

**EDUCATORS' EXPERIENCES OF PSYCHOSOCIAL SUPPORT
WORKSHOPS DURING COVID-19 IN EASTERN CAPE, SOUTH AFRICA**

**A thesis submitted in partial fulfilment for the degree of
MASTER OF ARTS IN COUNSELLING PSYCHOLOGY**

of

RHODES UNIVERSITY

By

RENDANI MIRRIAM MABASO

Student number: g22m3890

Supervisor: Ms. Nqobile Nomonde Msomi

June 2023

Declaration

I declare that this thesis has been composed by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. The work presented is my own except where stated otherwise by reference or acknowledgement.

Acknowledgements

With immense gratitude, I thank my heavenly Father for granting me yet another chance to deepen the purpose of my life and obtain the tools to live it more meaningfully, for myself and humanity. I am thankful for the Spirit of discernment that guided me to acknowledge and embrace the opportunity.

My loving parents, Martha Hlupheka, and Joe Nndwamato, and my parents-in-law, Thuli Mary, and Makhumbini Benjamin, your constant presence, even though you have transcended this world, was felt throughout this journey in so many ways, I am so grateful.

I thank my husband, Mthuthuzeli; my children, Themba, Nhlamulo, and Masana whose prayers, understanding, selflessness, encouragement, and sacrifices carried me throughout this study.

Borrowing from Maya Angelou's words: "I come as one, but I stand as ten thousand"; to all my passed-on, present and future family members, Vhakwevho and oNkabinde, I salute you!

I thank my supervisor, whose gentle yet firm, patient, wise, committed and encouraging supervision turned this study into something that was way beyond my imagination. Sis'Nqobile, you truly walk the talk! I am grateful to have been at the receiving end of your selfless service to humanity.

I thank Allison Simonse for showing me the ropes and helping to make the first stages of my study smoother.

Sis'Nosipho Nkwinti, Senior Programme Coordinator at Rhodes University Community Engagement, your support for this study has been amazing! Thank you.

I thank my fellow trainee counselling and clinical psychologists for all the support that made this journey manageable.

My Giyani community: sisters, brothers, mothers, fathers, uncles, aunts, and children; you supported this journey from the very beginning and held me throughout this journey in so many ways! I am sincerely grateful.

I am thankful to my Priests, the Church community, Pastor Gladness, Pastor Rhulani, and Mama Delia, whose spiritual support kept me grounded throughout this journey.

Rivoningo Sukumani, your generosity of time, ideas, and technical support is deeply appreciated.

To my sister, Muhulu Rachel Tsakani Lebese, I lovingly extend my gratitude to you for helping me better understand the research process and accompanying me in this journey to the very end. Your presence in my life anchors me.

My heartfelt gratitude goes to educational practitioners whose generosity of time and experience made this study possible.

To everyone who, unknown to me, supported and prayed for me in the secret places of their hearts, I am immensely grateful!

Abstract

There is growing awareness of the value and central role of immediate and long-term mental health and psychosocial support (MHPSS) interventions, especially during times of crisis such as Covid-19. The World Health Organization has identified the education sector as a crucial intervention site for public mental health promotion. In collaboration with members of the Makhanda education community, the Rhodes University Community Engagement office identified psychosocial support for educators and educational practitioners as a key societal and educational challenge. Focusing specifically on the experiences of educators, this study sought to solicit their experiences of MHPSS workshops in a rural city of the Eastern Cape province of South Africa. Focus groups with educators and educational practitioners in non-government organisations, care centres and other educational settings who participated in the psychosocial support workshops were conducted. Data was analysed using community psychology's social action framework. Four broad themes emerged from the data: the responsabilisation of educators during and post-Covid-19, educators' resilience and support for each other, educators' mental health promotion through psychosocial support workshops, and top-down intervention strategies that fall short in addressing educators' and learners' needs. This study demonstrates the value of university-community partnerships in education settings which are key sites for public mental health promotion. In this study, I advocate psychosocial support as a standard practice available for educational practitioners and show how professional training programmes in higher education can be responsive to societal challenges via collaborative approaches.

Keywords: Mental Health and Psychosocial Support (MHPSS), Covid-19, community psychology, community-based service-learning (CBSL), educator

Table of Contents

Declaration	ii
Acknowledgements	iii
Abstract	v
List of Figures	xi
List of Tables	xi
List of Acronyms	xii
CHAPTER ONE: INTRODUCTION	1
1.1 Chapter Overview	1
1.2 The Inception of the Study	1
1.3 Covid-19 and Mental Health	3
1.4 The Motivation for the Study	5
1.5 The Research Questions	6
1.6 Outline of the Chapters of this Research Report	6
CHAPTER TWO: CONTEXT AND LITERATURE REVIEW	7
2.1 Introduction	7
2.2 Makhanda's Historical and Socio-economic Landscapes	7
2.3 The Responsibilisation of Educators	10

2.4 Covid-19, Mental Health and Psychosocial Support	12
2.5 Community Psychology and Community-based Service-learning	16
2.6 Conclusion	18
CHAPTER THREE: THEORY AND METHOD	19
3.1 Introduction	19
3.2 Social Change Model in Community Psychology	19
3.2.1 Deconstructing of power	21
3.2.2 Determining moral agency	23
3.2.3 Negotiating accountability and responsibility	24
3.2.4 Positive performativity	25
3.3 Research Design and Methodology	26
3.3.1 The study approach and design	26
3.3.2	28
3.3.3 Procedures for data gathering	30
3.3.4 Procedures for data analysis	32
3.3.5 Ethical considerations	34
3.4 Researcher Reflexivity	35
3.5 Conclusion	36
CHAPTER FOUR: FINDINGS AND DISCUSSION	37

4.1 Introduction	37
4.2 The Data-gathering Engagement	37
4.3 Findings and Discussion	37
4.3.1 Theme 1: The responsabilisation of educators during and post-Covid-19	38
4.3.1.1 Sub-theme 1.1: Educators responsabilised for the continuation of teaching and learning during Covid-19	38
4.3.1.2 Sub-theme 1.2: Educators (diminishing) feelings of moral agency during Covid-19	42
4.3.1.3 Sub-theme 1.3: Educators responsabilised for the learners' mental and behavioural effects of Covid-19	45
4.3.2 Theme 2: Educators' resilience and support for each other	48
4.3.2.1 Sub-theme 2.1: Adapting and adjusting to external and internal Covid-19 demands	48
4.3.2.2 Sub-theme 2.2: The community spirit	50
4.3.3 Theme 3: Educators' mental health promotion through psychosocial support workshops	54
4.3.3.1 Sub-theme 3.1: Emphasis on self-care	54
4.3.3.2 Sub-theme 3.2: Psychoeducation	56
4.3.3.3 Sub-theme 3.3: Provision of a platform to connect with self, other educators, and the global community	57
4.3.3.4 Sub-theme 3.4: Provision of practical tools for mental health promotion	59

4.3.4 Theme 4: Top-down intervention strategies that fall short of addressing educators' and learners' needs	61
4.3.4.1 Sub-theme 4.1: Generalised interventions that did not address challenges on the ground	61
4.3.4.2 Sub-theme 4.2: Interventions that are mainly curriculum based	64
4.4 Reflexivity	67
4.5 Conclusion	69
CHAPTER FIVE: CONCLUSION	70
5.1 Introduction	70
5.2 Summary of Research Findings	70
5.2.1 Educators experience the "new normal"	70
5.2.2 Educators' experiences of participating in the psychosocial support workshops	72
5.2.3 Educators' experiences of face-to-face and online facilitation of support	74
5.3 Recommendations	75
5.3.1 Action research cycles	75
5.3.2 Mental health and psychosocial support as standard practice available for educational practitioners	76
5.3.3 University – community partnership to fill the gap in mental health provision	77
5.4 Limitations	78

5.5 Conclusion	79
REFERENCES	81
APPENDICES	95
APPENDIX A: FOCUS GROUP GUIDE	95
APPENDIX B: TABLE OF THEMES, SUB-THEMES AND EXCERPTS	97
APPENDIX C: ETHICS APPROVAL	103
APPENDIX D: PARTICIPANTS CONSENT FORM	105

List of Figures

Figure 2.1: Location of Makhanda and its educational institutions (Hoefnagels et al., 2022)	9
Figure 3.1: Four inter-relational reflexive loops (Gilbert & Sliep, 2009)	21
Figure 3.2: Lewin's (1946) cycles of research	27

List of Tables

Table 1.1: Psychosocial workshops offered for educators during Covid-19 during 2021 2	
Table 3.1 : Summary of the participants' demographic information	30
Table 3.2: Table of themes and sub-themes	33

List of Acronyms

ATP	Annual Teaching Plans
DBE	Department of Basic Education
CBSL	Community-Based Service-Learning
CSVR	Centre for the Study of Violence and Reconciliation
IFRC	International Red Cross
IICBA	International Institute for Capacity Building in Africa
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Government Organisation
PSS	Psychosocial Support
RUCE	Rhodes University Community Engagement
SACE	South African Council for Educators
TPD	Teacher Professional Development
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

1.1 Chapter Overview

The chapter commences by explaining the inception of the study and the Covid-19 and mental health context in which the study was embedded. This is followed by the motivation for the research and the research questions. The chapter concludes with an outline of the chapters of this research report.

1.2 The Inception of the Study

Rhodes University is one of the public universities in the Eastern Cape situated in Makhanda. The Rhodes University Community Engagement office (RUCE) is a division of Rhodes University that promotes service learning, citizenship and social development through community engagement. In 2020, the RUCE, together with different Makhanda community stakeholders in education, sought to identify areas of support given the negative impacts of Covid-19. The move was necessitated by difficulties associated with the reopening of schools after the easing of Covid-19 lockdown restrictions (Rhodes University Communications, 2020). One area of concern that came out of the engagement was the need for psychosocial support for educators and educational practitioners.

In response, members of the Rhodes University Psychology Clinic developed an intervention strategy, underpinned by the concept of mental health and guided by principles of community psychology (Rhodes University Communications, 2020). This project formed part of the community-based service-learning (CBSL) component of the Community Psychology course on the Master's in Counselling Psychology professional training programme. The Rhodes University Psychology Clinic is part of the Department of Psychology at the university. The clinic is a community resource that offers psychological assessments and interventions to the community members of Makhanda. The psychological services are offered by trainee counselling and clinical psychologists

under the supervision of registered counselling, clinical and educational psychologists (Msomi, 2021). Building on the partnership with the Makhanda schooling community which began in 2020, members of the Psychology Clinic continued to offer psychosocial support as part of their CBSL course during 2021. Members of the Makhanda schooling community were invited to participate in psychosocial support (PPS) workshops through emails that were distributed by RUCCE and the Psychology Clinic. Five online and three face-to-face psychosocial workshops were offered for educational practitioners from different education-related organisations, anonymised for confidentiality, as shown in the table below.

Table 1.1: Psychosocial workshops offered for educators during Covid-19 during 2021

Topic	Participants
Workshops conducted online	
1. Stress and anxiety	18
2. Grief and loss during Covid-19	21
3. Relationships during Covid-19	7
4. Supporting learners in the new normal	24
5. Adjusting, and adjusting again, during Covid-19	0
Workshops conducted face-to-face	
1. Basic counselling skills for pastoral care	AG High School
2. Adjustment and managing Covid-19-related anxiety and grief	HG Education – 23 teachers from different schools

3. Adjustment and managing Covid-19-related anxiety and grief	TT Primary School – 22 teachers participated
---	--

The topics of the workshops were developed in response to the expressed needs of the participants of each workshop, although the first topic, namely, ‘Stress and Anxiety’ was developed in response to general requests from members of the Makhanda schooling community. Thus, these topics emerged from following Lewin’s cycles of learning steps: observe-plan-act-reflect cycles (Tran, 2009). This praxis model guided the development of the workshop series with educators and unified theory and action for the clinic’s trainee psychologists (Akhurst, 2017). The underlying need for PPS workshops was the promotion of mental health during the Covid-19 pandemic.

1.3 Covid-19 and Mental Health

The Covid-19 pandemic had negative impacts on the state of mental health globally (World Health Organization [WHO], 2020). In South Africa, along with the consequences of Apartheid such as inequality, poverty, unemployment, crime, substance abuse and gender-based violence, Covid-19 further exacerbated the difficult socio-economic status of many citizens and compromised the mental health of people in all spheres of life (Nguse & Wassenaar, 2021). The prolonged lockdown significantly affected livelihoods, social structures and cultural activities with negative outcomes for the mental health of a large number of South African people, particularly the marginalised majority. South African schools, as the microcosm of the larger South African community, were not spared the social and psychological effects on learners, teachers and non-teaching staff in school settings (Namome, Winnaar & Arends, 2021)).

In South Africa, the National State of Disaster was implemented from 26 March 2020 to 04 April 2022. To manage the gradual easing of the lockdown, the five-level Covid-19 alert system was introduced. The risk-adjusted approach was guided by several criteria, including the level of infections and rate of transmission, the capacity of health facilities, the implementation of public health interventions and the economic and social impact of continued restrictions (South African Government, 2020). Thus, Alert Level 5 signified a high Covid-19 spread with low health system readiness, while Alert Level 1 signified a low Covid-19 spread with a high health system readiness (South African Government, 2020). The Covid-19 safety measures, such as the wearing of face masks or face shields, ensuring maximum ventilation, physical distancing, the washing of hands and the use of hand sanitisers had to be adhered to in all public spaces (United Nations International Children’s Emergency Fund [UNICEF], 2021). Individuals who got infected with the virus had to be quarantined until confirmed virus free. This became the ‘new normal’ which Nyanda (2021) describes as “the new normal that made me question ... whether we are seeing and hearing the last of the word ‘abnormal’ since the abnormal is and will always be the normal prefixed with the word ‘new’” (p. 258). The Covid-19 pandemic disrupted communities and introduced new realities of social interactions (Nyanda, 2021).

South Africa was adjusted to Alert Level 3, which signified a moderate Covid-19 spread with moderate health system readiness, from 26 July 2021 to 12 September 2021 (South African Government, 2020). With the easing of lockdown regulations, schools reopened for all grades on 2 August 2021 (South African Government, 2022) amidst fears of further Covid-19 infections, related complications and even deaths. The lost time of learning for most primary schools between March 2020 and July 2021 could mean cumulative losses that exceeded a full year of learning as learners progressed through the school system (Businessstech, 2021; Hoadley, 2023). While the Department of Basic Education had a recovery plan for learning losses, there was a need for recovery from the social and emotional losses for all stakeholders in the education sector. Namome et al. (2021) lists the Children’s Act No. 38 of 2005, the National Strategic Plan on HIV, STIs, and TB, and the National Plan of Action for Children as policies that provide for psychosocial health

and wellbeing in the South African educational landscape. The writers posit that these policies do not map a clear vision of long-term psychosocial interventions that aid the recovery from national disasters such as the Covid-19 pandemic. This provided the impetus for the conditions that initiated the Psychosocial Support for Makhanda Educators CBSL projects and the impetus for this study.

1.4 The Motivation for the Study

The education sector in general, and the school setting in particular, have been identified as crucial intervention sites in the promotion of mental health and wellbeing (WHO, 2004). In the South African context, the promotion of mental health and wellbeing in school settings cannot be overemphasised. The legacy of Apartheid continues to manifest itself in previously marginalised schools through the under-resourcing of human, physical, financial and psychological support for effective learning and teaching (Lumadi, 2008). Contextual factors such as poverty, unemployment, gender-based violence, crime and substance abuse impact South African community members negatively (Akhurst & Msomi, 2022). In 2020, the Covid-19 pandemic added to the psychological and socio-economic difficulties that were already weighing heavily on the majority of South African people. The engagement between Rhodes University and various education-related community stakeholders in Makhanda during 2020 highlighted psychosocial support for educators as one of the needs to be urgently attended to. Consequently, PPS workshops were arranged to address the collaboratively identified need (Rhodes Communication, 2020). This is an example of a responsive university-community partnership in which universities as anchor institutions can engage with their communities in an integrative manner towards achieving social and economic transformation of their communities and the university itself (Fongwa, 2023).

It is hoped that the research findings may contribute to advocating psychosocial support as a standard practice available for educational practitioners and contribute to the development of the service-learning component of the community psychology course.

1.5 The Research Questions

This study aimed to explore educators' experiences of the 2021 PPS workshops during Covid-19 offered by trainee counselling psychologists in the Psychology Department at Rhodes University. Specifically, the study aimed to answer the following exploratory questions:

- i. How did educators experience the “new normal”?
- ii. What were the educators' experiences of participating in the workshops?
- iii. What were the educators' experiences of face-to-face and online facilitation of support?

1.6 Outline of the Chapters of this Research Report

The research report consists of five chapters including the present introductory chapter. Chapter Two focuses on the context of the study and the relevant literature review. I discuss the guiding theoretical framework and the research methodology in Chapter Three, followed by a report and discussion of the findings in Chapter Four. In Chapter Five, I present the conclusion focusing on the recommendations and limitations of the study.

CHAPTER TWO: CONTEXT AND LITERATURE REVIEW

2.1 Introduction

The setting of this study, to explore the educators' experiences of PPS workshops during Covid-19, is in the community of Makhanda in the Eastern Cape, South Africa. In the first part of this chapter, I will provide the features of the historical and socio-economic landscapes in Makhanda and how these responsabilise educators. I will then discuss the impacts of Covid-19 on mental health and the need for psychosocial support within the South African educational context. The focus will then move to an examination of the literature on community psychology and CBSL as undergirding strategies for psychosocial support and mental health promotion in the South African educational sector.

2.2 Makhanda's Historical and Socio-economic Landscapes

Makhanda, formerly known as Grahamstown, is a relatively small town in the Makana Local Municipality of the Sarah Baartman District in the Eastern Cape Province, South Africa. The historical and socio-economic contexts of the Eastern Cape are important to better understand the living conditions of members of Makhanda and the resultant educational landscape.

In 1994, the democratically elected government abolished the former Apartheid homelands, also referred to as 'Bantustans', and established nine new provinces. The Eastern Cape, one of the nine provinces in South Africa, is currently formed out of the former Ciskei and Transkei Bantustans and part of the Cape area which was mostly a White¹ area in the Apartheid era (Evans, 2012). The homelands were created by the Apartheid government as a strategy of pushing all Black² people out of their homes and

¹ A race classification used under apartheid, referring to people of European ancestry

² A race classification used under apartheid, referring to people of African ancestry

having them isolated to the margins of South Africa. The Group Areas Act of 1950, in particular, legislated the coercive and repressive nature of these human resettlements to the Bantustans, resulting in forceful occupation of land that was minimally developed, agriculturally unproductive due to soil erosion and over-grazing and with no provision of basic amenities such as schools, medical services and proper housing (Evans, 2014). Millions of Blacks had to leave their homelands to seek employment in the cities. As a result, the family structure was severely affected, leading to several social ills (Evans, 2012). Thus, the separate development Apartheid legislation ensured unjust political and socio-economic inequalities along racial lines that persist to this day. Msomi (2021) is of the view that race continues to infiltrate many aspects of “the persistently marginalised Black community, which includes people designated as ‘non-White’ during Apartheid South Africa, including so-called Black, Coloured³ and Indian⁴ people” (p. 460).

The socio-economic landscape of Makhanda mirrors that of the Eastern Cape and is characterised by what the Eastern Cape Socio-Economic Consultative Council (2017) refers to as the “triple challenge” of poverty, inequality, and unemployment. For the purpose of this study, poverty refers to a state of living under the food poverty line of R624.00 in 2021 (Statistics South Africa, 2021). Statistics South Africa (2019) further shows that South Africa is one of the most unequal societies in the world with a per capita Gini coefficient (a measure of a country’s inequality) of 0,65 in 2015. The Eastern Cape had the highest inequality levels of the nine provinces in 2015. The Covid-19 pandemic and the continued governance failures have further contributed to the increase in Eastern Cape unemployment levels which were at 34% in the third quarter of 2021 (Statistics South Africa, 2021). According to the Makana Local Municipality (2021), unemployment rates increased within the broader local municipality from 25% in 2010 to 38.3% in 2020. With this increase, the poverty gap rate increased from 31.3% to 31.6% and the number of people living in poverty increased from 48 300 to 57 900 in the same period. According to Hoefnagels et al. (2022), the figures show greater inequality when broken down into

³ A race classification used under apartheid, referring to people of mixed ancestry

⁴ A race classification used under apartheid, referring to people of Asian ancestry

racial groups with the Black and Coloured population within the municipality experiencing greater inequality, while the White population experiencing a narrowing of the gap. Thus, the marginalised communities experience the “triple challenge” in pronounced ways.

The socio-economic aspect that is of particular interest in this study is the educational landscape in Makhanda on which the impetus of MHPSS for educators rests. The map below (see Figure 2.1) of Makhanda and its educational institutions depicts a differentiated schooling system along racial lines; a spatial and social pattern that is the remnant of the Apartheid urban form (Hoefnagels, 2022).

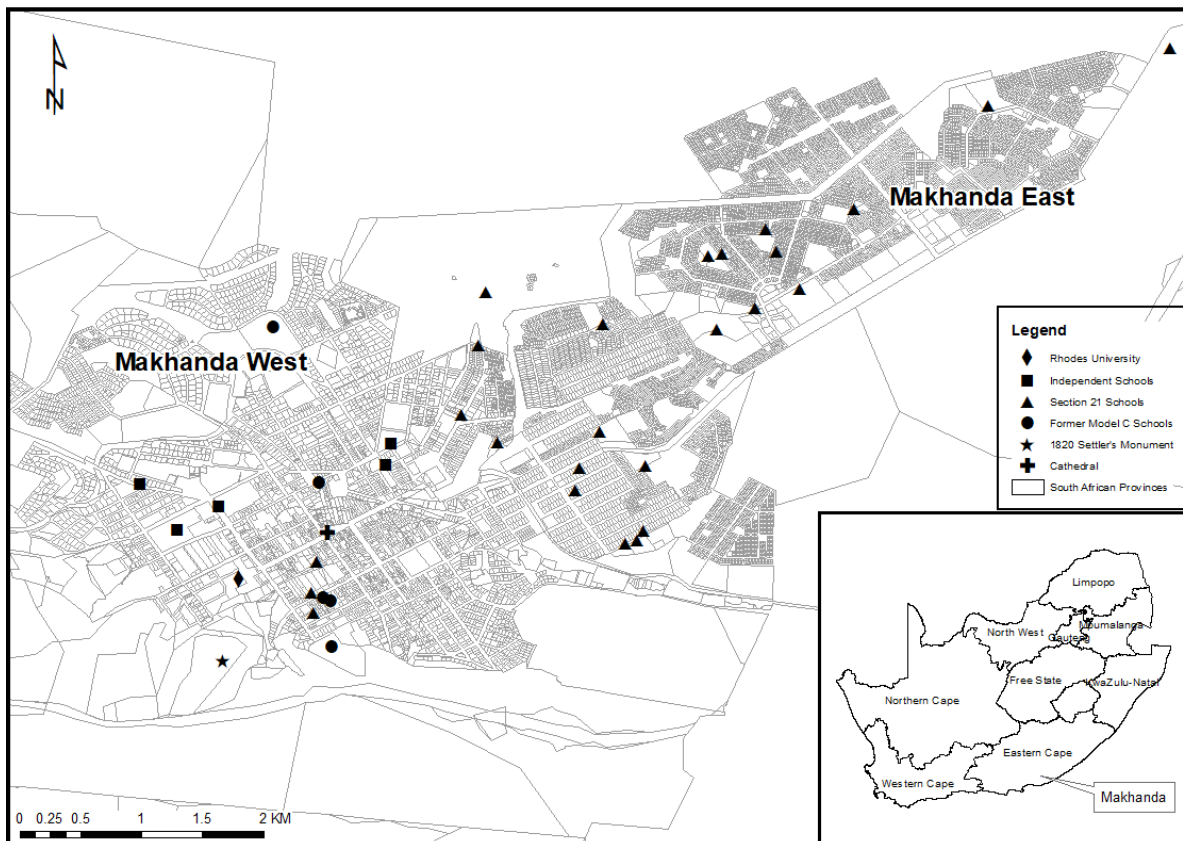


Figure 2.1: Location of Makhanda and its educational institutions (Hoefnagels et al., 2022)

In Figure 2.1 above, the well-resourced private and former model C schools (semi-private and fee-paying government schools) are in the Western part of Makhanda which is along the central business district. The resourced-constrained Section 21 (non-fee-paying)

government schools are situated on the economically marginalised eastern side of Makhanda. While Makhanda boasts of a sterling educational reputation, this legend is attributed to private, fee-paying and well-resourced schools (Nomsenge, 2022). Sadly, the reputation of Makhanda as an educational hub cannot be said of the poor-performing no-fee-paying schools which are in the majority and are known for teacher shortages, limited or no learning resources, limited or no access to water and sanitation facilities, intermittent protest action and violence (Nomsenge, 2018). The shortage of teaching and learning resources in marginalised areas of the Eastern Cape prevents effective learning and teaching (Lumadi, 2008). The sharp contrast between private and public schooling illustrates the socio-economic inequalities and the dysfunctional nature of the country's education system that has enduring negative impacts on marginalised communities (Nomsenge, 2018). The relationship between low socio-economic status and negative mental health consequences in South Africa has been established in the literature (Mungai & Bayat, 2019; Sorsdahl et al., 2011). The Covid-19 pandemic in 2020 added to the psychosocial stressors that the majority of South Africans, in particular learners and teachers, grapple with in their daily normal lives. The inadequacy of existing psychosocial strategies in South African schools implies that educators and education practitioners needed to manage the social injustices and psychological effects of the prolonged Covid-19 confinement and social isolation with minimal preparation to handle such a responsibility (Nanome et al., 2021). This situation gave rise to the responsabilisation of teachers in the face of Covid-19 which added to an already socioeconomically imbalanced context.

2.3 The Responsibilisation of Educators

Responsibilisation is a term used to describe and analyse the various aspects of social policy, including education, that render individuals responsible for outcomes of social and economic activity (Torrance, 2017). In neoliberal governance, assessments and examinations in education are developed as a technology of exclusion. Such exclusion means that the pressure to succeed educationally is devolved down the education system onto the individual students, teachers and parents. The government then becomes

exonerated from the responsibility for its citizen's academic performance. Teachers and learners become responsabilised for the quality and outcomes of education (Torrance, 2017).

Similarly, the Covid-19 pandemic ushered in a new educational context that required schools and teachers to redesign what pedagogy should look like during a pandemic (Teruya, 2021). Despite the shutdowns across the nation, including schools, teachers were expected to meet the learning and teaching responsibilities associated with their roles. Alternatives such as online teaching and learning were explored to address the inability of teachers and learners to meet in classrooms. Also, Covid-19 highlighted the inequalities of the education system in South Africa and intensified challenges for teachers, mainly in marginalised areas where a high number of schools are poorly resourced in terms of technological infrastructure to accommodate online learning and teaching. Factors such as the teacher-learner ratios and the costs of data created additional barriers for teachers to effectively reach learners, thus amplifying the characteristic imbalance of accessing and providing equal education in South Africa (Reiersgord, 2022). These systemic demands responsabilised educators for the educational performance and mental health of their learners during the pandemic.

The psychosocial difficulties associated with the responsabilisation of educators extend beyond Covid-19 because they continue to be expected to handle issues that are outside their scope of teaching and learning. For example, educators need to offer pastoral care for learners experiencing a range of problems like low moods and anxiety (Thornton, Asanbe & Denton, 2019), teenage pregnancy (Mpayipheli & Kheswa, 2020), alcohol and drug misuse (Department of Education, 2013), and poverty (Hlalele, 2012). In line with this, Ebersöhn et al. (2015) argue that post-colonisation, emerging economy societies in transition contain schools characterised as “high risk” and “high need” which require educators to adapt to roles other than facilitating learning, such as psychosocial support and care. The researchers found that rather than exclusively focusing on facilitating learning, educators in “high risk” and “high need” areas need to respond to hunger and bereavement and be available for after-school assistance when most parents or

caregivers cannot assist with homework all while continuing to create an enabling environment where learning and development are possible. In another study conducted by Mpayipheli and Kheswa (2020) on educators' perspectives on psychosocial support for pregnant learners in Alice, one of the small towns in Eastern Cape, educators reported several stressors ranging from lack of in-service training from school-based support teams, lack of resources to provide remedial and psychological services to pregnant learners and unclear school policies. Mwoma and Pillay (2015) in their study that explored psychosocial support for orphans and vulnerable children in public primary schools in Soweto, found that educators are expected to provide psychosocial support with minimal teacher training in basic counselling and life orientation skills. The context in which teaching and learning happen in areas of South Africa requires policymakers and various community stakeholders to collaborate in making psychosocial support readily available for educators and their learners.

2.4 Covid-19, Mental Health and Psychosocial Support

In this section, I provide a review of mental health and psychosocial support (MHPSS) activities and show how it has been integrated globally, regionally and locally as a crucial intervention in promoting mental health in the face of a disaster such as the Covid-19 pandemic.

There is growing awareness of the value and central role of immediate and long-term MHPSS interventions (Anborg, 2011; WHO, 2020). On a global level, for example, the Centre for the Study of Violence and Reconciliation (CSV) advocates MHPSS interventions as a vital instrument in addressing the consequences of violence and conflict in different parts of the world (Resha et al., 2023). The CSV's MHPSS intervention response includes addressing the psychosocial components of reparation of victims, increasing access to MHPSS, community mobilisation, social cohesion, peace-building initiatives, psychological counselling services and designing and implementing capacity-building workshops and training for organisations (CSV, n.d.). Similarly, the International Red Cross (IFRC) is the world's largest humanitarian network that prioritises

MHPSS in working towards saving lives, building community resilience, strengthening localisation and promoting dignity around the world (IFRC, 2022). Recently, the IFRC ensured the delivery of effective MHPSS interventions in response to the large-scale humanitarian emergency caused by the conflict in Ukraine. Another similar global initiative was taken by the ACT Church of Sweden, which developed a community-based psychosocial support training manual to serve as a resource for field workers to develop, facilitate and conduct their own Psychosocial Support (PSS) workshops within their specific work and regional context (Anborg, 2011). According to the IFRC (2022), experiencing war, displacement, family separation and witnessing atrocities and other life-threatening events can have immense and often long-lasting negative consequences on individuals' mental health. While the situations that prompt MHPSS responses differ in nature and magnitude, they are held in common by the humanitarian impetus to uphold the dignity and basic human right for mental wellbeing. The other commonalities in these interventions are their approach to comprehensive social strategies that highlight the importance of synergising stakeholders' efforts towards mental health promotion that is context and situation-specific.

Regarding the Covid-19 pandemic, a recent study investigating the psychological burden of quarantine on children and adolescents was conducted by Imran et al. (2020). Out of the 10 articles that the researchers reviewed, seven studies before the onset of Covid-19 indicated the impact of quarantine on children to include acute stress disorder, adjustment disorder, grief and post-traumatic stress disorder. The three studies conducted during the Covid-19 pandemic reported restlessness, irritability, anxiety, clinginess and inattention with increased screen time in children during quarantine (Imran et al., 2020). Similarly, Elharake et al. (2022), through a systematic review study, also found that children and college students reported feeling more anxious, depressed, fatigued and distressed than before the pandemic. The findings by Imran et al. (2020) and Elharake et al. (2022) emphasise the need for psychosocial support for compromised mental health during periods of stress, such as a pandemic. Elharake et al. (2022) further identify risk factors such as living in rural areas and low family socio-economic status that should be

considered when designing psychosocial support strategies during a crisis, such as a pandemic. This is in line with the global MHPSS initiatives by CSVR, ACT and IFRC that mainstreamed context- and situation-specific mental health strategies.

On a regional level, activities that point to the value and central role of MHPSS interventions have been on the increase. During the Ebola outbreak, for example, the Government of Sierra Leone Ministry of Education, Science, and Technology published a Basic PSS training manual for teachers and other stakeholders to provide some basic tools and skills to offer psychosocial support to distressed children or their parents (Government of Sierra Leone, 2015). This initiative was taken on recognising that the experience of schools being closed for almost one year because of the Ebola outbreak had vastly influenced the psychosocial support systems and wellbeing of children and their families.

Again, in response to Covid-19 and the need for psychosocial support for educators, the United Nations Educational, Scientific and Cultural Organisation (UNESCO) International Institute for Capacity Building in Africa organised a webinar to enable deliberations on the psychosocial condition of teachers and the challenges in the face of the Covid-19 crisis – countries could exchange experiences in addressing issues related to teachers and teaching while designing responses to Covid-19 (UNESCO, 2020). The webinar highlighted the global lack of psychosocial support for teachers and the way Covid-19 magnified issues such as social and racial discrimination and economic disparity which further affected teachers negatively (UNESCO, 2020). The examples of MHPSS activities prompted by the Ebola outbreak in Sierra Leone and Covid-19-related difficulties in education confirm that the experience of a disaster affects lives in profoundly negative ways. However, communities in politically and socioeconomically disadvantaged areas experience disasters in more pronounced ways that require strategies that take careful cognisance of such conditions.

Locally, Namome et al. (2021) argued for improving psychosocial support in South African schools during and after Covid-19 as part of the recovery plan. Thus, rather than focusing

only on recovering curriculum losses, recovery plans should incorporate the emotional and mental losses of Covid-19 for learners and educators alike. Similarly, Olawale et al. (2021) undertook a study at two rural universities in the Eastern Cape, South Africa, in response to the need to safeguard the mental and psychosocial welfare of students and staff in the face of Covid-19 exposure. Based on their finding of the negative impact on the psychosocial wellbeing of university life, Olawale et al. (2021) recommended that rural institutions facilitate psychosocial wellness programmes with the assistance of wider stakeholders such as the government and the private sector that can assist in financing the initiatives. The two local studies differed in their approach with Namome et al. (2021) focusing on recovery plans for learners and staff mental and emotional wellbeing while Olawale et al. (2021) addressed the psychosocial wellbeing of university communities. The studies, however, point to the importance of a multi-sectoral and multi-layered MHPSS strategy that addresses mental wellbeing from the level of the individual to the broader society and involves all stakeholders that are key in the successful development and implementation of such MHPSS interventions that are culturally and socially relevant.

Having shared the growing value and the central role that MHPSS plays in promoting mental wellbeing, especially in the face of the pandemic, literature on how these initiatives were experienced by community members like teachers, children and families was not found. This could be an indication of a gap, that when addressed, might be able to inform further developments in the field of psychosocial support.

Facing a crisis such as the Covid-19 pandemic and the government's purpose of education as reflected in its perceived need within any given historical moment, therefore lead to the continuous reshaping of the identity, roles and responsibilities of educators as externally and internally constructed by the educators' context and the educators themselves (Teruya, 2021). Teruya (2021) further contends that boundaries and frameworks that guide educators' understanding of themselves allow for greater critical awareness about how to exercise their agency in reshaping their perceptions and actions in the endless pursuit of social justice through educational change. Community

Psychology offered a paradigm through which educators could effectively exercise their agency during Covid-19 and the responsabilisation that they continuously contend with.

2.5 Community Psychology and Community-based Service-learning

Community psychology moves away from the historically individualistic approaches to mental health and wellbeing and seeks to make psychology relevant to those it is intended to serve (Akhurst, 2016). As espoused by a community psychology orientation, members of various communities exercise their voice in co-constructing interventions that appropriately address their situations. Furthermore, the community psychology's strength- and asset-based approach promote the incorporation of the strengths and assets of the community partners, ensuring ownership and sustainability of such interventions (Akhurst, 2017). In support of this view, Nelson and Prilleltensky (2010) state that community psychology is work in pursuit of liberation and wellbeing for all. This is because individual behaviour, health and wellbeing are viewed within the broader historical, political, economic and social contexts that are best known and experienced by community members themselves.

Community psychology is built on principles of social change, social action and social justice (Ahmed & Pretorius-Heuchert, 2001). It further espouses the values of collaboration and partnership with community partners, building on the strengths of individuals and groups and promoting resilience and wellness through community-based projects (Prilleltensky, 2001). Community psychology is distinguished from other psychological paradigms because it is located within the community and promotes working in solidarity and mutual respect alongside people experiencing marginalisation, disempowerment and oppression (Seedat & Lazarus, 2011). The focus of community psychology is to move away from an amelioration paradigm characterised by a remedial, expert-led and individual pathologising state to a salutogenic state characterised by an ecological, preventative, holistic and participatory approach to mental wellbeing (Bauer, 2022).

One of the aims of this study was to contribute to the development of the service-learning component of the Community Psychology course. Trainee psychologists in the Rhodes University Counselling Psychology Master's programme have an opportunity to engage with local schooling communities through the community-based service-learning (CBSL) component of the Community Psychology module. Service learning in Community Psychology is a way of providing trainee counselling psychologists with an opportunity to put into practice psychological theories and make them meaningful in real-life settings (Akhurst, 2017). In preparation for CBSL, trainee psychologists participate in weekly seminars that introduce Community Psychology as a subfield. About five weeks into the course, the CBSL project – Psychosocial Support for Makhanda Educators – begins. Thereafter, theoretical, classroom-based seminars continue in tandem with weekly supervision of the community psychology intervention project. Lewin's cycles guide the unifying of theory with practice for the trainees and the development of the PPS support workshop series with educators. As a researcher of educators' experiences of PPS workshops conducted during 2021, my participation in this programme helped to clarify my role in this study, thus deepening the trustworthiness of my research.

Community-based service-learning (CBSL) is further driven by the mission for South African universities to provide "service" through participating in communities in which they are located (Lazarus, 2007), as well as the endeavour to make psychology relevant to communities, and vice-versa, by promoting participatory rather than "expert-driven" approaches to enable collaborative work towards solutions that change situations and practices (Akhurst, 2017). As captured by Akhurst (2016), the need to make psychology relevant and responsive to the 21st century's needs and challenges requires that psychology students be increasingly involved with communities. Akhurst (2017) further suggests that it is through lived realities that students can become more aware of historical, social, political and economic issues in different communities, thus challenging their assumptions, attitudes and beliefs. Through the practice of community psychology, students have the opportunity to be active agents of social change and to exercise their civic responsibilities in their communities (Annette, 2005).

The silence of the educators' experiences of psychosocial support is highlighted as a gap in the literature on psychosocial support in education. This research, therefore, aimed to solicit partner voices, in particular the experiences of teachers who participated in the PPS workshops that were provided for various stakeholders in education including teachers, non-governmental organisations (NGOs), care centres and other educational organisations in Makhanda. Akhurst (2016) recommends that to promote the incorporation of the "voices" of community partners, CBSL programmes need to be designed and implemented with great sensitivity and respect for community partners. This is in line with the values of partnership, participation and collaboration with community partners that are espoused in community psychology (Seedat & Lazarus, 2011) which formed the basis of this study.

2.6 Conclusion

In the first part of this chapter, I shared the features of the historical and socio-economic landscapes in Makhanda to contextualise my study and to provide a link between such features and the responsabilisation of educators in Makhanda. I then discussed global, regional and local MHPSS literature given the negative impacts of Covid-19 on mental wellbeing. The focus then moved to an examination of the literature on community psychology and CBSL as undergirding strategies for psychosocial support and mental health promotion in the South African education sector. In the absence of literature on educators' experiences of MHPSS, this study hopes to address this gap and advocates psychosocial support for educational practitioners through university-community engagement strategies such as CBSL.

CHAPTER THREE: THEORY AND METHOD

3.1 Introduction

This chapter aims to outline the social change model in community psychology as the framework for this study, which complements Lewin's cycles guiding CBSL. A discussion of the research methods of the study will then follow.

3.2 Social Change Model in Community Psychology

According to Prilleltensky (2001), community psychology has two central goals which are to eliminate oppressive social conditions conducive to problems in living and the promotion of mental health. Community psychology seeks to work in solidarity with community members and to accompany them in their quest for liberation and wellbeing for all (Nelson & Prilleltensky, 2005). To achieve these goals, community psychology-orientated psychologists (Visser, 2016), who in this case refer to trainee psychologists involved in CBSL, need to be agents of social justice and social action. Prilleltensky (2001) further posits that the need for social justice emerges from the analysis of values in community psychology, whereas the need for social action derives from the examination of praxis considerations. Thus, the community psychology-driven social action model enables social justice by moving away from intrapsychic mainstream psychology to acknowledging the link between structural and systemic inequalities and mental health (Ahmed & Pretorius-Heuchert, 2001).

In addition to the features of community psychology noted in Chapter Two, the values espoused in community psychology include the promotion of health and wellbeing, caring and compassion, self-determination and participation, respect for diversity and human dignity, and social justice (Visser, 2016). Praxis considerations involve community-orientated psychologists engaging in a cycle of reflection, research, and social action. Prilleltensky (2001) observed that community psychologists devote more resources to reflection and research than to social action. Yet, community psychology needs to work

as near to people as possible, and participate with them, in order to challenge the status quo and achieve social change (Kagan & Burton, 2001). Through CBSL, it is hoped that trainee counselling psychologists have the opportunity to contribute to psychosocial support for various members of the Makhanda educational community, and thus contribute, in some way to social and educational effort. I, therefore, chose the social action model as described by Gilbert and Sliep (2009) to conceptualise community engagement through psychosocial workshops.

Social action is defined as collective action which seeks to transform the nature of local and societal conditions (Gilbert & Sliep, 2009). The writers indicate that social action is characterised by the creation of a social space in which stakeholders, representing different interests, come to engage in joint activities to address issues of power and inequality. Aligned with this, the psychosocial support intervention was informed by the engagement and collaboration between RUCE, educators from various educational organisations and the Rhodes University Psychology Clinic. Gilbert and Sliep (2009) highlight that actions have intentions linked to a range of assumptions and produce intended or unintended effects. They further explore reflexivity in the context of social action, which requires a critical appraisal of the self as a responsible member of collective action. Thus, reflexivity in social action should involve aspects of the critical appraisal by stakeholders of their own and others' intentions and assumptions and the effects of these on self and others. These processes give rise to the inter-relational characteristic of reflexivity in which, collectively, reflexivity is generated that promotes a critical understanding of ongoing joint action.

In the intervention project, inter-relational reflexivity was promoted in several ways. Firstly, in how the project was conceived, that is, collaboratively agreeing to the intervention that was identified during Covid-19. Secondly, in Lewin's iterative cycles (Tran, 2009), engaging with the participants to identify and develop the topics or areas that the psychosocial workshops needed to address (Rhodes University Communication, 2020). Gilbert and Sliep (2009) propose that inter-relational reflexivity in social action involves at least four loops: deconstructing power in the collective, determining moral agency,

negotiating accountability and responsibility, and positive “performative” actions. They use the term ‘loop’ to capture the iterative nature of reflexivity and the non-linear hierarchy of phases. The loops are represented in Figure 3.1 below.



Figure 3.1: Four inter-relational reflexive loops (Gilbert & Sliep, 2009)

As described by Gilbert and Sliep (2009), I discuss each of these loops in relation to the study, below. I distinguish how the framework applied to (a) my research strategy and interactions with my participants, and (b) the community psychology intervention project in 2021.

3.2.1 Deconstructing of power

Social action in the context of inter-relational reflexivity requires a critical examination of the differences in status and authority in the relationship between stakeholders. According to Gilbert and Sliep (2009), the deconstructing of the power loop necessitates asking questions, such as “Who in the relationship controls access to resources?” and “Who has the power to make decisions?” (p. 472). Aligning themselves with the Foucauldian (1972) understanding of power relations, the writers propose examining institutional structures, historical experiences, discourse and discursive practices in which power dynamics reproduce themselves. Considerations that are therefore embedded in building

community partnerships, particularly through CBSL, include the nature of power differentials that may be due to access to knowledge and resources, and sociocultural factors such as language or contextual systemic issues of partners (Akhurst & Msomi, 2022).

Given the historical context in South Africa, Hook's (2004) concept of 'psychopolitics' offers a critical process by which psychologists employ psychological concepts, explanations and modes of experience to describe and illustrate the workings of power. It is hoped that by being able to analyse politics psychologically, psychologists may be able to think strategically about how they should intervene in the "life of power" (Hook, 2004, p. 85).

As the researcher in this study, I, therefore, needed to be conscious of the power dynamics that may be at play when engaging with community partners. Firstly, in order to gain access to partners, I needed to obtain gatekeepers' approval – a necessary power dynamic that ensures that participants do not suffer any harm in the engagement process. The gatekeepers in this study whose official approval needed to be attained were the RUCCE office and the Department of Psychology clinic. Secondly, in the data-gathering stage, access to participants needed to be negotiated with the managers of the institutions to which participants were attached, even though they were participating in the study not as representatives of such institutions but in their personal capacity. This was to ensure that the engagement occurred outside teaching and learning time. Thirdly, in my first encounter with partners in the data-gathering stage of the study and at different stages of our feedback sessions, I shared the partnership and collaborative nature of the engagement, thus promoting equitable power among participants and myself as the researcher.

Concerning the community psychology intervention in 2021, it was crucial to examine how the power dynamics of Rhodes University as a previous Whites-only university or trainee psychologists as "experts" in psychology impeded or promoted genuine social change that this study aimed to achieve. Deconstructing power that lies in institutional structures,

historical experiences, discourses and discursive practices in stakeholders' relations with each other is no easy task. Research has shown how difficult it is to interrupt the naturalised norms and values that form part of the existing institutional culture of a historically White university such as Rhodes (Booi et al., 2017). However, the intentional creation of reflexive spaces between those involved in collective action through following Lewin's research cycles promoted the deconstruction of such discourse and created a deeper understanding of the power dynamics within relationships (Gilbert & Sliep, 2009). Adopting the engaged research approach enabled the partners' equitable contribution to the activities of the 2021 community psychology intervention.

3.2.2 Determining moral agency

Gilbert and Sliep (2009) go further to propose that deconstruction of power implies being critically conscious and relates to a shift from awareness to social action and new social relations. Thus, social action involves a new alignment of power and a change in roles and discourses which require moral action. This loop facilitates competing voices and gives rise to critical questions. Stakeholders need to address questions about who determines the way forward and the nature of the new social relations. Inter-relational reflexivity places the focus on moral action and moral agency that are necessary for facing such questions genuinely. Gilbert and Sliep (2009) argue that moral action occurs by being part of the communal tradition or belonging to a historically linked community. Through an individual's embeddedness in communal life, it is only then that they can talk of being held morally responsible for their actions. The moral agency should, therefore, be an invitation among stakeholders rather than operating from abstract theories and principles of what is right and good. As part of my counselling psychologist training in community psychology in 2022, my CBSL opportunity was an engagement with educators in a non-fee-paying public school in Joza, a location on the eastern side of Makhanda. I learnt the value of collaborating with partners in identifying their needs and the intervention strategies that best suit their contexts, rather than proposing ready-made solutions that are incongruent with community needs. I also learnt how the asset-based community development approach (Kegan et al., 2020) promotes partners' agency and

self-determination that leads to transformative work towards social change (Du Plessis & Van Dyk, 2013). For me, this was good preparation to engage with partners in my study with an attitude of openness and respect for partners' agency and assets.

For trainee psychologists in the 2021 community intervention, the humility, respect and openness to draw from the wisdom of community partners were once again displayed through profiling their needs in the face of the pandemic and collaboratively agreeing on topics to be addressed in psychosocial workshops. Thus, the community interventions in 2021 became beneficial to both trainee psychologists and community partners (Akhurst & Msomi 2022; Blouin & Perry, 2009), promoting moral action that becomes a form of communal participation where marginalised voices are amplified and attended to (Gilbert & Sliep, 2009).

3.2.3 Negotiating accountability and responsibility

The way that stakeholders involved in social action come to an understanding of existing intentions and assumptions of self and others, and their effects, is through the deconstruction of power and examination of moral agency (Sliep & Gilbert, 2006). These first two loops also allow for the formulation of preferred outcomes. Negotiating accountability and responsibility concerns how preferred outcomes get implemented in new relationships and practices (Norton & Sliep, 2018). An awareness of the findings of this study that I intend to share with partners might redefine our positions and invite us to social action by sharing these findings with more stakeholders in the educational community and contributing in some way to a more psychosocially supportive educational environment.

Reflexibility of responsibility, on the other hand, requires a deeper understanding of what it means, in a particular context, to be dependable and efficient in carrying forward the tasks with which one has been invested. Central to this loop then in inter-relational reflexivity is negotiating the ever-changing nature and content of accountability and responsibility in the multiple relationships that inevitably form part of the social action (Gilbert & Sliep, 2009). In the context of this study, educators participated in the PPS

workshops in their personal capacities and were not representing their organisations. Interestingly, one of the broad themes in the findings pointed to educators' support of each other in the face of the uncertainties of the Covid-19 pandemic. Through Ubuntu and the community spirit, educators extended support to each other and generalised lessons and skills obtained from the psychosocial support to their work and family environments, thus promoting accountability and responsibility dimensions of the social action framework. Concerning psychologists involved in the 2021 community intervention, RUCE and the Psychology Clinic, this study might offer an opportunity to be accountable and responsible to Makhanda educational community partners. In sharing the findings and recommendations of this study with community partners, an opportunity might present itself for further engagement in the light of new understandings and possibly lead towards a more psychosocially supportive educational environment.

3.2.4 Positive performativity

The fourth loop, positive performativity, occurs if the process is translated into external practice. This is referred to as reflexivity of performativity (Gilbert & Sliep, 2009). In social action, reflexivity of performativity is a complex process that does not happen automatically but has to be facilitated within a safe space where ways of knowing and representing the world can be considered. As already indicated, I plan to share the results of this study with our community partners so that collaboratively we may find ways of putting into action the outcomes of the study. Continuing with Lewin's research cycles implies that the collaborative and partnership nature of the community intervention project that was started in 2021 is upheld to its conclusion in 2023. Kagan and Burton (2001) put it that through the sharing of information and differing perspectives, we all become more aware of our place in the world and the possibilities for constraint and change. Community psychology offers a paradigm for continued stakeholder partnership, participation and collaboration towards social justice (Seedat & Lazarus, 2011). Engaged research is one way of working as near as possible to the people in order to challenge the status quo and achieve social change (Kagan & Burton, 2001). The next section will focus on the methods of research that will be used in this study.

3.3 Research Design and Methodology

The design and methodology selected for a study are influenced by the research purpose and questions as well as the character of the research participants (Creswell et al., 2007). The purpose of this study was to explore the experiences of educators' attendance of PPS workshops during Covid-19 in Makhanda, Eastern Cape. In the sections that follow, I share components of the research methods used to achieve the purpose of my research which are the study approach and design, the participants in this study, procedures of data gathering and data analysis, and ethical considerations.

3.3.1 The study approach and design

In this study, I used the qualitative, exploratory approach to answer the following specific research questions:

- i. How did educators experience the “new normal”?
- ii. What were the educators' experiences of participating in the workshops?
- iii. What were the educators' experiences of face-to-face and online facilitation of support?

According to Babbie and Mouton (2012), some of the distinguishing features of qualitative research are that it is conducted in the natural setting of participants, focuses on the process rather than the outcome, the participants' perspective (the “insider” or the “emic” view) is emphasised and the research process is often inductive in its approach. The qualitative approach was appropriate for this study because it enabled an in-depth exploration of the experiences of educators who attended the psychosocial workshops in their natural settings. The four-year project of offering psychosocial support to the Makhanda educational community started in 2020 and will conclude in 2023. Lewin's (1946) cycles of research, depicted in Figure 3.2 below, were used to identify workshop topics for 2021 and psychosocial support for 2022 and 2023.

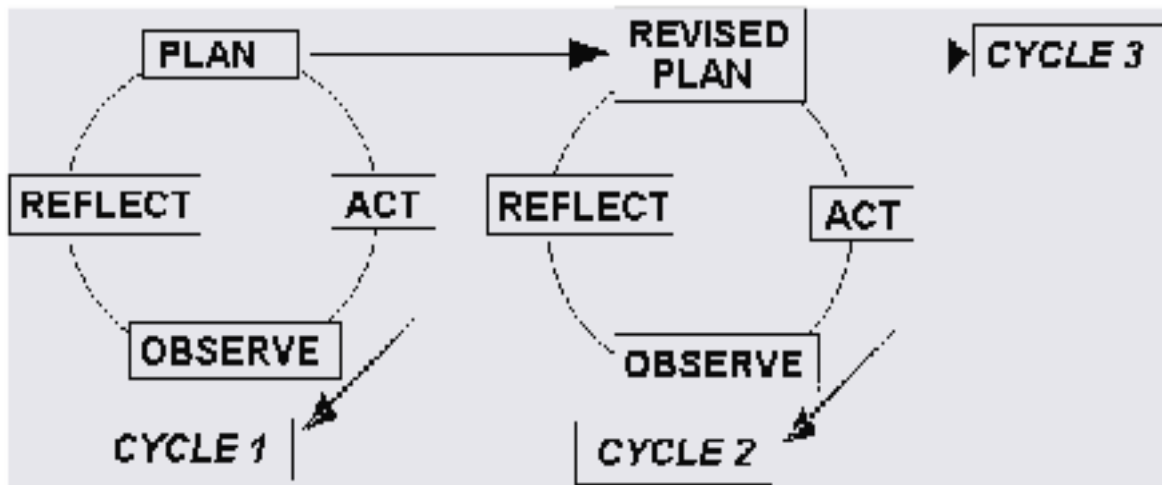


Figure 3.2: Lewin's (1946) cycles of research

Kurt Lewin developed action research in response to experimental methods that he found to be inadequate and unsatisfactory in addressing people's real-world experiences (Tran, 2009). Lewin (1946) defines action research as "a comparative research on the conditions and effects of various forms of social action, and research leading to social action. Action research, therefore, involves planning, acting, observing, and reflecting; continuous cycles of learning by doing" (Tran, 2009, p. 35). Thus, after planning and conducting the first workshop, namely, 'Stress and Anxiety', participants were invited to reflect on the experience of the workshop and together with facilitators identify the topic of the next workshop. Topics of the psychosocial workshops were shared in Chapter One of this study. The cycle of planning, acting, observing and reflecting was thus practiced throughout the period of attending the MHPSS workshops. Continuing with Lewin's cycle of research, I joined the project in 2022 as a trainee counselling psychologist to explore the educators' experiences of attending the MHPSS workshops in 2021. For the smooth continuity of the research cycle, I was orientated by one of the trainee psychologists who conducted the MHPSS workshops in 2021 and by the Psychology Clinic Coordinator who facilitated the project. I also familiarised myself with the project by reading the "Rhodes University embarks on community psychology project with local school" article (Rhodes

University Communication, 2020). It was crucial for me to immerse myself as a researcher in the project to be in the flow of the ongoing process which started in 2020.

3.3.2 Participants

3.3.2.1 Inclusion criteria

The purposive sampling method (De Vos et al., 2011) was used in the recruitment process. The characteristics for participation in the study included being over the age of 18 years and being an educator or an associated educational practitioner, for example, a learner support agent, school psychologist or education practitioner from a non-government organisation (NGO). Educators were also included based on participation in at least one PPS workshop in 2021 in their personal capacity, not representing the school or organisation they work for, via the online platform and/or face-to-face. The recruitment technique was chosen to allow for participants from various types of environments because educators who participated in the PPS workshops came from diverse environments such as NGOs, private schools and public schools, and some were retired educators and school psychologists. Therefore, the participants targeted were educators, not schools, who came from the broader schooling community in Makhanda and its surrounds.

3.3.2.2 Recruitment procedures

Following the granting of ethical approval by the Department of Psychology's Research Project and Ethics Review Committee and Rhodes University's Human Ethics Committee with approval number 2022-5577-7066, participants were recruited through RUCE and the Department of Psychology's Clinic. The recruitment of participants took a similar form of invitations to participate in PPS workshops. Emails of invitations to participate in focus groups were distributed to the RUCE and Psychology Clinic's schooling network on two occasions followed by visits to educational institutions. Because educators were invited to participate and access psychosocial support in their personal capacity, they were

invited to participate in the research and reflect on their experiences of the workshops in their personal capacity too.

3.3.2.3 Demographic Information

A short form was used to obtain the socio-demographic information relating to each participant's age, sex, working experience and number of workshops attended. To ensure anonymity, participants were identified using pseudonyms. The 10 educators who participated in focus groups, eight isiXhosa and two English-speaking, were from both the non-fee- and fee-paying schools, closely representing the school system in Makhanda. The years of experiences of participants varied from two to 27 years, allowing for diverse experiences in teaching and learning practices. One of the inclusion criteria was the attendance of at least one MHPSS workshop facilitated by Rhodes University's trainee psychologists.

The table below depicts a summary of the participant's demographic information.

Table 3.1: Summary of the participants' demographic information

Focus group No.	Participant pseudonym	Age	Sex	Working experience in education (in years)	Number of workshops attended
1	NK	57	Female	Not indicated	2
1	NM	51	Female	27	2
1	LS	28	Female	4	1
1	SM	25	Male	2	2
1	NT	58	Female	6	1
1	VK	33	Female	3	1
1	NR	54	Female	15	2
1	NF	62	Female	Not indicated	1
2	SG	38	Female	10	5 and more
2	PK	52	Female	15	5 and more

3.3.3 Procedures for data gathering

Data gathering was done through focus groups, using a focus group guide (see Appendix A), to promote the phenomenological nature of this research. The approach was well suited to meet the objectives of this study since it views human behaviour as a product of how participants interpret their world. The task of the researcher in phenomenological

design is to capture the process of interpretation of a phenomenon and to grasp the meaning of a person's experience from the person's point of view (Yin, 2011). The phenomenological design, therefore, promoted the meaning-making process, as described in their own words, of teachers' experiences of the PPS workshops conducted during Covid-19 in 2021.

Again, focus groups enable the researcher to better understand how participants feel or think about an issue, product or service (De Vos et al., 2011). Focus groups enabled me, as the researcher, to probe into the issues, using a semi-structured focus group guide to gain insight into the participants' experiences through their responses (Babbie & Mouton, 2012). The striking feature of focus groups is the dynamic quality of group interactions which allows for discussion, debate, and at times, disagreement on key issues (Wilkinson, 2003). At the time of the focus groups in March 2023, just over a year had passed since educators had attended the MHPSS. Data collection through focus groups proved to be appropriate for this study because dynamic interactions between the participants enabled them to remind each other about some aspects of the workshops that they had forgotten and also to co-construct the meaning of their participation in PPS workshops. Two focus groups were conducted; one for online and one for face-to-face workshops. I planned to have four to eight participants in each focus group to promote full participation while eliciting lengthy experiences related to the research question (De Vos et al., 2011). Focus Group 1 was for participants who attended the face-to-face workshops. It was held at the school where participants worked, thus overcoming the difficulty of getting focus group participants in one place at one time. I experienced the 'messy' nature of qualitative research (Bryman, 2016) in that after back-and-forth conversations with the principal of the school, I was granted permission to meet with the educators, outside school hours. At the first meeting in February 2023, seven out of 10 educators indicated that they had not attended the PSS workshops and the focus group could not proceed. The second meeting was in March 2023; seven participants who confirmed they had attended the PSS workshops formed Focus Group 1. The session lasted for about 20 minutes and had to be postponed due to load-shedding disruptions. Focus Group 1 was concluded in the

third meeting, a week later, where one of the participants could not attend and two additional educators who were not in the previous session joined the group.

Focus Group 2 was for participants who attended the online workshops. Due to a very low response rate from these participants, I sought the intervention of the RUCCE office as well as the Psychology Clinic Coordinator in contacting potential participants. I sent emails to participants who coordinated online attendance of workshops with a zero-response rate. In March 2023, Focus Group 2 finally proceeded with two participants, the third being unable to make the session. The findings obtained through focus groups are valid because I ensured that participants attended at least one of the PSS workshops (in fact, these participants reported having attended 10 or more online workshops between 2020 and 2021), I fully explained the purpose of the study and allowed for questions, and participants gave informed consent to participate in the study. Both focus groups were held in the natural settings of the participants and were formed by members who were acquainted with each other and could freely share their experiences without inhibitions (Bryman, 2016).

3.3.4 Procedures for data analysis

To analyse data, I use the six steps of thematic data analysis as prescribed by Braun and Clarke (2006) and they include (1) familiarising oneself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the final report. I deemed thematic analysis appropriate for this study due to its use in identifying themes that emerged from data gathered in the focus groups and in analysing and reporting findings regarding the experiences of educators of PPS workshops during Covid-19.

In conducting the first step of data analysis, the audio recordings of focus groups were transcribed into text by transcription services. I listened to the audio recordings and read the transcribed data on several occasions to adequately familiarise myself with the data. In generating initial codes, I manually highlighted and labelled the main features of the transcribed data while making notes. The initial codes included: online teaching, new

normal, Covid-19, curriculum, Annual Teaching Plans (ATPs), WhatsApp communication, community, support, anxiety, frustration, workshops, and comorbidity. I constructed the themes by identifying the patterns of the initial codes and grouping them. I reviewed the accuracy of the themes by going through the data again, constructing sub-themes and including participants' excerpts to ensure that I did not miss any key information, as depicted in Appendix B. Table 3.2 below shows the four broad themes and sub-themes.

Table 3.2: Table of themes and sub-themes

Themes	Sub-themes
The responsabilisation of educators during and post-Covid-19	Educators are responsabilised for the continuation of learning and teaching during Covid-19
	Educators (diminishing) feelings of moral agency during Covid-19
	Educators responsabilised for the learners' mental and behavioural effects of Covid-19
Educators' resilience and support of each other	Adapting and adjusting to external and internal Covid-19 demands
	The community spirit
Educators' mental health promotion through PSS workshops	Emphasis on self-care
	Psychoeducation – Awareness
	Provision of a platform to connect with self, other educators, and the world
	Provision of practical tools for mental health promotion
Top-down intervention strategies that fall short of	Generalised interventions that do not address challenges on the ground

addressing educators' and learners' needs	Interventions are mainly curriculum based
---	---

I named the themes to align with the research question and the reviewed literature. Again, I constructed the themes to prepare a report that is generic, concise, relevant and exciting (Clarke & Braun, 2013), which will be shared in Chapter Four of this study. These themes were discussed with my supervisor and shared with our community-university practitioners at the RUCE Learning Symposium 2023 which assisted with developing the analysis.

3.3.5 Ethical considerations

I conducted data gathering on receipt of approval of the study by the Rhodes University Human Research Ethics Committee with approval number 2022-5577-7066 (see Appendix C). In line with this approval, I upheld the ethical considerations of voluntary participation, confidentiality, anonymity, informed consent and avoidance of harm and deception by including these in the participant's consent form, attached as Appendix D. At the beginning of each focus group, I shared the contents of the consent form and allowed an opportunity for questions.

Ethical considerations regarding accessing potential participants' contact information were observed according to the Protection of Personal Information Act, No. 4 of 2013 (Republic of South Africa, 2013). While biographical data was requested, participants were encouraged not to indicate their names. With the consent of the participants, focus groups were audio-recorded and notes were taken. Transcription services were used to transcribe the audio recordings and the transcriber signed the confidentiality form. All transcribed text was anonymised.

Lincoln and Guba (1985) cited in Nassaji (2020) outline criteria to ensure trustworthiness in qualitative studies which were adopted in this study – credibility, transferability, dependability and confirmability. I promoted the credibility of this study by deepening my

understanding of the research participants, contexts and processes by consulting with trainee counselling psychologists who conducted the MHPSS workshops in 2021, reviewing relevant literature, and sharing my work for constant supervision. To promote transferability, I have provided a rich description of my research activities to provide sufficient details that make the transfer to similar settings possible. The careful documentation of all my research activities and the findings and conclusions will be reviewed by outside researchers to examine the accuracy and the extent to which the conclusions are grounded in the data (Bryman, 2016), thus upholding the principles of dependability and confirmability of my study. I also include my personal reflexivity to confirm my active role and engagement and the lessons learnt in conducting this study.

3.4 Researcher Reflexivity

The RUCE's Senior Programme Coordinator, Nosipho Nkwinti, and I visited the schooling network to follow up on the invitations to participate in focus groups. Through this engaged research process, we were able to clarify that the invitations were not to attend new workshops but for participants of 2021 PPS workshops to share feedback on how they experienced such workshops. Secondly, the engagement with stakeholders alerted me to the timing of the request for focus groups. I had to consider the pressures of the end-of-the-year examination processes for teachers in our schools. The recruitment process was therefore suspended until the new school term in 2023.

Through negotiating the data-gathering engagement I was exposed to my self-centredness as a researcher in expecting to meet my timelines without taking into consideration the partners' plans and commitments. Partnering with Nosipho exposed me to the practical dynamics and the importance of the language of engaged research. For example, where I would say: "focus groups to conduct research", Nosipho would instead say: "focus groups to obtain feedback". My position as a researcher was and still is being re-constructed through this study. I am becoming more patient, open, humble, respectful and confident as a researcher and community partner. I am grateful for all the lessons and all who contributed to my learning.

3.5 Conclusion

In this chapter, I have discussed the social action framework of community psychology as described by Gilbert and Sliep (2006). I have distinguished and pronounced the application of the framework to (a) the community psychology intervention project in 2021, and (b) my research strategy and interactions with my participants. I have also shared the research methods that were adopted in this study and hope that this will promote the trustworthiness of my research. I have shared how following Lewin's research cycles may enable collaborative social action that might lead to a more psychologically supportive educational environment.

CHAPTER FOUR: FINDINGS AND DISCUSSION

4.1 Introduction

In the first part of the chapter, I briefly share the process of data-gathering engagement with the participants followed by findings and a discussion. The findings of the study confirm the value of psychosocial support interventions that are developed in partnership with community partners in promoting mental health, especially during a crisis such as Covid-19. Lastly, I share my reflections on the data-gathering engagement stage of the study and the conclusion.

4.2 The Data-gathering Engagement

The ethics application to conduct the study was approved by the Rhodes University Human Research Ethics Committee in October 2022 with approval number 2022-5577-7066. Email invitations to participate in focus groups were then circulated through the RUCE office and the Psychology Clinic to the Makhanda educational community. Upholding the principles of engaged research, the RUCE's Senior Programme Coordinator, Nosipho Nkwinti and I made follow-up visits to educational institutions to promote collaboration and mutual understanding of the feedback-sharing stage of the engagement with our partners. Feedback sessions were held in February and March 2023 and yielded the following findings. In reporting the findings below, I use the term participants to refer to educators who participated in the focus groups.

4.3 Findings and Discussion

Two focus groups, one for face-to-face participants (eight) and one for online participants (two), were conducted to obtain feedback on educators' experiences of the PPS workshops during Covid-19 in 2021. I used Braun and Clarke's (2006) six steps described in the preceding chapter to analyse the transcribed data. Four broad themes emerged from a grounded reading of the data: the responsabilisation of educators during and post-

Covid-19; the educator's resilience and support for one another; educators' mental health promotion through PPS workshops; and the provision of practical tools for mental health promotion. I discuss these and associate sub-themes in the next session. The findings reveal that educators were oftentimes interpolated into responsabilised roles in education; however, psychosocial support strategies developed in partnership with educators promoted their mental health in the face of the Covid-19 pandemic.

4.3.1 Theme 1: The responsabilisation of educators during and post-Covid-19

Responsibilisation, as I already shared in the literature review chapter, is a term used to describe and analyse the various aspects of social policy, including education, that render individuals responsible for the outcomes of social and economic activity (Torrance, 2017). In school education, this refers to those policies and practices that render educators responsible for the outcomes of education that are outside the ambit of their teaching responsibilities. In the next three sub-sections, I discuss the study findings that point to the responsabilisation of educators because of Covid-19-related disruptions in school settings.

4.3.1.1 Sub-theme 1.1: Educators responsabilised for the continuation of teaching and learning during Covid-19

Educators shared experiences of how Covid-19 disrupted the normal classroom contact-based mode of teaching and learning. The lockdown in March 2020 that led to the shutting down of schools necessitated remote teaching and learning options such as the use of various online platforms (Reiersgord, 2022). Given the socio-contextual factors that make access to the Internet and digital technologies difficult for members of marginalised communities (Nomsenge, 2018), teaching and learning were almost impossible, as reflected in the excerpt below:

And we were working online nhe [right], it is not easy because you don't understand to work with our kids online. (NT)

NT was an educator at a no-fee-paying school. Because of the sociocultural and economic structure of South Africa's school education system, it was expected that NT's learners would come from low socio-economic environments. Above, NT indicates how difficult it was to work with learners online when the social context in which they lived barred access to digital technologies.

In fee-paying schools, learners are from different and unequal socio-economic contexts with imbalanced access to online platforms. For educators in such schooling settings, teaching and learning involved being mindful of the unequal access to online platforms as highlighted in the excerpt below:

I was lucky in that, before Covid, we had started doing WhatsApp groups, all of us had. And I was very fortunate that, when Covid struck, it was my first group of grade 1s that all had access to a mobile class, I was very fortunate, but the grade 2s and 3s were not so fortunate. I was able to do the odd contact session not proper teaching, but proper contact session via WhatsApp, but not the whole class, I put them into groups. But I was doing that because, I was depriving some access, because everybody had access, I checked first that everybody had access to the platform. But then, for Ms. K, not all of her parents were on the WhatsApp group, so she couldn't do something like that because then she would be depriving those learners who didn't have access. (SG)

SG, whose excerpt is above, worked at a fee-paying school, characterised by more socio-economic variation – from low to middle-income brackets (Nomsenge, 2022). Within this schooling context, SG noted that learners in her class had access to WhatsApp but noted that, in the very same school, learners in other classes (grades 2 and 3 and learners from Mrs PK's class) did not. NT's and SG's contributions reveal differentiated access to online platforms among learners which impedes their levels of participation. The implication for learners is that differentiation happens, not based on learner ability, but access to online platforms. The implication for educators is that rather than managing knowledge-making processes, they manage access issues closely related to learners' socio-economic environments. Both educators from no-fee-paying and fee-paying schools highlighted the troubles of mediating learning on online platforms where there is differentiated access.

This appeared to be a source of frustration for educators who were left to ensure continuity of teaching and learning during the pandemic.

'Relationships during Covid-19' and 'Stress and Anxiety' were some of the PSS workshops shared with educators which highlighted self-care and relational boundaries as coping strategies. While educators became aware of the importance of self-care and setting healthy boundaries in promoting their own mental health, the continuity of learning and teaching during Covid-19 through online platforms seemed to challenge the practicality of such coping mechanisms as shared below:

Personally, to go home, like you said, go home and switch off, you can't because every single parent, all 40 of them are now sending a WhatsApp saying, 'what must I do here? My child doesn't understand this, can you maybe send me a voice note to explain this?' (PK)

And for myself, I don't think I've ever gone back to the proper boundaries. I don't think I've actually managed to actually recreate the boundaries I had before, where 3 o'clock is where I work until and after 3 o'clock unless there is a function, is my family time. I don't think I've gotten back there ... It is, I feel like weekends, my spare time, everything is just all mushed together... Yes! I've still got parents who are doing night shift and they will send me a message at 2 am... (SG)

The excerpts shared above are an indication that before Covid-19, educators were able to some extent separate work time from self and family time. However, the shift to online platforms of learning and teaching invaded their private lives as they continued to render educational support to both learners and parents beyond "normal" school time. Thus, the contexts in which they were working and their demands rendered educators unable to consistently uphold strategies for their wellbeing. By acknowledging that "*I don't think I've ever gone back to proper boundaries... to recreate boundaries... I don't think I've gotten back there*", SG highlighted that these severances to her boundaries have remained post-Covid and there are traces of guilt and regret because of this.

While SG communicated guilt and regret for herself as an educator, NT below communicated guilt and regret for her learners' losses during her absence.

And most of us, there was that term of comorbidity, like others who must not come to school, like the asthma people, high blood people, or diabetes people. For instance, myself, I didn't come for months here at school, I wasn't here. So, that was a very big challenge at least for the children, for the learners. Because we are teaching little children here, so if they are used to you, they are used to you. (NT)

The disconnect with learners, not knowing if are we going back to school in one week, one day, one month, one year; when are we going back, what are we doing? How much contact am I required to do as an educator and I'm in isolation? (SG)

With the easing of lockdown regulations in 2020 and 2021 and the phased return to schooling, educators with either comorbidities or Covid-19 infected could not return to school. Despite not being medically well, and thus vulnerable to contracting Covid-19 in a schooling setting, educators experienced the need to ensure the continuity of teaching and learning. NT and SG above conveyed feelings of guilt for educators' inability to be physically and emotionally present for their learners as further indicated by NT as she reflected: *"Even if you heard that the other child has lost a parent, you can't even hug the child, to comfort them. Oh, that was a big challenge, that thing"*. It appears that the feelings of guilt and regret were produced by educators occupying this responsabilised role where they were expected to continue to provide learning and emotional support while managing their medical vulnerabilities and isolation themselves.

Modes of teaching and learning being moved online were necessitated by Covid-19 and led to differentiated participation in teaching and learning for both educators and learners. However, educators were rendered responsible for the management of access to online platforms in addition to knowledge-making processes. This led to educators experiencing added mental health difficulties as they battled with feelings of guilt for being unable to be physically and emotionally present for their learners – failing to meet educational

outcomes at the height of the pandemic – which necessitated psychosocial support for mental health promotion.

The ‘Stress and Anxiety’ as well as ‘Relationships during Covid-19’ workshops where self-care and relational boundaries were introduced as coping strategies emerged from an ongoing assessment of educators’ mental health challenges. Because educators reported “working around the clock” so to say, as SG explained above, the “giving away of psychological” coping strategies were incorporated into the workshops. However, the data gathered suggests that although educators saw the value in these strategies, they were practically challenging to implement because of the demands on them from the school setting which rendered them unable to consistently uphold strategies for their wellbeing.

Feelings of guilt from being unable to be physically and emotionally present for their learners became an added mental health challenge to educators during Covid-19. There was evidence of remnants of these feelings of guilt post-Covid. As a result, educators reported being unable to recover their relational boundaries and retain quality time for themselves and their families. Thus, the roles and positions that educators were forced into as a result of education-related disruptions due to the Covid-19 pandemic appear to have added to their mental health challenges. As reflected in the section that follows, educators were also left to ensure the closing of curriculum gaps caused by the Covid-19-related educational disruptions leading to their diminishing feelings of morale.

4.3.1.2 Sub-theme 1.2: Educators (diminishing) feelings of moral agency during Covid-19

With the easing of lockdown regulations, a rotational or alternating system of school attendance was adopted in schools where educator-learner ratios were high in order to manage physical distancing and the containment of Covid-19 infections. The rotational system involved each grade alternating between attending school and staying at home, resulting in a significant reduction in curriculum coverage (Hoadley, 2023). Educators

reported having to compensate for such curriculum losses and that “*not even the department could give us a proper guideline*”, as captured in the excerpts below:

I think it was around the curriculum, the redesign of the curriculum, kind of trying to problem solve or strategize around, I mean it was so new that nobody, not even the department could give us a proper guideline at that point. Not at their own fault, it just, it happened and it was just to take that situation and say, what are we going to do and how are we going to do it? What are we going to do physically with our school to make room for this new way of working? So, for instance, if we have to do, uhm the kids need to sit me 1.5 meters away from each other, are we going to do two groups, are we going to, how are we going to...? How are we going to teach them from home? (PK)

PK’s statement, “*not at their own fault*” in the contribution above appears to absolve the department of their responsibility to provide guidelines. This is interesting because educators were placed in responsabilised roles and had to figure out how to implement physical distancing and how to adapt the curriculum to accommodate this. The Curriculum Assessment Policy Statement⁵ prescribes what educators are to teach and when and are given very little agency in this regard. However, during the pandemic, they were given very little guidance and were left to “figure it out” and implicitly expected to produce educational outcomes and the continuity of teaching and learning. PK’s statement might be an indication of a form of internalised responsabilisation that most probably added to educators’ mental health difficulties as they continued to be burdened with educational outcomes as shared in NR’s contribution below:

If you had 34, they come in 17 on Monday, Tuesday the other 17, so you can’t catch up really with the work. (NR)

⁵ The National Curriculum and Assessment Policy Statement (CAPS) is a document introduced by the Department of Basic Education that prescribes to educators what to teach and when to teach it. For example, CAPS in the Foundation Phase provides guidelines on which topics to teach, in which term, and the content that must be covered each week of a particular term.

PK's and NR's contributions are an indication of the new working environment brought about by Covid-19, the "new normal" which involved ensuring physical distancing between learners within the physical constraints of school classrooms. In addition, the "new normal" was characterised by changes to the curriculum, what PK described as "*the redesign of the curriculum*"; the constant sanitising of surfaces, ensuring that learners either constantly washed or sanitised their hands; and wearing face masks to manage Covid-19 infections at schools. The feelings that were communicated by educators were that there was confusion and uncertainty in the absence of clear guidelines.

NR's contribution above and that of NM below indicate the difficulty of maintaining the flow of teaching and learning and the struggles of closing the learning losses created by such disruptions. The dissonance between following the prescribed methods of teaching through ATPs and having to respond to the needs of learners seems to be anxiety provoking for educators. Again, this dissonance added to the uncertainty about the pandemic and contributed to feelings of anxiety and confusion. However, the educators' moral agency displayed in these reflections contributed to them extending care and commitment to learners' development.

Yes, even the gap in the curriculum as ma'am said, the behaviour but with the curriculum itself, there is a gap in these learners. You see that there is a gap because instead of learning at that time, they were at home and there was no education at that time, so there is a gap in these learners. You see that umntana okwa [a child who is in] grade 1 is not ready to be in grade 1 whereas age-wise, he is supposed to be there. You then see intokokuba [that] oh there is a gap. You need kengoku [now] as a teacher, to close that gap, to do grade R work and pre-school work; painting, playing dough. ATP doesn't say that you must do those things, but they can't even hold the pencil. (NM)

But, now suddenly there is nothing and you also, teachers are problem solvers, you wanna make plans and you wanna put something in place and you can't...I can't do anything to help these children, I'm letting them down, I'm failing them, I'm failing education' because we can't help them. Also, because they can't learn from home, they can't do homeschooling, so it's not like we have a backup or support. You're just on your own

completely vulnerable and that was for me, a heavy burden. Now it's fine because now I can be like, yes this is the damage, we now have to help. But two years ago, we were just sitting there going, 'We can't do anything'. (PK)

NM's and PK's contributions show how educators battled with feelings of failure in achieving the educational outcomes that they felt responsible for. It appears that this situation was exacerbated by the perception that there was no support or backup from the education system. The educators' perceptions of the failed education system and how they failed learners challenged their confidence in being problem solvers and their experience in teaching that spanned 15 to 27 years. The feelings of failure, guilt, helplessness, uncertainty, fear and internal conflict about offering effective learning and teaching during and post-Covid-19 as captured in the statements above seem to have contributed to educators' mental health difficulties. However, PK's and NM's contributions to being aware of the effects of Covid-19 on learning and teaching indicate that educators might be experiencing some feelings of agency in the so-called post-Covid phase, which contrasts the helplessness felt during Covid-19 in 2020 and 2021. The sub-theme that is shared in the next section is a further indication that educators carried the added responsibility of ensuring their learners' mental and behavioural wellbeing.

4.3.1.3 Sub-theme 1.3: Educators responsabilised for the learners' mental and behavioural effects of Covid-19

The Covid-19 disruptions did not only negatively impact learning and teaching but the holistic formation of learners, a responsibility carried by educators as reflected below:

I was going to talk about the negatives because, as you can see these days, our learners are too rude, because of that gap when they were away from school. So, they have learnt so many wrong things in the location, such that here at school they can't be the way we want them to be. (NK)

NK's contribution seems to be referencing the social conditions that learners face outside of the school that then affect learning processes within the school. It appears that the school environment did not only provide learning but some protection from the harsh

socio-economic and socio-contextual realities faced by learners during lockdown such as poverty, child-headed homes, domestic violence, poor housing and crime (Van der Berg & Spaul, 2020). The impact of these conditions spilt into the classroom and educators were left with the responsibility of managing consequent learner behaviours.

Even with the attendance of PPS workshops for educators during Covid-19, their focus was less on themselves and more on obtaining skills that will help them better manage the learners' mental health and wellbeing, as shown in the excerpts below:

Because teachers don't often sit and think about it, we always think, how is it going to impact the children? Even in those sessions, it was always, but how can we help the children to cope with trauma and they were like, no no we're talking about you. (PK)

A major focus of the workshops was to offer the educators support. For instance, the 'Stress and Anxiety', 'Grief and Loss during Covid-19', and 'Relationships during Covid-19' workshops were focused on promoting educators' mental health and wellbeing. In the face of a system that responsabilises educators, they had internalised the position of always attending to learners' needs and initially found it difficult to focus on their mental health and relational wellbeing. It was only in the fourth workshop that the trainees turned their attention to 'Supporting Learners in the New Normal' as per the educators' requests. However, this was only done after a sustained focus on their mental health and relational wellbeing. It seems, though, that with time the educators began to acknowledge this.

Even in learners, before a lesson, when they are able to write, we'll just say, write one thing that makes you frustrated or being stressed at home, write it and then throw it in the dustbin and they will throw it. (NM)

This 'worry-bin activity' was an activity that was part of the 'Adjustment and Managing Covid-19-related Anxiety and Grief' workshop, as an externalising activity. Educators were guided to identify their worries, write them down, and then release them into the bin. They responded well to this exercise and the excerpt above shows that they managed to generalise it into their classroom practice. Educators' contributions reveal aspects of the

workshops that educators found useful to generalise, that is, “managing worry and anxiety” and aspects which they found difficult, namely, “relational boundaries”.

The above findings on the responsabilisation of educators indicate the different roles and positions that educators were interpolated into, for example, being a parent, social worker, call centre agent, parental support, technology specialist, occupational therapist or psychologist with limited support and training for such roles. According to the South African Council for Educators (SACE), the core responsibility of educators is to teach; and the core responsibility of learners is to learn (SACE, 2018). However, in the South African context, this seemingly uncomplicated teaching and learning relationship is impacted, mostly in negative ways, by social, political and economic factors. These include amongst others, violence, crime, inequalities in education, unemployment and poverty which leave educators with psychosocial responsibilities that impact learning and teaching negatively (Setlhare et al., 2016). Concerning the Covid-19 pandemic, Maree (2022) reports specific challenges such as large class sizes, physical distancing requirements and the use of online and digital learning platforms to facilitate education which was impractical for most of the South African population, thus adding to job demands for most South African educators. Studies have been conducted that show burnout among teachers due to job demands (Arvidsson et al., 2019; Lumadi, 2008; Malik et al., 2017). Mental health and psychosocial support (MHSSP) offered through CBSL are therefore crucial in mitigating mental health challenges due to educators’ responsabilisation. It seems to me that the Psychosocial Support for Makhanda Educators series of workshops invited educators to take up a different position where their mental health and relational wellbeing needs were centre. This contrasts the position they are often interpolated into in education.

The resilience of educators and support for each other was identified as the second theme in the data on educators’ experiences during Covid-19.

4.3.2 Theme 2: Educators' resilience and support for each other

When asked to share the strengths that helped them to navigate the Covid-19-related challenges, resilience and support for each other emerged as some of the main strengths that helped educators to cope.

4.3.2.1 Sub-theme 2.1: Adapting and adjusting to external and internal Covid-19 demands

Natural disasters such as Covid-19 require immediate responses on a general and personal level that are not readily available. Given the unpreparedness for the disruptions of Covid-19 at many levels of their lives, educators report having to adapt and adjust as best as they could as described in the statement below:

To be honest I think uhm we don't have an exact coping mechanism, we just saw each other here, we see each other here now, as to how we coped and whatsoever, I think we just took each day as it is. (SM)

The above excerpt indicates feelings of uncertainty and loss of control that came with Covid-19 that were anxiety provoking for many. Mindfulness, a cognitive strength of remaining in the present, was shared as one of the grounding strategies to cope when feeling overwhelmed due to stress and/or anxiety. Taking each day as it comes, as shared by SM above, appears to have been helpful to educators in navigating the turbulent nature of Covid-19.

The mental health and wellness wheel, which incorporates social, mental, spiritual, physical and emotional dimensions of wellness, was shared in most of the PSS workshops. The spiritual resources seem to have kept educators hopeful despite the Covid-19-related difficulties as one of the educators indicated:

I think, one of the things that make us to have life going is hope because each and every morning we pray then we have hope that Covid is nothing. (NM)

Feeling hopeful and courageous were real strengths in the face of Covid-19 which is communicated in NM's contribution above. In addition, educators' confidence in their

ability to manage daily work challenges outside the pandemic seems to have contributed to their success in coping with Covid-19-related internal and external demands as shown in the following excerpts:

And I think we are good at coping with overwhelm as teachers. Both sensory overload, crisis management, all of those things where other people would see 27 balls in the air and go, I'm not doing this! Teachers somehow manage to keep throwing one ball up in the air at a time you know. (SG).

Teachers are problem solvers, I always say, we want to solve a problem. We are positive about not looking at, ok this is, oh my goodness what are we going to do to solve it, what are we going to do to get through this, what do I need to change my classroom, my teaching, the environment? (PK)

SG's and PK's contributions indicate educators' flexibility in adapting to change and indication of cognitive strength. Their problem-solving ability seems to have helped them to remain positive and calm in the face of the pandemic. Strategies to manage feelings of being overwhelmed shared in the 'Stress and Anxiety' workshop appear to have promoted feelings of calm through mindfulness techniques and graded tasks.

The findings on educators' experiences in adapting and adjusting to Covid-19-related demands indicate how important a role they could play in informing policies on psychosocial support for educators. Although educators experienced mental health difficulties, they were able to build resilience and an awareness of their internal strengths as supported by the PSS workshops. This aligns with community psychology's strength- and asset-based approaches which seek to incorporate the strengths and assets of the community partners. The findings indicate the value of working as a community, especially during a pandemic as is further discussed below.

4.3.2.2 Sub-theme 2.2: The community spirit

Educators reflected that their heavy reliance on working as a community enabled them to navigate the turbulent nature of Covid-19. The following statements attest to this finding:

Ja (yes) educators, for me, having such a small community meant; when one person went quiet for too long, somebody from the school would be like, 'Hi, how are you doing?' And that reaching out to just check on you, are you okay, I think in some of the bigger organisations that was a problem because people forgot about....So I think that's also a strength, a strength that educators have because we've got so much empathy for everybody. (SG)

And you know each other outside school, you know that person's home environment, you know that there is, if people are going through a tough time, then you know okay. And if someone is a bit quiet and a bit reserved, then you'll like, maybe that person may be going through a tough time instead of just ignoring it, you know that kind of thing. And you know we were really Ja (yes), we were really concerned about other people's wellbeing especially because we had comorbidities and so on and people passing away and from family members of our staff. (PK)

The excerpts above are an indication that empathy and concern for others are strengths that educators have which keep them in community with each other even during a crisis like the pandemic. Their awareness of those in vulnerable situations like comorbidities helped them extend more support where it was needed. Also, getting to know each other as people, outside their roles as educators, was key in embracing the uniqueness, strengths and assets of each member of their community. The learning for future psychosocial support from these contributions may be to create opportunities for social connections and promote regular contact in small groups.

Despite not being able to be physically present for each other, educators seemed to use any means possible to stay in touch as shared in the excerpts below:

I think one of the reasons is to use WhatsApp, we are aware of what's happening, we became aware of what's happening. Because sometimes we would be told that one of us has Covid-19 and could not come to work. So, we would motivate each other through WhatsApp, sending messages to make the person feel better. So, I think that is another way that kept us going through that time. (SM)

I think to stay positive. It helped because we were all worried that we may not wake up the following day, but we woke up having messages from colleagues checking us and our families as well, that made us stronger. (SM)

SM's contribution displays the hope that came from the motivation and encouragement extended to both colleagues and their families. It appears that educators got to know their colleagues holistically and not just in their role as educators. Supporting each other to stay positive in difficult times is a display of their community spirit, also shown by standing in for educators who had comorbidities as reflected below:

It's all about that okay and standing together, guys listen, we're in this, we can't look back, we just need to look forward and go and try and support each other. Remember we went teaching, you went teaching grade 7 EMS, I went teaching grade 7 geography cause there were comorbidities and they couldn't come in. so we were just saying, let's slot in. (PK)

PK's contribution indicates the spirit of unity and functioning as a community and not in their silos, which appears to have enabled educators to attend to their work as well as others who could not be at school due to comorbidities. The reflection further indicates the educators' diverse knowledge in attending to learning areas other than their own. Again, sharing of resources and information is typical of community spirit as shown in the excerpt below:

It was important because the fact that we tried to invite them to do the workshops in our schools, I mean our school for the whole staff. It was very fruitful, and we said to ourselves no, we must share this with other educators. So, it was very fruitful, shame no, some of those things we forgot, but it was very fruitful. (NM)

Educators attended the Teacher Professional Development (TPD) workshop organised by the local NGO. Here, teachers from various schools came together for a TPD session. NM's excerpt above indicates that educators who attended the workshop found the psychosocial support so useful that they invited the trainees to conduct the workshop at their schools. This is evidence of generalising the tools shared at the PSS workshops and acting in the spirit of a community and being in it together.

Again, like with the ‘worry-bin’ activity, it appears that educators were able to generalise what was shared during the workshops into their practices when sharing with their colleagues, although they do note that they were not able to retain, apply and generalise other aspects of the workshops.

The findings on educators’ resilience and support for each other concur with what Msomi (Rhodes University Communication, 2020) noted at the initial stages of the engagement between Rhodes University and the Makhanda educational community:

What I found interesting was the resilience factor. Several participants expressed concern that they were doing things wrong or not doing enough, but many of them had already instinctively started employing some of the coping strategies before we had even had a chance to discuss them.

The strength and asset-based approaches to community psychology promote partnering alongside our partners to collaboratively visibilise assets and thus strengthen and build on them.

Crompton et al. (2022) report educators’ resilience in marginalised areas during Covid-19 despite less support and resources and greater challenges regarding what they term ‘Emergency Remote Teaching’ technology compared to educators in developed countries like the United States of America. Sayed et al. (2021) further demonstrate educators’ resilience despite their exclusion from policymaking processes and not being adequately provided with the necessary professional development and psychosocial support to navigate the uncertainties and pedagogical requirements imposed by the Covid-19 pandemic. These studies support the findings of this research that educators’ resilience was key in helping them adapt to the teaching and learning demands of the Covid-19 pandemic.

The findings on educators’ resilience further suggest that the community spirit held educators together despite the physical distance and helped them to navigate Covid-19-related challenges. In one instance, an educator, having attended a psychosocial

workshop for various Makhanda educational practitioners, arranged that the same workshop be offered at her school so that educators who could not attend may benefit. This is a typical example of Ubuntu, a way of life among most African cultures which is rooted in the values of reciprocal sharing, deep connectedness and solidarity, and seeks to promote the good of society (Venter, 2004). It has been proven that the restrictive visitation policy adopted in hospitals during the Covid-19 pandemic affected the exhibition of Ubuntu, an ethic that is at the core of caregiving (Mulaudzi et al., 2022). The care provided during this period was found to be devoid of the values of Ubuntu, such as mutual respect and interconnectedness, resulting in moral anguish of caregivers, mental health instability, and erosion of trust in health care practitioners (Mulaudzi et al., 2022). This finding may therefore imply that embracing the values of Ubuntu by the educators during the pandemic helped to promote their mental wellbeing. Community engagement interventions should therefore be centred on the ethics of Ubuntu to promote partnership, relationship building and mutual growth and development (Akhurst & Bobo, 2019). The findings in the section that follows are indications that the PSS community engagement intervention was successful in mental health promotion.

4.3.3 Theme 3: Educators' mental health promotion through psychosocial support workshops

Mental health was the main focus of the PPS workshops as informed by the need identified at the initial stages of the engagement with different stakeholders in education (Rhodes University Communication, 2020). The feedback from educators on their experiences of the PPS workshops offered during Covid-19 indicated that mental health was promoted through the emphasis on self-care and other aspects of psychoeducation. Since educators from different schools came together, and in instances where one school came together, members who would not typically interact had an opportunity to connect during the workshops. Therefore, PPS workshops provided a platform to connect with self, other educators, and various members of the Makhanda schooling community. These workshops seem to have provided educators with practical tools for the maintenance of mental health and wellbeing. Thus, in the context of the disruption of

community practices, these workshops helped to maintain a sense of community during Covid-19.

4.3.3.1 Sub-theme 3.1: Emphasis on self-care

Educators reflected that most of the time, they put their learners first in all that they do at work to the extent of not thinking about their wellbeing, as shared in the following statement:

[Laughs] I think it was true what you said earlier... that, we never, we sacrifice so much of our time, we never take the time to just go and sit down for 10 minutes or 20 minutes and think about yourself. And just because, you know you constantly just managing a crisis and being adrenaline, the adrenaline was constantly pumping. And I think at one point in time it would have been probably, it would have been a burnout of some sort, I may be exaggerating now, it sounds like I am. (PK)

The excerpt above indicates PK's difficulty to acknowledge burnout. In the context of educators occupying a responsabilised role during a global pandemic and putting themselves last, burnout is a real threat. In the face of having to be a problem solver, psychologist, social worker, IT supporter and many other roles that educators get interpolated into, it becomes potentially difficult to acknowledge mental health and wellbeing difficulties. Through the PSS workshops, educators' emotions were validated, and self-compassion was normalised as a mental health and wellness-promoting mechanism. This seemed difficult for PK to accept and generalise moving forward.

Another educator reflected that the workshops made room “*to manage anxiety within ourselves*” (LS). The PSS workshops seem to have succeeded in normalising self-care as shared below:

I think it was a little bit of time that I could fill my cup. ... And for me, that was a little bit of time where I could say, 'Mommy is in a meeting.' I could just go and sit in my room and close the door and be like, 'I'm just gonna be half an hour, 45 minutes whatever it was, I'll

be back just now'. So it was definitely the filling up of that cup, taking that time to just reflect. (SG)

SG's contribution indicates that PSS workshops helped educators to develop practices of self-care, for example, taking 30–45 minutes for oneself. If incorporated, this could work beyond the workshops and be an activity that educators practice in their daily lives, with possible self-care awareness extending to those around them.

One of the objectives of the PSS workshops was to highlight how taking care of self puts one in a better position to care for others; an awareness that was experienced by educators as shared in the following excerpts:

And it was a time for you to be forced to look, because at the end of the day, if you don't look after yourself, it impacts on your children, on your classroom children. (PK)

During that time, I also signed up for, to see a psychologist myself. So, I think that, that made that a little bit like, oh, so it highlighted for me that, okay maybe I do need to speak to someone. (SG)

PK's and SG's contributions are an indication that PSS workshops enabled a shift from a place of discomfort in acknowledging their emotions to owning mental health and wellbeing difficulties and permitting themselves to be on the receiving end of care and compassion. These contributions provide more evidence of generalisations made to other areas of educators' lives. Normalising self-care is intertwined with psychoeducation that enables mental health-promoting narratives.

4.3.3.2 Sub-theme 3.2: Psychoeducation

Psychoeducation is a non-clinical psychological intervention that has been shown to reduce psychological symptoms during a crisis such as Covid-19 (Savelle et al., 2023). Psychoeducation forms part of the models of community psychology interventions that are preventative rather than ameliorative (Akhurst, 2017). The findings below indicate mental health promotion through the PSS workshops:

Uhm because they say, they indicated that the Covid-19 created a lot of anxiety and you know, being unsure you know, confused of how we were to adapt to the new normal. So, I think that programme tried to give us a bit of calm, just to say that, things are gonna be alright, we just need to be flexible. (LS)

Educators shared that the feeling of grief was common during Covid-19 because of the deaths of learners, colleagues and family members. The second in the series of PSS workshops was 'Grief and Loss during Covid-19'. Educators seem to have gained skills in managing their grief and the grief of others through attending this workshop, as reflected below:

And the workshops or the sessions gave us some techniques as to how best can we deal with issues such as the grief that we faced as teachers and how do we address the grief that our colleagues have been through and whatsoever. (NM)

It was even helpful speaking to other people that have gone through grief, and the fact that they have gone through grief differently than maybe, you go through grief. And because grief has just been on our doorstep ever since I don't think it's ever gone away. And uhm so, I think that has been very, very helpful and very valuable tool, especially for me, just knowing what to say, what not to say. Knowing that it's okay to just listen you know. So, I definitely think those tools have been so valuable. (SG)

But for me it was also the topics that we discussed, realised the impact of the loss, loss was a big thing. It wasn't just a loss of life, but a loss of a lot of things. A lot of insight into what we were going through, that we would be okay, that whatever we were feeling, was normal. (PK)

NM's, SG's and PK's contributions highlight several benefits that were gained in attending the 'Grief and Loss during Covid-19' workshop. In upholding the principle of "giving psychology away" (Larson, 1984; Rosen et al., 2003) and making it meaningful to people that are supposed to serve (Akhurst, 2017), educators seem to have gained techniques and tools to manage grief for themselves and others. The emphasis on loss as the problem, and not the expression of the pain, deepened educators' insight that there are

different ways of grieving that are unique to each individual. The incorporation of basic counselling skills removed the discomfort of supporting others in grief and acknowledging that listening and simply being present are at times sufficient forms of support for grieving colleagues and loved ones. Educators seem to have gained an understanding that individuals experience grief when they lose people, practices, dreams, pets and anything that they are attached to. An awareness of the universality of grief seemed to normalise the emotions that educators were experiencing. Also, knowing that they were not alone gave them comfort.

4.3.3.3 Sub-theme 3.3: Provision of a platform to connect with self, other educators, and the global community

The PSS workshops were conducted at a time when Covid-19 alert levels were between 4 and 2 where physical contact was still minimal. Therefore, the connectedness that PSS workshops offered was experienced as a means of containing educators' mental health difficulties as shown in the following excerpts:

I think also the sharing, sharing of our struggles with other teachers also helped because you knew you were not the only one who is going through tough times. (NM)

But I think definitely that, feeling so isolated, feeling helpless ... just knowing that other people out there were feeling the same. Sometimes you know, it's not gonna fix you but at least it helps you to feel like, at least I'm fine, I'm normal. I'm gonna get through this because there's other people that are also struggling with it you know. And just ja that camaraderie, the community. (SG)

But then you start listening to the other people and then you share that loss and the sadness and then you start thinking about your own loss, what you have lost and the people that you care about, and the people that are far away. People that are overseas that are family, and then you just kind of spend time to yourself. (PK)

Knowing that there are other people that because we were very isolated and teachers are not people that work in isolation. So, it was nice to have and see faces, 'Hi how are you

guys doing?’ Sometimes just sharing more than just you know, whatever ‘I also was struggling with this’ the in-between chats was nice. (PK)

NM’s, SG’s and PK’s contributions indicate feelings of loneliness, isolation and helplessness in the context of Covid-19-related grief where funerals were at some stage restricted to 50 people. Despite the different cultural groups that educators came from, it appears that the pandemic’s disruption of cultural practices related to funerals complicated how people grieved and found closure. The PSS workshops seem to have provided much-needed social support and a space for educators to reflect and co-construct the meaning of loss and grief in the face of Covid-19. These are some of the values that undergird community psychology, Lewin’s research cycles, and the inter-relational reflexivity model of social change that appear to have been upheld through the PSS workshops.

The experiences shared further confirm the community spirit that deepened the educators’ resilience during the difficult period of the pandemic. The next sub-theme focuses on practical mental health promotion tools gained during the PSS workshops.

4.3.3.4 Sub-theme 3.4: Provision of practical tools for mental health promotion

Educators shared that the activities that were done during the workshops gave them tools to manage their mental health challenges as reflected below:

So, we were asked to write something that’s bothering us, each of us had a piece of paper and we were to fold the paper and throw it away. And we were told that we had to pretend as if, while we are throwing the paper away, the problem is also going away. So, I think that, playing that game gave us a little bit of peace. (LS)

The activity shared by LS above is called the ‘worry-bin’, a coping strategy that helps externalise thoughts of worry. Engaging in activities that helped externalise their anxiety seems to have been an effective way of processing difficult emotions and provided tools that they could generalise in their lives. Again, practising mindfulness techniques helped educators process difficult emotions as indicated in the following excerpts:

There was this one of closing your eyes, I'm not sure how it was done or whatever. But there were times when we were told to look up and close our eyes and whatever, yes, and then I saw others were crying, the pain was going away. (SM)

Because once you cry, there's something that uhm, it's as if there is something that is taken away from you. That workshop is very powerful, it's just that, we don't remember many things. (NM)

In the above contributions, educators seem to have gained tools that promoted their mental health and wellbeing and that of their learners. Participants appear to have difficulty remembering some of the tools gained and this may be indicative of the time of data gathering, which was more than 12 months after the workshops. However, participants did assert that they were able to retain and generalise aspects of the workshops and found them cathartic during the time of the pandemic. The implication of these contributions for trainees is to incorporate more self-help activities in PSS workshops as a way of “giving away psychology”.

The participants continue to use the tools obtained in the workshop for themselves and with their learners as shared below:

Even in learners, before a lesson, when they are able to write, we'll just say, write one thing that makes you frustrated or being stressed at home, write it and then throw it in the dustbin and they will throw it. (NM)

NM's reflection above provides evidence of generalising and using the 'worry-bin' activity with their learners. Sharing PSS skills with learners may help normalise and promote mental health in school settings.

The educators' experiences of PSS workshops highlight the value of having such support readily available for educators. The findings on mental health promotion through the PSS workshops concur with previously shared studies showing the growing awareness of the value, and the central role, of immediate and long-term MHPSS interventions, especially during a crisis such as Covid-19 (Clomén et al., 2020; Olawale et al., 2021; UNESCO,

2020). It has been shown how the PSS workshops in this study normalised self-care and provided a shifting experience from always being problem solvers in the face of a context that responsabilises educators to being comfortable with self-care and self-compassion. The Makhanda educators report that the above-described mindfulness techniques (remaining in the present, graded tasks, externalising activities and relational wellbeing) were particularly useful to them. It has also been shown that psychoeducation offered through the PSS workshops deepened participants' insight into grief and how to manage it for themselves and others. Psychoeducation seems to have been instrumental in promoting narratives on mental health and wellbeing. The PSS workshops offered opportunities to connect with self and others, thus enabling collective reflection and co-construction of the meaning of pandemic- and work-related experiences. In providing the practical tools for prompting mental health and wellbeing, the PSS workshops appear to have succeeded in "giving psychology away" and making it meaningful to educators. Although educators acknowledge having forgotten some of the tools, they continue to apply those that they can remember and generalise them in their practices of teaching and learning. By employing the community psychology paradigm that espouses partnership and collaborative values and Lewin's cycles of research, the PSS workshops incorporated educators' voices and amplified their agency, which is a gap that was identified in the MHPSS literature that this study hoped to address.

4.3.4 Theme 4: Top-down intervention strategies that fall short of addressing educators' and learners' needs

Top-down approaches involve decision-making that is centralised at the highest level of management and communicated to other people (Mazon et al., 2020). It is one-directional and often does not allow room for other voices except those at the top of the organisation. Community psychology embraces bottom-up approaches that espouse values such as self-determination, personal growth, respect for diversity and collaboration (Prilleltensky, 2001). In sharing their experiences, it was evident that support interventions for educators from the Department of Basic Education (DBE) are available; however, they seem too generalised and fall short of addressing educators' and learners' needs.

4.3.4.1 Sub-theme 4.1: Generalised interventions that did not address challenges on the ground

A contributor to the difficulties of learning and teaching during Covid-19 for educators was reported to be the DBE's curriculum interventions that did not address real challenges experienced in the classroom. The reflection below is an indication of such difficulties:

I do manage that because I think I've got six learners in my class, those who cannot even hold the pencil. I just group them according to their abilities, whereas the government doesn't want to do that. But I have to use my own strategy as I'm feeling the pain and I will answer that to the officials. Then I group them according to their abilities, there are those who go with the ATP, who are not struggling. But there are those who still need the play dough, scribbling. I group them, that's what I do. Then those who are moving, they go with the ATP. (NM)

The contribution by NM above communicates educators' discomfort in working in an environment where there seemed to be incongruence between policy recommendations and teaching practice in classrooms. "Officials" seem to regulate educators to follow these policies despite the lived realities in the classroom.

Educators further shared that there seems to be a disconnect between the DBE's support interventions and their own needs. For example, they shared that the workshops that they are invited to are mostly for DBE officials to make up for the activities that they could not cover due to Covid-19 and in a way communicate a lack of trust in educators to manage their work. The reflection is captured by the excerpt below:

And I'm feeling a drip down, trickle effect from the high-ups in the department. That is because they base the efficacy of their work on how many workshops they execute and during Covid they couldn't. I'm feeling like, every other day, we have another workshop and we've got to go somewhere else and we've got to sit and listen. When all we wanna do is for people to trust us and go 'We know you did a degree, we know you've been teaching for x amount of years, this is what we want you to achieve, there go for it' and allow us to, trust us enough to know our learners... and to teach from where the learners are, to where we can get them. (SG)

I feel like my brain is numb. Yesterday I could barely speak English, I feel like there's too many people trying to shove information in my head. And I'm just going, okay you know where I wanna be, I wanna be in my class with my 40 grade 1s that really need me there. So, I appreciate what you're saying has quality, has importance and I realise that you're trying to help me. But right now, this is not what I need. (SG)

The above excerpts communicate the frustration that educators may be experiencing because of not being appreciated and trusted to do their work effectively. Despite ample evidence of educators' performance of ensuring continuity of learning during Covid-19 and their commitment to closing learning gaps post the pandemic, poor acknowledgement of their efforts seems demotivating. The top-down approach seems to undermine educators' assets and may lead to the erosion of their moral agency. It appears that the education system does not value the experience of educators and does not acknowledge the wealth of expertise that if given a chance to be shared, can contribute to effective strategies for knowledge-making. There seems to be a sense of disrespect when invited to attend workshops that are only aimed at achieving the authorities' targets and offering information that is one-directional and that does not support the processes of learning and closing Covid-19 learning gaps. Another source of frustration is that the time spent attending workshops could be used to address what may be an urgent need, namely, closing learning gaps. The educators' qualifications, experience, competence, commitment and passion seem to be invalidated by the top-down approach of the education system.

While educators acknowledge the DBE's interventions, they believed that they would be more impactful if synergised with the needs on the ground, as reflected below:

And instead of going, there are certain schools where the teachers are not doing this, go and maybe try and find those schools where the teachers might benefit from the training and rather go to that school and help them. Instead of teaching or lecturing 50 people with slides, it's got no impact. (PK)

The excerpt above further communicates feelings of disappointment and frustration at being on the receiving end of a condescending intervention that does not seem to add value to educators' teaching practices. The importance of profiling the needs on the ground and allowing the users of interventions to inform strategies that may be better suited for their needs, in consideration of their strengths and assets, cannot be overemphasised. In a CBSL opportunity that I participated in as part of my training as a counselling psychologist in 2022, I learnt that profiling the needs of community partners and collaborating in crafting intervention strategies lead to the achievement of meaningful and value-added outcomes. Collaboration, partnership, social justice and social action are achieved when community partners engage in cycles of planning-acting-observing-and reflecting (Lewin, 1946) together, thus promoting bottom-up instead of top-down approaches to engagement.

In the next section, I share findings on interventions that are more curriculum based rather than supportive of educators' mental health.

4.3.4.2 Sub-theme 4.2: Interventions that are mainly curriculum based

The DBE's Covid-19 recovery plans are mainly targeted at curriculum losses and less on the emotional and social losses for learners, educators and non-teaching staff (Nanome et al., 2021). The conflicting information that characterises such recovery plans was reported to add to the mental health difficulties experienced by educators as shown in the excerpts below:

I think it is now information overload. Uhm coping with the impact that Covid had on our children. Like I said, our grade 3s who are now in grade 4, they were grade 1s when Covid hit, they are really struggling. So, I think teachers are still, argh, it's still this thing of trying to meet curriculum outcomes versus what your children can do. (PK)

And I'm feeling like, as much as I realise that they are trying to help as you said, I'm feeling the pressure in that, I just get my stride with one thing they change it, And I'm tired from it because I feel like I just start heading in that direction and then they are like, no stop, that

way. And then you head off in another tangent and then they're like, no wait, we're gonna adapt that a little bit. And I feel like for me... I'm tired, I'm genuinely tired. (SG)

As per Table 3.1 on demographics, SG and PK had 10 and 15 years of teaching experience respectively and their contributions expressed feelings of physical and emotional exhaustion. It appears that the DBE's focus on meeting curriculum outcomes versus what children can do is a challenge that they had been battling with even before Covid-19 which was worsened with the lockdown's learning disruptions. It might be that the state of uncertainty that characterised the pandemic continues as educators are expected to work with conflicting tools that drain their energy and motivation. This is counter to the collaborative value of community psychology which aims to promote respectful and equitable processes of dialogue whereby community members make meaningful inputs into decisions affecting their lives, in consideration of the need to act for social justice (Prilleltensky, 2001).

From the findings on top-down interventions that fall short of addressing the needs on the ground, it appears educators have the experience of being failed by the education system that is supposed to support them. On the other hand, the education system perceives that it is supporting educators with tools for effective teaching and learning. In contrast to the department's approach of imposing "ready-made" teaching and learning interventions, the series of PSS workshops was developed collaboratively with community partners. Thus, employing Lewin's cycles of planning, acting, observing and reflecting together with the partners promoted the development of an intervention strategy that addressed the partners' self-identified needs.

The inter-relational reflexive model of social change provides a useful framework

to increase self and other awareness, improve social understanding and contextual perception through a better understanding of power dynamics at play, more attentiveness to values and identity, linking agency to moral responsibility, and social rather than more limited individual transformative performance. (Norton & Sliep, 2018, p. 49)

To make meaning of the findings of this study, I employed this framework which comprises four interactive loops: deconstructive power in the collective, mobilising moral agency, negotiating accountability and responsibility, and achieving positive performativity (Sliep & Gilbert, 2006, 2009, 2018).

In this study, the deconstruction of the power loop might involve examining the power that rests with different partners in the collective, namely, intern psychologists, Rhodes University and educators. Complementing the inter-relational reflexive framework, Lewin's cycles of planning, acting, observing and reflecting allowed for the deconstruction of power and the co-construction of MHPSS interventions underpinned by collaboration and partnerships. Thus, intern psychologists and Rhodes University appear to have managed to engage with Makhanda stakeholders in education with the recognition that knowledge is continually constructed in context and through interactions with others (Sliep & Gilbert, 2006). Donaldson and Daughtery (2011) propose asset-based models of social justice that pay explicit attention to respecting the dignity and worth of community partners by sharing power and developing collateral relationships.

The mobilisation of the agency loop promotes social action through "communal participation where marginalised voices are elicited and attended to" (Sliep & Gilbert, 2006, p. 295). The reported top-down interventions that fall short of addressing teaching and learning needs highlight the importance of mobilising moral agency in community engagement. Educators shared how the DBE interventions communicate a demotivating message of a lack of trust and confidence in their ability to do their work. It appears that the DBE perceives itself to be supporting educators, yet educators are best positioned to articulate their support needs and to inform strategies that are better suited for their needs and those of their learners. At the centre of the inter-relational reflexive model of social action is the dialogue of all stakeholders which allows for the continuous co-construction of partner-driven solutions (Norton & Sliep, 2018). According to Kretzmann and McKnight (1993) and Prilleltensky (2001), social justice is achieved when there is an acknowledgement and embracing of assets that each community partner brings and allows collaborative agency towards social action.

The negotiating responsibility and accountability loop are closely linked to the deconstruction of the power loop as it allows for new relations and practices (Gilbert & Sliep, 2006). In facilitating social action, the question that might guide the dialogue on accountability and responsibility among community engagement partners in this study is: Who are the partners in this engagement accountable and responsible to? To help answer this question, Fongwa (2023) posits that universities need to serve an anchor role in their communities by changing visions, missions, relationships and internal structuring, thus becoming increasingly accountable and responsible to their community stakeholders. The findings in this study indicate that Rhodes University, through CBSL, arguably managed to be responsive to the mental health support needs of the Makhanda educational community during the Covid-19 pandemic. The university continues to be accountable to its partners in conducting this study and ethically commits to sharing the findings of the study with its partners. On the other hand, educators who were part of the MHPSS workshops attended in their personal capacity and not as representatives of their organisations. However, continuous inter-relational reflexivity which promotes context-related new roles and activities offers an opportunity for social action aimed at mitigating educators' responsabilisation caused by systemic factors beyond their control. I recently participated in a community engagement activity at the Assumption Development Centre (ADC), a key community stakeholder with whom Rhodes University extends psychological services to the wider community members. The activity involved psychoeducation on strengths, coping mechanisms and resources for mental health promotion. Community members reflected on poor services at government institutions such as Social Development, South African Police Services and Home Affairs resulting in devastating unresolved socio-economic difficulties. The reported inadequate attention to address socio-economic challenges by government institutions responsible for such support might be some of the systemic factors that responsabilise educators with the roles of being social workers, health workers or counsellors. Universities as anchor institutions are therefore better positioned to promote wider stakeholder engagement for collective social action, thus attending to the positive performativity loop in the inter-relational reflexivity framework. Akhurst and Msomi (2022) observed that the constrained nature of

CBSL to challenge broader contextual factors requires “further attention from universities’ community engagement to contribute to societal reconstruction. In the interim, working in sustained ways in conjunction with non-profit organisations who are already lobbying for change, may contribute to improved social change” (Akhurst & Msomi, 2022, p. 337).

4.4 Reflexivity

Reflexivity promotes awareness of self as a researcher and the influence that my subjectivity might have on the research process. Reflexivity, therefore, contributes to the truthfulness of the study and promotes the principle of trustworthiness.

I can describe the initial stages of embarking on this study as being all in my head. Initially, it was about writing a proposal, having it approved by the ethics committee, complying with the requirements of the ethics committee, and that of my training as a counselling psychologist, and completing the programme in time. My interest in exploring the experiences of educators in relation to the PSS workshops that they attended during Covid-19 was genuine, but it was only later that I realised that, that too, was all in my head.

Before I could meet with participants in this study, I experienced some frustration caused by the difficulty of arranging focus groups for the study. On obtaining the ethics approval in October 2022, invitations to participate in focus groups were sent to the Makhanda educational community through the RUCE office. After a very low response rate to the email invitations, visits to educational organisations in the company of the representative of the RUCE office were made. Due to the pressured time of end-of-the-year exams in 2022 and the still low resultant response, the data-gathering stage was put on hold until February 2023. With the help of the RUCE office, invitations were sent once more inviting those who attended the face-to-face workshops and those who attended online to participate in the focus groups. Back-and-forth attempts to meet with the participants finally bore fruit in March 2023.

It was in a meeting with the participants that I experienced a shift in my study from the head to my heart. Being in the presence of educators who actually experienced the hardships of Covid-19 in the schooling environment that, until that stage, I had heard about in the news or read about in literature, was a moment that impacted my life. Firstly, I realised how much of a sacrifice they made for us to meet. I experienced the participants' humility in allowing me into their space when they could be attending to their personal or family matters at the end of an exhausting day of work. Their generosity was displayed as they allowed the feedback process to take them back to 2021 and relived their experiences while relating them to their current work context. The opportunity to experience participants' frustrations, disappointments, exhaustion, despair, helplessness, resilience, hope and passion for their work was humbling. Also, seeing the community psychology values of collaboration, partnership, co-construction of meaning and respectfully engaging with community partners playing out in my presence was a priceless enlightening experience. It made me realise the wealth of wisdom and knowledge that we miss out on if we fail to be open to the voices of community partners. I remain humbled by the engagement that I had with the participants of my study, the support of the RUC office and that of my supervisor without which I would probably have not experienced the beautiful shift from the head to the heart in community engagement.

4.5 Conclusion

In this chapter, I have reported the findings of the study obtained by conducting two focus groups. The thematic analysis of data yielded four main themes which are the responsabilisation of educators during and post-Covid-19, educators' resilience and support for each other, educators' mental health promotion through PPS workshops, and top-down intervention strategies that fall short of addressing educators' and learners' needs. The inter-relational reflexivity model of social action was employed to help make meaning of the findings. It is evident that Covid-19-related disruptions, in addition to socio-economic factors, impacted teaching and learning and had a negative effect on the mental health of educators. The MHPSS workshops offered through Rhodes University Psychology CBSL appear to have been successful in promoting educators' mental health

during the Covid-19 pandemic. It is also evident that community interventions devoid of partner voices result in strategies that are disconnected from the needs of those they intend to support. Social action that leads to social justice should, therefore, be driven by the values of respect, dignity, collaboration and partnership with community stakeholders.

CHAPTER FIVE: CONCLUSION

5.1 Introduction

In this study, I aimed to explore educators' experiences of PPS workshops during Covid-19 in 2021 in the Eastern Cape town of Makhanda. The specific research questions that my study sought to answer were:

- i. How did educators experience the “new normal”?
- ii. What were the educators' experiences of participating in the workshops?
- iii. What were the educators' experiences of face-to-face and online facilitation of support?

In exploring educators' experiences of PSS workshops guided by the above questions, I hoped to address the two objectives of the study which were 1) to advocate for MHPSS as a standard practice available for educational practitioners, and 2) to contribute to CBSL in community psychology as a mechanism for university-community partnerships.

I will start by summarising the study findings in relation to the above research questions. I will then outline my recommendations to address the objectives of my study. In the last sections of the chapter, I will share the limitations of the study and lastly the conclusion.

5.2 Summary of Research Findings

5.2.1 Educators experience the “new normal”

The “new normal” was characterised by the lockdown with its five-level Covid-19 alert system and Covid-19 safety measures, such as the wearing of face masks or face shields, ensuring maximum ventilation, physical distancing, the washing of hands and the use of hand sanitisers. In school settings, Covid-19-related disruptions meant the suspension of traditional classroom-based contact with learners where teaching and learning had to shift to various modes of online platforms, the rotational school attendance by learners and the physical adjustment of classroom settings to allow physical distancing.

The Covid-19 lockdown that led to the suspension of traditional classroom-based contact with learners appears to have been a difficult experience for educators. Educators shared experiences that indicated feelings of concern, not only for learning losses but learner behavioural changes that resulted from learners not being at school during the pandemic. Not being able to extend the pastoral care that educators are rendered responsible for in school settings seems to have led to feelings of having failed learners that presented through learner behavioural challenges post-Covid-19. In addition, the experience of having to mediate learning losses without proper recovery strategies seems to have been a source of frustration for educators. Where strategies were provided by the Department of Education, these were often incongruent with learner needs. Educators appeared to battle with feelings of dissonance which seemed to emerge from the tension between following the prescribed guidelines and relying on their agency in attending to learner needs. Thus, mediating the learning losses and negative behavioural changes caused by the “new normal” disconnect with learners appears to have been a mentally challenging experience for educators.

The shift from traditional classroom-based to various online platforms of teaching and learning as a result of the “new normal” seems to have caused feelings of frustration and guilt for educators. Educators from no-fee-paying schools, where one expects that most learners come from low socio-economic environments, reported difficulties with online teaching and learning due to a lack of accessibility to online technologies. In fee-paying schools, educators reported having to manage the variations of access to online platforms due to differentiated socio-economic contexts. Rather than managing knowledge-making processes, the shift to online teaching and learning rendered educators responsible for managing unequal learner participation in education based not on ability but on accessibility to online platforms. The experience of this “new normal” appears to have been a source of frustration and guilt for educators.

The staggered reopening of schools after the easing of lockdown to Alert Level 3 appears to have been a difficult experience for educators. Educators had to see to the physical adjustment of classroom settings to conform to the social distance requirement of Covid-

19. The containment of the spread of the virus in schools was left to educators as reflected by one educator that *“I am completely on my own!”* (SG). It appears that there were no proper guidelines for educators to manage the “new normal”. In addition, with the rotational system that was implemented in schools with high learner-educator ratios, educators reported not knowing how to close the curriculum gaps caused by the rotational system in addition to the ones created during the complete shutdown. The findings indicate that the experience of the “new normal” for educators was unpleasant as they continuously battled feelings of confusion, failure, guilt and frustration leading to mental health difficulties. The PSS workshops were conducted in response to educators’ invitation for mental health support. The provision of this support was enabled via a responsive and collaborative university-community partnership.

5.2.2 Educators’ experiences of participating in the psychosocial support workshops

The PSS workshops that educators participated in have been shared in Table 1.1 of Chapter One. The educators’ reports during the focus group indicate that they benefited from psychoeducation regarding mental health, connecting with other colleagues and gaining practical mental health promotion tools.

Given the context of having to be a problem solver, psychologist, social worker, IT supporter and many other roles that educators were interpolated into, it became potentially difficult for educators to acknowledge their mental health and wellbeing difficulties. Through their attendance of PSS workshops, and in the presence of other colleagues in similar positions, educators appear to have experienced a safe space where their emotions were validated. Educators were constantly reminded that the PSS workshops were first and foremost for their benefit. They experienced the importance of being self-compassionate and allowing themselves time to “fill their cups”. Educators report that experiencing increased awareness of the importance of self-care helped them to seek opportunities for prioritising their mental wellbeing.

Through the psychoeducation on anxiety management, self-care, coping strategies, relational boundaries and managing grief provided in the 'Stress and Anxiety', 'Grief and Loss during Covid-19' and 'Relationships during Covid-19' workshops, educators report experiencing feelings of calm in a period of heightened uncertainty, confusion and loss. They report gaining confidence in supporting other colleagues who were experiencing grief. The experience of gaining mental health-related vocabulary seems to have heightened self-awareness and awareness of others and contributed to the ease of identifying and articulating potentially overwhelming feelings. The awareness that what they were feeling was normal and that other colleagues were experiencing the same gave them a sense of calm. Thus, psychoeducation gained through the PSS workshops was experienced as a mental health promotion mechanism.

In the context of physical distancing measures which contributed to some members' feelings of isolation, the PSS workshops helped educators maintain a sense of community. Educators report experiencing a connection with other colleagues through the PSS workshops. The Covid-19 restrictions interrupted the social support that educators gained in their normal interactions in school settings. Educators report that working as a community is one of their strengths. The PSS workshops provided a platform where they could reconnect with one another and experience the strengthening of the spirit of Ubuntu that helps them thrive in difficult situations like the pandemic.

Through PSS workshops, educators appear to have gained practical tools for mental health promotion. For example, the 'worry-bin' gained in the 'Stress and Anxiety' workshop seems to be incorporated into their lives as a coping strategy and is generalised into their teaching practice – they recommended this activity to their learners as well. Other practical tools experienced in PSS workshops are the mindfulness techniques that they found useful in helping to connect with their feelings. The 'Relationships and Covid-19' workshop imparted useful boundary-setting skills. They did, however, find the aspects regarding relational boundaries difficult to incorporate in the context of their responsabilised positions, although they acknowledged the value of these.

5.2.3 Educators' experiences of face-to-face and online facilitation of support

In addition to providing social and physical connectedness for participants in face-to-face workshops, educators report experiences of engaged interaction with trainees and the opportunity to practically explore mental health techniques which would have been difficult in online settings. The psychosocial support experience during the TPD workshop was reported to be so useful that participants arranged for the same workshop to be repeated with colleagues from their own school. Also, the mindfulness activities facilitated in person during the workshops seemed to make an impact on the educators. The findings indicate that they found these spaces cathartic and they were able to release tears, evidence of externalising their emotions. From the data (albeit from a limited number of participants), it seemed the online workshops were convenient for those who could attend. They could take 45 minutes away for themselves and have an opportunity to 'fill their cup'. From the research sample, the online participants attended more than five workshops compared to the face-to-face participants who attended one or two workshops. Online participants attribute their frequent attendance to the online provision of PSS workshops and the experience of having the opportunity to sit back and have time to reflect on themselves. Online participants also report PSS workshops as a time to connect with other colleagues, where during breaks, they could check up on each other's wellbeing. Thus, both in person and online provisions of PSS workshops were experienced as supportive and useful strategies to maintain a sense of community and promoted educators' mental wellbeing.

In answering the three research questions listed above, it is evident from the findings that firstly, the "new normal" was experienced as a challenging time for educators as they battled with feelings of guilt, frustration, uncertainty and confusion in navigating Covid-19-related educational disruptions. Secondly, findings show that educators' experiences of PSS workshops included the benefit of self-care, psychoeducation, practical mental health techniques and connectedness with other colleagues as mechanisms that promoted their mental wellbeing. Thirdly, both face-to-face and online workshops seem to have succeeded in providing mental health support in the face of a pandemic. Through

the collaboratively developed mental health intervention, it appears that the mental health gap identified as an urgent need at the height of the pandemic was addressed. However, although these workshops were generally experienced as supportive, educators did report being unable to incorporate arguably the most significant aspects regarding boundary setting in the face of their responsabilised positions. Thus, more critical consideration of supportive strategies for educators in the future is needed. The following recommendations are based on the findings of educators' experiences of PSS workshops with the hope of addressing the study objectives shared above.

5.3 Recommendations

Firstly, I recommend action research cycles, which, for this study, complemented the inter-relational reflexive model of community psychology and aid social action. Secondly, I advocate MHPSS as a standard practice available for educational practitioners. Lastly, I recommend a university-community partnership through CBSL to fill the gap in mental health provision.

5.3.1 Action research cycles

Action research is a paradigm developed by Kurt Lewin in response to experimental methods that he found to be inadequate and unsatisfactory in addressing people's real-world experiences (Tran, 2009). Lewin (1946) defines action research as "a comparative research on the conditions and effects of various forms of social action, and research leading to social action. Action research, therefore, involves planning, acting, observing, and reflecting; continuous cycles of learning by doing" (Tran, 2009, p. 35). Building on Lewin's work, diverse definitions of action research have been crafted. McDonough and McDonough (2014) identified the following common features from the various definitions of action research: that it is participant-driven and reflective, it is collaborative, it leads to change, and it is context-specific. Although this research cannot be classified as action research, the development of Psychosocial Support for Makhanda Educators was guided by action research cycles. The initial stage of the community intervention project involved an engagement of the university with key stakeholders in education to reflect on the

reopening of schools at the height of the Covid-19 pandemic. The collaborative reflection led to the identification of an urgent mental health-related need for the Makhanda educational community. Continuing with the research cycles, a series of PSS workshops was developed and implemented in partnership with community partners. This study offered yet another opportunity for university-community partners to reflect on the educators' experiences of the psychosocial support intervention. Sharing the findings of the study with partners might present an opportunity to reflect on the findings and plan for possible social action advocating the provision of psychosocial support in educational settings. Aligning with Akhurst (2017), action research cycles are recommended for future studies because of their instrumentality in ensuring the translation of psychological theory and principles into practice.

5.3.2 Mental health and psychosocial support as standard practice available for educational practitioners

One of my study objectives was to advocate MHPSS which is readily available for educational practitioners. The university-community engagement that gave impetus to this study noted the need for mental health support for educators given the negative impacts of the Covid-19 pandemic. The MHPSS literature shared in Chapter Two indicates that while psychosocial support is available in educational settings, it is usually provided for learners. In addition, with few mental health practitioners in South African school settings, the provision of such psychosocial support for learners is left to educators, assigning them roles such as psychologists, social workers and nurses in addition to those related to teaching and learning. The findings have shown how responsabilisation, exacerbated by the Covid-19-related disruptions in education, adds to educators' mental health difficulties. It was also shown how in the absence of MHPSS for educators, the collaboratively developed psychosocial support intervention succeeded in mental health promotion in the face of the devastating Covid-19 pandemic. Through this study, I advocate MHPSS which acknowledges educators' resilience, values and agency.

5.3.3 Community-university partnership to fill the gap in mental health provision

Another objective in conducting this study was to solicit the often-neglected voices of community partners in informing context-based MHPSS that is relevant in educational settings. This study has shown that through action research cycles, trainees in CBSL and community partners succeeded in collaboratively developing a psychosocial support intervention that is contextually relevant and meaningful to stakeholders in education. Akhurst and Msomi (2022) have proven that CBSL provides a mechanism for valued community-university engagement through which much-needed mental support can be provided in systematically marginalised communities. Akhurst (2017) also argues that CBSL has the potential of enabling universities, in partnership with community members, to fulfil their role of promoting their social responsibility in ways that are more meaningful to the community. However, the time that trainees can engage with partners through CBSL is limited, thus constraining a sustained engagement that might lead to collaborative and impactful social action. To address these concerns, this study that began in 2020 has been repeated four times, that is, from 2020–2023. What I present here is a snapshot of the community intervention in 2021. Therefore, a way to ensure sustainability has been through having this as a sustained project as part of the community psychology course. In this way, the course acts as an anchor and trainees continue and build on the work of previous trainees. The community-university partnership that sustains this support, coupled with action research cycles shared above, offers a recommended approach that promotes continuous and collaborative learning and adaptation towards the sustainability of mental health provision projects. However, it must be noted that the university-community partnership, through CBSL, enables systemic intervention at a micro level, whereas it is the macro-level socio-economic issues that are evidenced by community members that need to be addressed towards true social justice.

Working towards interventions that may address systemic issues at a macro level, Fongwa (2023) offers the concept of anchor institutions as a way in which universities can engage with their communities in an integrated manner towards achieving social and economic transformation. According to Fongwa (2023), universities are better positioned

to establish collaborative structures, networks and partnerships with key external stakeholders and leverage institutional resources towards achieving “socio-economic wellbeing and revitalisation of its immediate and extended communities” (p. 99). The community project under study is a typical example of what can be achieved through collaborative partnerships between the university and key external stakeholders. By bringing together the RUCE, the Department of Psychology, the Psychology Clinic, trainees and various stakeholders from the Makhanda educational community, the collaboratively developed intervention has succeeded in mental health provision from 2020 to date. This intervention is couched within a broader institutional imperative called the VC’s Revitalisation Plan – a project to revitalise public schooling in Makhanda. In this PSS project, leveraging institutional resources in the form of time, finances, facilities and trainees for the mutual benefit of both the educational practitioners in Makhanda and trainee’s learning contributed towards the revitalisation of the Makhanda educational community in the face of the pandemic and beyond. Based on attrition witnessed in online participation and the Makhanda socio-economic context that bars equal access to online technologies, I recommend that the continuation of this CBSL project be in person rather than online. In this way, the sustaining of this project may promote continued mental wellbeing and subsequent social transformation for the Makhanda educational community.

5.4 Limitations

The qualitative research approach and the small number of participants in this study, a total of 10 educators, limit the generalisability of the findings to other contexts. However, the educational context in Makhanda, with its political and socio-economic impacts on teaching and learning, mirrors that in broader South Africa. The findings may contribute to the development of MHPSS interventions that are context-specific and thus address mental health challenges in educational settings, a crucial intervention site for mental health promotion (WHO, 2020).

Concerning Focus Group Two, which was for educators who participated in online psychosocial workshops, two educators turned up after several recruitment efforts detailed in Chapter Three were implemented, yielding a low response rate. A reflection by one of the participants on the low response rate was that educators' attendance at activities is often influenced by the question: "How is this activity going to help my learners?" Another reflection was that educators are stretched to the limit in efforts to recover the Covid-19-related curriculum losses and find it challenging to engage in activities that place additional demands on their time. This limitation may have been countered by the fact that the two participants attended more than five PSS workshops and the feedback of their experiences of the workshops was a valuable contribution to the study. The reflections support the findings on the responsabilisation of educators and may confirm the need for psychoeducation that promotes and normalises educators' self-care.

This study was further limited by its nature of being a mini-thesis conducted in partial fulfilment of the master's degree in counselling psychology. Future iterations of the community intervention project would benefit from following community-based action research and conducting research in tandem with psychosocial support, in collaboration with community partners, which was not possible in this mini-thesis.

5.5 Conclusion

Most research and activism efforts on MHPSS have focused on supporting communities with the often-neglected area of mental health during crisis periods such as wars, conflict and pandemics. This has contributed to the rise in awareness of the value and central role of MHPSS in the global, regional and local communities. Literature on community members' experiences of such MHPSS interventions was not found. By soliciting the Makhanda educators' experiences of MHPSS offered during the Covid-19 pandemic in 2021, my study contributes to closing the identified gap in the literature and demonstrates the value of university-community partnerships in the educational setting which is the key site for public health promotion. It is hoped that building on the contribution made by my

study to the literature on the value of MHPSS in educational settings, university-community partnerships will be strengthened and challenged towards social action that leads to collaboratively developed psychosocial support strategies that are readily available for educators.

REFERENCES

Ahmed, R., & Pretorius-Heuchert, J. W. (2001). Notions of social change in community psychology: Issues and challenges. In *Community psychology: Theory, method and practice* (pp. 67-85). Oxford University Press.

Akhurst, J. (2016). International community-based service learning: Two comparative case studies of benefits and tensions. *Psychology Teaching Review*, 22(2), 18-29. <https://files.eric.ed.gov/fulltext/EJ1146558.pdf>

Akhurst, J. (2017). Student experiences of community-based service learning during Masters' level training, as related to critical community psychology practice. *Journal for New Generation Sciences*, 15(1), 1-20. <https://journals.co.za/doi/epdf/10.10520/EJC-c8536995a>

Akhurst, J., & Msomi, N. (2022). Building partnerships for community-based service-learning in poverty-stricken and systemically disadvantaged communities. In *The Routledge international handbook of community psychology* (pp. 325-339). Routledge.

Annette, J. (2005). Character, civic renewal and service learning for democratic citizenship in higher education. *British Journal of Educational Studies*, 53(3), 326-340. <https://doi.org/10.1111/j.1467-8527.2005.00298.x>

Arnborg, A. (2011). *Community-based psychosocial support training manual*. ACT Alliance. https://resourcecentre.savethechildren.net/pdf/actalliance_community_based_pss_training_manual.pdf/

- Arvidsson, I., Leo, U., Larsson, A., Håkansson, C., Persson, R., & Björk, J. (2019). Burnout among school teachers: quantitative and qualitative results from a follow-up study in southern Sweden. *BMC Public Health*, 19(1), 1-13.
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-6972-1>
- Babbie, E., & Mouton, J. (2012). *The practice of social research* (14th impression). Oxford University Press.
- Bauer, G. F. (2022). Salutogenesis in health promoting settings: a synthesis across organizations, communities, and environments. In *The handbook of salutogenesis* (pp. 277-281). Springer.
- Blouin, D. D., & Perry, E. M. (2009). Whom does service learning really serve? Community-based organizations' perspectives on service learning. *Teaching Sociology*, 37(2), 120-135. <https://doi.org/10.1177/0092055X0903700201>
- Bobo, B., & Akhurst, J. (2019). 'Most importantly, it's like the partner takes a more interest in us': Using Ubuntu as a fundamental ethic of community engagement partnerships at Rhodes University. *Alternation*, 27, 88-110.
<https://doi.org/10.29086/2519-5476/2019/sp27a4>
- Booi, M., Vincent, L., & Liccardo, S. (2017). 'If it ain't broke, don't fix it': Challenges facing institutional transformation of historically white South African universities. *African Sociological Review/Revue Africaine de Sociologie*, 21(1), 2-19. <https://www.ajol.info/index.php/asr/article/view/163701>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
<https://www.tandfonline.com/doi/abs/10.1191/1478088706QP063OA>

Bryman, A. (2016). *Social research methods*. Oxford University Press.

Businessstech. (2021, July 21). *South Africa prepares for schools to reopen – with a key change*. <https://businessstech.co.za/news/government/507608/south-africa-prepares-for-schools-to-reopen-with-a-key-change/>

Centre for the Study of Violence and Reconciliation (CSVr). (n.d.). *Mental health and psychosocial support*. <https://www.csvr.org.za/mental-health-and-psychosocial-support-services/>

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2). <https://uwe-repository.worktribe.com/preview/937606/Teaching%20>

Clomén, D., Horn, R., Osorio, M., Powell, M., Rydell, A. F., & Sejberg, Z. (2020). *The importance of mental health and psychosocial support during COVID-19*. International Federation of Red Cross and Red Crescent Societies and International Committee of the Red Cross.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist*, 35(2), 236-264. <https://doi.org/10.1177/0011000006287390>

Crompton, H., Chigona, A., & Burke, D. (2023). Teacher resilience during COVID-19: Comparing teachers' shift to online learning in South Africa and the United States. *TechTrends*, 1-14. <https://link.springer.com/article/10.1007/s11528-022-00826-6>

Department of Basic Education (2013). *Drug national strategy: For the prevention and management of alcohol and drug use amongst learners in schools*, Department of Basic Education, Pretoria.

De Vos, A. S., Delport, C. S. L., Fouche, C., & Strydom, H. (2011). *Research at grass roots: A primer for the social science and human professions*. Van Schaik Publishers.

Donaldson, L. P., & Daughtery, L. (2011). Introducing asset-based models of social justice into service learning: A social work approach. *Journal of Community Practice*, 19(1), 80-99.

<https://www.tandfonline.com/doi/full/10.1080/10705422.2011.550262>

Du Plessis, C., & Van Dyk, A. (2013). Integrating the community voice into service learning: Engaging with communities. In N. Petersen, & R. Osman (Eds.), *Service learning in South Africa* (pp. 2 – 32). Oxford University Press.

Ebersöhn, L., Loots, T., Eloff, I., & Ferreira, R. (2015). In-service teacher training to provide psychosocial support and care in high-risk and high-need schools: School-based intervention partnerships. *Journal of Education for Teaching*, 41(3), 267-284. <https://doi.org/10.1080/02607476.2015.1044226>

Elharake, J. A., Akbar, F., Malik, A. A., Gilliam, W., & Omer, S. B. (2022). Mental health impact of COVID-19 among children and college students: A systematic review. *Child Psychiatry & Human Development*, 1-13.

<https://link.springer.com/article/10.1007/s10578-021-01297-1>

Evans, L. (2012). South Africa's Bantustans and the dynamics of 'decolonisation': reflections on writing histories of the homelands. *South African Historical Journal*, 64(1), 117-137. <https://doi.org/10.1080/02582473.2012.655941>

- Evans, L. (2014). Resettlement and the making of the Ciskei Bantustan, South Africa, c. 1960–1976. *Journal of Southern African Studies*, 40(1), 21-40.
<https://doi.org/10.1080/03057070.2014.889359>
- Fongwa, S. (2023). Universities as anchor institutions in place-based development: implications for South African universities engagement. *South African Journal of Higher Education*, 37(1), 92-112. https://hdl.handle.net/10520/ejc-high_v37_n1_a6
- Foucault, M. (1972). *The archaeology of knowledge and the discourse on language*. Pantheon Books.
- Gilbert, A., & Sliep, Y. (2009). Reflexivity in the practice of social action: From self-to inter-relational reflexivity. *South African Journal of Psychology*, 39(4), 468-479.
<https://doi.org/10.1177/008124630903900408>
- Government of Sierra Leone. (2015). *Basic PSS in education: A training manual for teachers and other stakeholders*.
https://inee.org/sites/default/files/resources/Govt_Sierra_Leone_Revised_MoE_PSS_Training_Manual_20150303.pdf
- Hlalele, D. (2012). Psychosocial support for vulnerable rural school learners: In search of social justice!. *Journal for New Generation Sciences*, 10(2), 67-73.
<https://hdl.handle.net/10520/EJC133561>
- Hoadley, U. (2023). *COVID-19 and the South African curriculum policy response*.
https://resep.sun.ac.za/wp-content/uploads/2023/05/Hoadley_2023_COVID-19_curriculum_policy_response_SA_15May2023.pdf

- Hoefnagels, N., Irvine, P. M., & Memela, S. (2022). Makhanda: Exploring the mise-en-scène of a city under threat. In *Urban forum* (pp. 1-21). Springer.
- Hook, D. (2004). *Frantz Fanon, Steve Biko, 'psychopolitics', and critical psychology*. <http://eprints.lse.ac.uk/961>
- Imran, N., Aamer, I., Sharif, M. I., Bodla, Z. H., & Naveed, S. (2020). Psychological burden of quarantine in children and adolescents: A rapid systematic review and proposed solutions. *Pakistan Journal of Medical Sciences*, 36(5), 1106. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7372688/>
- International Federation of Red Cross and Red Crescent Societies (IFRC). (2022). *Mental health and psychosocial support: Ukraine and impacted countries emergency appeal (28/02/2022 – 31/12/2025)*. https://www.ifrc.org/sites/default/files/2022-12/20221212_UICC_MHPSS_MarketingDocument.pdf
- Kagan, C., & Burton, M. (2001). *Critical community psychological praxis for the 21st century*. IOD Research Group, Manchester Metropolitan University.
- Kagan, C., Burton, M., Duckett, P., Lawthom, R. & Siddiquee, A. (2020). *Critical community psychology: Critical action and social change* (2nd ed.). Routledge.
- Kretzmann, J. P., & McKnight, J. (1993). *Building communities from the inside out*. http://narda.org.ua/files/726406_823724.pdf
- Larson, D. (Ed.). (1984). *Teaching psychological skills: Models for giving psychology away*. Dale Larson.

Lazarus, J. (2007). Embedding service learning in South African higher education: The catalytic role of the CHESP initiative. *Education as change*, 11(3), 91-108.

Lewin, K. (1946). Action research and minority problems. *Journal of Social Issues*, 2(4), 34-46.

http://www.fionawangstudio.com/ddcontent/Instructions/action_research/readings/Lewin_1946_action%20research%20and%20minority%20problems.pdf

Lumadi, M. W. (2008). Teachers' exodus in South African schools: A smoke with burning fire. *Contemporary Issues in Education Research (CIER)*, 1(3), 31-40.

<https://doi.org/10.19030/cier.v1i3.1192>

Makana Local Municipality. (2021). *Makana municipality final integrated development plan 2021– 2022*. <http://www.makana.gov.za/wp-content/uploads/2013/06/Makana-FinalIDP2021-22.pdf>

Malik, N. A., Björkqvist, K., & Österman, K. (2017). Sick-leave due to burnout among university teachers in Pakistan and Finland and its psychosocial concomitants. *Humanities Today: Proceedings*, 2(1), 88-101. <https://doi.org/10.2478/htrp-2023-0009>

Maree, J. G. (2022). Managing the Covid-19 pandemic in South African Schools: Turning challenge into opportunity. *South African Journal of Psychology*, 52(2), 249-261. <https://doi.org/10.1177/00812463211058398>

Mazon, G., Pereira Ribeiro, J. M., Montenegro de Lima, C. R., Castro, B. C. G., & Guerra, J. B. S. (2020). The promotion of sustainable development in higher education institutions: top-down bottom-up or neither? *International Journal of Sustainability in Higher Education*, 21(7), 1429-1450.

<https://www.emerald.com/insight/content/doi/10.1108/IJSHE-02-2020-0061/full/html>

McDonough, J., & McDonough, S. (2014). *Research methods for English language teachers*. Routledge.

Msomi, N. (2021). *A summary of the activities at the Psychology Clinic during the unprecedented times of the COVID-19 pandemic*. Department of Psychology, Rhodes University.

Msomi, N. (2021). *Lou-Marie Kruger, of motherhood and melancholia: Notebook of a psycho-ethnographer*. <https://doi.org/10.1177/0959353520980890>

Mulaudzi, F. M., Anokwuru, R. A., Du-Plessis, M. A., & Lebese, R. T. (2022). Reflections on the concomitants of the restrictive visitation policy during the COVID-19 pandemic: An ubuntu perspective. *Frontiers in Sociology*, 6, 769199. <https://www.frontiersin.org/articles/10.3389/fsoc.2021.769199/full>

Mungai, K., & Bayat, A. (2019). An overview of trends in depressive symptoms in South Africa. *South African Journal of Psychology*, 49(4), 518-535. <https://doi.org/10.1177/0081246318823580>

Mwoma, T., & Pillay, J. (2015). Psychosocial support for orphans and vulnerable children in public primary schools: Challenges and intervention strategies. *South African Journal of Education*, 35(3). <https://www.ajol.info/index.php/saje/article/view/121854>

Namome, C., Winnaar, L., & Arends, F. (2021). Improving psychosocial support in SA schools during and after COVID-19 as part of a recovery plan. Policy Brief. Human Sciences Research Council (HSRC). <http://hdl.handle.net/20.500.11910/15829>

- Nassaji, H. (2020). Good qualitative research. *Language Teaching Research*, 24(4), 427-431. <https://doi.org/10.1177/1362168820941288>
- Nelson, G., & Prilleltensky, I. (2005). *Community psychology: In pursuit of liberation and well-being* (2nd ed.). Palgrave Macmillan.
- Nguse, S., & Wassenaar, D. (2021). Mental health and COVID-19 in South Africa. *South African Journal of Psychology*, 51(2), 304-313. <https://doi.org/10.1177/00812463211001543>
- Norton, L., & Sliiep, Y. (2018). A critical reflexive model: Working with life stories in health promotion education. *South African Journal of Higher Education*, 32(3), 45-63. <https://hdl.handle.net/10520/EJC-10047ba5d2>
- Nomsenge, S. O. (2018). Education NGOs in Makhanda, South Africa: A zero sum of philanthropy and survival. *Africanus: Journal of Development Studies*, 48(2), 16-pages. <https://hdl.handle.net/10520/EJC-14b649dde9>
- Nomsenge, S. (2022). Race, Power, and Philanthropy: Exploring the Role of Race in Non-governmental Socioeconomic Interventions: Insights from Makhanda, South Africa. *South African Review of Sociology*, 52(1), 58-71. <https://doi.org/10.1080/21528586.2021.2019610>
- Nyanda, J. (2021). Re-imagining a new normal: COVID-19 pandemic and the changing face of social interaction. *English Studies in Africa*, 64(1-2), 256-267. <https://doi.org/10.1080/00138398.2021.1969128>
- Olawale, B. E., Mutongoza, B. H., Adu, E. O., & Omodan, B. I. (2021). COVID-19 induced psychosocial challenges in South African higher education: Experiences

- of staff and students at two rural universities. *Research in Social Sciences and Technology*, 6(3), 179-193. <https://eric.ed.gov/?id=EJ1334774>
- Prilleltensky, I. (2001). Value-based praxis in community psychology: Moving toward social justice and social action. *American Journal of Community Psychology*, 29(5), 747-778. <https://link.springer.com/article/10.1023/A:1010417201918>
- Reiersgord, D. (2020). Online education during the pandemic: The challenges and opportunities. *Daily Maverick*, 3. <https://www.dailymaverick.co.za/article/2020-04-03-online-education-during-the-pandemic-the-challenges-and-opportunities/>
- Republic of South Africa. (2013). *Protection of Personal Information Act, Act No. 4 of 2013*. https://www.gov.za/sites/default/files/gcis_document/201409/3706726-11act4of2013protectionofpersonalinforcorrect.pdf
- Resha, G., Mwaikambo, A., Merafe, M., Maimela, P., Norman Hector, S., Mohamed, S., & Shabalala, G. (2023). *Literature review: Mental health and psychosocial support in transitional justice in Africa*. The Centre for the Study of Violence and Reconciliation. <https://www.csvr.org.za/literature-review-mental-health-and-psychosocial-support-in-transitional-justice-in-africa/>
- Rhodes University Communications. (2020). *Rhodes University embarks on community psychology project with local schools*. <https://www.ru.ac.za/latestnews/rhodesuniversityembarksoncommunitypsychologyprojectwithlocalschools.html>
- Rosen, G. M., Glasgow, R. E., & Moore, T. E. (2003). Self-help therapy: The science and business of giving psychology away. In *Science and pseudoscience in clinical psychology* (pp. 399-424). Guilford Press.

- Savell, S. M., Lee, J., Stern, J. A., & Wilson, M. N. (2023). Exploring the benefits of psychoeducation on college students' mental health during the COVID-19 pandemic. *Journal of American College Health*, 1-10.
<https://doi.org/10.1080/07448481.2023.2180996>
- Sayed, Y., Singh, M., Bulgrin, E., Henry, M., Williams, D., Metcalfe, M.,... & Mindano, G. (2021). Teacher support, preparedness and resilience during times of crises and uncertainty: COVID-19 and education in the Global South. *Journal of Education (University of KwaZulu-Natal)*, 84, 125-154. <http://dx.doi.org/10.17159/2520-9868/i84a07>
- Seedat, M., & Lazarus, S. (2011). Community psychology in South Africa: Origins, developments, and manifestations. *Journal of Community Psychology*, 39(3), 241-257. <https://onlinelibrary.wiley.com/doi/full/10.1002/jcop.20429>
- Setlhare, R., Wood, L., & Meyer, L. (2016). Collaborated understandings of context-specific psychosocial challenges facing South African school learners: A participatory approach. *Educational Research for Social Change*, 5(2), 18-34.
<http://dx.doi.org/10.17159/2221-4070/2016/v5i2a2>
- Sliep, Y., & Gilbert, A. (2006). Promoting inter-relational reflexivity with psychosocial workers in community work: A case study from Burundi. *Journal of Psychology in Africa*, 16(2), 293-302. <https://doi.org/10.1080/14330237.2006.10820133>
- Sorsdahl, K., Slopen, N., Siefert, K., Seedat, S., Stein, D. J., & Williams, D. R. (2011). Household food insufficiency and mental health in South Africa. *Journal of Epidemiology & Community Health*, 65(5), 426-431.
<http://dx.doi.org/10.1136/jech.2009.091462>

- South African Council of Educators. (2018). *Code of professional ethics*.
https://www.sace.org.za/assets/documents/uploads/sace_58684-2018-11-22-Ethics%20brochure.pdf
- South African Government. (2020). *COVID-19 / Novel Coronavirus*.
<https://www.gov.za/Coronavirus>
- South African Government. (2022). *About alert system*. <https://www.gov.za/covid-19/about/about-alert-system>
- Statistics South Africa. (2019). *Inequality trends in South Africa: A multidimensional diagnostic of inequality*. <https://www.statssa.gov.za/publications/Report-03-10-19/Report-03-10-192017.pdf>
- Statistics South Africa. (2021, November 30). *Quarterly Labour Force Survey (QLFS) – Q3:2021*. <https://www.statssa.gov.za/?p=14957>
- Teruya, J. (2021). Pedagogy in a pandemic: Responsibilisation and agency in the (re) making of teachers. *Pedagogy, Culture & Society*, 1-17.
<https://www.tandfonline.com/doi/epub/10.1080/14681366.2021.1898044?needAccess=true>
- Thornton, V. J., Asanbe, C. B., & Denton, E. G. D. (2019). Clinical risk factors among youth at high risk for suicide in South Africa and Guyana. *Depression and anxiety*, 36(5), 423-432. <https://doi.org/10.1002/da.22889>
- Torrance, H. (2017). Blaming the victim: Assessment, examinations, and the responsabilisation of students and teachers in neo-liberal governance. *Discourse: Studies in the Cultural Politics of Education*, 38(1), 83-96.
<https://doi.org/10.1080/01596306.2015.1104854>

Tran, T. T. H. (2009). Why is action research suitable for education? *VNU Journal of Foreign Studies*, 25(2). <https://js.vnu.edu.vn/FS/article/view/2240>

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2020). *IICBA organises a webinar on psychosocial support to teachers during COVID-19 crisis*. <http://www.iicba.unesco.org/?q=node/399>

United Nations International Children's Emergency Fund (Unicef). (2021). *Learners in South Africa up to one school year behind where they should be*. UNICEF report, Pretoria. <https://www.unicef.org/press-releases/learners-south-africa-one-school-year-behind-where-they-should-be#:~:text=PRETORIA%2C%202022%20July%202021%20%E2%80%93%20The,be%2C%20according%20to%20latest%20statistics>

Van der Berg, S., & Spaull, N. (2020). COVID-19 school closures in South Africa & its impact on children. *South African Journal of Childhood Education*, 10(1). [https://fundawande.org/img/cms/news/Van%20der%20Berg%20&%20Spaull%202020%20Counting%20the%20Cost%20-%20COVID-19,%20Children%20and%20Schooling%20\(15%20June%202020\).pdf](https://fundawande.org/img/cms/news/Van%20der%20Berg%20&%20Spaull%202020%20Counting%20the%20Cost%20-%20COVID-19,%20Children%20and%20Schooling%20(15%20June%202020).pdf)

Vazi, M. L., Ruiter, R. A., Van den Borne, B., Martin, G., Dumont, K., & Reddy, P. S. (2013). The relationship between wellbeing indicators and teacher psychological stress in Eastern Cape public schools in South Africa. *SA Journal of Industrial Psychology*, 39(1), 1-10. <https://hdl.handle.net/10520/EJC141213>

Venter, E. (2004). The notion of ubuntu and communalism in African educational discourse. *Studies in Philosophy and Education*, 23, 149-160. <https://link.springer.com/article/10.1023/B:SPED.0000024428.29295.03>

- Visser, M. (2016). Community psychology. In M. Visser & A.-G. Moleko (eds), *Community psychology in South Africa* (2nd ed.). Van Schaik.
- Wilkinson, S. (2003). Focus groups. In J. A. Smith (ed.), *Qualitative psychology: A practical guide to research methods*. Sage.
- World Health Organization. (2004). *Promoting mental health: Concepts, emerging evidence, practice: Summary report*.
<https://apps.who.int/iris/bitstream/handle/10665/42940/9241591595.pdf>
- World Health Organization (WHO). (2020). *Mental health and psychosocial considerations during the COVID-19 outbreak*.
<https://0-dx.doi.org.wam.seals.ac.za/10.36740/wlek202112106>
- Yin, R. K. (2015). *Qualitative research from start to finish*. Guilford Publications.

APPENDICES

APPENDIX A: FOCUS GROUP GUIDE



RHODES UNIVERSITY
Grahamstown • 6140 • South Africa

Guide for Focus Groups

Project Title: Educators' Experiences of Psychosocial Support Workshops during
Covid-19 in Eastern Cape, South Africa

The objectives of the study are to:

- i. Contribute to advocating for psychosocial support as a standard practice available for educational practitioners.
- ii. Forge alliances with community-based organisations.
- iii. Contribute to the development of the service-learning component of the community psychology course.

The researcher will be mindful to:

- i. Remind participants of the aim of the study outlined above
- ii. Go over the consent form and check the gatekeeper's permission provided
- iii. Go over the audio recording consent form
- iv. Set up recording device

- v. Ask participants what questions/comments they have before the discussions
- vi. Participants will be requested to briefly introduce themselves

Focus groups will be guided by the following semi-structured questions:

1. What mental challenges did educators experience during Covid-19?
 - 1.1 What are some of the strengths that educators possess in navigating challenges faced during Covid-19?
2. What was the role of the support workshops in assisting with these challenges?
3. What are educators' experiences of the 'new normal'?
4. What tools were educators equipped with during the psychosocial support workshops?
5. What were the educators' experiences of either the online or face-to-face workshops?

APPENDIX B: TABLE OF THEMES, SUB-THEMES AND EXCERPTS

Themes	Sub-themes	Participants' excerpts
The responsabilisation of educators during and post-Covid-19	Responsibilised for the continuation of learning and teaching during Covid-19	<p>"And for most of us, there was that term comorbidity, like other must nor come to school, like the asthma people, high blood people, diabetes people. For instance, myself, I did not come for months here at school, I wasn't here. So, that was a very big challenge at least for the children, for learners. Because we are teaching little children here, so if they are used to you, they are used to you" (NT)</p> <p>"If you had 34, they come 17 on Monday, Tuesday the other 17, so you can't catch up really with the work." (NR)</p> <p>"And we were working online <i>nhe</i>, it is not easy because you don't understand to work with our kids online" (NT)</p> <p>"I can't do anything to help these children, I'm letting them down, I'm failing them, I'm failing education because we can't help them. Also, because they can't learn from home, they can't do homeschooling, so it's not like we have a backup or support. You are just on your own completely vulnerable and that was for me, a heavy burden."(SG)</p>
	Educators (diminishing) feelings of moral agency during Covid-19	<p>"Yes, even the gap in the curriculum as ma'am said, the behaviour but with the curriculum itself, there is a gap in these learners. You see that there is a gap because instead of learning that time, they were at home and there was no education that time, so there is a gap in these learners. You see that <i>umntana okwa</i> (a child who is 1) in grade 1 is not ready to be in grade 1 whereas age-wise, he is supposed to be there. You then see <i>intokuba</i> (that) oh there is a gap. You need <i>kengoku</i> (now) as a teacher, to close that gap, to do grade R work and pre-school work; painting, playing dough. ATP doesn't say that you must do those things, but they can't even hold the pencil." (NM)</p> <p>"I do manage that because I think I've got 6 learners in my class who cannot even hold the pencil. I just group them according to their abilities, whereas the government doesn't want to do that. But I have to use my own strategy as I'm feeling the pain and I will answer that to the officials. The I group them according to their abilities, there are those who go with the ATP, who are not struggling. But there are those who still need to play dough, scribbling. I</p>

		group them, that's what I do. Then those who are moving, then go with the ATP." (NM)
	Responsibilised for the learners' mental and behavioural after-effects of Covid-19	<p>"..if you see these days, our learners are too rude, because of that gap they were away from school. So, they have learnt so many wrong things in the location, such that here at school they can't be the way we want them to be" (NK)</p> <p>"Because teachers don't often sit and think about, we always think, how is it going to impact the children. Even in those sessions, it was always, but how can we help the children cope with trauma and they were like, no no we're talking about you" (PK)</p> <p>"Even in learners, before a lesson, when they are able to write, we'll just say, write one thing that makes you frustrated or being stressed at home, write it and then throw it in the dustbin and they will throw it." (NM)</p>
Educators' resilience and support for each other	Adapting and adjusting to external and internal Covid-19 demands	<p>"To be honest I think uhm we don't have an exact coping mechanism, we just saw each other here, we see each other here now, as to how we coped and whatsoever, I think we just took each day as it is." (SM)</p> <p>"I think, one of the things that make us to have life going is hope because each and every morning we pray then we have hope that Covid is nothing." (NM)</p> <p>"And I think we are good at coping with overwhelm as teachers. Both sensory overload, crisis management, all of those things where other people would see 27 balls in the air and go, I'm not doing this! Teachers somehow manage to keep throwing one ball up in the air at a time you know." (SG).</p> <p>"Teachers are problem solvers, I always say, we want to solve a problem. We are positive about not looking at, ok this is, oh my goodness what are we going to do to solve it, what are we going to do to get through this, what do I need to change my classroom, my teaching, the environment." (PK)</p>
	The community spirit – social resource	"It was important because the fact that we tried to invite them to do the workshops in our schools, I mean our school for the whole staff. It was very fruitful, and we said to ourselves no, we must share this with other educators. So, it was very fruitful, shame no, some of those things we forgot, but it was very fruitful." (NM)

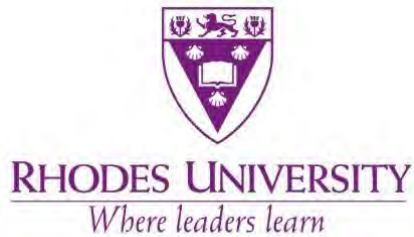
		<p>“I think one of the reasons is to use WhatsApp, we are aware of what’s happening, we became aware of what’s happening. Because sometimes we would be told that one of us has Covid-19 and could not come to work. So, we would motivate each other through WhatsApp, sending messages to make the person feel better. So, I think that is another way that kept us going through that time.” (SM)</p> <p>“It’s all about that okay and standing together, guys listen, we’re in this, we can’t look back, we just need to look forward and go and try and support each other. Remember we went teaching, you went teaching grade 7 EMS, I went teaching grade 7 geography cause there were comorbidities and they couldn’t come in. so we were just saying, let’s slot in..” (PK)</p>
<p>Educators’ mental health promotion through psychosocial support workshops</p>	<p>Emphasis on self-care</p> <p>(emotional self-care is important – something that educators may feel guilty to indulge in)</p>	<p>“To manage anxiety within ourselves” (LS)</p> <p>“I think to stay positive. It helped because we were all worried that we may not wake up the following day but we woke up having messages from colleagues checking us and our families as well, that made us stronger.” (M)</p> <p>“I think it was a little bit of time that I could fill my cup....And for me, that was a little bit of time where I could say, ‘Mommy is in a meeting.’ I could just go and sit in my room and close the door and be like, ‘I’m just gonna be half an hour, 45 minutes whatever it was, I’ll be back just now.’ So it was definitely the filling up of that cup, taking that time to just reflect” (SG)</p> <p>“And it was a time for you to be forced to look, because at the end of the day, if you don’t look after yourself, it impacts on your children, on your classroom children.” (PK)</p> <p>“During that time, I also signed up for, to see a psychologist myself. So, I think that, that made that a little bit like, oh, so it highlighted for me that, okay maybe I do need to speak to someone.” (SG)</p>
	<p>Psychoeducation Awareness</p>	<p>“Uhm because they say, they indicated that the Covid-19 created a lot of anxiety and you know, being unsure you know, confused of how we were to adapt to the new normal. So, I think that programme tried to give us a bit of calm, just to say that, things are gonna be alright, we just need to be flexible...” (LS)</p> <p>“And the workshops or the sessions gave us some techniques as to how best can we deal with issues such as the grief that we faced as teachers and how do we address</p>

		<p>the grief that our colleagues have been through and whatsoever.” (NM)</p> <p>“It was even helpful speaking to other people that have gone through grief, and the fact that they have gone through grief differently than maybe, you go through grief. And because grief has just been on our doorstep ever since I don’t this it’s ever gone away. And uhm so, I think that has been very very helpful and very valuable tool, especially for me, just knowing what to say, what not to say. Knowing that it’s okay to just listen you know. So, I definitely think those tools have been so valuable.” (SG)</p> <p>“But for me it was also the topics that we discussed, realised the impact of the loss, loss was a big thing. It wasn’t just a loss of life, but a loss of a lot of things. A lot of insight into what we were going through, that we would be okay, that whatever we were feeling, was normal.” (PK)</p>
	<p>Provision of a platform to connect with self, other educators, and the world</p>	<p>“I think also the sharing, sharing of our struggles with other teachers also helped because you knew you were not the only one who is going through tough times.” (NM)</p> <p>“..But then you start listening to the other people and then you share that loss and the sadness and then you start thinking about your own loss, what you have lost and the people that you care about, and the people that are far away. People that are overseas that are family, and then you just kind of spend time to yourself...” (PK)</p> <p>“Knowing that there are other people that because we were very isolated and teachers are not people that work in isolation. So, it was nice to have and see faces, ‘Hi how are you guys doing?’ Sometimes just sharing more than just you know, whatever ‘I also was struggling with this’ the in-between chats was nice.” (PK)</p> <p>“But I think definitely that, feeling so isolated, feeling helpless...just knowing that other people out there were feeling the same. Sometimes you know, it’s not gonna fix you but at least it helps you to feel like, at least I’m fine, I’m normal. I’m gonna get through this because there’s other people that are also struggling with it you know. And just <i>ja</i> that camaraderie, the community.” (SG)</p>
	<p>Provision of practical tools for mental health promotion</p>	<p>“So, we were asked to write something that’s bothering us, each of us had a piece of paper and we were to fold the paper and throw it away. And we were told that, we had to pretend as if, while we are throwing the paper away, the</p>

		<p>problem is also going away. So, I think that, playing that game gave us a little bit of peace” (LS)</p> <p>“There was this one of closing your eyes, I’m not sure how it was done or whatever. But there were times when we were told to look up and close our eyes and whatever, yes, and then I saw others were crying, the pain was going away” (SM)</p> <p>“Because once you cry, there’s something that uhm, it’s as if there is something that is taken away from you. Ut that workshop is very powerful, it’s just that, we don’t remember many things” (NM)</p>
<p>Top-down intervention strategies that fall short of addressing educators’ and learners’ needs</p>	<p>Generalised interventions that do not address challenges on the ground</p>	<p>“And I’m feeling a drip down, trickle effect from the high-ups in the department. That is because they base the efficacy of their work on how many workshops they execute and during Covid they couldn’t. I’m feeling like, every other day, we have another workshop and we’ve got to go somewhere else and we’ve got to sit and listen. When all we wanna do is for people to trust us and go ‘We know you did a degree, we know you’ve been teaching for x amount of years, this is what we want you to achieve, there go for it’ and allow us to, trust us enough to know our learners....and to teach from where the learners are, to where we can get them.”</p> <p>“..I feel like my brain is numb. Yesterday I could barely speak English, I feel like there’s too many people trying to shove information in my head. And I’m just going, okay you know where I wanna be, I wanna be in my class with my 40 grade 1s that really need me there. So, I appreciate what you’re saying has quality, has importance and I realise that you’re trying to help me. but right now, this is not what I need.” (SG)</p> <p>“And instead of going, there are certain schools where the teachers are not doing this, go and maybe try and find those schools where the teachers might benefit from the training and rather go to that school and help them. Instead of teaching or lecturing 50 people with slides, it’s got no impact.” (PK)</p>
	<p>Interventions are mainly curriculum based</p>	<p>“I think it is now information overload. Uhm coping with the impact that Covid had on our children. Like I said, our grade 3s who are now in grade 4, they were grade 1s when Covid hit, they are really struggling. So, I think teachers are still, arggh, it’s still this thing of trying to meet curriculum outcomes versus what your children can do.” (PK)</p>

		<p>“And I’m feeling like, as much as I realise that they are trying to help as you said, I’m feeling the pressure in that, I just get my stride with one thing they change it, And I’m tired from it because I feel like I just start heading in that direction and then they are like, no stop, that way. And then you head off in another tangent and then they’re like, no wait, we’re gonna adapt that a little bit. And I feel like for me...I’m tired, I’m genuinely tired...” (SG)</p>
--	--	---

APPENDIX C: ETHICS APPROVAL



Rhodes University Human Research Ethics Committee

PO Box 94, Makhanda, 6140, South Africa

t: +27 (0) 46 603 7727

f: +27 (0) 46 603 8822

e: ethics-committee@ru.ac.za

NHREC Registration number: RC-241114-045

<https://www.ru.ac.za/researchgateway/ethics/>

7 October 2022 Rendani Miriam Mabaso

Email: g22m3890@campus.ru.ac.za g22m3890@campus.ru.ac.za

Review Reference: 2022-5577-7066

Dear rendani mirriam mabaso

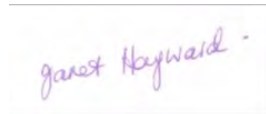
Title: Educators' Experiences of Psychosocial Support Workshops during Covid-19 in Eastern Cape, South Africa

Researcher: Rendani Mirriam Mabaso

Supervisor(s): Ms Nqobile Msomi

This letter confirms that the above research proposal has been reviewed and **approved** by the Rhodes University Human Research Ethics Committee. Your Approval number is: 2022-5577-7066 Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying you when the annual report is due.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations repository, please notify the committee of the date of submission and/or any reference or cataloguing number allocated. Sincerely,

A rectangular box containing a handwritten signature in purple ink that reads "Janet Hayward".

Dr Janet Hayward

Chair: Rhodes University Human Research Ethics Committee

cc: Ethics Coordinator

APPENDIX D: PARTICIPANTS CONSENT FORM

PARTICIPANT INFORMED CONSENT DECLARATION

(To be signed by research participants)

Research Project Title: Educators' Experiences of Psychosocial Support

Workshops during Covid-19 in Eastern Cape, South Africa

Mrs. Rendani Mabaso from the Department of Psychology, Rhodes University, has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to explore the experiences of educators who participated in psychosocial support workshops, in their personal capacity and not representing the schools or organisations they work for, during COVID19 conducted by Rhodes University Department of Psychology in 2021.
2. Rhodes University has given ethical clearance to this research project (number: xxxx to be provided) and I have seen/may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za).

3. By participating in this research project, I will be contributing towards to the researcher in compiling a research project towards a Masters in Psychology. There may be reputational benefits for the researcher and Rhodes University as well as the educators from the dissemination of findings from this project.
4. I will participate in the project by taking part in a focus group with other educators and educational practitioners who attended the same workshops, and the researcher. The focus group will be about 60 – 90 minutes and I will be asked to share my experience of participating in psychosocial workshops during COVID-19 in 2021.
5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
6. I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed.
7. The following risks are associated with my participation:
 - a. The following low-level risks are associated with my participation: that it might be embarrassing to share my experiences; and describing these experiences may cause distress. I may be concerned should any ‘negative’ comments emerge about schools or organisations.
 - b. The following steps have been taken to prevent the risks: my contributions will be anonymous and my identity will be treated with confidentiality. Any reference to an organisation will be anonymised. As a student counselling psychologist, Rendani has assured me that she will be able to provide a debriefing session for me should I experience distress as a result of the focus group discussions. She will also facilitate my referral to the Psychology Clinic for further containment should my level of distress require such attention. I have also been provided with the Psychology Clinic contact details: Ms Busi Mzangwa (Clinic Administrator), b.mzangwa@ru.ac.za, 046 603 8502.

8. The Researcher intends to publish the research results in the form of a research project in partial fulfilment of the requirements of the degree of Master of Arts in Counselling Psychology at Rhodes University. However, confidentiality and anonymity of records will be maintained, and my name and identity will not be revealed to anyone who has not been involved in conducting the research *unless I indicate to the contrary/recognise that as a public figure, my identity will inevitably be/become known in which case I agree to and accept the loss of confidentiality.*
9. In terms of the Protection of Personal Information Act, it remains my right to request the Researcher to provide me with a detailed explanation of exactly how confidentiality and anonymity will be achieved. I may request to know how my personal information will be stored securely, for how long it will be stored, and whether it is likely to be used again in further research.
10. In terms of the Protection of Personal Information Act, I possess the right to receive feedback about this research. This will take the form of a feedback information session that may be held face-to-face or online depending on the Covid-19 situation *unless I elect not to receive feedback.*
11. Any further questions that I might have regarding the research or my participation will be answered by Mrs. Rendani Mabaso via email (g22m3890@campus.ru.ac.za).
12. By signing this informed consent declaration, I am not waiving any legal claims, rights or remedies.
13. A copy of this informed consent declaration will be given to me, and the original will be kept on record.

I,, have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all the questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the abovementioned project.

I **agree/disagree** to the Researcher's request to voice record my comments and opinions during interviews, the purpose of which is to ensure the accurate recording of my views. Furthermore, I have the right to request a copy of the interview transcriptions to confirm that my opinions are accurately recorded.

.....

.....

Participants signature

Date