



THE DEVELOPMENT OF A HOLISTIC AND MULTIDISCIPLINARY MODEL FOR THE PROMOTION OF MENTAL HEALTH OF ADOLESCENTS IN A SPECIFIC TOWNSHIP IN SWAZILAND.

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Abstract: Adolescents hold the future of every nation and it is vital to ensure that they are socially integrated beings. The complexity of adolescence however may prove to be a stumbling block in ensuring that they grow to be holistically well individuals. The aim of the paper is to discuss a model of holistic and multidisciplinary promotion of the mental health of adolescents in a specific township in Swaziland. The model came up as a result of a study aimed at developing a model for psychiatric nurses to assist families, adolescents and organization including teachers to reintegrate mentally disintegrated adolescents into the family and community and to develop strategies for implementation and evaluation of the model following an observation made by families in a previous study in which adolescents were found to lack a supportive environment. A model with its strategies was developed and as per this article a three steps process in model development was discussed. In conclusion, it was recommended that the model strategies be used to promote mental health of adolescents in and out of school in the specific township or in the country, Swaziland at large.

Key words: Adolescent, development, holistic, mental health, multidisciplinary.

Introduction: In approaching the phenomenon (**model development for the promotion of mental health of adolescents**) in a specific Township in Swaziland, the researchers observed the complexity regarding the holistic being of each and every adolescent. Hence, the

theory for Health Promotion, Rand Afrikaans University: Department of Nursing (2001:1-16)¹ was therefore used as a theoretical base while developing a holistic and multidiscipline model. It is worth noting that individuals are viewed as being holistic while in a comprehensive and continuous process of interaction between their internal and external environments. The internal environment is synonymous to personality of an individual which consists of the physical, mental, emotional, psychosocial and spiritual whilst the external environment consists of the physical structures, social and spiritual entities.

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Received on: July 2015

Accepted after revision: September 2015

Downloaded from: www.johronline.com

In that same note, the researcher also considered the multidisciplinary nature of the environment of the adolescents. That is, adolescents live in families and society where there are other individuals, various groups and professionals who could influence their lives. The promotion of mental health of adolescents is therefore dependent on other individuals, professionals and the society. Hence, in view of the above, the purpose of the study was therefore to develop a model for psychiatric nurses, parents, adolescents and teachers to utilize when promoting mental health of adolescents in Swaziland.

Statement of the Problem

The **disintegration** in the everyday life of adolescents in a specific Township in Swaziland is psychosocially and holistically threatening the life of adolescents, thus placing the adolescents' life in danger. This observation was made by families in Siphepho (2000:38-73)² who gave their opinions on the everyday life of adolescents. There was lack of a supportive environment in families and community for adolescents. The lack of a supportive environment was evidenced through ineffective communication patterns among adolescents towards their parents. Families of adolescents reported that they were unable to create a supportive environment due to their own stumbling blocks. Such stumbling blocks were observed to be parental ignorance, generation gap, as well as the influence of mass media communication. Adolescents were also engaging in risky life styles in the form of drug abuse which may result to pregnancy, contracting HIV/AIDS and sexual transmitted diseases as well as suicidal thoughts. The non-supportive environment was also evidenced through non-availability of recreational centers for the adolescents, which most often resulted to idleness and criminal offences among adolescents in the form of rape of women and children in the township. Hence, the study sought to develop a model to reintegrate

mentally disintegrated adolescents into the family and community.

Objectives of the Study

The objectives of the study were:

- To develop a model for psychiatric nurses to assist families, adolescents and Teachers to reintegrate mentally disintegrated adolescents into the family and community.
- To develop strategies for implementation and evaluation of the model.

Research Design and Method

A theory generation, qualitative, descriptive and contextual design was utilized when developing the model.

Theory Generation.

A four step process was followed when developing this model for **reintegration**. For the purpose of this article a three step process will be discussed. **Step one** being concept analysis which consists of concept identification, definition and classification. **Step two** was on the creation of meaning using interrelated concepts and statements and **Step three** being on model description.

Step One: Concept Analysis (Identification, Definition and Classification of Concepts)

Concepts identification. In identifying the concepts, the researchers had to search for the central concept which was used as a starting point in concept identification and definition. Siphepho, (2000:66-74)², as cited earlier on was used to identify the central concept. In this study, families recommended that the mentally **disintegrated** adolescents needed to be **reintegrated** into the family and community. Hence, the central concept in developing this model was identified as **reintegration** of mentally disintegrated adolescents into the family and community. The identification of the concepts was followed by the definition of the central concept **reintegration** and its essential concepts.

Concepts definition. In defining the central concept, the three step method of Wandelt and Stewart (1975:64-65)³ was followed. The three step method includes; dictionary definition,

contextual (subject specific) definition and conceptual definition.

Concepts are essential building blocks in model development. However, concepts need to be made available before the model is developed. The three step method above which was used to define the central concept (**reintegration**) lead to the identification of a list of attributes. From the list of attributes, essential and related concepts were identified. Therefore, the process of central concept definition helped in availing the needed concepts to develop the model.

Step Two: Creation Of Meaning Using Interrelated Concepts Identified, Leading to Formation of Statements.

According to Chinn & Kramer (1995:96)⁴ “related concepts give birth to statements that describe, explain or predict the nature of the interactions between the concepts of the model. Such statements range from those that simply relate two concepts to relatively complex statements that account for interactions among three or more concepts”. Chinn & Kramer (1995:92-102)⁴, further stated that when concepts are placed in relationship, it means that they are provided with links. In addition, these concepts are joined to one another and with others so that no concepts remain in isolation. The placing of concepts into relationship in this model facilitated the unfolding of the story contained in the model regarding the **reintegration** of mentally disintegrated adolescents into the family and community through the promotion of their mental health. Table:1 below displays classified concepts according to essential and related concepts for the central concept **reintegration**. The classification of concepts below displays relationship of concepts with one another for the purpose of showing associations leading to statements formation with subsequent meaning derived from the statements.

Table 1: Essential and related concepts for reintegration

Essential concepts	Related concepts
Reinstate	<ul style="list-style-type: none"> ➤ Teaching ➤ Loving ➤ Caring ➤ Encourage ➤ Reconcile
Develop strong self-worth	<ul style="list-style-type: none"> ➤ Increase support system ➤ Build self confidence ➤ Develop effective coping mechanism ➤ Improve recreational centers
Being well	<ul style="list-style-type: none"> ➤ Desirable ➤ Successful in crisis intervention ➤ Counseling ➤ Helpful ➤ Control impulses ➤ Relieve tension ➤ In good favour

Therefore, the essential concepts and their related concepts for the central concept **reintegration** were identified. The first essential concept identified was **reinstate** with its related concepts being **teaching, loving, caring, encouraging and reconcile**. These related concepts became the strategies of the model when reintegrating the mentally disintegrated adolescents into the family and community. The essential concept (**reinstate**) and its related concepts provided the conceptualization that in the **reintegration** of the **disintegrated** adolescents, one must **reinstate** them. When **reinstating** them into the family and community it means **teaching** them, **loving** them, **caring** for them, **encouraging** them and **reconciling** with them.

The second essential concept identified from the central concept **reintegration** was **strong self-worth** with its related concepts as **increase in support systems, developing self-confidence,**

development of effective coping mechanisms and improvement in recreational facilities. The related concepts for **strong self-worth** became the promotional strategies of the model. However, it meant that the evidence for **strong self-worth** development among adolescents would manifest through the increase in **support systems** for adolescents, development of adolescents' **self-confidence, development of effective coping mechanisms** and **improvement in** adolescents' **recreational facilities** in the Township.

The third essential concept was being **well**. The evidence of **being well** was that the adolescents would be **desirable, successful** in crisis intervention, **helpful, counseling** others, **controlling impulses**, being able to **relieve tension** and also being in **good favour** with others. It is also worth noting that some of the related concepts became key strategies of the model for **reintegration** more especially with the first and second essential concepts of the central concept **reintegration**.

The Strategies of the Model

According to the Oxford Advanced Learner's Dictionary (2001:1182)⁵, a strategy refers to a plan that is developed to achieve a certain purpose. The strategies utilized to implement the model were divided into two parts. The first part consisted of motivational strategies in the form of **loving, caring, teaching, encouraging, and counselling**.

Loving: Refers to a situation in which parents, psychiatric nurses, teachers and adolescents develop an interest to come closer to mentally **disintegrated** adolescents to understand them and make the adolescents feel the need to actively participate in the minimization of mental disintegration residuals in adolescents' personality. According to Moffatt (2003:1)⁶ regarding love "infatuation is shallow love that is based on appearance, sexual arousal or selfish desire. Whilst true love is based on commitment, empathy, and compassion".

Caring: Refers to a situation in which mentally disintegrated adolescents are assisted by their

parents, teachers, other adolescents and psychiatric nurses to make them realize who they are and what they are living for and what is it that they are supposed to do to reintegrate themselves and other adolescents into the family and community. According to Pintz (2002)⁷, regarding caring for adolescents, "providing care to adolescents can be challenging. At a time when teenagers are struggling to make decisions on their own, they need guidance, though they may be unwilling to acknowledge that need".

Teaching: This refers to the process of providing adolescents with relevant knowledge on pathologies that often contribute to adolescents' mental disintegration. Adolescents are also provided with information on the strategies of the model for **reintegration**.

Encouraging: Denotes a situation in which implementers of the strategies of the model injects power, energy and motivation in adolescents so that the adolescents develop an interest in helping themselves and fight against personality **disintegration**. Wright (2004)⁸ regarding encouraging adolescent states 'today's parents and teens face new challenges which make adolescence more troublesome than ever before. But one thing will never change and that is; children, teenagers and indeed all human beings want to be accepted and encouraged'.

Counseling: At this stage the adolescents, including the **mentally disintegrated**, are empowered to play an active role in helping themselves and others in uprooting the residuals of personality **disintegration** among adolescents in families, schools and organizations. The assumption underlying any counselling encounter is that one or more behaviours must be changed. To develop counselling strategies that facilitate behaviour change, it is imperative to understand the internal and external worlds in which people live. This is especially crucial when counselling adolescents who are experiencing the most dramatic physical and emotional changes of their lives,(Sigman-Grant,2002)⁹.

The second part of the model strategies consisted of the motivational strategies in the form of increasing support systems, building adolescents' self confidence, developing adolescents' effective coping mechanism and improving adolescents' recreational activities in the Township.

Increasing Support Systems: Refers to the commitment and efforts that should be demonstrated by psychiatric nurses, families, adolescents and organisations to establish some structures where adolescents could visit for therapeutic interventions and also that a conducive atmosphere is established in which psychiatric nurses, families, adolescents and organisations are almost always ready and available to assist adolescents so that adolescents could freely and willingly participate in the promotion of their own mental health and this was precisely observed among the different groups that implemented the strategies of the model. The culture of commitment to help adolescents, help themselves was also transmitted to the City Council responsible for the promotion of the environment where adolescents usually spent time together enjoying games and other promotional activities in the Township in question, hence, some improvement were seen done by the City Council.

Building Adolescents' Self-confidence: Refers to a situation in which adolescents reflect observable strong self-worth and determination to engage in self-initiated activities in their endeavor to promote their own mental health and this was observed among adolescents.

Developing Adolescents' Effective Coping Mechanism: This strategy refers to the implementation of activities that make adolescents develop the ability or strength against atrocities caused by mental health problems influx in schools, families and the society at large and the fact that adolescents were then initiating youth organizations or structures in schools, it was evidence that the

adolescents had developed effective coping mechanisms in the various schools .

Improve Recreational Centers/activities. Entails the establishment of centers where adolescents could access for recreational games and counseling services, so that the adolescents do not idle thus causing the adolescents to indulge into drug abuse, theft and general criminal tendencies, the City Council also did something regarding this obligation.

Step Three: The Structure Description and Implementation of the Model

The structure of the model consisted of six phases. Phase one was the **re-exploration**, phase two being **orientation**, phase three **enhancement**, phase four **empowerment**, phase five **evaluation** and phase six **accomplishment**.

The structure of the model for **reintegration** of mentally disintegrated adolescents into the family and community describes the **disintegration** in the everyday life of adolescents in which the adolescents among other things, were involved in criminal tendencies, pregnancy, school-dropout, being infected by HIV/AIDS and death as a result of AIDS related complications and thus being in disharmony with their families and the society at large.

The above description of adolescents' negative life occurrences in their personality clearly indicates that adolescent's everyday life was indeed **disintegrated**, and that the adolescents were indeed in disharmony with their parents and society at large and needed to be **reintegrated** into the family and community. In fulfilling this obligation, the researchers, (authors) professionally oriented psychiatric nurses on the implementation strategies of the model through **reflective thinking**. The psychiatric nurses were expected to **enhance** families, adolescents and organizations on the implementation strategies through **effective positive interaction**. The implemented strategies included both motivational strategies (**loving, caring, encouraging, and teaching**)

and promotional strategies (increase support system, develop effective coping mechanism, build self confidence and improve recreational centers/activities).

➤ The psychiatric nurses, families, adolescents and organizations on the other hand, empowered adolescents through positive engagement by utilizing the motivational and promotional strategies, indicated above. This was done for the purpose of harnessing and encouraging adolescents to engage in positive and productive behaviours. Following the implementation of the strategies of the model by psychiatric nurses, adolescents, parents, and organizations, the researchers inquired from the various groups whether the process of implementation of the strategies of the model were clearly understood, accepted, adopted, and user friendly to them. The researchers in this regard, were testing simplicity inherent in both implementation process and also in the strategies of the model. In other words, the researchers utilized constructive interviewing of parents, psychiatric nurses, adolescents and organizations during the evaluation phase of the model to find out if they themselves understood what they were doing while implementing the strategies of the model for re-integration. In the sixth, last phase adolescents presented with desirable behaviour, during which they were successfully involved in crisis intervention through helping themselves and others. That is they counseling other adolescents, being helpful in their homesteads and properly controlling their impulses when confronted with challenges in their everyday life.

In conclusion, a model was successfully developed. It is therefore believed that the model will be very crucial in the reintegration of the adolescent child into the family and community. It is however recommended that the model strategies are utilized in Swaziland to

promote mental health of adolescents; in and out of school since it was proven to be effective.

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