampling method was used to identify the mental health nurse specialists for their voluntary participation. The sampling criteria for the study included mental health nurse specialists who were registered with the SANC under regulation R212 as nurse specialists and working in NW for a minimum of two years. Data saturation was reached after interviewing seven mental health nurse specialists in the province.

### Data Collection

Semi-structured individual interviews were conducted between February and March 2019. Field notes were taken and a voice recorder was used to record the participants' voices. In the semi-structured individual interviews, the two open-ended research

questions were answered by the study participants, providing opportunity for both the respondents and researcher to make follow up questions on specific aspects that called for clarification and probing.

### **Data Analysis**

Pienaar's (2017, 91) steps of qualitative data analysis were used to analyse data. Data collection and analysis occurred simultaneously. The researcher kept the voice recorder although the data was transcribed verbatim. The data analysis steps included basic concepts from the spoken words of the mental health nurse specialists in NW, for example:

So the issue of moving from one level to the other, it also take time to can move to other level of career or qualification. That's not fair, since we come back from school no one has been promoted, is that fair? Not at all.

Secondly, similar concepts were grouped or joined together by both the researcher and the independent co-coder to form themes, for example, "lack of mental health directorate". Thirdly, convergence or discovery of themes was done by both the researcher and the co-coder. Finally, the story line and pattern was generated to conclude the study findings.

### **Ethical Considerations**

Permission to embark on the research was obtained from the institutional office of North-West University (Reference Number: NWU-00233-18-A9). Permission was also obtained from the NW Department of Health, as well as mental health care institutions where mental health nurse specialists worked in the province. Principles of respect for persons, beneficence and justice were maintained from the beginning until publication of this article. Informed consent was obtained verbally and in writing by the research assistant. The researcher did not obtain informed consent for herself to avoid coercion because she was working at one of the mental health care institutions where the data was collected.

### **Trustworthiness**

Credibility, dependability, confirmability and transferability were observed to ensure trustworthiness. To ensure credibility, the researcher stayed in the field until data saturation was reached in order to gain in-depth understanding of specific aspects of the challenges encountered by mental health nurse specialists. To ensure dependability of the study, research methodology is fully articulated for replication with the same or similar participants in a similar context where the results confirm the findings in this study. The research methodology is fully clarified in case other researchers decide to conduct the same study and apply the findings of this study in their contexts.

## Results and Discussion

Three main themes emerged from the study: (1) challenges affecting mental health nurse specialists directly; (2) challenges directly influenced by the government; and (3) suggestions to support mental health nurse specialists (see Table 1).

**Table 1:** Themes and sub-themes of the challenges faced by mental health nurse specialists in NW

Themes	Sub-themes
1. Challenges affecting mental health nurse specialists directly	1.1 Lack of recognition of mental health nurse specialists 1.2 Lack of scope of practice for mental health nurse specialists 1.3 Insufficient financial remuneration and rewards for mental health nurse specialists 1.4 Promotion challenges and limitations for mental health nurse specialists 1.5 Shortage of mental health nurse specialists 1.6 Lack of support from hospital management 1.7 Improper infrastructure
2. Challenges directly influenced by the government	2.1 Lack of support from the provincial government 2.2 Lack of mental health directorate 2.3 Lack of budget for mental health 2.4 Insufficient number of mental health care institutions
3. Suggestions to support mental health nurse specialists	3.1 Implementation of the 2020 Strategic Plan 3.2 Establishment of mental health directorate 3.3 Establishment of district leadership in mental health 3.4 Continuous support 3.5 Need for advanced qualification(s) for mental health nurse managers

### **Theme 1: Challenges Affecting Mental Health Nurse Specialists Directly**

The first theme that emerged from the study was challenges affecting mental health nurse specialists directly with the following sub-themes: (1) lack of recognition of mental health nurse specialists; (2) lack of scope of practice for mental health nurse specialists; (3) insufficient financial remuneration and rewards for mental health nurse

specialists; (4) promotion challenges and limitations for mental health nurse specialists; (5) shortage of mental health nurse specialists; (6) lack of support from hospital management; as well as (7) improper infrastructure.

#### *Lack of Recognition of Mental Health Nurse Specialists*

Mental health nurse specialists who participated in this study reported that their field of specialty in NW is not recognised nor are the practitioners fully consulted. This finding is supported by the following quotes from the participants:

I think that we as mental health nurse specialists, we are not recognised. AH! Am saying this because I have two years qualified as a mental health nurse specialist but when I compare what I'm doing and what I learnt at the school is something different [to] what am doing. The hospital management and the province do not take us serious at all.

According to the *Oxford Advanced Learner's Dictionary* (2005, 1215), "recognition" refers to the act of accepting that something exists, is official or is true. The dictionary further defines recognition as public praise and reward for somebody's work or actions. In the context of the interviews recorded here, this means that mental health nurse specialists are not recognised as significant professionals. They are not praised or rewarded for their hard work. It follows that a lot still needs to be done in order to minimise the challenges experienced by mental health nurse specialists in NW.

#### *Lack of Scope of Practice for Mental Health Nurse Specialists*

Some of the study participants mentioned that there is no clear scope of practice for specialising mental health nurses in the whole country, North West included. According to participants, this raised confusion in the institutions on what exactly these practitioners ought to do. The participants feel that if the South African Nursing Council (SANC) provides and articulates clear scope of practice for mental health nurse specialists, the confusion in the clinical areas would be minimised. To confirm this finding, one study participant said:

After obtaining your degree as a specialist we know that you register with the South African Nursing Council. But we found that the council doesn't have the scope of practice for mental health nurse specialists, which is our biggest problem.

The SANC drafted a position statement for advanced practice nursing wherein they indicate that it should be distinguished into two levels, namely, the clinical nurse specialist and the advanced nurse practitioner. Currently, these specialists can only register for an additional qualification with the SANC as part of post basic training (SANC 2012, 1). Temane, Poggenpoel and Myburgh (2014, 2) concur with the findings of this study that in South Africa there is no clear legislation that defines the scope of practice for mental health nurse specialists. Temane, Poggenpoel and Myburgh (2014, 2) conclude their study by emphasising the development of clearly defined roles for

nurses that may provide a platform from which to market advanced nursing practitioners. A study conducted in Indonesia by Wardani (2013, 633) also confirms that the reality in the clinical areas, particularly in mental health care institutions, indicate confusion in the existing advanced practice of mental health nurse specialists. This is because of the vague boundary in roles between the generalist nurses and the mental health nurse specialists who work together in serving the mental health care users.

#### *Insufficient Financial Remuneration and Benefits for Mental Health Nurse Specialists*

A number of mental health nurse specialists who participated in the study indicated that they are not proportionately remunerated after obtaining their specialist qualifications. Participants further emphasised that this has a negative impact on their morale. This underpayment also demotivates other general nurses from getting the advanced qualification in mental health nursing science. One of the participants said:

But for remuneration, we are remunerated just like the people who have done diploma or just bachelor degree in mental health or psychiatry. That is a very serious challenge for us specialists, our salaries are unsatisfactory, even financial benefits are not there for some of us who have went [sic] extra mile in terms of studying.

Molehabangwe, Sehularo and Pienaar (2018, 13) concur with the findings of the study by mentioning that financial factors such as Occupational Specific Dispensation (OSD), as well as an annual increase, contribute to nurses' dissatisfaction. This is in addition to poor coping mechanisms at a public mental health care institutions in NW. Salah (2016, 2) emphasises the importance of reward by highlighting that incentives encourage employees to contribute their best effort to generate innovative ideas that will lead to better business functionality and improve performance both financially and non-financially. This shows that if mental health nurse specialists were remunerated to their satisfaction, they would devote all efforts to their work and perform to the best of their ability.

#### *Promotion Challenges and Limitations for Mental Health Nurse Specialists*

Promotion bottlenecks of mental health nurse specialists were also a concern raised by some of the participants. They indicated that after obtaining their advanced qualifications, there is no difference in terms of promotions and salaries between them and general nurses. This includes those who do not even have a basic mental health nursing science. The issue was raised by one participant who said:

So the issue of moving from one level to the other, it also take time to can move to other level of career or qualification. That's not fair, since we come back from school no one has been promoted, is that fair? Not at all.



According to the Labour Relations Act 66 of 1995 and CCMA Related Material (SA 1995), promotion means an elevation of an employee to a higher position within the organisation accompanied by an increase in salary and benefits and probably an increase in duties and responsibility as well. Promotion also means an elevation in status. Hetland et al. (2018, 746–756) indicate that individuals with a promotion focus when they are exposed to a situation that may lead to future gains, they experience a state of regulatory fit. This regulatory fit has a positive influence on their judgments and decision making, attitudes and behaviour change, as well as task performance. This shows that if mental health nurse specialists were promoted, their challenges would significantly decrease.

### *Shortage of Mental Health Nurse Specialists*

Most of the participants mentioned that there is a serious shortage of mental health nurse specialists in the province as compared to other specialisations. According to participants, it is clear that not much is done by the leadership and management to ensure that the province has an adequate number of mental health nurses who render effective mental health care, treatment and rehabilitation services to all the people in the province. To confirm this finding one participant said:

We found that there are very few specialists, especially for both hospitals there are less than 10 mental health nurse specialists in the whole province. And you find that most of the mental health nurse specialists who have postgraduate diplomas and masters qualifications went to private institutions such as universities. I think they ran away because of the challenges we are having in this specialty.

Sehularo (2017, 3) concurs with the study findings and indicates that an adequate number of mental health nurse specialists would benefit everyone like individuals, families, groups and communities utilising mental health care services in South Africa in general. Again, Molehabangwe, Sehularo and Pienaar (2018, 14) mention in their study which was also conducted in the North West province that the majority of the nurses in the province are not coping. These researchers also observed the need for more mental health nurse specialists with advanced knowledge on how to manage the mental health care users. These authors concluded that specialty knowledge and clinical skills are required to cope in undertaking the role of mental health care.

### *Lack of Support from Hospital Management*

A number of participants emphasised the lack of support from the management in some of the mental health care institutions in NW. According to participants, management plays a major role for the mental health nursing speciality not to function effectively in the province. To support the statement one participant said:

There is no support because the management doesn't support those specialists that have to be practicing. Most of the times they want to lead them as managers, to lead them on

how to practice but they don't have knowledge and skill in that qualification. Most of the time they are blockers of this speciality to practice.

Molehabangwe, Sehularo and Pienaar (2018, 9) indicated that nurses in the mental health care institutions need management to support and motivate them in order for them to be dedicated to their job and perform exceptionally well in the workplace when providing mental health care, treatment and rehabilitation services in NW. This shows that management's active involvement and support of mental health nurse specialists would remove some of the challenges that these employees encounter.

### *Improper Infrastructure*

Improper infrastructure is one of the issues that were raised by participants during the interview in the study. Most of the participants were concerned about the mental health care institutions that are not properly designed to accommodate mental health care users. Another challenge the participants raised relates to proper mental health care services in the rural areas of the province. Even if some institutions are newly built, participants said because of shortage of staff, these structures are not used. Some of the participants made examples about a newly built mental health care institution which is not even two years old but it is already being renovated. The following quote amplifies the sentiments of the interviewee:

You need to specialise within the specialised environment whereby you have proper facilities like hospitals must have proper infrastructure to render such services. I mean, how do you put lots of glasses in a mental health care institution? It means you are simply saying the patients can injure themselves or others.

## **Theme 2: Challenges Directly Influenced by the Government**

Challenges influenced by the government was the second main theme that emerged from the study findings with the following sub-themes: (1) lack of support from the provincial government; (2) lack of mental health directorate; (3) lack of budget for mental health; and (4) insufficient number of mental health care institutions.

### *Lack of Support from the Provincial Government*

Many of the participants mentioned that there is a serious problem of lack of support from the NW provincial government. The participants indicated that other programmes such as HIV/AIDS receive full support from the provincial government, but mental health is afforded different priority. To confirm this finding, one of the participants said:

Psychiatry is not supported provincially like other components of nursing such as primary healthcare or PHC, midwifery. Even though proposals or business plans are brought to the attention of managers, but nothing is happening. Look at what is happening in terms of HIV/AIDS. Those people have a lot of money, even for the conferences, there is money for HIV conferences but nothing for mental health.

The *Oxford Advanced Learner's Dictionary* (2005, 1486) refers to “support” as the encouragement and help that you give to somebody because you approve of them and you want them to be successful. In the context of the study, lack of support from the provincial government of NW means that the province does not encourage and help the mental health nurse specialists to succeed in whatever they are doing for the province. Therefore, there is a lot to be done; without support from the provincial office, mental health nurse specialists cannot succeed in anything. Mental health should also be given the necessary support it deserves, just like other programmes such as Primary Health Care, Midwifery and HIV/AIDS.

#### *Lack of a Mental Health Directorate*

In all the individual interviews conducted for the study, the participants complained that some of the challenges arise because of the lack of a mental health directorate in the province. Some of the participants indicated that in the province, there is not even a director or chief director for mental health as compared to other programmes. One of the participants warned that the province will only wake up when there is a recurrence of the tragedy at Life Esidimeni where mental health care users died in huge numbers due to apathy and inconsiderate care. One of the participants said this to confirm this finding:

If you compare North West province with other provinces, there is no Mental Health Directorate. This is a serious problem. That thing itself means that there is no proper leadership in mental health and I'm telling you, if they did not learn from Life Esidimeni, we are going to end up in serious problems.

One of the key activities of the National Mental Health Policy Framework and Strategic Plan 2013–2020 (SA 2013) (hereafter the 2020 Strategic Plan) is to establish a directorate in each province, with the responsibility for both community and hospital based mental health services. NW is one of the few provinces which does not have a mental health directorate in South Africa. In 2012, a Mental Health Summit was held in Gauteng, South Africa. One of the resolutions taken at the summit was to establish a mental health directorate in all the provinces including NW reporting directly to the Minister of Health. In 2013, the World Health Assembly approved a comprehensive Mental Health Action Plan for 2013–2020 focusing on strengthening an effective leadership for mental health (Bährer-Kohler and Carod-Artal 2017, 237).

#### *Lack of Budget for Mental Health*

The participants emphasised that one of their challenges is lack of funding and other resources that prevent them from practising their specialised skills and knowledge in mental health care. Some of the participants mentioned that there are budgets for the majority of programmes in the province such as in HIV and Prevention of Mother to Child Transmission (PMTCT), but there is no budget for mental health. Some of the participants said this to confirm this finding:

We don't have budget in the province that could fund mental health. In most of the times our budget is paired with other directorates and it does not clearly come out as the budget for mental health, so basically there is no budget for mental health.

To confirm this finding, the Department of Health has acknowledged that mental health care continues to be under-funded and under-resourced as compared to other health priorities (SA 2013). On the other hand, Khunou and Davhana-Maselesele (2016, 30) indicate that the treatment gap in South Africa is high, with only one in four people with common mental disorders receiving treatment for any kind. These academics also highlight that there are insufficient resources at the community level for the promotion of recovery.

### *Insufficient Number of Mental Health Care Institutions*

The study participants mentioned that there is a serious shortage of mental health care institutions in the province. They further indicated that some of the mental health care users have to walk long distances or travel for longer periods when they have to follow up medication. According to the study participants, this is also a contributory factor of relapse:

Looking at the limited number of psychiatric hospitals we have only two in the province, one in Mafikeng and one in Potchefstroom, Taung and Rustenburg...those are the only mental health care units. That's not fair as compared to the number of general hospitals in the province. It's not fair for the users to walk long distance for their medication.

The literature shows that the low number of mental health care institutions is not only a South African problem only. For instance, Bährer-Kohler and Carod-Artal (2017, 23) indicate that mental health institutions in Switzerland are located in urban centres, whereas the majority of the population from rural areas cannot access these facilities. This finding shows that a lot still needs to be done to address all challenges faced by mental health nurse specialists.

### **Theme 3: Suggestions to Support Mental Health Nurse Specialists**

Suggestions to support mental health nurse specialists was the third theme identified from the findings of the study with the following sub-themes: (1) implementation of the 2020 Strategic Plan; (2) establishment of a mental health directorate; (3) establishment of district leadership in mental health; (4) continuous support; and (5) need for advanced qualification(s) for mental health nurse managers.

#### *Implementation of the 2020 Strategic Plan*

The participants mentioned that there is a need for proper implementation of the 2020 Strategic Plan. They added that effective implementation of the 2020 strategic plan should start right from the province to district, because according to the plan, there

should be a specialised team in all districts. This finding was confirmed by the following quotation from an interview:

Our main problem is that the 2020 strategic plan is there but *dololo* implementation. The strategic plan should be implemented because once it is implemented mental health nurse specialists will be employed at district levels to address mental health issues, that's our problem.

#### *Establishment of a Mental Health Directorate*

The participants suggested that establishment need to establish a mental health directorate that could address all the challenges of mental health in NW. They mentioned that NW lags behind in establishing a mental health directorate. Some participant emphasised that lack of mental health directorate is the direct cause of poor mental health service in NW:

If we can have a directorate of mental health, right from the provincial office because we fell that, I feel that right from the province mental health is not supported because we don't have our own directorate.

See the above discussion of the 2020 Strategic Plan regarding the establishment of a mental health directorate; the Mental Health Summit; and the Mental Health Action Plan for 2013–2020.

#### *Establishment of District Leadership in Mental Health*

Establishment of district leadership is one of the recommendations made by the participants for supporting the mental health nurse specialists. According to the participants, there is no coordination between mental health care institutions and primary health care services. The participants mentioned that there are coordinators in sub-districts but no coordinator at the district level, with no directorate from the provincial level up to the district. They further said that NW is doing curative cure rather than preventive care when come to mental health. One of the participants said:

We need specialised teams in all districts of the province. So until we have such teams in the district we are going to continue having challenges with regard to mental health in this province.

To confirm this finding, the 2020 Strategic Plan directed all provinces and districts to have leadership to ensure proper coordination of mental health in the country that could monitor and evaluate mental health care in each province. In 1997, the Department of Health committed itself to the transformation of mental health services in South Africa and adopted a district health system model through which to shift the focus of mental health care from hospital based to a community based services (Haupt 2014).

### *Continuous Support*

The participants mentioned that there is a need for continuous support in order for them to succeed in whatever they are doing. They mentioned that the support should come from the provincial office, hospital top management as well as the operational managers in respective wards. To support this finding one of the participants said:

We need to be supported as specialists, we need management to be there for us, right from the provincial office until here in the unit. Our managers must support us.

Doodhnath (2013, 55) mentions that nursing management fails to provide support and does not recognise the role of mental health nurse specialists. The author mentions that implementation of an advanced practitioner skills must be effected and maintained in all wards. Albuquerque-Sendín et al. (2018, 4) support the findings of this study and indicate that institutional support is relevant for nurses at all levels to feel valued. Such nurses also need to get the necessary resources to facilitate correct patient care and conditions of safety.

### *Need for Advanced Qualification(s) for Mental Health Nurse Managers*

The participants indicated that nursing management should have advanced qualification(s) in mental health nursing science. Some of the participants mentioned that it is easier for the speciality to function if managers in the mental health institution specialise. One of the participants had this to comment:

I think our managers should. They must also have an advanced qualification in psychiatry or mental health, so that they can be able to advise us appropriately and reduce our frustrations.

Doodhnath (2014, 60) concurs with the above finding and indicates that managers do not get the challenges of mental health nursing right as they are not exposed to that themselves. This author argues that the nurse managers have to ensure that the expectations of the mental health nurse specialists are met by allowing them to practice their advanced skills instead of performing general professional nursing activities only. On the other hand, Temane, Poggenpoel and Myburgh (2014, 1) emphasise that there are efforts made towards advanced mental health nursing, but supervision is sorely lacking in this field.

### **Recommendations**

The following recommendations were derived from the study findings and are proffered to support mental health nurse specialists in NW. There is a need for the management in the province and hospitals to recognise and support all mental health nurse specialists in the province. There should be a clear scope of practice for the mental health nurse specialists. Management from the provincial office and the mental health care

institutions should reconsider the financial remuneration and rewards and promotional policies for these specialists. More mental health nurse specialists should be appointed to curb the shortage. Hospital infrastructures should also be looked at to ensure that mental health nurse specialists perform their duties successfully. The NW Department of Health should establish a mental health directorate that supports and oversees all mental health activities in the province. There is also a need to establish the district leadership in mental health. Nursing education institutions should train more mental health nurse specialists to assist the few specialists already available in NW. Nurse managers in the province should have advanced qualification(s) in psychiatry and or mental health nursing science. There is a need to conduct similar research in the whole country to make comparisons of the challenges faced by mental health nurse specialists. A study is also needed on the support programme for mental health nurse specialists in NW.

### Limitations of the Study

The major limitation of the study is the small sample size of seven mental health nurse specialists due to the small number of mental health nurse specialists in NW. Thus, the study findings cannot be generalised to other contexts but they can be applied with proper acknowledgement of the authors.

### Conclusion

Three main themes emerged from the study findings, namely: challenges affecting mental health nurses directly; challenges directly influenced by the government; as well as suggestions to support mental health nurse specialists in NW. The findings and recommendations revealed the unique information important in supporting the mental health nursing specialists. Recommendations were made for nursing practice, education and research. The aim of these recommendations is to support mental health nurse specialists in NW.

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