

NELSON MANDELA

UNIVERSITY

ENGAGEMENT EXCELLENCE

TEAM AWARD

APPLICATION



TEAM LEADER:  
DR J JANSEN

# APPLICATION FORM:

## Nelson Mandela University

### ENGAGEMENT EXCELLENCE AWARDS

(CONSULT THE ENGAGEMENT EXCELLENCE AWARDS POLICY AND READ THE APPLICATION FORM BEFORE COMPLETING THE TEMPLATE IN ORDER TO AVOID A DUPLICATION OF INFORMATION.)  
COMPLETE THIS FORM IN TYPESCRIPT. PROVIDE ONLY THE INFORMATION REQUESTED.

#### SECTION A: Application category

- Indicate with an X in the appropriate box the award you are applying for.
- Your application will only be considered for the award you have applied for

Engagement Excellence Award – Science, Technology and Engineering

Engagement Excellence Award – Social Sciences and Humanities

Engagement Excellence Team Award

Engagement Excellence Project Award – Science, Technology and Engineering

Engagement Excellence Project Award – Social Sciences and Humanities

Emerging Engagement Excellence Awards *(note that Professors and Associate Professors are not eligible for this category)*

<b>Surname of Applicant/Team Leader</b>	Jansen
<b>First Name</b>	Jennifer
<b>Initials</b>	J
<b>Title</b>	Dr
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<b>Employment position</b>	Psychology Clinic Manager
<b>Faculty</b>	Health Sciences

<b>Department</b>	Psychology	
<b>Division</b>	Missionvale Psychology Clinic	
<b>Immediate line-manager</b>	Prof. L. Stroud	
<b>Eligibility: Are you permanently employed and/or on a long term (3 years or more) fixed contract?</b> <i>(Indicate with an X)</i>	<b>Permanent</b>	<b>Fixed term contract</b>  x  <b>3 year contract</b>
<b>If this is an application for one of the <u>Engagement Excellence Project Awards</u>, provide a brief title and description of the project</b> (250 words maximum)	<b>Title:</b>  <b>Description:</b>	
<b>If this is an application for either the <u>Excellence Awards</u> or the <u>Emerging Award</u>, provide a brief description of your engagement activities and initiatives</b> (250 words maximum)	<b>Description:</b>	
<b>If this is an application for the <u>Engagement Excellence Team Award</u>, provide</b> <ul style="list-style-type: none"> <li>• the names of all staff members and students participating</li> <li>• the nature of their involvement</li> <li>• a brief description of the team's engagement initiatives and activities (250 words maximum)</li> </ul>	<b>Staff:</b> <ol style="list-style-type: none"> <li>1. Dr. Jennifer Jansen (Team Leader)</li> <li>2. Mr Sihle Ntlangu (Community Coordinator &amp; Facilitator)</li> <li>3. Ms Mingon Du Preez.(Registered Counselor)</li> <li>4. Ms Maryna Slabbert (Psychometrist)</li> <li>5. Ms Lauren Maytham (Psychometry Intern)</li> </ol> <b>Students:</b> <ol style="list-style-type: none"> <li>1. Registered Counsellor Interns (Team members): Ms Lulutho Dingiswayo Ms Siyanda Mhlom Mr Terence Townsend</li> <li>2. Intern Psychologist: Ms Elna De Wet Ms Anita Masinyane</li> </ol> <b>Description:</b> In 2014 to 2016 the Missionvale Community Psychology Centre (MPC) team's main focus was to setup a multidisciplinary team (see article by Dr Exner & Dr Jansen) and contact was made with the stakeholders in the surrounding areas of Missionvale. Therefore discussions with the external stakeholders such as schools and NGOs supporting	

the surrounding communities were contacted to enquire about the needs of the community members in the Missionvale area. This was done to ensure the relevancy of the Centre and to serve the community's needs. Our discussions with the community stakeholders highlighted areas of need, and the MPC team together with the community, was then able to identify key areas that needed assistance such as psychological support for teachers, skills and knowledge on psychological issues for learners and the need to identify leaders in both schools and in the community so that they could then become equipped ambassadors in their community. This led to the birth of the P-project in January 2017. This is a team project aimed at providing psychological support and leadership skills via psycho-educational workshops and programs within the schools to identify leaders and support them through workshops to enhance their leadership skills. The 'Ps' in the P-project stand for **Providing Preventative Programmes that Promote Proud and Proficient People**. The project encapsulates a number of community projects that aim to support individuals and/or groups. We have collaborated and partnered with different stakeholders such as the Unity in Africa Foundation, where we designed and facilitated leadership workshops for aspiring scholars who hope to study engineering. These learners are from disadvantaged schools in the area. Our role was to equip them for an internship placement at engineering firms before deciding to study formally in this direction.. We also provided support to the Nelson Mandela University Centre for Community Schools with their wellness action learning set program (WALS). This program focused on the Wellness program for teachers based on their needs within the school system. The team also collaborated with the Nelson Mandela University Nursing department debriefing sessions to the first year students were

provided to assist with the adaption of these students to a real world environment. We also have a Memorandum of Understanding (MOU) with Missionvale Care Centre and provide support to the community workers as well assisting Missionvale Community with assessment and school placements in special needs schools. In the absence of support in the realm of identification of learners with social, emotional and intellectual barriers. The MPC team developed psycho-educational workshops for teachers that focused on various aspects that impact school learners. We also partnered with the Linge's Tots Development Centre in providing support and information sharing to parents, staff and learners with intellectual and physical needs, based on the premise that knowledge of the mental and physical condition assist parents and staff with the acceptance of the condition. We developed leadership programmes for two primary schools namely Charles Duna Primary and Ebenezer Primary School which culminated with an award ceremony and recognition of both learners with leadership potential and the leaders in the community that assisted the school in terms of sport and nutrition. We also Partnered with the Waves for Change organization with the focus of providing support to their mentors, mentees and the PE site manager of the organization. Mentors were assisting children from problematic households without the necessary skills and qualifications, and this led to stress and burnout of these individuals and the main role was to support these mentors on a weekly basis. The mentors provided this programme using extra-mural surfing as a method of allowing the children to discuss the difficulties that they were having at home. They were excellent with regards to surfing, but found the mentoring of children with problems difficult.

**Are your Engagement activities/projects/initiatives**

**Titles:**

**registered on the Engagement Management Information System (E-MIS) on SharePoint?**

If not, please ensure that they are before you submit this application.

Applications that are not registered and updated on the E-MIS will not be considered for Awards.

The most recent date on E-MIS for each project update (achieved when 'submit' is clicked) must be in 2015.

Provide the exact titles (as featured on the E-MIS) for all of the Engagement activities/ projects/ initiatives with which you are involved.

Visit <http://caec.mandela.ac.za/Engagement-Information-and-Development/Engagement-Management-Information-System>

1. P-Project

2.

**SECTION B: Engagement categories**

- You are required to describe and report in detail on a minimum of two engagement categories (these are 1, 2, 3 and 4 below) in order to be considered for an award.
- If you or your team are involved in three or four of the engagement categories, report in detail on all of these categories.
- Applications that describe and can provide evidence of engagement activities across all four categories are encouraged.
- Refer to section 5 of the attached Engagement Excellence Awards policy which provides a guideline on the specific activities you should report on under each of the categories you have chosen.

**Report on your:**

**1. Engagement through Community Interaction, Service and Outreach:**

We are engaged in this area by means of:

- Lending a helping hand with supporting and developing aspiring learner engineers that come from an impoverished area of Port Elizabeth through the iGems program.
- Partnership and supporting Waves for Change, an organization that provide a multifaceted intervention using surfing and life skills to assist learners with social interaction outside the school environment. Our main aim with this project is to support the mentors that do not have the skills to provide emotional and academic support.
- Membership in the ECD community of practice, where we participated in discussions of implementing parental programmes with the aim of making the community aware of the different resources, should they experience problems with their children.
- Creating awareness programmes that assist families with psychological issues, together with creating an awareness of relevant mental health resources through radio talks, and guest speaking at schools in the area.
- Partnership with local schools in order to implementing both leadership programmes and teachers workshops that the MPC developed for this purpose.
- Networking with the relevant stakeholders and gatekeepers of the certain Township areas

- Establishing a referral network between various NGO'S, law enforcements, NGO'S, clinics and the educational department.

**Report on your:**

**2. Engagement through Teaching and Learning:**

We are engaged in this area by means of the following:

- Students have the opportunity to conduct research in a community setting and thereby transferring knowledge taught in the classroom into a real life environment.
- Providing debriefing/reflective sessions for first year Nelson Mandela University nursing students following their exposure to the wards and to the world of work. Assistance with helping them to interact professionally and efficiently within a multidisciplinary team.
- Creating psycho-educational workshops with the aim of assisting teachers to identify the learning barriers that occur in the classroom setting and assisting the teachers to make appropriate referrals thus encouraging early intervention for learners with a to learning difficulties.
- Students also have the opportunity to see how their smaller research projects link together within a broad objective, namely psycho-social educational interventions addressing different topics.
- The MPC is also a training hub for psychology, social work, registered counsellors and psychometric internships.
- The MPC also allows interaction and exposure to other professionals such as the medical doctor, psychiatrist and occupational therapists from Dora Nginza hospitals who work at the MPC on a weekly basis.
- Students exposed to theoretical element to learning and teaching with limited opportunities to test these theories in a practical situation. This learning hub gives students the opportunity to learn in the multidisciplinary team.
- This multidisciplinary team learns from each other, with each other and about each other in this unique setting. They meet and discuss clients form a multi-disciplinary perspective.
- The multicultural make-up of the MPC team allowed learning and teaching of tradition and culture of the clients that we work with.

**Report on your:**

**3. Engagement through Profession/Discipline-Based Service Provision:**

We are engaged in this area by means of the following:

- The training students and interns of the different disciplines working in this environment are provided

with the opportunity to interact within the multidisciplinary team. Staff monitor and evaluate these interactions on an ongoing basis. Supervision and guidance is also offered to students regarding their community projects and these projects are reported in their portfolios.

- Students presenting workshops are provided with opportunities to further develop their presentation skills and gain competency in psycho-educational workshop formulation and facilitation. They also get opportunity to meet professionals working in schools, NGOs, Department of Health and Department of Education. This assist with the knowledge of outside work space and criteria needed to refer clients for necessary support.
- Transferring and practicing the knowledge gained in the classroom to practical interactions in the community, together with feedback on the interventions.
- The interaction with students and professionals from other countries that visit the MPC include a psychologist from Nairobi; Fr. Salvum, Dr McAlinden a pediatrician from Ireland and students from the Michigan State University.

**Report on your:**

**4. Engagement through Research and Scholarship:**

We are engaged in this area by means of the following:

- Practical interactions in the community, leading to research outputs.
- The P-Project have potential for research. Participants have completed consent forms which will allow these activities to take place by both staff and students.
- Two articles about this establishment of a multidisciplinary team have been published in 2017 in the, South African Journal Educational Research for Social Change. From these articles the authors have been requested to present papers in England and at the SAERA congress. The first presentation was presented in England in December 2017. Further articles of this nature has been requested via ResearchGate.

**SECTION C: Descriptions**

**1. Describe the impact your Engagement activities have made on stakeholders/beneficiaries/communities and provide details on how these activities are acknowledged/recognized by:**

**1.1. External**

**communities/stakeholders/beneficiaries:**  
(not staff and students)

- The Unity in Africa Foundation particularly their Igems (Incubating Great Engineering Minds)

- After the completion of the leadership program at Charles Duna primary school, we were able to do a follow-up and through our interaction with the learners and the teachers, they were pleased with the amount of work that we were able to do for the learners and



program facilitator felt the MPC partnership benefited their learners through leadership skills and it has equipped the learners with necessary life skills (see the portfolio of evidence) that they will also use later in their life.

- The Waves for Change organization national director was impressed with the work that we have done in their Port Elizabeth Site. She said her mentors benefited mostly from the project through our reflective sessions. These mentors have never received any formal training to work with children, and handling heavy psychosocial cases, therefore our psychological support truly added value in their program.
- The teachers that participated in the Missionvale Community Psychology Centre's teacher's workshop were very pleased with the information disseminated to them through psycho-educational workshop. They further stated that the workshops have eased their concerns in burdens in the classroom setting (see the evaluation forms in the portfolio of evidence). created a programme that aimed at providing
- Nelson Mandela Bay Municipality: Human Settlement Department program with the MPC team benefited the learners from two schools (Booyens Park High School & KwaZakhele High School). The learners expressed their gratitude during our last workshops with them and the skills that they acquired during the series of workshops.
- The MPC also reached out to the general public via PE FM radio and created awareness regarding concepts such as "helicopter parenting" and the consequences thereof

the positive changes they saw in them. The MPC team was also awarded a certificate of recognition by the school (see the portfolio of evidence).

- The deputy principal at Ebenezer Academy Primary School requested that this leadership programme be rolled out at his school. The staff had heard about it from the other educators at the teacher's workshops. He has requested this programme should be implemented again this year this year (2018) their prefects were equipped with a variety of leadership skills that enhanced the quality of the prefects at the school in 2018.
- The Psycho-educational workshops program has benefited the Linge's Tots Development Centre (L.T.D.C) caregivers as they expressed the workshops gave them the self-care skills and the necessary skill and knowledge to care for children with physical and mental disabilities.
- The Michigan State University education students gained more knowledge on the South African Education system through the P-Project and they also visited a Primary and Secondary Township schools to get a feel on how these schools are managed. They also interacted with the teachers and learners of the schools.
- The parents of learners from Little Flower Primary School were appreciative of that fact that we could equip the parents about learning difficulties. There were also few parents called in at the MPC to query more about the discussions we had with them.

<p>together with topics of interest expressed by the community. These topics mostly benefited parents that listen to PE FM</p>	
<p><b>1.2. Internal communities/stakeholders/beneficiaries:</b> (staff and students)</p>	<ul style="list-style-type: none"> <li>• The Missionvale Psychology Centre collaborated with the Nelson Mandela University Centre of Community School's project aimed at starting a Teachers Wellness Programme to improve teachers' wellbeing within the surrounding community. The project is known as WALS and six schools are involved in a pilot programme that will run for two years. Our team is piggy-backing on a one run by Dr. Damons and thus the pace of the programme is dictated by their department.</li> <li>• Nelson Mandela University nursing department collaborated with the MPC with the aim of our team to provide debriefing sessions to assist students cope with the pressures of working in the hospital settings.</li> <li>• The Registered Counsellor interns' involvement in the P-project has benefitted them as they have gained experience in working at a community level. The community involvement at the clinic formed a large part of their practical training.</li> <li>• The community coordinator gained experience interacting with the varied projects that form part of the P-project.</li> </ul>
<p><b>2. Describe how your Engagement activities contribute towards faculty/department/entity engagement goals and objectives. (Refer to your Department/Faculty/Entity's strategic plan here)</b></p>	

By rendering mental and psychological services to the impoverished community at its doorstep, the MPC aimed to align itself to the mission statement of the university and to the 10 year plan of the Nelson Mandela faculty of Health Sciences; that of transforming health education towards equity in health. The number of clients that were seen at the MPC before 2016 were limited to a few referrals from NGO's and municipal health clinics before 2015. In 2017 we introduced a community aspect to the registered counselor training together with professional psychological services. This venture has assisted with the advocacy of the MPC and has increased the number of referrals to such an extent that we have more than 400 clients requesting psychological services on the waiting list. The acquisition of transport in 2017 allowed the MPC team to engage in outreach projects in communities outside Port Elizabeth to areas such as Pellrus and Uitenhage. Since 2017 the MPC team has been receiving requests for psychological assistance from schools and NGO's outside the Missionvale area as they are unable to receive private service provision receiving assistance from people outside of the Missionvale area and self-referrals have also increased. The MOU that was signed between the MPC and MCC and works to the students and community's advantage as one provides physiological needs and the other one provides mental and psychological assistance. An increasing number of schools and community members are making use of our psychological and medical services.

The Vision of the Nelson Mandela University is to be a dynamic African university, recognized for its leadership in generating cutting-edge knowledge for a sustainable future. Its Mission is to offer a diverse range of quality educational opportunities that will make a critical and constructive contribution to regional, national and global sustainability.

The Nelson Mandela Universities position on engagement is one of transferring, applying and sharing the University's knowledge resources and expertise with those of the public and private sectors to enrich scholarship, research and creative activity, enhancing the curriculum teaching and learning; preparing educated and engaged citizen; strengthening democratic values and civic responsibility; contributing to public good and transformation and enhancing social, economic and ecological sustainability (NMMU, 2011).

The Nelson Mandela University Department of Psychology, having reflected extensively on past history, is determined to address former clinical practices elected to operationalize the vision and mission of the University by becoming fully engaged with the local community. In order to serve the community effectively and efficiently, the manner in which service delivery takes place is ever changing in order to meet the differing psychological and health needs of the surrounding community.

- Advocacy of the services at the MPC were advanced.
- The complexities of community intervention were realized by the students participating in the projects.
- Ongoing services improved patient compliance.
- A close bond has formed between the MPC and the Missionvale Care Centre.
- Schools have become aware of prompt and efficient service delivery.
- The conference paper has highlighted the need for such services in developing countries.

Challenges still exists with the integration of academic staff members with this community project.

**3. Describe how your Engagement activities contribute towards the achievement of Vision 2020 Engagement Strategic Goals and Objectives.**

The project will continue to contribute towards Nelson Mandela University's 2020 vision which highlights outreach and community service. For the students and academia it is a means of putting into practice what is learnt in the classroom, exploring, discovering and integrating knowledge while learning about each other, alongside each other and teaching each other. Community members concurrently benefit as they receive services, support, knowledge and enrichment previously denied, non-existent or paltry.

**4. Describe how your Engagement activities contribute towards:** *(Refer to any relevant media coverage, representation on boards or committees, scholarly publications, conference presentations etc.)*

**4.1. Addressing the needs of society and various external communities served by the university:**

- The MPC's goal is to transfer the knowledge gained in the classroom to practical interactions in the community, leading to research outputs.
- The MPC team provided a variety of psycho-educational, psychological, social and assessment services to the Missionvale community.
- The MPC project provided learners with an opportunity to develop leadership skills and aid personal growth
- Students presented workshops that provided them with opportunities to further develop their presentation skills and gain competency in psycho-educational workshop formulation and facilitation.
- MPC team presented a paper on how to develop clinic facilities in impoverished areas in Africa at an international conference in Birmingham

**4.2. Profiling and promoting the university's as an engaged university**

In terms of professional development, the distance from the main campus hinders interactive collaboration with the clinic which is part of the psychology department with the actual depart of psychology on south campus and other university departments. As a working hub the MPC has become a recognized and used by the community and frequently requested by organizations and schools within the Port Elizabeth area and beyond to deliver both community and psychological services. This has led to an annual increase in monies paid for professional services.

**5. Describe how you have successfully integrated engagement into the Teaching and Learning and Research functions of the university.** *(Refer to sections 5.1, 5.2 and 5.3 of the Engagement Excellence Awards Policy as a guideline)*

Students are learning to transfer knowledge gained in the classroom into practical interactions in the community. This type of learning questions the relevancy of the theoretical knowledge learned in the classroom. All programs encompassed within the P-Project team activities have the potential for research. However, a challenge that still faces aspects of research is the fact that retrospective data can currently not be

used to conduct research projects.

**6. Provide details of scholarly outputs/contributions made to a body of knowledge as a result of your engagement activities.** *(Refer to publications, new teaching programmes, technical reports, conference proceedings, etc.)*

Two article publications and one presentation abroad (see enclosed documentation)

**7. Describe the important role performed by you or the team in:**

**7.1. The leadership and management of the engagement activities and initiatives:**

**7.2. The level and extent of partnerships/collaborations/networks/linkages formed internally and externally:**

**a. Internally** *(inter-departmental, inter-faculty and interdisciplinary):*

- We have established a working relationship with other University departments such as the Nursing department, Journalism students and the Centre of Community Schools.
- An interdisciplinary collaboration has been with other health (medical staff from Dora Nginza Hospital in which the students learn to respect and acknowledge the different roles of health professionals.

**b. Externally** *(at local, national and international level):*

- We worked with various NGOs/NPOs such as the Missionvale Care Centre, Unity in Africa Foundation, Radio station: PE FM, Linge Tots development Centre, Waves for Change, Government and private schools.

**SECTION D: Signature**

Applicant Signature		Date	E
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**SECTION E: FOR OFFICE USE**

*(Administered by the Engagement Office)*

Resolution regarding application from Awards Committee:	
Feedback to applicant:	

**SECTION F: Portfolio of Evidence**

Attach any relevant documents as a portfolio of evidence to support your application. **Limit this portfolio of evidence to a maximum of 20 pages.** This can include photographs, promotional material, commendations from stakeholders/beneficiaries etc., publication references, (extracts

from) annual or project reports to funders/sponsors etc., or any other relevant materials that may serve as evidence.

**List of supporting documents submitted along with this application as addendums:**

Please ensure that the documentary evidence below is clearly cross-referenced with the relevant section and number in the application template, for example Section B1 or Section C4.

**1. Promotional video**

**2. Journal Article:** A multidisciplinary approach to University Engagement: Key Considerations for Dynamic Mental Health Teaching and Service Provision to a Disadvantage Community

**3. Journal Article:** A guiding framework for development of a trans-disciplinary community mental health student teaching and learning platform.

**4. Portfolio of Evidence**

**Journal Article:** A multidisciplinary approach to University Engagement:  
Key Considerations for Dynamic Mental Health Teaching and Service  
Provision to a Disadvantage Community

Educational Research for Social Change (ERSC)

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pp. 60-75

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## **A Multidisciplinary Approach to University Engagement: Key Considerations for Dynamic Mental Health Teaching and Service Provision to a Disadvantaged Community**

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### **Abstract**

Scholarship has an obligation to society in that what is discovered through research and what is taught in the lecture hall should extend beyond the classroom and benefit the community. As a hub of training and knowledge in a local community, the challenge for a university exists in integrating community needs and university resources. Mental health is one discipline where this is particularly relevant and urgent due to the growing need for mental health interventions, particularly in under-served communities. A university is well positioned to develop a dynamic multidisciplinary approach to the biopsychosocial teaching of mental health practice and community service provision because it has extensive access to networks of current and future professionals. This reflective article explains the development of such a university–community collaborative initiative attached to the Missionvale Psychology Centre (MPC) at the Nelson Mandela University (NMU) located in Port Elizabeth. It examines the broader teaching and learning opportunities afforded the students as well as the need to deliver a much needed service to the local community. In this article, the initiative is qualitatively analysed through the lens of a combination of observational experience and self-reflection. Insights gained and lessons learnt could benefit other health professionals in comparable positions who are faced with similar challenges in response to student training agendas and the social responsibility of universities in developing countries.



and care and rehabilitation rights, for people with severe or profound intellectual disabilities (Sukeri, Betancourt, & Emsley, 2014).

The deinstitutionalisation of mental healthcare that followed the 2002 Act saw it relegated to the primary healthcare (PHC) sector (Burns, 2008). With the severe understaffing of this division, the PHC sector struggled to meet the demands of the Act and although this Act heralded some positive changes, the Eastern Cape Province faced great challenges. For instance, the deinstitutionalisation of psychiatric patients led to a dramatic reduction of acute and subacute inpatient beds, and a pressured increase on available beds usually reserved for the seriously ill patients. This resulted in the “revolving door” patient or high frequency user—well for short time spans, then requiring hospitalisation, only to be discharged prematurely to accommodate a more severely ill patient. Although the initial deinstitutionalisation was meant to improve the quality of care of mental health users, unfortunately, the accompanying community-based services that were supposed to oversee the discharged mental health users were not in place and thus patients became the responsibility of the community or household (Botha et al., 2010). Alongside the shortage of psychiatrists was the lack of child and adolescent psychiatric services in the province (Sukeri et al., 2014), with most people in the local community unable to obtain help, thereby remaining invisibly voiceless at the margins of society, unable to advocate for better service (Saraceno et al., 2007).

Given this context, mental health problems go largely unreported, are often accompanied by other physical diseases, and are compounded by substance abuse (Department of Health, 2014). Many people choose to seek advice from traditional healers (Sutherland, 2016; Truter, 2007) and there is often societal stigma attached to accessing formal mental health services (Burns, 2008). With the integration of mental health services into primary health care, the burden has shifted to households in the community, which feel the pressure and cannot always cope with individuals who have chronic mental illnesses (Breen et al., 2007).

At the Nelson Mandela University (NMU),<sup>2</sup> where the Missionvale Psychology Centre (MPC) is housed, community responsive engagement is recognised as one of the key general functions of higher education and a specific key function of the university. This action enriches scholarship, research and creative activity, enhances the university’s curriculum-based teaching and learning, prepares educated and engaged future citizens, and strengthens democratic values and civic responsibility. In addition, it contributes to the public good and social transformation agendas, and boosts social, economic, and ecological sustainability (NMMU, n.d.). As an engaged institution, NMU is committed to contributing to the development and upliftment of immediate and surrounding communities—geopolitical groups of people with both visible and invisible links who reside in specific localities, share governance structures and systems, and often have a common cultural and historic affiliation as organising principle (Gutmacher, Kelly, & Ruiz-Janecko, 2010).

Given that universities are hubs of training and knowledge with extensive access to networks of current and future professionals in the field of mental health, they afford both students and community members ideal platforms from which to promote and receive beneficial healthcare. However, it is often challenging to ensure ethical engagement with communities whilst providing high quality training to emerging professionals. A common problem in many health sciences disciplines is the provision of sufficient training platforms for multifarious clinical skills development opportunities while striving to meet the needs of community expectations (Pillay, 2003).

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<sup>2</sup> Formerly, Nelson Mandela Metropolitan University (NMMU).

the people; we were kept up to date by the medical personnel at the nearby clinic and had informal conversations with past students and staff members. Existing records and reports were available for perusal, and the greatest learning came from our reflection on current practices at the end of each year, together with adjustments made to learning and teaching. As experienced educators and clinical healthcare practitioners working in the community, and as authors committed to transforming mental health education, we were well situated to evaluate the complex, dynamic, and unique successes and challenges around sustained university–community engagement in the field of mental health teaching and learning.

In ensuring trustworthiness, credibility is underscored by cross-questioning the authors' variety of experiences in the establishment of the MPC, prolonged engagement with the community, and the subsequent building of trust and persistent observation of the subject matter over a long time period. Transferability is heightened in that sufficient descriptive information is provided to ensure replication of some of these concepts in similar projects.

From an ethical standpoint, the MPC, as part of a training institution accredited for internship purposes, has a duty to its students to provide a well-balanced, appropriate professional training programme with a broad spectrum of work and relevant working and training facilities. Praxis is guided by fundamental values of the Health Professions Council of South Africa (HPCSA, 2005, 2008) and, because work was done out in the community by staff and students, Pienaar's (2014) community engagement ethics guideline developed by the University of South Africa served as a sound navigational tool. This document includes knowledge production, social value, scientific value, validity and ethical merit, fair subject selection, the nature of participation, informed consent, and community involvement in the research (Pienaar, 2014).

### **A Specific Case Study: Missionvale Psychology Centre (MPC)**

The Missionvale Psychology Centre was largely both physically and academically nonaligned to the NMU's Department of Psychology, and closure remained imminent until 2012 when the department elected to operationalise the university's new vision and mission and redress existing clinical practice. This involved staffing and a paradigm shift in community engagement and service delivery thinking. Numerous challenges appeared along the way and constant dynamic adaptations had to be made.

#### **Challenges on the journey.**

##### *Servicing the MPC.*

At the time of the MPC's reestablishment in early 2013, there was one permanent staff member—a receptionist—to oversee the administration of the MPC. A few clients were seen by two registered counsellors placed at the MPC for a 6-month period with weekly supervision by a permanent member of staff. They supported clients with counselling and basic psychometric needs, assisted by three volunteers from the university's psychological society who attempted to reduce the long waiting list by phoning clients to determine whether or not intervention was still required.

Community members and schools required continuous service delivery throughout the year, and NMU students' semester rotations caused an ebb-and-flow service delivery system, creating confusion and misunderstanding for many stakeholders. Inconsistent service delivery made establishing trust with the community problematic. Due to staff shortages, the community's needs could not be met, a 3-year waiting list developed, and walk-in clients could not be accommodated. Highlighting these challenges resulted in a campaign for more staff members. A clinician-manager was appointed in 2014, and student training and community service commenced. Furthermore, three full-time registered

fit in to the clinical training picture. Coordinators could then proceed with suitable placements, satisfied that their students would obtain rich experiential training.

That the MPC was recognised for its potential as a springboard for community-responsive service delivery with future duplication, provided the credibility that was needed by the MPC. A token service fee encouraged a sense of client ownership and helped to change the institutional mindset of the MPC as a drain on faculty funding to that of future self-sustainability.

Initially there was sufficient relevant working space but as the MPC's service delivery expanded, networking with university support staff became vital. In 2015, with working space at a premium that could deter supplementary professional service offers, additional space had to be negotiated. At the beginning of 2016, the original Vista University Clinic was returned to the Department of Psychology and refurbished as a psychometric hub.

A valuable networking opportunity for the authors was an invitation to join the Health Sciences Faculty's Transformation in Health Science Education project committee. From 2018, all health sciences students will begin with common biopsychosocial modules to instil a strong ethos of interdisciplinary teamwork right from the start of their training. From 2nd year onwards, the bulk of teaching will be carried out on a broad clinical training platform—out of the classroom into the real world—through the use of blended learning modalities whilst learning and serving in the local community. Being involved in teaching and learning transformation was a valuable opportunity that enabled the MPC to become part of the larger faculty project, establishing itself as a viable, responsive, sustainable clinical training site: an exemplar that faculty could replicate in the future.

#### *External networking with stakeholders in the local community.*

Meeting the community on home ground provided MPC staff with opportunities to better understand challenges facing the community, and strong alliances were forged. However, finding time to be in the community was difficult because academic and clinical schedules were heavy. The authors had to make engagement with the community a priority, becoming boundary spanners between the community and academia, working with civic and nongovernment organisations, government departments, and donors.

The Missionvale Care Centre (MCC) was one of the first stakeholders to align itself with the MPC. Established in 1988, it has run for 27 years as a faith-based nonprofit organisation. It operates entirely on donor funding, providing for the community's spiritual and basic physiological needs such as limited nutrition, clinical and pharmaceutical care, and clothing. Furthermore, a primary school established on its grounds caters for educational needs. Strong relationships have been established between the MCC and the MPC as, together, they offer an holistic community service. The MPC addresses the mental health aspect of community wellness while the MCC caters for other needs. The placement of two social work interns at the MCC in 2016 offered a much needed service and further strengthened community ties and trust.

The lack of community exposure was initially a challenge. Inviting representatives from local businesses to visit the MPC and experience community engagement for themselves afforded opportunities to better understand the need for such a facility, and offers of help followed the visits. Through the exchanging of goods for services, such as assessments and workshops in return for offers to refurbish the MPC, donations were received in the form of flooring, paint, and new and secondhand furniture.

Fourthly, the client base has increased because many more clients can be accommodated than before, which also means that a wider range of challenges are being addressed as more specialist clinicians are available for immediate consultation and fewer clients need further referral to other agencies. Clients call it their “one-stop shop” because they are referred in-house, and only need to walk down a passage to another room to obtain supplementary or further service. The second suite of rooms has provided adequate space for current specialised interventions. Although the MPC does not directly address poverty in the community, by offering a variety of services, it is able to address the different mental health needs that are exacerbated by poverty.

### **Lessons learnt.**

Significant lessons were learnt as part of the process of establishing and growing the MPC as a multidisciplinary university–community collaboration project based on a university campus situated in a South African township.

#### *An understanding of, and sensitivity to, the relationship between mental health and poverty.*

The need to understand the relationship between mental health and poverty is of the utmost importance. Lund et al., (2010, 2011) and Patel and Kleinman (2003) all underscored the connection between common mental disorders such as depression, anxiety, and somatoform disorders and poverty, as well as the link between the burden of disease and disability in low- and middle-income countries. Universities play an important role in generating knowledge about these connections, and in creating spaces for collaboration where these problems can be addressed in incisive and critical ways.

In Missionvale, the cycle of mental health and poverty pervades the community. Along with psychological problems, residents worry about unemployment, housing, disability, and social grants (Mkize & Kometsi, 2008). As a result of unidentified and untreated mental illness, remaining in poverty is a risk that exists for many community members—yet, living in poverty brings its own set of risks of possible mental ill-health. By providing multifaceted interventions by trained professionals, the university can aid communities in managing the multifarious psychological, social, and biological determinants of mental ill-health, which may well contribute to improving community mental health and reducing health service costs and the burden on the state.

#### *Being responsive to the needs of a community in a collaborative and bidirectional manner.*

At the MPC, unrealistic community expectations often led to service delivery confusion. Palpable disappointment that not all social problems could be solved at the MPC was a lesson learnt in clear communication when developing mutual conversation with community stakeholders. Establishing collaborative community needs demands clarity regarding specific services and support (Pienaar, 2014). Furthermore, making mutual choices rather than imposing decisions on the community in a unilateral way is essential (Janse van Rensburg, 2014). Clear and frequent face-to-face communication in a formalised structure ensures that all stakeholders are included in the process, regardless of perceived power differences and that a collaborative vision of possibilities can arise.

Having students work alongside and in collaboration with the Missionvale community has helped to enable reciprocal knowledge sharing and generation, where the university and community stakeholders engage as equal partners and are able to utilise local knowledge, engendering potential learning experiences for both. In addition, students have discovered valuable assets in the community who have contributed to their learning. The community in which the students work is innovative and resourceful, affording opportunities in which they can act, reflect, dialogue, and research (de Beer, 2014).

### *Facilitating attitudinal change.*

As mentioned before, some academic staff, concerned that the specialised disciplinary nature of the MPC as a psychology hub would begin to alter as a result of multidisciplinary service provision, thought the project was unfeasible—which resulted in slow institutional and departmental buy-in. However, delicate diplomacy and exposure to the project gradually aided attitudinal change. Furthermore, the effect of working at the MPC has led students to discover community-based career paths. Fully aware of the underreporting of mental health in the community and the complexity of existing taboos, experience has shown us that clients have begun to find a home for their problems and appear to be comfortable consulting with the clinicians and interns.

### *The cost effectiveness of establishing and maintaining the clinical training site.*

Historically, the MPC has been viewed as a mission-like nonprofit-making entity rather than a resource-generating unit. De Beer (2014) explained that financial self-sustainability is imperative and warned against perpetuating the legacy of dependency. In continuing to provide handouts or free services, a university may well be sustaining dependence, scarcity, disparity, and inequality. A decision was made to charge a nominal fee for services rendered by the MPC, using a sliding tariff scale for clients who could not afford to pay the fee in full, and free service for destitute clients.

The MPC's income has risen as services have expanded and a greater variety of professional skills has become available. A key aspect to sustainability is to share staff positions and resources with others. In future, the MPC could recruit people or positions in other organisations, which can be shared at low or no cost (e.g., clerical staff, volunteers, government community service programmes) and should continue to solicit in-kind support and barter for items and services that would otherwise need to be purchased (e.g., donations of office supplies from a local business).

### *Addressing local school-related issues.*

Children living in poverty fear domestic violence, have attachment issues, poor nutrition, or drug and alcohol abuse amongst a host of other co-morbidities, and are severely challenged academically, emotionally, and socially (Walsh & Galassi, 2002). This accurately describes the cohort that forms the majority of referrals to the MPC from the more than 370 schools and a number of informal crèches and day care centres in the Nelson Mandela Bay Metropole.

With the absence of school psychologists and concomitant support structures for learners experiencing problems, the MPC had to rapidly adjust clinical focus. Initially offering schools a purely psychological (counselling) service, the MPC staff expanded service delivery to include scholastic interventions such as group and individual assessments for alternative school placement, school readiness, cognitive ability, specific learning disabilities, trauma debriefing, and self-care sessions. Expectations grew rapidly in the community and staff had to resort to alternative plans to address the demand. School requests were triaged, with the MPC management staff often stepping into the breach to stem the tide. Workshop programmes were developed and facilitated, and support groups were offered to the public, schools, community organisations, and parents by students in the various disciplines working as teams.

Through these interactions, the students highlighted a lack of after-school care in the area and the formation of homework clubs involving education students is envisaged in the current academic year. Given that foundation phase education students are based on the Missionvale campus, this initiative offers a rich transdisciplinary opportunity for tutoring and remedial support for local learners. Children will be able to study in a safe space on campus under the supervision of qualified educators and educators-in-training. In addition, sourcing retired teachers who are valuable community assets could

and staff members alike. The students who worked in a variety of community settings discovered valuable assets in the community who exposed the students to new learnings. They found that, together, they were able to address issues that affected the mental health of the community, thereby discovering extremely strong and resilient people in the community. Despite distressing personal circumstances, the community has taught the MPC rich life lessons that are changing insular academic and professional attitudes.

There are certain practices that could be incorporated to improve the MPC provision in the future. Staff capacity expansion, the necessity of having far more isiXhosa-speaking interns, sustainable income generation, and impactful change of academic curricula are essential. Knowledge gaps that appeared as the students interacted with the community have resulted in them voicing the urgent need for a different type of psychology, one that addresses community mental health issues from an Afrocentric perspective.

Given that engaging with communities is not an add-on activity for universities but the core of service learning where the curriculum responds to regional and national needs (Bender, 2007), experiential training that develops a student's sense of social responsibility, commitment to professional and personal development, and an understanding of lifelong academic enrichment should become core modules in the new curriculum. Students are enabled to become advocates for social change when faced with the harsh realities of community life (Diab & Flack, 2013; Mendez, 2015). Having lived this experience, the authors firmly underscore their argument for, and belief in, the need for multidisciplinary mental healthcare that is necessary in an ever-changing world—whereby students hone their clinical skills in an altered way, one in which they work alongside other health sciences practitioners and community assets as part of multidisciplinary teams.

In reviewing the challenges that have arisen through attempting to simultaneously meet community and student needs, a number of lessons have been learnt that could be of benefit to practitioners in comparable positions. The insight gained from the MPC experience may benefit mental health practitioners, and the principles for good practice identified here could be applied in other centres or sites faced with similar challenges as part of the social responsibility and student training agendas of universities in developing countries.

## References

- Babbie, E., & Mouton, J. (2011). *The practice of social research*. Cape Town, South Africa: Oxford University Press.
- Bekker, S. (2002). Diminishing returns: Circular migration linking Cape Town to the Eastern Cape. *South African Journal of Demography*, 8(1), 2001–2002.
- Bender, C. (2007). Pathways of change for integrating community service-learning into the core curriculum. *Education as Change*, 11(3), 127–142.
- Botha, U., Koen, L., Joska, J., Parker, J. Horn, N., Hering, L., & Oosthuizen, P. (2010). The revolving door phenomenon in psychiatry: Comparing low-frequency and high-frequency users of psychiatric inpatient services in a developing country. *Social Psychiatry and Epidemiology*, 45(4), 461–468.
- Breen, A., Swartz, L., Flisher, A., Joska, J., Corrigan, J., Plaatjies, L., & Mc Donald, D. (2007). Experiences of mental disorder in the context of basic service reforms: The impact on caregiving environments in South Africa. *International Journal of Environmental Health Research*, 17(5), 327–334.

- Kaars, P., & Kaars, B. (2014). Views from inside a non-profit organisation: Facilitating reciprocal relations based on a shared value system. In M. Erasmus & R. M. Albertyn (Eds.), *Knowledge as enablement: Knowledge between higher education and the third sector in South Africa* (pp. 162–178). Bloemfontein, South Africa: SUN Media.
- Kolb, D. (1984). *Experiential learning: Experience as the source of learning and development*. New Jersey, USA: Prentice-Hall.
- Leibbrandt, M., Woolard, I., McEwen, H., & Koep, C. (2010). *Employment and inequity outcomes in South Africa*. Cape Town, South Africa: Southern Africa Labour and Development Research Unit.
- Leitch, R., & Day, C. (2000). Action research and reflective practice: Towards a holistic view. *Educational Action Research*, 8(1), 179–193. <http://doi:10.1080/09650790000200108>
- Lund, C., Breen, A., Flisher, A., Kakuma, R., Corrigall, J., Josaka, J., . . . Patel, V. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. *Journal of Social Science and Medicine*, 71, 517–528.
- Lund, C., de Silva, M., Plagerson, S., Cooper, S., Chisholm, D., Das, J., . . . Patel, V. (2011). Poverty and mental disorders: Breaking the cycle in low-income and middle-income countries. *The Lancet*, 378, 1502–1514.
- Lutge, G., & Friedman, I. (2010). The cycle of poverty, hunger and ill-health. In S. Fonn & A. Padarath (Eds.), *South African Health Review 2010* (pp. 101–106). Durban, South Africa: Health Systems Trust.
- Marais, H. (2010). *South Africa pushed to the limit: The political economy of change*. Cape Town, South Africa: UCT Press.
- Mendez, F. (2015). Transdiscipline and research in health: Science, society and decision-making. *Colombia Medica*, 46(3), 128–134.
- Mertens, D. (2009). *Transformative research and evaluation*. New York, USA: Guilford Press.
- Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education*, 74, 5–12. <http://doi:10.1002/ace.7401>
- Mkize, N., & Kometsi, M. J. (2008). Community access to mental health services: Lessons and recommendations. *South African Health Research Journal*, 11, 103–113.
- Nelson Mandela Metropolitan University. (n.d.). *Vision 2020 Strategic Plan*. Retrieved from <http://splan.nmmu.ac.za/vision-2020>
- Patel, V., & Kleinman, A. (2003). Poverty and common mental disorders in developing countries. *Bulletin of the World Health Organization*, 81(8), 609–615.
- Pienaar, S. (2014). Considering ethics: Enabling participatory knowledge sharing. In M. Erasmus & R. M. Albertyn (Eds.), *Knowledge as enablement: Knowledge between higher education and the third sector in South Africa* (pp. 80–99). Bloemfontein, South Africa: SUN Media.
- Pillay, J. (2003). Community psychology is all theory and no practice: Training educational psychologists in community practice within the South African context. *South African Journal of Psychology*, 33(4), 261–268.
- Saraceno, B., van Ommeren, M., Batniji, R., Cohen, A., Gureje, O., Mahoney, J., . . . Underhill, C. (2007). Global Mental Health 5: Barriers to improvement of mental health services in low-income and middle-income countries. *The Lancet*, 370, 1164–1174. [http://doi:10.1016/S0140-6736\(07\)61263X](http://doi:10.1016/S0140-6736(07)61263X)

**Journal Article:** A guiding framework for development of a trans-disciplinary community mental health student teaching and learning platform.



# A GUIDING FRAMEWORK FOR THE DEVELOPMENT OF A TRANS-DISCIPLINARY COMMUNITY MENTAL HEALTH STUDENT TEACHING AND LEARNING PLATFORM

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## ABSTRACT

Establishing a trans-disciplinary mental health platform could contribute to outreach and service training agendas in a higher educational context as engagement is a higher education priority for all universities. The purpose of the platform described in the article provides an opportunity for students to learn *from* each other, *with* each other and *about* each other, across a variety of disciplines in one university, while also effectively addressing the needs of the surrounding community. This article records the background to the establishment of a unique multi-disciplinary university-community collaborative initiative in South Africa by using a self-reflective and participatory action learning and action research approach which is learner centred, project-based, and aimed at social justice. Indeed, transformative teaching has been one of the teaching methodologies which has guided this initiative. Furthermore, this student, teaching and learning platform also identifies lessons learnt and creates a guiding framework for the establishment of similar projects in other communities. First, and most importantly, this platform contributes to providing a framework to guide and encourage future establishments of similar university-community collaborative engagement endeavours and, secondly, it highlights the requirements for sustaining services to communities when senior students exit their university programmes, and new students enter.

**Key words:** action research, community engagement, higher education, mental health, South Africa, trans-disciplinary collaboration, transformational teaching

## INTRODUCTION

The importance of transformative learning and reflective practice is regarded by many as an essential characteristic for professional competence as it develops autonomous thinking in

collaboration with communities on a sustainable basis. It is believed that a community-centred paradigm will result in the enablement of multi-professional teams, and later, trans-professional teams, to practically promote health and well-being to individuals, families and communities.

When looking at traditional disciplinary-siloed ways of working each professional would be functioning by using only their own profession-related competencies which could restrict the broader holistic clinical picture of the client. Should health professional teams function in this siloed manner the bio-psycho-social needs of a client in an impoverished community will be over-looked. Innovative and responsive knowledge creation in the MPC takes place when all the health professional students share information regarding the client and also by practicing health delivery in this manner they also learn from each other, with each other and about each other. In turn the clients optimally benefit from the multiplicity of referral sources gleaned from all the professionals working in the MPC. For an 'at risk' community like Missionvale the 'one stop shop' approach benefits impoverished clients as their needs are attended to in a single setting at one particular time.

Traditionally multi-disciplinary teams in health sciences consist of a variety of health professionals from different disciplines that are co-opted to interact together for a shorter period of time, often reactively following on a crisis or problem that was identified. The uniqueness of the MPC's multi-disciplinary approach is that the members of the team came on board incrementally and proactively as the need for their services was identified. It is believed that this predicts more longitudinal sustainability and impactfulness. Usually multidisciplinary teams consist of traditional health professional students and professionals. At this clinic the community is an equal role player, which enhances the bi-directional and integrated creation and exchange of knowledge, learning and wellness. Since MPC is situated within an impoverished community we have appointed a dedicated community co-coordinator which makes this team unique as the coordinator keeps the MPC in touch with the needs of the community at grassroots level and also helps with translating when dealing with Xhosa speaking clients. Theoretical knowledge and insular disciplinary practices therefore translate into impactful and relevant praxis, which in turn provides a platform for the expansion of existing and the development of new knowledge.

Before 1996 mental health education at South African universities was predominantly theoretical with little opportunity to put theories learnt into practice. Students would graduate and enter the world of work without providing feedback to the training institution regarding aspects that have not been addressed in their training. The reason for this is that the training lacked practical experience. This platform allows students to gain practical experience about

Cape, Witwatersrand, and other universities have established an understanding of the potential that engagement holds for transforming education in relation to societal needs. This type of education produces graduates with a sense of social responsibility and an ability to apply the theory of their practice to local developmental issues.

Many community programmes are currently in operation and HEI's have recognized that if the primary function of higher education is to generate and disseminate knowledge, then service learning provides the context to inform and enrich both (Bender 2008a). Service learning has its roots in experiential education and provides students with an opportunity to engage in community service that is tied to course work with the aim of teaching social responsibility and, at the same time, enhancing the livelihood of the community. Service learning in health education is of particular importance as it enhances the quality of patient care and exposes students to the reality of the work place.

Nelson Mandela University's (NMU) initial community engagement programmes took into account the challenges and highlights of other HEI engagement initiatives when mapping a model within a comprehensive university context. However, the proposed model discussed is an inverted model in that mental health provision is being provided by NMU health sciences students with the assistance from psychiatric services and medical services from Dora Nginza Training Hospital on a sessional basis. Furthermore, this model employs a bottom-up approach in order to prepare students to work in multi-disciplinary health teams. It is further hoped that such a model will act as a precursor to the training of medical students at the medical school that that will become operational in 2020 and will be situated on the Missionvale campus.

## **METHODOLOGICAL APPROACH**

This article reports on a study which used a combination of observational, self-reflective and narrative techniques to collect data. The authors include two clinical psychologists, an educational psychologist, and a registered counsellor, three of whom work at the Missionvale Psychology Clinic (MPC) on a daily basis. These authors are thus well suited to reflect on the relevant intersecting agendas and practices in higher education mental health training.

Methodologically, the study reported in this article resonates with action research theory in that it retrospectively reviews the cyclical development of a specific university-community engagement project. The article describes part of a larger project during which the establishment and development of the specific case, the NMU's MPC was reviewed and adapted for sustained provision of responsive clinical student training in a community-practice context. The researchers reporting on the study followed the principles of action research as action research

At the NMU's MPC in Port Elizabeth, a large industrialized metropolitan area on the south coast of South Africa, the convergence of these factors in a specific underserved and impoverished urban township is clearly visible. The leading causes of deaths in this area, which is loosely called Missionvale, are HIV/AIDS and other communicable diseases, perinatal conditions, and nutritional deficiencies. Road accidents are also a leading cause of death in the 5 to 14 year age group (Bradshaw et al. 2006; ESCEC 2014). Disconcertingly, statistics furthermore indicate that mental health symptoms seem to be under-reported in this area. For example, the municipal clinic in the area only reported two patients who were diagnosed with mental health problems in 2015 (Bradshaw et al. 2000). A possible reason for this is that the municipal clinics are understaffed and nearly exclusively and primarily deal with life and death crises, which legally need to be formally reported. Consequently, urgent but non-life threatening and systemic health problems are often overlooked, underreported and undocumented. Furthermore, there seems to be a reticence among trained professionals to work in these communities due to the threat of burn-out, traumatization and the need for socially sanctioned and economically viable professional success.

Within this contextual setting, a university-based training intervention can contribute to addressing these pressing problems, both in terms of relevant and responsive clinical and practical training of students and the servicing of community needs. NMU's MPC has, since 2014, been actively involved in this challenging setting. Geographically the area called 'Missionvale' is not a recognized municipally designated area in the Nelson Mandela Bay Metropole, but is grouped within the larger Bethelsdorp area. However, the university campus situated in this area and the psychology clinic located on its premises is called the Missionvale campus and clinic, and this is also the name colloquially used by many residents and officials who live and work in the area. For these reasons the article will refer to the geographical area as Missionvale.

### **Missionvale**

Missionvale is a densely populated, low income area in the northern areas of Port Elizabeth with an estimated population of 182 012 (Department of Health 2015). The MPC serves an area with over 19 000 people, with approximately 14 000 children under the age of 14, and 550 people over the age of 74, having been seen at the clinic in 2015 (Department of Health 2015).

There is currently a focus by the Nelson Mandela Bay Municipality on upgrading the structural living conditions in the Missionvale area, but at the time of writing this article, 19 per cent of the households did not have piped water inside their dwellings, 10 per cent did not have

engagement seems to be limited to insular projects, with a lack of trans-disciplinary collaboration between historically situated silos within the university. For instance, students initiate projects in communities, collate the data, and then use the data to further their own education and career prospects beyond graduation. However, the research findings, recommendations and practical skills gained from these communities are often not channeled back to the same communities. Thus there exists a disjuncture between community expectations and student application. The expected assistance, implementation of recommendations, and feedback to communities are often perceived by the communities as being withdrawn once students have completed their modules or qualifications and the services are then not available until the next project, which may again require community involvement. As a result, communities become research fatigued and may feel exploited. An effective community-based health provision platform is thus needed to provide sustained service delivery by the university and its students. In addition, Pillay (2003) says that the present format for the training of mental health professionals in South Africa is ineffective and needs to be revisited. The underlying problem is an abundance of people with psychological problems and too few people in health care to assist them, particularly in underserved and impoverished areas.

There are many speculations about the reasons for this scenario. Reid and Conco (1999) note that the post-apartheid government introduced a post-university community service year for graduating health professionals; however, due to limited community engagement and lack of preparation during their initial training, the students are exposed to challenges in the medical, teaching and psychological setting for which they are not prepared or adequately trained. The role of the university is thus crucial in preparing graduates appropriately for their community service year. Reid (2000) asserts that this can be achieved by introducing community experiences into pre-graduate training, in which case the community service year which is mandatory for most health-care professionals can then be regarded as a 'test-drive' of their products, on a challenging test ground.

The existing health care training model is also not geared towards making adjustments to standardized conventionally accepted techniques or learning appropriate alternative methods of intervention. Pillay (2007) reports that a plethora of community projects and interactions built into the curriculum can provide psychologists with the necessary skills they need in order to work with a community's problems, but that this does not address the ebb and flow or exploitation experienced by communities. The authors acknowledged the above-mentioned challenges and attempt to address these obstacles by way of the trans-disciplinary community mental health student teaching and learning platform described in this article.

platform, with each member of the team being an integral puzzle piece in mental health service delivery. Both the benefits and challenges of this experiential type of mental health intervention practice will serve to inform the incoming medical students who will enroll at the new medical school in 2020, with community mental health services being packaged as primary health care and forming an integral part of all health science students' curriculum and not as an 'add on'.

## **GUIDELINES TO INFORM THE DEVELOPMENT OF A TRANS-DISCIPLINARY COMMUNITY MENTAL HEALTH STUDENT TEACHING AND LEARNING PLATFORM**

Based on the principles of action research, teaching and learning, higher education engagement, and the mental health team, the MPC has played a part in molding the thinking of the mentors involved with curriculum development. During the authors' reflection on the development of this trans-disciplinary platform, certain processes emerged that facilitated the operational change in community service delivery. These changes have resulted in the perceived success of this venture by both the community and the researchers, as evidenced in an increased number of client referrals, a formal memorandum of agreement that was recently signed between the Missionvale Care Centre (MCC) and the university, increased referrals from schools and Non-Governmental Organisations (NGOs), and face-to-face interaction with the head of the psychiatry department at the provincial hospital which also serves as a training unit for specialists. The following section describes the guidelines for developing a trans-disciplinary, mental health student teaching and learning platform, taking into consideration the steps taken and the lessons learnt. A visual representation of this framework is indicated in Figure 1.

### **Step One: Profiling**

To develop a community mental health platform for service delivery and to replicate a 'real work' experience for students, it is essential to first profile the community. This was done using municipal statistics and statistics from the municipal clinic and the MCC, and meeting with ward counsellors, the Department of Health, and the Department of Education. Additional information was gleaned from referral agents in the community which included schools, social development agencies and NGOs dealing with rape and HIV.

Profiling of the Missionvale community revealed an operational site that is geographically located in an underserved community and is suited to provide a multi-disciplinary service delivery initiative that can grow to incorporate numerous medical and educational services that this community has not been able to access in the past. While a medical training facility will be

were able to gain insight into the strengths and challenges of this particular community. Furthermore, stakeholders such as Dora Nginza Hospital, the Faculty of Health Sciences and the MCC, provided an opportunity to identify and address the changing needs of the community. The authors are aware that profiling is not a once-off exercise as the dynamics of a community constantly change and thus such an activity should be an iterative and cyclical process that is conducted on an ongoing basis. While basic nutritional and health care needs will always remain a priority in underserved communities, the initial profiling in Missionvale re-emphasized the need to prioritize these primary services on an ongoing basis

Social media and school principals have also alerted the MPC to the high incidence of drug abuse, but limited referral numbers indicate a resistance to seeking assistance with these problems in this area. This issue may necessitate psycho-educational intervention in the schools in the Missionvale and surrounding areas. More than half of the current referrals are made by NGOs, indicating that parents are not aware of what psychological services entail and how they can be accessed. In light of the above, it is evident that community health care and community education intersect as an area of intervention for the MPC and the health sciences students of NMU. Due to the MPC's low fee structure and advocacy from institutions in Missionvale, referrals are starting to be received from other geographical areas in the Metropole.

However, for students to have access to appropriate training grounds and be involved in providing various mental health services to underserved communities, such as those in Missionvale, a number of factors have to be taken into consideration. Firstly, the demographics of the area need to be understood, which is an important function of a profiling exercise and, secondly, the community's strengths and challenges must be reported and understood.

### ***Demographic information***

Demographic statistics provide some understanding of the lived experiences of members of a community and can be obtained from local government, local and national police services, local hospitals and clinics, NGOs, and schools. Such statistics would include looking at the geographical location, population survey, present service delivery in the area, housing structures (as in brick structures or informal housing), the average size of households, number of individuals per household, the general educational level of the community, socio-economic status, poverty level, crime rates, and the overall health status of the community.

### ***Strengths and challenges***

After gaining an understanding of the demographical factors involved, further information is

the immediate and pressing needs of the community, providing a clear and reliable contextual understanding and blue print of a community, and its existing strengths and needs. In the case of the MPC, for example, conversations with stakeholders in the community highlighted that the service provision from the pastoral Missionvale Care Centre (MCC) created the community expectation of a five-day service delivery time frame and that off-site home-visits were an expectation and pressing need which has been initiated and provided by the MCC. In order to instill service credibility, time frames of longer than a month, which were common before the creation of this platform, were eliminated by the MPC and on-site home-based care is being introduced to students as an alternative to traditional consultation practices. Community consultations provided the following information:

- An overview of the types of socio-economic and systemic issues prevalent in the community (drug abuse, sexual abuse, teenage pregnancy, family violence and HIV/AIDS). This information was communicated to the academic teaching staff of the university via a trans-disciplinary health professional's forum meeting in order to facilitate adaptations to the curriculum in an attempt to respond to these challenges. It was recommended that service delivery take the form of internships which serves the community for longer periods, unlike that of insular modules. It also became evident that a permanent staff contingent based at the MPC delivery site at Missionvale Campus was essential to co-ordinate community activities and act as a boundary spanner between the community, stakeholders, university management, and its academic staff and students.
- The physical distance between the university's main campus, where its health sciences students are taught, and the Missionvale campus and MPC, is 22 km. This physical distance was also reflected in perceptual and attitudinal distance, which created problems with communication, transport, isolation and marginalization, and can only be addressed through active involvement and transcendence of physical, disciplinary, institutional and professional boundaries and distances by all parties concerned.

### **Step Three: Appointing a Clinic Manager**

In 2014, a full-time Clinic Manager was appointed in the MPC on the Missionvale Campus. This consolidated the university's commitment to community collaboration with the Missionvale Community and the integrated management of student community-based training. The role of the Clinic Manager is to:



the MPC. This type of community engagement enabled the clinic to be seen in a more positive manner, mainly as a result of the visibility of the staff in the community, speedy service delivery, and trust and networking. As a result, closer relationships were formed with the surrounding institutions needing assistance, which included the hospital, the municipal clinic, the NCC, and NGOs and schools. Almost immediately, the requests from schools increased as only one educational psychologist per district has been recently appointed.

### ***Social work***

At the same time, two social work interns were placed in the clinic as part of their degree requirements, and worked closely with the registered counsellors to present psycho-educational activities, assertiveness training and anger management to community members. While each discipline (psychology and social work) maintained and practiced their core professional functions, together they were able to address stressors in both counselling and workshop interventions. The manager continually facilitated such student partnerships within the distinct health science disciplines, and furthermore, provided feedback to the university academic and teaching staff on the challenges in the community in an attempt to bridge the gap between theory and practice in the classroom and teaching environment.

The social work students were based at the MCC for three days a week due to insufficient office space at the MPC. In hindsight, this was advantageous due to their visibility within the community. The fact that the students worked in the area on a daily basis also facilitated trust within the community, as testified by both the community workers and the staff at the MCC who had been previously disillusioned by the perceived ebb and flow of the university's involvement in the community.

### ***Psychiatry, clinical social work and occupational therapy***

Through networking and regular contact sessions with the Department of Psychiatry and the Head of Psychiatry from the Dora Nginza hospital located closest to Missionvale, a psychiatric registrar was allocated to assist the MPC on a weekly basis. The involvement of the hospital is growing exponentially, with the addition of occupational therapists, a psychologist and a clinical social worker providing services on a weekly basis at the MPC site in Missionvale since 2014. At the end of that year, a second senior psychologist was appointed to assist with the acceleration of the university's community engagement vision. In 2016, the team grew with two occupational therapists, forming the Ukhanyo Clinic (meaning 'Light'), which marks the first step towards a trans-disciplinary service delivery initiative.

### **Step Six: Post-Implementation observations and findings**

This section summarizes the most important lessons learnt during the development and implementation of the MPC, and makes some general observations on the successes and challenges experienced. This may be of use to peers in academia or in community practice who can use these comments and observations in their own practice.

1. It was perceived that social work students initially seemed to be more open to community work and to reflective interactive experiences than students from other disciplines, like psychology. Possible reasons for this could be the early exposure to community activities in social work curricula and training, and better language proficiency in the language of the community.
2. Peer contact between social work and psychology students through the MPC initiatives contributed to what is perceived as an earlier and positive attitudinal change in psychology students towards community work.
3. Active advocacy in the community regarding the types of services rendered is essential in setting up community structures and ensures appropriate referrals, for example, networking with schools, hospitals, NGOs and policy-making departments such as the Department of Health and the Department of Education
4. Regular visits to the other organisations that service the same community assisted with open and honest communication, effective referrals, reducing duplication, as well as the collective reorganisation of the types of available services from time to time, as required by community needs.
5. Interaction between the different organisations is often personality-driven: Not all people have an equal interest in, or passion for, community work. Although everyone should be professionally trained and aware of the theory and practice of community psychology, those who are internally driven to contribute to this field will emerge as champions for community work. However, because of the high levels of burnout and fatigue, care should be taken to support these individuals effectively in both their personal lives and professional practice.
6. Health professionals working in the community need to be seen outside of their offices, that is, on the streets and in the homes of the community. For example, they must be prepared to assist with trauma at schools where a group of people are involved, or to assist with a variety of support groups such as trauma counselling, maternal mental health

1. Formal agreements with the community organisations are essential to consolidate networking and solidify collaborative work.
2. In all initiatives and communications with the community, community members should be encouraged to take joint ownership for their welfare and to be actively involved in caring for the community in which they live. The communalist value of *Ubuntu* (a person is a person because of other people) then becomes a guiding principle for the practice of community work.
3. Health sciences students need to be involved in community engagement in each year of their training, working with different levels of information and exposure according to their level of training. This involvement needs to be built into the curriculum, and the intervention needs to become more advanced as the students' progress through their courses. This strategy is one way in which the students can assist in promoting basic mental health principles in communities and assisting with field work in academic research projects, while also internalizing the values and principles of community health care for their future professional practice.
4. Homework clubs supervised by students and members of the community are envisaged in the MPC in the next cycle. Since the beginning of 2016, the university's Foundation Phase Education students are also being trained at the Missionvale campus. This type of involvement will create new opportunities for homework clubs which have been requested by learners, parents and schools, and will also create opportunities for the remedial assistance and tutoring of learners. In addition, this venture provides an opportunity to increase the interdisciplinary collaboration in a field other than health, namely education, thereby affording children the opportunity to study in a safe environment on campus and under the supervision of trained educators.
5. At the MCC, community gardens are being implemented under the guidance of the university's Department of Agriculture and Game Management to provide opportunities for undergraduate students with modules pertaining to community engagement to get involved in and assist the community to take ownership of such a project.
6. Extra-mural activities and rehabilitation programmes can be initiated by the university's Lifestyle and Human Movement Sciences Department as no such activities exist in the area. Basic physical exercise activities with children (for example, as part of homework clubs during vacation breaks) and with the aged waiting at the MCC for consultations and food allocations could be introduced, as well as the training of those who care for the disabled or aged in the community. Again, trans-disciplinary interaction holds potential

agenda. It recorded the background to the establishment of the MPC, a unique multi-disciplinary university-community collaborative initiative in South Africa, identified lessons learnt, and furthermore created a suggested blueprint for the establishment of similar projects in other communities through observation and recommendations. This framework will inform the next cycle in the development of the MPC, but could also benefit other initiatives and serve as a basis for future comparative studies with similar university and/or community projects, both nationally and abroad.

Thus far into the initiative, we are witnessing a movement towards transformative learning, with collaborative interaction serving as its foundation. In order to continue along this path, it is imperative to nurture this type of learning, possibly formalizing it by way of signing a memorandum of agreement in the future.

As a case, the MPC is unique because of its localized situatedness, but it also serves as a fertile general test case and living laboratory for other similar communities and developing countries facing many of the same challenges. It is often noted in academia and the health sciences professions that there is a tendency for professionals to work in silos, even when there are clearly identified common goals. However, it is the view of the authors that the MPC, in its first cycle of implementation, has managed to break down some of these silo-centred patterns within academia and the health professions, and will continue to do so in future cycles of adaptation, planning, implementation and review at the MPC. Indeed, collaborative engagement between the university and its stakeholders, including underserved and impoverished communities, are at the core of the MPC as a sustainable venture. Moreover, such collaborative efforts provide essential services to a community that would otherwise have no or little access to such services, while also providing the university's students with an opportunity to integrate theoretical work with practical application, thereby contributing to the improved relevance, versatility and quality of health practitioners in South Africa.

## REFERENCES

- Bandura, A. 1986. *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Beatty, P. R. 1986. Attitudes and perceptions of nursing students towards preparation for interdisciplinary health care teams. *Journal of Advanced Nursing* 12, 21–27.
- Bender, C. J. G. 2008a. Curriculum enquiry about community engagement at a research university. *South African Journal of Higher Education* 2, 189–194.
- Bender, G. 2008b. Exploring conceptual models for community engagement at higher education institutions in South Africa. *Perspectives in Education* 26(1): 81–96.
- Bradshaw, D., P. Groenewald, R. Laubscher, N. Nannan, B. Nojilana, R. Norman, D. Pieterse, M. Schneider, D. Bourne, I. Timaeus, R. Dorrington and L. Johnson. 2000. Initial burden of disease

- 33(4): 261–268.
- Pillay, J. 2007. Teaching community psychology in South Africa. *Community psychology. Analysis, context and action*. Cape Town Town: UCT Press.
- Pinyana, M. and L. Witten. 2015. Violent school protest rock PE. *Cape Argus*, 28 July. <http://www.iol.co.za/news/crime-courts/violent-schools-protests-rock-pe-189145>
- Pretorius-Heuchert, J. W. and R. Ahmed. 2001. Community psychology: Past, present and future. *Community psychology: Theory method and practice*. Oxford University Press Southern Africa.
- Reid, S. J. and D. Conco. 1999. Monitoring the implementation of community service. *South African Health Review* 87(3): 293–298.
- Reid, S. J. 2002. Community service for health professionals. *Health Systems Trust* 8: 135–160
- Slavich, G. M. and P. G. Zimado. 2012. Transformational teaching: Theoretical underpinnings, basic principles, and core methods. *Educational Psychology Review* 24(4): 539–605.
- Truter, I. 2007. African traditional healers: Cultural and religious beliefs intertwined in a holistic way. *South African Pharmacy Journal* 74(8): 56–60.
- Wood, L. and O. Zuber-Skerritt. 2013. PALAR as a methodology for community engagement by faculties of education. *South African Journal of Education* 33(4): 1–15.
- Zuber-Skerritt, O. 2015. Participatory Action Learning and Action Research (PALAR) for community engagement: A theoretical framework. *Educational Research for Social Change* 4(1): 5–25.

# PORTFOLIO OF EVIDENCE

## P - PROJECT



NELSON MANDELA  
UNIVERSITY

*Faculty of Education  
Centre for the Community School*

SMATE Building, Missionvale Campus

PO Box 77000  
Nelson Mandela University  
Port Elizabeth  
6031  
South Africa

9 May 2018

Dear Sihle

We would like to express our appreciation for the collaboration, through yourself, with the Community Psychology Centre. Our continued collaboration, since 2016, with a community of practise of 12 teachers from six schools in the Northern Areas of the Metro, has added immense value, not only to the programme but to our Centre as well. Your active presence and involvement in all the various projects which have emerged from the teacher wellness action learning set, since 2016, is ensuring that we developing practice and engagement that is not only benefiting the six schools involved in the programme, but further impacting other schools in our various networks.

We hope this continued collaboration will be mutually beneficial for both our organisations.

Kind Regards



Bruce Damons

---

Director: **Bruce Damons** – [Bruce.Damons2@nmmu.ac.za](mailto:Bruce.Damons2@nmmu.ac.za) Office: 041-5043895 cell: 0813114249  
Office Manager: **Zikhona Tube** -[Wendy.Tube@nmmu.ac.za](mailto:Wendy.Tube@nmmu.ac.za) Office: 041-5044021  
Programme Coordinator – **Jabu Bam** - [Bam.Jabu@nmmu.ac.za](mailto:Bam.Jabu@nmmu.ac.za) Office: 041-5044025



Isiqalo, trading as:  
**Waves for Change**  
37 Church Road  
Muizenberg  
Cape Town  
7975  
NPO – 087106  
[www.waves-for-change.org](http://www.waves-for-change.org)

May 2018

Dear P-Project

Waves for Change approached your project to assist us and add value to our work in 2017. We are a child friendly mental health project, offering surf therapy to youth living in high stress, volatile communities.

Our secondary beneficiaries are our coaches/mentors – these young people are recruited from the same communities as the children and are given skills, qualifications and experience. This work experience, along with skills gained, allow these youth to be much more employable once they have completed their 2 year contracts with us.

Part of our support of these young coaches is to provide them with a weekly psychology de-brief session where they are able to share difficult cases, emotions that may have surfaced within themselves, group dynamics and learning.

Sihle Ntlangu from your project, offered his de-brief and counselling services to us. Sihle held a weekly Friday session with our team and it was something that was looked forward to and valued by all. Sihle gained the trust of the group very quickly and created a safe space for the team to share openly. Sihle took the time and effort to understand the Waves for Change model and believed in the work the coaches were doing.

Sihle was also a helpful link to us at the office – if there were difficult issues for the team to deal with, he was open to us consulting with him and helping out where he could. He maintained professionalism and confidentiality throughout, winning him the trust of the entire organization.

We are extremely grateful for the input and service that we were able to benefit from, and would be very open to working with the project again.

On behalf of all of us at Waves for Change, thank you for your input and for allowing us to be a part of your work.

Kind regards

**Robyn Cohen**  
**National Director**  
T: +27 (0) 21 788 2910  
M: +27 (0) 82 856 4764  
[robyn@waves-for-change.org](mailto:robyn@waves-for-change.org)



CHARLES DUNA PRIMARY SCHOOL



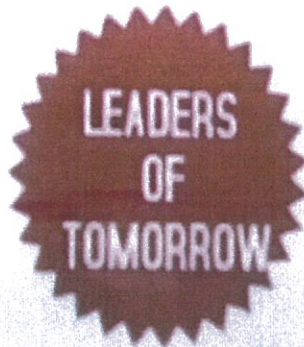
# CERTIFICATE OF APPRECIATION

PRESENTED TO

Missionvale Community Psychology  
Centre

In recognition of the extraordinary service & performance in the fulfilment of  
a leadership program at Charles Duna Primary School in 2017.

26-10-2017  
DATE



*[Handwritten Signature]*  
SIGNATURE  
Ms R Sume  
Principal



VERITAS

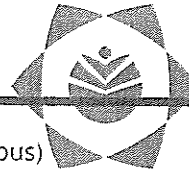
# LITTLE FLOWER RC PRIMARY SCHOOL

## Prizegiving Ceremony Programme

Programme Director: Mrs. Bartle

- |     |  |                            |
|-----|--|----------------------------|
| 1.  | Opening Prayer                                   |                            |
| 2.  | Welcome  | Mrs. Shode                 |
| 3.  | Item:  |                            |
| 4.  | Introduction of Guest Speaker<br>Sihle Ntlangu ✓ | Mrs. Bartle<br>Boys' Choir |
| 5.  | Academic Awards                                  |                            |
| 5.1 | Grade 1A:  | Mrs. Bartle                |
| 5.2 | Grade 1B   |                            |
| 6.  | Item:  |                            |
| 7.  | Academic Awards                                  | Mrs. Nyeko                 |
| 7.1 | Grade 2A   | Mrs. Shode                 |
| 7.2 | Grade 2B   | Poetry                     |

Jansen, Jennifer (Dr) (Missionvale Campus)



Nelson Mandela  
Metropolitan  
University

for tomorrow

**From:** Jansen, Jennifer (Dr) (Missionvale Campus)  
**Sent:** Wednesday, April 12, 2017 8:48 AM  
**To:** 'Laurene Booth-Jones'  
**Subject:** RE: Grade 12 Thank you letter

Dear Laurene  
It was a pleasure.

Kind Regards

A handwritten signature in cursive script, appearing to read 'Jennifer Jansen'.

Dr Jenny Jansen  
Manager: Missionvale Community Clinic  
NMMU – Missionvale Campus  
1-5041353  
041-5041333

**From:** Laurene Booth-Jones [mailto:laurene@uina.co.za]  
**Sent:** Tuesday, April 11, 2017 3:25 PM  
**To:** Natalie Hansen; samantha.raath@mcdesign.co.za; Babalwa Ndima; ID Control - Peter Booth-Jones; Jansen, Jennifer (Dr) (Missionvale Campus); Mingon Du Preez; MS Ms  
**Cc:** berenice@uina.co.za  
**Subject:** Grade 12 Thank you letter

To our esteemed partners,

Thank you so much for the contribution each one of you made to ensure a successful holiday programme. We love visiting your factories, where the reality of our engineering passion hits the tarmac! Squeezing us into a busy manufacturing schedule is not easy – we appreciate your time and input!

Wishing you and your families a blessed Easter.

Warm regards,

Laurene Booth-Jones  
Programme Coordinator: IGEMS  
Contact on C: 0847099600 W:0415821274

laurene

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Search results

In folders

✓ In folder

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From

From

✓ Laurene Booth-Jones  
laurene.booth-jones@uina.co.za

Sihle Ntshangu  
sntshangu@uina.co.za

Terence Terence (44) (0214101933)  
t.terence@uina.co.za

Mignon Du Preez  
mignon.du.preez@uina.co.za

MS 146  
m146@uina.co.za

Options

With attachments

Date

• All

This week

Last week

This month

Select range

From

Wed 2018/05/09

To

Wed 2018/05/09

Feedback

LB

Laurene Booth-Jones <laurene@uina.co.za>

Reply

Wed 05/09/2018 10:45 AM

You: MS 146 (maryna.slabbert12@gmail.com)

Feedback message sent on 2018/05/09 at 10:45 AM

View original message (archive)

Hi there,  
I trust that you are well.

Sihle and Maryna, I feel that we "worked" well as a team. Would it be possible to have a short feedback session next week?

I am available next week on the following days.

Monday and Wednesday – both mornings and afternoons.  
Tuesday and Thursday - afternoons only.  
Friday - morning only

I look forward to chatting to you. Let me know which of these days are suitable – if any.

Enjoy the week-end!

*Warm regards,*

*Laurene Booth-Jones  
Programme Coordinator: IGEMS  
Contact on C: 0847099600 W:0415821274*



Sihle Ntshangu

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## Feedback Report Missionvale Psychology Department

### 1. Outline of sessions covered over 10 weeks:

Date	Session	Topic	Facilitators present with Lau
25-Jul	No 15	Leadership of self: goals, graph+6 NB decisions	Maryna +Lulu, Siyanda and Terence
01-Aug	No 16	Thinking 1	Lulu, Siyanda, Terence
08-Aug	No 17	Thinking 2-De Bono	Lulu, Siyanda, Terence
15-Aug	No 18	Anger Management	Lulu, Siyanda, Terence
22-Aug	No 19	Conflict Management	Lulu, Siyanda, Terence
29-Aug	No 20	Assertiveness	Lulu, Siyanda, Terence
05-Sep	No 21	The art of Listening	Lulu, Siyanda, Terence
12-Sep	No 22	Communication skills	Lulu, Siyanda, Terence
19-Sep	No 23	Coping with Change	Lulu, Siyanda, Terence
26-Sep	No 24	Party and recap of year	Lulu, Siyanda, Terence

The group comprises 23 learners currently in Grade 11 at different schools from the NMB. The sessions start at 15.30 and end at 17.00 although we sometimes run over if there is a lot of sharing.

The leadership sessions have the following objectives:

- Learners to grow in confidence and self - efficacy. Develop EQ-be aware of themselves in relation to others.
  - Opportunity is given to the learners to practise communication skills at every session. For most of the group English is a second language.
  - Opportunity to work in small groups in most of the sessions.
  - Acquire an understanding of themselves and be able to know and verbalise their strengths
  - Become ambassadors for the iGEMS programme. Develop a sense of responsibility, work ethic, accountability and other character traits that will help them to become professional and employable graduates.
  - Be ready to enter the world of work at the end of Grade 12.
2. The three students and I met every week for an hour prior to the session to fine tune the flow and ensure that we were united in our presentation. Five of the sessions were planned and executed by the students while I played a minor role in ensuring continuity. The session on change was run without me as I had to attend a meeting.
  3. The students brought vitality, contemporary approaches (use of new power point presentation) and an insight into psycho-educational topics. Each student brought their unique characters and personalities into the mix which provided variety and represented another way to keep the group engaged. Each session was planned by

one of the students. Content, ice breakers, use of appropriate video material and so on.

4. Siyanda's (Hope) passion and interest in young people came across in her quietly confident approach as she presented her part of the sessions. She mostly presented sessions that required knowledge of the topic at hand. These were well presented although at times Siyanda could have been more sensitive to interest levels of the group. This will come with experience. Siyanda shared from personal experience which added value to the group as the learners could readily identify with her.
5. Lulu presented more sessions than Siyanda as she was able to stay for the full 90 minutes. Lulu is engaging in her approach and also used personal experience to back the theory she presented. Losing her parcel on the taxi was a learning experience that benefited the group.
6. Terence brought gender balance to the group of facilitators. I loved the fact that he baked delicious chocolate brownies for the last session when we had the party! He is proactive in his approach. He also acquitted himself well in the group setting.
7. As a group of facilitators we worked well together. Some of the areas that should be changed in 2018 is to give more time to the group to ask questions. There also needs to be more small group activity in the outworking of the sessions. "Less is more" – less content and more opportunity to work through core points and time for questions is consistent with feedback forms.

In conclusion, I am aware of the impact that the leadership sessions has had on the lives of the Grade 11 learners. Some of the comments: "I learnt a lot about myself" "I will need to control my anger and that I will have to work effectively on working in groups and presentation." "Being able to make decisions for myself and be accountable for my own actions."

The group has formed bonds and the trust levels continue to grow. One of the learners freely shared personal circumstances like losing both her parents. The group is competitive in a healthy way. Some of the learners need to be encouraged to be more confident in sharing their opinions. This opportunity will be afforded them during the 2018 sessions.

iGEMS Programme Co-ordinator:

Ms Laurene Booth-Jones

Date:

---

Clinical Psychologist and Supervisor:

Dr Jennifer Jansen

Date:

## Feedback Report for iGEMS leadership sessions

The Missionvale Psychology Department staff/interns joined the facilitator from mid-February 2017 for the leadership sessions.

Leadership is an important component of the iGEMS programme on many levels. Firstly, it is important to remember that learners enter the work place at the end of the Grade 12 year for a structured year of work. The race is on to ensure that the candidates are confident, expressive, articulate and able to be assertive in a male and adult dominated environment. Most of the companies who offer this unique opportunity are also state of the art 21<sup>st</sup> Century manufacturing industries in the automotive industry.

With this in mind there is a strong thread of communication that runs for the two years. As often as possible learners are encouraged to share their opinions and grow in confidence. Working in small groups also allows for growth in this area.

There are 23 Grade 11 learners in the 2017 group. Having a team to facilitate rather than one individual has the many gender, race and age benefits which are representative of the broader community. The interns' ages and experience have direct impact on the group especially the isiXhosa speaking interns.

Fourteen sessions were conducted during the first semester and 10 sessions will be conducted in the second semester. The first term dealt with topics such as values, goals, study techniques and stress management. The latter session was introduced after it became apparent that the learners were experiencing different levels of stress. It is a well-known fact that Grade 11 is one of the most difficult years at school. Term 2 looked at understanding confidence, influence of attitude, self-esteem, self-talk and world view. The sessions were further reinforced when the learners did power-point presentations on the key learning points they had been able to implement. Computer literacy classes are offered and allow for further reinforcement of key points between the different sessions.

The interns had different roles during the sessions such as running the ice breakers, running an activity and then debriefing it through asking pertinent questions and sharing their own personal experience that was relevant to the topic at hand. Going forward it is envisaged to increase the role of the interns through better planning.

In addition the Psychology department offered the iGEMS learners a 'Shape Up' workshop. The knowledge and experience from this session feeds into the thread of knowing and understanding oneself which we encourage in the leadership sessions. The learners loved this interactive workshop.

Finally, a third dimension of one on one counselling is also available for the learners if required. Two Grade 12 learners have utilised this free and invaluable service.

The collaboration between the Foundation and the iGEMS programme and the Psychology Department on Missionvale is a win-win situation. Youthfulness, current knowledge and experience that dovetails with many of the learners own home circumstance coupled with a facilitator who has a wealth of general business and life experience creates a vehicle which makes the leadership sessions memorable and impactful.





## WORKSHOP EVALUATION FORM 2017

Your feedback is critical for the Missionvale Community Psychology Clinic to ensure that we meet your educational needs. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

Workshop Title: MENTAL HEALTH  
 Today's Date: 06/11/2017 Name of Presenter/s: MR SIKHE NTLANGU

Please indicate your rating below and return this form to the organizer(s) at the end of the workshop. Thank you.

CONTENT	1 Fair	2	3	4 Excellent
Covered useful material				✓
Practical to my needs and interests				✓
Well organized				✓
Well paced				✓
Presented at the right level				✓
Effective activities				✓
Useful visual aids and hand-outs				✓
<b>PRESENTATION</b>				
facilitator's knowledge				✓
facilitator's presentation style				✓
facilitator covered material clearly				✓
facilitator responded well to questions				✓
facilitated interactions among participants well				✓

Given the topic, was this workshop:  a. Too short  b. Right length  c. Too long

In your opinion, was this workshop:  a. Introductory  b. Intermediate  c. Advanced

Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
a. Visuals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Handouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, how would you rate this workshop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments or suggestions?

IT WAS A VERY INTERESTING WORKSHOP THAT ALSO INCLUDES US AS OLDER PERSON AND THAT WE CAN ALSO SHARE THE IDEAS TO OTHER PEOPLE. IT WAS EXCELLENT AND FRUITFUL.

73

P - PROJECT



## WORKSHOP EVALUATION FORM 2017

Your feedback is critical for the Missionvale Community Psychology Clinic to ensure that we meet your educational needs. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

Workshop Title: ADD ADHD

Today's Date: 31-07-16 Name of Presenter/s: DR JANSEN

Please indicate your rating below and return this form to the organizer(s) at the end of the workshop. Thank you.

CONTENT	1 Fair	2	3	4 Excellent
Covered useful material				✓
Practical to my needs and interests				✓
Well organized				✓
Well paced				✓
Presented at the right level				✓
Effective activities				✓
Useful visual aids and hand-outs				✓
<b>PRESENTATION</b>				
facilitator's knowledge				✓
facilitator's presentation style				✓
facilitator covered material clearly				✓
facilitator responded well to questions				✓
facilitated interactions among participants well				✓

Given the topic, was this workshop:  a. Too short  b. Right length  c. Too long

In your opinion, was this workshop:  a. Introductory  b. Intermediate  c. Advanced

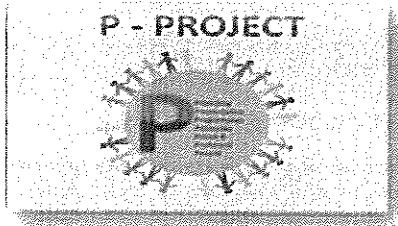
Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
a. Visuals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Handouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, how would you rate this workshop	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments or suggestions?

NO - ALL GOOD !!

Thank you! ☺



## WORKSHOP EVALUATION FORM 2017

Your feedback is critical for the Missionvale Community Psychology Clinic to ensure that we meet your educational needs. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

Workshop Title: Creating an autism friendly environment  
 Today's Date: 12/9/17 Name of Presenter/s: MRS Joan Jarriloma

Please indicate your rating below and return this form to the organizer(s) at the end of the workshop. Thank you.

CONTENT	1 Fair	2	3	4 Excellent
Covered useful material				F
Practical to my needs and interests				F
Well organized				F
Well paced				F
Presented at the right level				F
Effective activities				F
Useful visual aids and hand-outs				F
<b>PRESENTATION</b>				
facilitator's knowledge				F
facilitator's presentation style				F
facilitator covered material clearly				F
facilitator responded well to questions				F
facilitated interactions among participants well				

Given the topic, was this workshop:  a. Too short  b. Right length  c. Too long

In your opinion, was this workshop:  a. Introductory  b. Intermediate  c. Advanced

Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
a. Visuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Handouts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, how would you rate this workshop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments or suggestions?

I learn a lot of new things and I am in a position to handle similar related challenges of a learner with autism.



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Workshop Title: Common Learning Barriers  
 Today's Date: 16-10-17 Name of Presenter/s: Dr Sharon Townsend

Please indicate your rating below and return this form to the organizer(s) at the end of the workshop. Thank you.

CONTENT	1 Fair	2	3	4 Excellent
Covered useful material				✓
Practical to my needs and interests				✓
Well organized				✓
Well paced				✓
Presented at the right level				✓
Effective activities				✓
Useful visual aids and hand-outs				✓
PRESENTATION				
facilitator's knowledge				✓
facilitator's presentation style				✓
facilitator covered material clearly				✓
facilitator responded well to questions				✓
facilitated interactions among participants well				✓

Given the topic, was this workshop:  a. Too short  b. Right length  c. Too long

In your opinion, was this workshop:  a. Introductory  b. Intermediate  c. Advanced

Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
a. Visuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Handouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, how would you rate this workshop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments or suggestions?

Very fruitful

Thank



P - PROJECT



## WORKSHOP EVALUATION FORM 2017

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Workshop Title: TROUBLED CHILDREN  
Today's Date: 23/10/2017 Name of Presenter/s: MS. ALIDA SANDISON

Please indicate your rating below and return this form to the organizer(s) at the end of the workshop. Thank you.

CONTENT	1	2	3	4
	Fair ←			→ Excellent
Covered useful material				✓
Practical to my needs and interests				✓
Well organized				✓
Well paced				✓
Presented at the right level				✓
Effective activities				✓
Useful visual aids and hand-outs				✓
<b>PRESENTATION</b>				
facilitator's knowledge				✓
facilitator's presentation style				✓
facilitator covered material clearly				✓
facilitator responded well to questions				✓
facilitated interactions among participants well				

Given the topic, was this workshop:  a. Too short  b. Right length  c. Too long

In your opinion, was this workshop:  a. Introductory  b. Intermediate  c. Advanced

Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
a. Visuals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Handouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, how would you rate this workshop	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments or suggestions?

WORKSHOP WAS RELEVANT TO OUR EXPERIENCE IN OUR LEARNERS IN CLASS!

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## WORKSHOP EVALUATION FORM 2017

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Workshop Title: Assessing Traumatized Children  
Today's Date: 9 Oct 2017 Name of Presenter/s: Kempie Van Rooyen

Please indicate your rating below and return this form to the organizer(s) at the end of the workshop. Thank you.

CONTENT	1	2	3	4
	Fair ←			Excellent →
Covered useful material				✓
Practical to my needs and interests				✓
Well organized				✓
Well paced				✓
Presented at the right level				✓
Effective activities				✓
Useful visual aids and hand-outs				✓
<b>PRESENTATION</b>				
facilitator's knowledge				✓
facilitator's presentation style				✓
facilitator covered material clearly				✓
facilitator responded well to questions				✓
facilitated interactions among participants well				✓

Given the topic, was this workshop:  a. Too short  b. Right length  c. Too long

In your opinion, was this workshop:  a. Introductory  b. Intermediate  c. Advanced

Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
a. Visuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, how would you rate this workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments or suggestions?

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