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Deciphering the family members' experiences on 72-h assessment admission in rural Vhembe district public hospitals in South Africa

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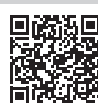
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Background: Admission of an individual for a 72-h assessment for mental problems is a critical period for evaluating an individual's mental health and determining the need for further treatment. Family members play a pivotal role during the care, treatment and rehabilitation (CTR) of an individual subjected to 72-h assessments.

Aim: The study aimed to describe the experiences of family members during a 72-h assessment admission.

Setting: Purposive sampling was used to select 16 family members from two selected public general hospitals in the Vhembe district, Limpopo province.

Methods: A qualitative approach was employed using explorative, descriptive and contextual designs. Data were collected through semi-structured face-to-face individual interviews from 10 family members who were purposively selected. Tesch's open coding method was employed to analyse the obtained qualitative data.

Results: Family members shared varied negative lived experiences of the 72-h assessment admission of mental healthcare users (MHCUs), which compromises their quality of life. These experiences were based on the CTR of MHCUs. Three themes emerged from data analysis, namely, narratives related to the care provision practices of MHCU during the 72-h assessment period, narratives related to structural constraints, and narratives related to post-72-h assessment referral to another hospital logistics.

Conclusion: The study concludes that the experiences of family members regarding the 72-h assessment admission in public hospitals call for attention to some measures to be put in place to address their diverse needs.

Contribution: This article contributes to the body of knowledge regarding family members' experiences of 72-h assessment admission regarding the kind of support needed by family members. The article further provides insights into the experiences of family members.

Keywords: family members; experiences; mental illness; mental healthcare user; 72-h assessment.

Introduction

The *Mental Health Care Act 17 of 2002*[1] (*MHCA*) stipulates that prior to a mental health patient admission of a mental healthcare user (MHCU) to a health establishment that is intended to provide specialised acute mental healthcare services, an assessment for 72 h must be carried out on the MHCU to verify whether the person is in need of involuntary care, treatment and rehabilitation (CTR) on an inpatient or outpatient basis. This 3-day assessment and observation of an MHCU is referred to as a 72-h assessment. In South Africa, the criteria for involuntary admission are recommended by the *Mental Health Care Act 17 of* 2002.[1] The *Mental Health Care Act 17 of 2002*[1] indicates a procedure to be followed when an MHCU is admitted without his or her consent for a 72-h evaluation period, during which a decision for further CTR can be made.[2] The 72-h assessment of MHCU in South Africa is a vital component of the mental healthcare service provision, aimed at providing immediate, comprehensive and appropriate care to individuals in crisis. The family members play a crucial role during the CTR of a relative who requires the 72-h assessment in that they are the ones who initiate the applications for admission of the patients. Pertaining to the provision of mental healthcare services, families have the legal right to make an application as the next of kin according to the policy guideline on the 72-h assessment of MHCU.[3] In addition, family caregivers post the 72-h assessment period are the only source and pillar of support in caring for the MHCUs without recognition or incentive.[4]

Over four million families in the United States of America have members who are mentally ill.[5]

Similarly, 70% to 93% of outpatients live with their families in South Africa.[6] Families profoundly influence health outcomes and are vital to the systems of every community.[7] The paradigm shifts to community mental healthcare implicate that MHCUs should be accommodated in the community as far as possible, shifting long-term caregiving responsibility from clinicians to the family members.[8,9] However, as family and spouses are usually the first to recognise behavioural changes, they play a paramount role in the support and rehabilitation of individuals suffering from mental health disorders.[10]

Mental healthcare users are discharged from the hospital to be under the care of their families. In South Africa, dissatisfaction with improper implementation of the 72-h policy guideline persists, highlighted by numerous studies reporting different factors contributing to poor implementation of the policy, such as Mental Healthcare Providers, inadequate infrastructure, community members' involvement, and family issues and stakeholder collaboration to improve care provided for the involuntary MHCUs.[11,12,13] Despite remarkable challenges regarding implementing the 72-h assessment policy, surprisingly, fewer studies have investigated the family members' perspectives. The experiences of family members are essential as they will provide empirical evidence of the experiences of families caring for MHCUs admitted for 72-h assessment admission who are key stakeholders.

Against the preceding information, this qualitative study endeavoured to explore the lived experiences of family members with a relative admitted for a 72-h assessment in rural district public hospitals in South Africa. The study believes that exploration is essential as it signposts underexplored experiences of people who are significant role players in facilitating the admission of people in need of mental healthcare support. Again, families play a pivotal role in caring for MHCU. In support, according to the two authors,[14] emergency nurses agreed that families of MHCUs are important sources of information on patients and their conditions. Exploring their experiences is paramount in acquainting various stakeholders with empirical information about their challenges so that they can devise measures to address them. This study incrementally contributes to the literature on mental healthcare services and how the phenomenon of mental healthcare support should be inclusive of carers of MHCUs. Importantly, the study's findings are poised to inform policymakers and various stakeholders on challenges faced by family members.

The study's purpose

We aimed to deeply explore the lived experiences of family members of 72-h assessment admission.

Research methods and design

The study employed a qualitative approach using explorative, descriptive and contextual design. The 'qualitative research approach' refers to a broad range of research designs and methods used to study phenomena.[6] As the name implies, qualitative methods focus on the qualitative aspects of meaning, experience and understanding, and they are used to study human experience from the viewpoint of the research participants in the context in which the action takes place. This is an 'emic perspective' or 'insider's view'. The qualitative approach was relevant to this study because the exploration of the experiences of family members during the 72-h assessment admission of participants could not be quantified and, moreover, because little is known about the experiences of family members regarding 72-h assessment admission. The study operated within an explorative research design in that family members were given a platform to share their experiences of the 72-h assessment admission. The researcher focused on learning the participants' meaning of the problem or issue.[15]

Study setting

The study was carried out at two public hospitals in poorly resourced rural villages of Vhembe district, which is situated in the northern region of the province of Limpopo, and it borders the districts of Capricorn and Mopani to the east and west.

In terms of healthcare facilities, there are 116 clinics, 6 district hospitals, and one regional and one mental hospital. These facilities render comprehensive healthcare packages to communities.

Study's population and sampling

The study's participants were selected utilising purposive sampling, as it relies on the researcher's judgement in selecting suitable participants to meet the study's needs.[16] This study required participants who had experience with the 72-h admission to share their views. As such, purposive sampling was appropriate. Ten family members were purposively selected because the researcher believed they had adequate experience with the topic under study. Family members caring for MHCUs admitted for 72-h assessments were selected based on their knowledge and experiences.

The participants included all the family members of MHCUs admitted at selected rural public hospitals for 72-h assessment. After permission to conduct the study had been obtained, the sampling and recruitment process commenced. The researcher visited the two selected hospitals to access the admission register book. Only the family members with full information recorded, such as blood relatives and contact numbers residing in Vhembe district, were purposively sampled. Recruitment was performed on different days during the visiting times at the two selected public hospitals. The inclusion and exclusion criteria were determined as

follows: Only family members of MHCUs admitted for 72-h assessment, who stay close to or within the same household, are aged 18 years or older and fluent in the Tshivenda language.

Family members who are minors were not allowed to take part in the study because they were unable to directly give informed consent. All 10 participants gave informed consent; however, 8 signed a consent form, and 2 gave oral consent because they could read and write. The first author made an appointment with the participants for the interview. The researcher and the participants exchanged their contact details to secure the interview dates.

Data saturation of the individual participants determined sample size, which is the point at which there was no longer new information coming forth with each interview.[17] The saturation of data was reached at participant number 10, where the participants were repeating the information.

Data collection

Semi-structured face-to-face individual interviews were used as data acquisition methods. Semi-structured interviews are used when researchers have broad questions that must be addressed during the interview. To make sure all the questions were attended to, the interview guide was utilised.[18] The semi-structured interviews were conducted in Tshivenda language with the family members at their homes. Each interview lasted for 30 min–45 min. One central question was asked to all participants at the beginning of the interview, which was formulated as follows: 'As a family member, can you share your experiences of 72-hour assessment admission? Probing questions based on the participant's response were asked to elicit clarity.

Data analysis

Tesch's eight steps of inductive and descriptive thematic open coding method were used as described in the literature[15] by adhering to the following steps: (1) reading through the data, (2) reducing the data collected, (3) making sense of the collected data, (4) abbreviation of coded topics, (5) themes and sub-themes were identified, (6) comparison made to avoid repetition of the codes, topics and themes, (7) initial grouping of all themes and sub-themes and (8) recording of the existing data. The researchers got a sense of the transcribed verbatim transcript carefully by reading it and jotting down some ideas as they came to mind. One more interesting and briefer transcript was chosen, contemplating what it is all about. The ideas that emerged were written in the margin. A list of topics that looked similar was clustered. The list was taken back and forth to the transcript, and abbreviations of topics were coded. The list of similar topics was then grouped into categories to reduce the list of named categories, which were further abbreviated and codes alphabetised. Data belonging to each code were gathered.

Trustworthiness

Trustworthiness refers to the degree of confidence qualitative researchers have in their data evaluated using the principles of credibility, transferability, dependability and confirmability.[17] Credibility has to do with the degree to which the findings aspire to truthfulness and make sense.[18] Prolonged engagement was ensured by spending adequate time in the field to understand the context, participants and phenomena being studied. Transferability was ensured by providing a detailed description of the research processes, and the detailed reports were kept and audited to ensure dependability. The availability of raw data and verbatim transcriptions ensured confirmability. The themes developed were discussed with the supervisors and the independent coder, and a consensus was reached.

Ethical considerations

Ethical clearance was granted by the Higher Degree Ethics Committee of the University of Venda (Ref No. SHS/17/PDC/07/1603). Permission letters were given by the Department of Health (Ref 4/2/2), Vhembe district (Ref S5/6), and the Chief Executive Officer (CEO) of the hospitals and participants. All participants signed an informed, voluntary consent form before the interview. Code numbers were used to recognise participants instead of real names, for example, P1–P10 to maintain confidentiality. The study sample consisted of 10 family members of MHCUs who were admitted for 72-h assessment at the selected public hospitals. The sample of study was composed of 10 family members. The selected family members were responsible for day-to-day caregiving to the MHCUs.

Results

The socio-demographic profile of participants is presented in Table 1.

Our study depicts numerous practical experiences by family members during the 72-h assessment admission of the MHCU. Following the qualitative thematic data analysis, three themes with six sub-themes emerged, namely

TABLE 1: Demographic information of the participants.

Participant no.	Age (years)	Gender	Relationship with the MHCU	Occupation	No. of admission of the MHCU
P1	43	F	Mother	Unemployed	Multiple admission
P2	36	F	Sister	Unemployed	Two admissions
P3	59	F	Mother	Educator	Multiple admissions
P4	48	F	Sister	Administrator	Multiple admission
P5	50	F	Mother	Unemployed	Two admissions
P6	56	F	Sister-in-law	Unemployed	Multiple admission
P7	40	F	Mother	Unemployed	First admission
P8	55	F	Sister	Unemployed	Multiple admissions
P9	46	F	Cousin	Unemployed	First admission
P10	57	F	Mother	Unemployed	Multiple admission

Source: Mbedzi TE, Maluleke M, Netshandama VO. The experiences of family members regarding 72-hour assessment admission of mental health care users in Vhembe district, Limpopo province, South Africa [Master's dissertation]. Thohoyandou: University of Venda; 2018.

P, participant; F, female; MHCU, mental healthcare user.

challenges related to the care provision practices, challenges related to the structural constraints, and challenges related to financial and time constraints during the 72-h assessment admission of the MHCU.

Results from this study's findings present three themes and six sub-themes illustrating the family members' experiences of 72-h assessment admission, followed by verbatim participants with the participant number and relation to the MHCU in brackets. Theme 1 was challenges experienced related to care provision practices, which were the lengthy procedure of admission, lack of family involvement leading to dissatisfaction, an explanation that a discharge plan was not discussed with family members, and lastly, an explanation that referral to other hospitals was not discussed with family members, which is viewed as problematic. Theme 2 entailed challenges experienced related to structural constraints. Theme 3 was challenges experienced related to financial and time constraints, which related to the post-72-h assessment referral hospital not being accessible. Table 2 denotes the themes and sub-themes.

Theme 1: Challenges experienced related to care provision practices

The study's findings highlighted numerous challenges related to the provision of care when their loved one was subjected to a 72-h psychiatric evaluation. They articulated challenges related to the procedure of admission, lack of family involvement during care leading to dissatisfaction, discharge plan, and referral of MHCU to other hospitals for further management if deemed necessary.

Sub-theme 1.1: The procedure of admission is lengthy

According to the participants, completion of the *Mental Health Care Act (MHCA)* forms contributes to the delays in admitting the patients. The following quotes support the claim:

> 'The form also causes some delays in the admission process, in that the patient is asked the same questions every time, for example, how many are you in your family? Is there any history of mental illness?' (P8, sister of MHCU) [Narratives of participants extracted from[13]]

> 'The process is very long; it takes a long time, you know because sometimes I can arrive at the hospital at 13h00 and finish at 17h00 [*4 hrs*].' (P5, Mother of MHCU)

TABLE 2: Themes and sub-themes for the study.

Themes	Sub-themes
1. Challenges experienced related to care provision practices	1.1 The procedure of admission is lengthy 1.2 A lack of family involvement during care leads to dissatisfaction 1.3 An explanation that a discharge plan is not discussed with family members 1.4 An explanation that referral to other hospitals was not discussed with family members, which is viewed as problematic
2. Challenges experienced related to structural constraints	2.1 A shortage of beds compromises mental healthcare users' safety
3. Challenges experienced related to financial and time constraints	3.1 Post-72-h assessment at the referral hospital is not accessible

MHCU, mental healthcare user.

Sub-theme 1.2: A lack of family involvement during care leads to dissatisfaction

The participants reported that they did not have knowledge about how the 72-h assessment is implemented, as they were not involved in their relative's care. The participants indicated that they were not given feedback regarding the condition of the MHCU. The following excerpt from a participant confirms this:

> 'I was not informed about how the three-day assessments work, but previously, in the old psychiatric ward, the nurses used to have a conversation with us during visiting times.' (P10, Mother of MHCU) [Narratives of participants extracted from[13]]

> '… I do not understand what is going on in this ward. The nurses did not tell me how my son would be treated. I do not understand as I was just told that my son would be admitted for three days.' (P3, mother of MHCU)

Sub-theme 1.3: An explanation that a discharge plan is not discussed with family members

Study's findings revealed the frustration caused by the manner in which the discharge plan is handled. All the participants reported that they were not informed about the discharge, which caused a lot of frustration. The following quotes depict the participants' concerns:

> '… When he was discharged, they do not consider contacting you to inform you that the patient is discharged. You are surprised when you find the patient at the gate of the house.' (P9, cousin of MHCU)

Sub-theme 1.4: An explanation that referral to other hospitals was not discussed with family members, which is viewed as problematic

The family members who participated were vocal about poor communication between them and the mental healthcare providers. Family members indicated that the transfer to MHCU after the 72-h assessment was not communicated. One participant made this statement:

Another participant said

> 'If the ward is full, the patient is transferred to [*name of hospital undisclosed*], at times when the nurses are busy, they forget to inform you about the transfer; you will learn about it when you visit the patient, which is a problem.' (P5, mother of MHCU)

Another participant said:

> 'Of course, on admission, we are informed that the patient will be transferred to another hospital if there is a need, … in case he does not get better within three days.' (P8, sister to an MHCU)

Theme 2: Challenges experienced related to structural constraints

The data analysed showed that participants reported structural barriers in public hospitals where 72-h assessments are conducted. Only one sub-theme emerged from the analysed data, that is, inadequate space in the medical ward where 72-h assessment is conducted.

Sub-theme 2.1: A shortage of beds compromises mental healthcare users' safety

The participants' responses revealed that cubicles, where the 72-h assessment takes place, are not adequate for accommodating MHCUs. The cubicle where the assessments are performed is reported to be small and non-conducive:

> 'I noticed that the ward is really too small. I think there will be a serious space problem. The ward has only four beds, and that sounds insufficient. Yesterday, some patients were sleeping on the floor.' (P9, cousin of MHCU)

Another participant attested by saying:

> '… Like providing a spacious ward that will be able to accommodate the patients. That environment is stressful; something must be done.' (P5, sister of MHCU)

Theme 3*:* Challenges experienced related to financial and time constraints

Most participants expressed a similar experience of financial constraints, especially when the MHCUs are transferred for further treatment to another hospital after the 72-h assessment has elapsed. The participants indicated that when the patient is transferred to another hospital, they find it difficult to pay the patient a visit because they do not have money for transport, as the referral hospital is too far.

Sub-theme 3.1: Post-72-h assessment at the referral hospital is not accessible

The majority of the family members reported that they do not have money to pay for transport to the referral hospital. In addition, they were not made aware of the transfer. One of the participants expressed how the lack of money affects their caregiving role in supporting the hospitalised family member:

> '… The problem that we experience is when the patient is transferred to a hospital [*name of hospital undisclosed*] that is inaccessible to us. The hospital is too far, so we do not have money to pay for transport.' (P1, mother of MHCU)

> 'If the patient is admitted at a nearby hospital, it is easy to pay him a visit but then transfer him to another very far hospital. It is difficult to visit the patient.' (P4, sister of MHCU)

Discussion

The study aimed to explore family members' experiences during 72-h assessment admission in the Vhembe district, Limpopo province. Our study showed that family members are faced with numerous practical challenges during 72-h assessment admission. Following the qualitative thematic data analysis, three themes with six sub-themes emerged from the study's findings, namely Theme 1 was challenges related to the care provision practices; Theme 2 was challenges related to the structural constraints, and Theme 3 was challenges related to financial and time constraints during the 72-h assessment admission of the MHCU.

Most participants highlighted that they were not involved in the care of MHCU. In addition, they do not possess knowledge about the manner in which the 72-h assessment is conducted. Most of the family members articulated that they were not given an opportunity to take part in the CTR of the MHCU. They were not informed of the outcome of the 72-h assessment either by the nurses or the doctors. They were not told about the external transfer to the district hospital or discharge of MHCU post-72-h assessment. It came as a surprise to them when the patient was escorted home without their knowledge.

Family members expressed their desire to be involved in treatment planning and care provision. This is supported by a study in South Africa, where the family members indicated their willingness to be engaged in the care practice.[19] A lack of information sharing may lead to suboptimal care, especially in the emergency psychiatric evaluation units, as MHCUs may not be competent to give an account of their illness.[20] Family engagement in mental health is not only advantageous for families but also for healthcare professionals to engage in patient-centred care and mental healthcare services.[21] Furthermore, the study conducted in Australia revealed that involving family members empowers families to actively participate in the care of their loved ones with mental illness and encourages information sharing between the MHCUs and the healthcare professionals.[22] The collateral information given by the family members is crucial as it determines the need for 72-h assessment admission. Families are mandated by the *MHCA* to make an application for admission.

Almost 80% of participants in this study verbalised that they were saddened and frustrated by the external transfer of the MHCUs to another hospital, which is inaccessible. They lacked money for transport to visit their loved ones at the referral health facility. Correspondingly, caregivers felt that providing care to their relative with serious mental illness also affected their ability to work and led to financial concerns, particularly because of the high medical costs associated with the illness.[23] Financial barriers, physical disability and transportation problems are the factors that hinder access to mental health services.[24,25] Nearly a quarter of the families felt that financial difficulties were their biggest challenge. Ideally, the 72-h assessment should be conducted nearer the consumer's home, where family members may pay frequent visits to MHCUs.[4]

The participants expressed that the admission process before the commencement of the 72-h assessment was observed to be lengthy. The delays were said to be attributed to many questions during history taking and waiting for mental healthcare practitioners to complete the legal forms. Mental healthcare practitioners should complete the legal forms before the patient is admitted. The participants in the casualty department spent an average of 6 h processing admission to the MHCU.

Participants indicated the problem of lack of adequate space to accommodate the MHCUs undergoing 72-h assessment. The cubicles were overcrowded, and a few patients who did not have a bed had to sleep on the floor, exposing them to

the risk of contracting infection.[13] In addition, limited physical space impeded mental healthcare practitioners from rendering effective 72-h assessments. Similarly,[11] it showed that the environment that is not conducive negatively impacted the staff working in the 72-h assessment units. The buildings and fittings were designed to fit the needs of medically and physically ill patients; the behaviourally disturbed patients' needs were not catered for.[25] This corresponds with the findings of our study, which revealed that a shortage of beds led to premature discharge of MHCUs.

Strength and limitation

This study was conducted in rural public hospitals of Vhembe district; the findings cannot be generalised to other districts of South Africa. The sample comprised only women. The researcher would have wished to hear the voices of their male caregivers.

Recommendations

In order to effectively communicate with family members, healthcare providers need to improve communication within the healthcare system. Family members can better comprehend the 72-h assessment protocol. They must be empowered with information related to assessment. To decrease waiting times, the Department of Health must hire an adequate number of mental healthcare practitioners to render an effective 72-h assessment.

Conclusion

The study provides valuable information about the experiences of the family members taking care of the MHCU at home. Findings demonstrated further studies on strategies to improve the support of family members during and after the 72-h assessment. Mental healthcare practitioners should give health education to family members about the 72-h assessment admission.

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Competing interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

Authors' contributions

M.M. supervised the study and assisted in compiling the manuscript draft, methodology and data analysis. T.E.M. conducted the study, wrote the article draft, and was involved in the literature review, collection of data, analysis and discussions of results.

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Data availability

The data that support the findings of this study can be made available by the corresponding author, T.E.M., upon reasonable request.

Disclaimer

The views and opinions expressed in this article are those of the authors and are the product of professional research. They do not necessarily reflect the official policy or position of any affiliated institution, funder, agency or that of the publisher. The authors are responsible for this article's results, findings and content.

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