



BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SCIENCE AND ENGINEERING

DEPARTMENT OF HEALTH SCIENCES

PSYCHOSOCIAL FACTORS OF PATIENTS WITH SUBSTANCE USE RELATED

MENTAL DISORDERS REPORTING TO CHINHOYI PROVINCIAL HOSPITAL

PSYCHIATRIC UNIT

BY

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**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS OF BACHELORS SCIENCE HONOURS DEGREE IN NURSING
SCIENCE AND EDUCATION**

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APPROVAL FORM

The undersigned strongly certify that they have read and made recommendations to the Bindura University of Science Education for acceptance of a research project entitled: *Psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit*. The project was submitted in partial fulfilment of the requirements of Honours Bachelors of Science Honours degree in Nursing Science and education.

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RELEASE FORM



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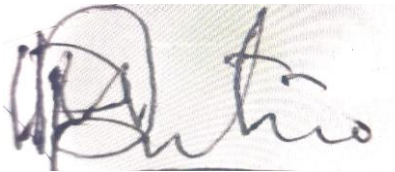
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DECLARATION

I Pearson Dutiro, B202924B do hereby declare that this research represents my work, and has not been written for me or published by others for any degree programme or publications. All the materials used in this study have been fully acknowledged and sited accordingly in the study as will be shown in the reference and appendices at the end of the research study.

DEDICATIONS

I dedicate this dissertation to my friends and family, my dear sister Lorraine Dutiro I always love you.

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My sincere gratitude goes to the Almighty God for making this research study a success. I would also like to thank my supervisor, Professor P. Ndarukwa for his innumerable support and patience in compiling the whole project. His support and guidance were invaluable, and I am very grateful for all his help and encouragement. I would also want to extend my appreciation to the department of health science and all its lecturers, my family and friends for the support and motivation to continue with my studies.

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ABSTRACT

The study aimed to investigate the psychosocial factors of patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric unit. It used a case study design and employed both qualitative and quantitative research paradigms. A stratified sample of 30% of 500 patients and interviews with 11 nurses, 1 Sister in Charge psychiatric ward, and 1 clinical psychologist were used. The study used questionnaires were self-administered directly to participants and interviews were conducted at a place conducive to the interviewees. The study discovered that marijuana, speed, mutoriro, Chalk, Ice, Crank, Guka, Glue, Broncleer (Bronco), Solvents Fembo and Genkem, Chlorpromazine Maragado, Mangemba, and Cane spirit were more commonly associated with mental disorders among patients in addition to crystal meth. The study found that trauma during active use has a significant impact on the treatment outcomes of patients with substance use related mental disorders. This implies that trauma significantly affects the effectiveness of treatment for these patients. The study revealed a correlation between the severities of substance use related mental disorders and stress levels among patients. This suggests that individuals with higher levels of these disorders are likely to experience higher levels of stress. Lastly, the study found no common treatment options for patients with substance use related mental disorders. This indicates a need for further research and exploration of alternative therapeutic interventions.

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LIST OF ACRONYMS

CDC-	Centers for Disease Control and Prevention
CBT-	Cognitive-behavioral therapy
CRA-	Community Reinforcement Approach
CUD-	cannabis use disorder
MAT-	Medication-assisted treatment
ICU-	Intensive care unit
MI-	Motivational interviewing
MUD-.	marijuana use disorders
NAMI -	National Alliance on Mental Illness
NIAAA-	National Institute on Alcohol Abuse and Alcoholism
-NIDA-	National Institute on Drug Abuse
NSDUH-	National Survey on Drug Use and Health
PTSD-	.Post-traumatic stress disorder
PTSD -	post-traumatic stress disorder
SAMHSA-	Substance Abuse and Mental Health Services Administration
SES-	Socioeconomic Status
SMI-	serious mental illnesses
SUDs.-	substance use disorders
TF-CBT -	Trauma-focused cognitive-behavioral therapy
WHO-	World Health Organization

CHAPTER I

BACKGROUND AND ITS SETTINGS

1.1 Introduction

The study seeks to examine psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit. This chapter unfolds by giving the background of the study, statement of the problem, research objectives, research questions, , limitations of the study, delimitations of the study and the organisation of the research report.

1.2 Background of the Study

Substance use disorders (SUDs) and mental illness are major public health concerns that affect millions of people globally (World Health Organization, 2021). SUDs refer to the recurrent use of substances such as alcohol, tobacco, or drugs that lead to significant functional and social impairment (American Psychiatric Association, 2013). Mental illness encompasses a range of conditions affecting an individual's thinking, feeling, or behavior, leading to significant distress and impairment in functioning (National Institute of Mental Health, 2022). Notably, SUDs often co-occur with other mental illnesses, including depression, anxiety, and post-traumatic stress disorder (PTSD), demonstrating a complex and multifaceted relationship between substance use and mental health (Kessler et al., 2005; Grant et al., 2004).

The prevalence of substance use disorders and mental illness worldwide is staggering. According to the World Health Organization (WHO) (2019), about 1 in 4 people worldwide will experience a mental illness at some point in their lives. Mental illness is the leading cause of disability worldwide, and it affects individuals of all ages, genders, and cultures. Substance use disorders are also widespread and have devastating consequences, including increased morbidity and mortality (Disorders Foundation, 2021). The National Institute on Drug Abuse (NIDA) (2021) reports that in 2019, approximately 70,000 people died from drug overdose in the United States alone. This was echoed by Brown and Van Etten (2022) who argued that substance abuse was frequently

associated with mental health disorders, where individuals may use drugs as a means of self-medication for underlying psychological issues, further exacerbating their mental health conditions. This showed that such a factor Several increased an individual's risk of developing substance use disorders and mental illness. According to the Centers for Disease Control and Prevention (CDC) (2019), factors such as genetics, environmental exposures, and individual factors such as trauma can all contribute to the development of mental illness condition. Genetics play a significant role in the development of substance use disorders and mental illness. Individuals who have a family history of substance use disorders or mental illness are at increased risk of developing these conditions. Environmental exposures such as exposure to trauma, abuse, or neglect can also increase the risk of developing these conditions.

Effective treatment options are available for individuals with substance use disorders and mental illness. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2019), treatment options for substance use disorders include behavioral therapy, medication-assisted therapy, and peer support. Behavioral therapy aims to change an individual's behavior through counseling and other strategies. Medication-assisted therapy involves the use of medications that reduce drug cravings and withdrawal symptoms. Peer support involves individuals with similar experiences providing support and guidance to one another. Similarly, for mental illness, treatment options include medication, psychotherapy, and social support. Medications help to alleviate the symptoms of mental illness, and psychotherapy involves talking with a mental health professional to develop coping skills and strategies. Social support involves family members, friends, and other individuals providing emotional and practical support to individuals with mental illness.

The prevention of substance use disorders and mental illness involves early interventions to address risk factors such as exposure to trauma and stress. According to the National Institute of Mental Health (NIMH) (2020), early interventions such as cognitive-behavioral therapy, family interventions, and trauma-focused therapy can help prevent the onset of substance use disorders and mental illness. Similarly, interventions such as psychosocial support and early identification and treatment of mental health conditions can prevent the progression of mental illness. Therapy, family interventions, and trauma-focused therapy can prevent the onset of substance use disorders

and mental illness. Finally, interventions such as psychosocial support and early identification and treatment of mental health conditions can prevent the progression of mental illness.

In Zimbabwe, Chinhoyi Provincial Hospital is one of the main psychiatric facilities where patients may use drugs as a means of self-medication for underlying psychological issues, further exacerbating their mental health conditions. Substance use disorders and mental health are major public health concerns worldwide, including Zimbabwe. Substance abuse and mental health disorders are interlinked and have a significant impact on the mental and physical well-being of individuals. According to a study conducted by Mudarikiri and colleagues (2021), substance abuse is a widespread problem in Zimbabwe, affecting both rural and urban populations. The study reported that among the substances commonly abused in Zimbabwe, alcohol and tobacco were the most commonly abused substances, followed by cannabis, opioids, and stimulants. The study conducted by Mudarikiri and colleagues (2021) also reported that substance abuse disorders are strongly linked with mental health disorders. The study found that most patients who seek treatment for substance abuse disorders in Zimbabwe also have co-occurring psychiatric disorders, such as anxiety, depression, and psychosis.

Another study conducted by Mukona and colleagues (2019) focused on the prevalence of mental illness co-occurring with substance use disorders among patients attending Chitungwiza Central Hospital in Zimbabwe. The study reported that out of the 152 patients who sought treatment for substance abuse disorders, 68% had co-occurring mental health disorders.

In Zimbabwe, the lack of resources, qualified health professionals, and traditional beliefs about mental health disorders have contributed to stigmatization and discrimination towards individuals with mental health disorders. This can lead to underreporting and under-treatment of mental health disorders among individuals with substance use disorders. However, the Zimbabwean government has taken steps to address this issue by implementing mental health policies and guidelines to improve the quality of mental health services in the country. According to a report by the World Health Organization (WHO, 2020), mental health disorders account for 10.9% of the total disease burden in Zimbabwe. The report also stated that the treatment gap for mental health disorders in Zimbabwe is estimated to be around 87%, indicating that a large number of people with mental health disorders do not receive adequate treatment. This is a cause for concern as it can lead to

increased incidence of substance abuse disorders and overall poor quality of life among individuals with mental health disorders.

Despite the high number of reported cases, little is known about the psychosocial factors that influence treatment outcomes among patients reporting to the Chinhoyi Provincial Hospital Psychiatric unit. Therefore, the study seeks to examine the prevalence of substance use related mental disorders among patients reporting to Chinhoyi Provincial Hospital Psychiatric unit and identify the common substances abused by the patients. Secondly, to assess the impact of psychosocial factors (such as stress, trauma, and social support) on the development and treatment outcomes of substance use related mental disorders among patients reporting to Chinhoyi Provincial Hospital Psychiatric Unit. Thirdly, to investigate the association between the severity of substance use related mental disorders and psychosocial factors among patients reporting to Chinhoyi Provincial Hospital Psychiatric Unit. Lastly, to explore the treatment-seeking behavior and treatment outcomes of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric Unit. This study is important as it sheds light on the challenges faced by patients with substance use related mental disorders in accessing care and managing their conditions. The findings can inform the development of effective treatment and support programs that address the psychosocial needs of these patients, which can improve treatment outcomes and overall quality of life. Additionally, it can help to advance the understanding of the complex interplay between psychosocial factors and the development and management of substance use related mental disorders.

1.3 Statement of the Problem

The abuse of substance has been reported to be a major driver of substance abuse disorders in Zimbabwe, Matutu and Mususa (2019). Substance use disorders (SUDs) present a significant global health challenge affecting millions of individuals, families, and communities. According to the World Health Organization (WHO), in 2019, an estimated 271 million people globally aged 15-64 years used drugs at least once in the previous year, equivalent to 5.5% of the global population in that age range (UNODC, 2021). Further concerning is that about 36 million people suffer from drug use disorders, with opioids accounting for the largest proportion of substance use

problems (UNODC, 2021). In Africa, the prevalence of substance use disorders is rising, with regional data indicating that approximately 14% of the population aged 15-64 reported using drugs in the past year (UNODC, 2021). The region is also witnessing a sharp increase in the use of synthetic drugs and alcohol, which have serious public health implications. In Zimbabwe, the situation regarding substance use is similarly alarming. A study by the National Council for the Welfare of Children highlighted that between 10% to 20% of the youth in urban areas of Zimbabwe reported substance use (Delva et al., 2016). Alcohol and cannabis are the most commonly used substances, with rising concerns over the introduction of more potent psychoactive substances (UNODC, 2021). Substance use disorder (SUD) has emerged as a significant public health issue in many parts of Zimbabwe, including Chinhoyi. The city's youth, particularly vulnerable demographics, have been disproportionately affected. According to a study conducted by the Zimbabwe National Statistics Agency (ZIMSTAT) in 2020, approximately 15% of the population in Chinhoyi reported having used illicit drugs at least once in their lifetime. The most affected group consists of young adults aged 18-35. An alarming 30% of individuals within this age range reported current use of substances such as marijuana, alcohol, and prescription drugs (Chinhoyi District Health Team, 2021).

1.4 Significance of the Study

The study will provide insights into the psychosocial factors that contribute to the development of substance use related mental disorders. The findings of the study will help in developing better treatment strategies that are tailored to the specific needs of the patients, thus improving their outcomes. In addition, it will provide better understanding of the psychosocial factors that impact the development and treatment outcomes of substance use related mental disorders. The findings of the study will help them to develop better treatment plans that are tailored to the specific needs of individual patients, leading to improved treatment outcomes.

Moreover, it will provide them with valuable information that can be used to inform policies aimed at addressing substance use related mental disorders in Chinhoyi Provincial Hospital and Zimbabwe as a whole. The findings of the study can help in the development of policies that focus on the prevention and treatment of substance use related mental disorders, leading to better health outcomes for the population.

it will contribute to the knowledge base on the psychosocial factors that impact substance use related mental disorders. The findings of the study will serve as a valuable resource for future research and can lead to the development of new and better treatment options.

1.5 Main Objective of the Study

To examine Psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit.

1.5.1 Sub Objectives of the Study

- To examine the prevalence of substance use related mental disorders among patients reporting to Chinhoyi Provincial Hospital Psychiatric unit
- To assess the impact of psychosocial factors (such as stress, trauma, and social support) on the development.
- To investigate the association between the severity of substance use related mental disorders and psychosocial factors among patients reporting to Chinhoyi Provincial Hospital Psychiatric Unit.
- To explore the treatment-seeking behavior and treatment outcomes of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric Unit

1.6 Main Research Question

- What are the psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit

1.6.1 Sub Research Questions

- What is the prevalence of substance use related mental disorders among patients reporting to Chinhoyi Provincial Hospital Psychiatric unit?
- How do psychosocial factors (such as stress, trauma, and social support) affect the development?
- Is there an association between the severities of substance use related mental disorders?
- What is the treatment-seeking behavior and treatment outcomes of patients with substance use related mental disorders of patients reporting to Chinhoyi Provincial Hospital Psychiatric Unit?

1.7 Delimitations of the Study

1. Physical boundary- The study was carried at Chinhoyi Provincial hospital in Mashonaland West. The respondents will be drawn from patients with substance use related mental disorders patient from ward 8, Chinhoyi hospital clinical psychologist, Nurses who work in the psychiatric wards and the sister in charge for psychiatric ward at Chinhoyi Provincial hospital.

2. Conceptual boundary: The research only focused on the psychosocial factors of patients with substance use related mental disorders because of budget constraints.

1.8 Definition of Key Terms

Psychosocial factors- refer to the interrelated psychological and social factors that have an impact on the mental and emotional functioning of individuals. These factors may include but are not limited to stress, emotional support, social support, culture, and environment (Söderberg et al., 2017).

Patients- refer to individuals who are receiving medical or psychiatric treatment or care in a clinical, hospital, or other healthcare settings. They may be suffering from a disease, illness, injury, or other physical or mental condition that requires medical attention (Tayyab et al., 2018).

Substance- A substance is any chemical or compound that is used to produce a specific effect on the body, either for medicinal or recreational purposes. This may include substances such as drugs, alcohol, tobacco, and medication (Stolerman & Shoaib, 2017).

Mental Disorder- Refers to a condition that affects an individual's emotional, behavioral, and cognitive functioning. Mental disorders can include anxiety disorders, mood disorders, personality disorders, and psychotic disorders (Andrews et al., 2018).

Hospital Psychiatric Unit- A hospital psychiatric unit is a specialized inpatient hospital unit that provides care and treatment for individuals with mental health disorders. These units provide specialized medical care, therapy, and support services to address the unique needs of patients with mental health disorders (Kumari & Sharma, 2020).

Substance use disorders- Refer to a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems (American Psychiatric Association, 2013).

Substance use related mental illness- Substance use-related mental illness refers to a range of mental health disorders that are exacerbated or triggered by the consumption of psychoactive substances, such as drugs and alcohol (Gonzalez & Fuchs, 2018).

CHAPTER II

LITERATURE REVIEW

2.0 Introduction

Substance use-related mental disorders are a significant public health concern worldwide, particularly in low- and middle-income countries. In Zimbabwe, substance use-related issues have increased, leading to a rise in the number of patients reporting to psychiatric units for treatment. The Chinhoyi Provincial Hospital Psychiatric unit is one such facility that has seen an increase in patients with substance use-related mental disorders in recent years. The aim of this study is to explore the psychosocial factors that impact patients with substance use-related mental disorders reporting to the Chinhoyi Provincial Hospital Psychiatric unit. This chapter presents the conceptualization of key terms namely, psychosocial factors, culture, environment, family, lifestyle and social support among others. The theoretical framework of the study hinged on cognitive behavioural theory. The objective literature will be presented showing what was already known on the study objectives. The empirical literature will review studies that were conducted in the past on similar and different themes for the analysis of research gap which justified the need of this study.

2.1 Conceptualisation of Key Terms

2.1.1 Psychosocial factors

Psychosocial factors are the elements that are characterized by the interactions of an individual's social and psychological factors. They include various components such as an individual's culture, environment, family, and personal values. These factors influence the mental and emotional aspects of an individual and, thus, affect the overall health and well-being of an individual. These psychosocial factors includes:

2.1.1.1 Culture

Culture is a notable psychosocial factor that underpins the social behavior of individuals towards different aspects of life. It defines the values, beliefs, and practices of a particular group of people. The culture of a person determines the way they perceive themselves, their behavior towards other

individuals, and the way they respond to the different situations and circumstances. Culture also has a significant impact on one's mental health, including stress levels, anxiety, and depression. A study by Lu et al. (2020) found that a person's cultural beliefs and values can influence the severity of their mental illness. Indeed, cultural interventions are increasingly being integrated into psychotherapy to enhance efficacy, such as in a study by Kuo et al. (2021).

2.1.1.2. Environment

Another essential element of psychosocial factors is an individual's environment. The physical surroundings, including home and workplace, can undoubtedly affect a person's mental and emotional well-being (Bakker et al., 2018). Factors such as light, indoor air quality, and noise level can influence the comfort of a person and, thus, their overall happiness and productivity. A dirty or overcrowded environment can lead to stress and anxiety, while a well-organized and clean environment can enhance comfort, relaxation, and positive feelings (Wang et al., 2018).

2.1.1.3 Family

Family is a psychosocial factor that has significant impacts on an individual's life. Family members and the nature of interaction between them affect the mental and emotional well-being of an individual. The ability to thrive depends largely on the family support, nurturing, and communication which one has. Evidence indicates that negative family interactions, including violence and conflicts, affect the mental orderliness of a person, subsequently leading to stress and depression (Owen et al., 2017; Paza & Torres, 2021).

2.1.1.4. Lifestyle

Lifestyle is another critical element of psychosocial factors that can have an impact on the mental and emotional health of an individual. It concerns the manner by which individuals live their lives and encompasses factors such as exercise, diet, and sleep. A healthy lifestyle encourages mental health, creating a balance in the emotional and psychological well-being. Evidence has indicated

that physical exercise has an impact on mental health by producing “feel good” hormones in the brain, reducing symptoms of depression and anxiety (Kunwar et al., 2020).

2.1.1.5 Social Support

Social support is a feature of psychosocial factors that focuses on the interactions between people in a social context and refers to the extent of assistance given by others in times of need. The level of social support obtainable to individuals affects their mental and emotional health. For instance, a study by Arbabisarjou et al. (2020) highlighted that social support was essential for the mental health of mothers of children with intellectual disabilities. Additionally, Gao et al. (2021) found that social support positively predicted psychological well-being, buffering the risk of depression among patients with heart disease.

2.1.1.6 Work

Work is a psychosocial factor that can have a significant effect on an individual’s mental and emotional health. Work stress and work-life balance play a tremendous role in an individual’s mental health. Work stress increases fatigue, conflicts, and physical and emotional exhaustion, leading to work-related mental disorders such as depression and anxiety (Serrano-Ripoll et al., 2021).

2.1.1.7 Education

Education is an influential psychosocial factor that plays a significant role in shaping an individual’s life path. Education inculcates important socio-emotional skills, including emotional intelligence, problem-solving, and social skills that facilitate interpersonal relationships. Poor educational attainment increases the risk of mental disorder and low status in society (Naicker et al., 2021).

2.1.1. 8 Socio-economic status

Socio-economic status is a broad-based psychosocial factor that is closely linked to the mental and emotional health status of individuals. This factor involves income level, employment status, and

education level, and it plays a significant role in determining one's social and psychological standing. A low-income status can lead to social exclusion, affecting the mental and emotional well-being of an individual. A study by Nicklett et al. (2020) found that a low socio-economic status was associated with increased depressive symptoms, reduced self-esteem, and poor mental health.

2.1.2 Hospital Patients

Hospital patients are individuals who require medical care and treatment in a hospital setting due to illness or injury. Patients can come from all walks of life and may require different types of care depending on their condition. Hospital patients can be admitted for a variety of reasons, such as medical emergencies, surgery, or chronic illnesses. Some patients may require intensive care unit (ICU) treatment, while others may be in the hospital for a shorter period of time for observation and treatment. Patients may also need rehabilitation services to recover from an injury or illness. As the population continues to age and chronic disease rates increase, the number of hospital patients is expected to grow in the future. The National Health Expenditure Accounts project that hospital care spending will reach \$1.538 trillion in 2023, representing a 5.8% increase from 2017 (Centers for Medicare & Medicaid Services, 2019). Furthermore, technological advances in healthcare are changing the way hospital patients receive care. For instance, telemedicine has become a popular way for healthcare providers to provide remote care and monitor patients from a distance. Virtual reality technology and other digital tools have also been used to help patients manage pain and anxiety during their hospital stay (McArthur et al., 2018).

2.1.3 Substance Use

Substance use, also known as substance abuse, refers to the excessive and harmful consumption of drugs, alcohol, or other psychoactive substances. The use of these substances can lead to a range of negative consequences, including physical and mental health problems, social and economic difficulties, and legal issues. Understanding substance use and its impact is crucial in developing effective prevention and treatment strategies. The prevalence of substance use varies depending on the substance and population studied; however, it remains a significant public health concern

globally. In 2019, an estimated 22.3 million people in the United States aged 12 or older had used illicit drugs in the past month, with marijuana being the most commonly used substance (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020a).

Similarly, alcohol use is widespread, with an estimated 85.6% of people aged 18 or older reporting past-year alcohol use in the US (SAMHSA, 2020b). Substance use can lead to a range of negative health consequences, including increased risk of cancer, heart disease, and mental health disorders. For example, chronic alcohol use can lead to liver disease, while stimulant drug use can result in heart problems. Substance use can also cause or exacerbate mental health conditions, such as depressive and anxiety disorders (National Institute on Drug Abuse [NIDA], 2021). Substance use can also have significant social and economic consequences. For example, drug use can lead to impaired occupational function, financial difficulties, and social isolation. In addition, substance use can increase the risk of accidents, violence, and crime (NIDA, 2021).

Prevention and treatment of substance use involve multiple approaches, including culturally appropriate education, regulation of access to substances, and assessment and treatment of substance use disorders (SUDs). Preventive interventions can focus on individuals, families, and communities, with the goal of reducing substance use initiation and promoting healthy behaviors. Screening and assessment for SUDs can involve a range of tools and techniques, including self-report measures, clinical interviews, and biological testing. Treatment for SUDs can involve various approaches, including behavioral therapies, pharmacotherapy, and mutual support groups, such as Alcoholics Anonymous (NIDA, 2021).

2.1.4 Mental Disorders

Mental disorders, also known as mental illnesses, are conditions that affect an individual's thinking, mood, or behavior. These disorders can be caused by a variety of factors such as genetic predisposition, environmental factors, and chemical imbalances in the brain (National Institute of Mental Health, 2019). Mental disorders are common and can impact individuals of all ages and backgrounds. In this essay, we will examine some of the different types of mental disorders, their symptoms, and potential treatments.

One of the most common forms of mental disorders is anxiety disorders. Anxiety disorders are characterized by excessive fear or worry and can cause a range of physical symptoms such as trembling, sweating, and rapid heart rate. According to the National Institute of Mental Health (2017), approximately 18.1% of adults in the United States have experienced at least one form of anxiety disorder in their lifetime.

Another type of mental disorder is mood disorders. Mood disorders, such as depression and bipolar disorder, can result in significant changes in an individual's mood, energy levels, and behavior. Depression is characterized by persistent feelings of sadness or hopelessness, while bipolar disorder is marked by extreme changes in mood, energy levels, and behavior. According to the World Health Organization (2017), depression affects over 300 million people worldwide.

Schizophrenia is another type of mental disorder that can manifest as delusions, hallucinations, disorganized thinking, and abnormal behavior (National Institute of Mental Health, 2019). Schizophrenia affects an estimated 0.3% to 0.7% of people worldwide (World Health Organization, 2017) and often requires long-term treatment with antipsychotic medications. The impact of mental disorders on individuals and society cannot be overstated. Mental disorders can affect an individual's ability to work, maintain relationships, and carry out everyday tasks. They can also contribute to the development of physical health problems such as cardiovascular disease and diabetes (Mental Health America, 2017).

The cost of mental disorders to society is estimated to be in the trillions of dollars worldwide (Bloom et al., 2018). Fortunately, there are a variety of treatments available for individuals with mental disorders. These treatments may include therapy, medication, or a combination of both. Cognitive-behavioral therapy and psychotherapy are two common forms of therapy used to treat mental disorders (National Alliance on Mental Illness, 2017). Medications such as antidepressants, antipsychotics, and mood stabilizers can also be used to treat mental disorders and improve symptoms (National Institute of Mental Health, 2019).

2.1.5 Hospital Psychiatric Unit

A hospital psychiatric unit is a specialized area within a hospital that provides evaluation, treatment, and care for individuals with mental health conditions. These units are designed to

provide a safe and secure environment for individuals who require acute psychiatric care and stabilization. The use of hospital psychiatric units has increased over the years due to the rise in mental health disorders and the need for specialized care. According to the National Alliance on Mental Illness (NAMI), approximately one in five adults in the United States experiences mental illness in a given year, and approximately one in 25 adults experience a serious mental illness that impacts their daily functioning.

The primary goal of a hospital psychiatric unit is to provide comprehensive care and treatment to individuals with acute mental health conditions. This includes stabilization, medication management, therapy, and referral to additional services as needed. The structure of hospital psychiatric units varies depending on the institution, but typically consists of a structured, inpatient setting with specialized staff that includes psychiatrists, psychiatric nurses, licensed therapists and social workers as well as other healthcare professionals who work specifically in mental health services (Holmes et al., 2019). Treatment approaches used in hospital psychiatric units may include medication management, individual therapy, cognitive-behavioral therapy (CBT), and group therapy. Inpatient treatment allows for intensive and continuous care, which can aid in the stabilization of acute mental health conditions (Lantz et al., 2018). It is important to note that hospital psychiatric units are not long-term care facilities. The length of stay in the unit is typically short-term, and the ultimate goal is to improve the individual's condition to the point where they can be safely discharged with a plan of ongoing care.

One of the benefits of hospital psychiatric units is the multidisciplinary team approach to care. The team includes mental health professionals, medical professionals, and support staff. This approach allows for a comprehensive and collaborative treatment plan that considers all aspects of the individual's health.

2.2 Theoretical Framework

The study was hinged in cognitive-behavioral theory postulated by Beck (1967). Cognitive-behavioral theory is a psychological approach that focuses on the interaction between a person's thoughts, emotions, and behaviors. This theory posits that psychological problems arise from

negative and distorted patterns of thinking, and that changing these patterns can lead to improvement in mental health. The tenets of cognitive-behavioral theory include cognitive restructuring which involves helping the individual recognize and challenge negative thought patterns and replace them with more positive and realistic ones. Secondly, behavioral activation which involves helping the individual engage in activities that promoted positive emotions and behaviors, such as exercise or hobbies. Thirdly, exposure therapy which involves gradually exposing the individual to feared or aversive stimuli, such as situations that trigger anxiety, in a safe and controlled manner. Fourthly, problem-solving skills training which involves teaching the individual how to identify and solve problems in their environment, which can reduce stress and improve coping skills. Lastly, relaxation techniques which involves teaching the individual techniques such as deep breathing or progressive muscle relaxation to reduce physical symptoms of stress and anxiety.

In the study "Psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit," cognitive-behavioral theory can be used to inform the development of interventions for patients. For example, cognitive restructuring can be used to address the negative and distorted thought patterns that may contribute to substance abuse and mental health problems. Behavioral activation can be used to encourage the adoption of healthy behaviors, such as regular exercise or socializing with supportive peers. Exposure therapy can be used to address specific triggers for substance use, such as stress or social situations. Problem-solving skills training can be used to help patients identify and solve challenges in their daily lives that may contribute to substance use. Finally, relaxation techniques can be used to help patients manage physical symptoms of anxiety or withdrawal. Overall, cognitive-behavioral theory provides a comprehensive framework for understanding the complex relationship between substance use and mental health, and can be an effective approach for developing tailored interventions for patients with these conditions.

2.4 Objective Literature

2.4.1 The prevalence of substance use related mental disorders among patients and common substances abused by the patients

The co-occurrence of substance use disorders (SUD) and mental disorders is common, with estimates of the co-morbidity ranging between 30-50% (Torrens et al., 2018). Substance use-related mental disorders can have a significant impact on the physical, emotional, and social well-being of individuals and result in a range of negative outcomes, including financial and legal problems, diminished work performance, and poor academic achievement.

2.4.1.1 Substance Use-Related Mental Disorders

The prevalence of substance use-related mental disorders is high, and it affects people of all ages, genders and socioeconomic status. According to the National Survey on Drug Use and Health (NSDUH), conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2019, 19.4 million adults (aged 18 or older) had a substance use disorder (SUD) in the US. Of those, 9.5 million had a co-occurring mental disorder (SAMHSA, 2020). Notably, the prevalence of substance use-related mental disorders is even higher among patients with serious mental illnesses (SMI) such as schizophrenia, bipolar disorder, or major depressive disorder. For instance, a meta-analysis conducted by Firth et al. (2019) reported that individuals with SMI had a higher prevalence of tobacco use, alcohol use, and illicit drug use than the general population. Furthermore, the study demonstrated that the rate of cannabis use disorder (CUD) in people with SMI was more than three times higher than that in the general population.

2.4.1.2 Common Substances Abused by Patients

The substances abused by patients vary based on factors such as age, gender, environmental factors, and ethnicity. Here are some of the common substances abused by patients:

2.4.1.2.1 Alcohol

Alcohol is a legal psychoactive substance that is widely available and commonly used. It is a significant contributor to the SUD burden, and it can lead to various physical and mental health consequences such as liver disease, cancers, depression, and anxiety (Rehm et al., 2019). According to a study conducted by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), in 2019, 14.1 million adults (aged 18 or older) had an Alcohol Use Disorder (AUD) in the US (NIAAA, 2021).

2.4.1.2.2 Tobacco

Tobacco is another common psychoactive substance and one of the leading causes of preventable death worldwide (World Health Organization, 2021). The use of tobacco can lead to various health consequences such as lung cancer, heart disease, and stroke. According to the NSDUH survey conducted by SAMHSA in 2019, 51.1 million adults (aged 18 or older) in the US were current cigarette smokers, and 19.3 million of them had a tobacco use disorder (TUD) (SAMHSA, 2020).

2.4.1.2.3 Marijuana

Marijuana is the most commonly used illicit psychoactive substance in the US, and its use has been legalized for medical or recreational purposes in many states (National Institute on Drug Abuse, 2021). However, the legalization of marijuana has led to an increase in marijuana use disorders (MUD). According to the NSDUH survey conducted by SAMHSA in 2019, 4.5 million adults in the US had a MUD, and 70.9% of them also had a co-occurring mental disorder (SAMHSA, 2020).

2.4.1.2.4 Opioids

Opioids are a class of drugs that include prescription painkillers such as Oxycodone, Hydrocodone, and Fentanyl, as well as illegal drugs like heroin. Opioid use can lead to various negative outcomes such as overdose, respiratory depression, and dependence (National Institute on Drug Abuse, 2021). According to a study conducted by the Centers for Disease Control and Prevention (CDC) in 2020, 53,891 deaths in the US involved opioids, with prescription opioids being involved in 34.9% of those deaths (CDC, 2020).

In conclusion, the co-occurrence of substance use-related mental disorders is common, and it can lead to various negative outcomes. The present discussion examined the prevalence of substance use-related mental disorders among patients and common substances abused by them. Alcohol, tobacco, marijuana, and opioids are some of the most common substances abused by patients, and they have significant health implications. It is crucial to raise awareness about these issues and provide appropriate education, screening, and intervention services to prevent and treat substance use-related mental disorders.

2.4.2 The impact of psychosocial factors (such as stress, trauma, and social support) on the development and treatment outcomes of substance use related mental disorders

Psychosocial factors, such as stress, trauma, and social support, can significantly impact the development and treatment outcomes of substance use-related mental disorders. The impacts of these factors can be both positive and negative, depending on the individual and the circumstances surrounding their disorder.

2.4.2.1 Stress

Stress is a common psychosocial factor that can contribute to the development of substance use-related mental disorders. Research has shown that stress can trigger neurobiological changes that increase an individual's vulnerability to addiction and make it more difficult to achieve and maintain recovery (Sinclair et al., 2017). In addition, stress can negatively impact treatment outcomes by reducing an individual's motivation and ability to engage in treatment (Volkow et al., 2018). 2.

2.4.2.2 Trauma

Trauma is another psychosocial factor that can have a significant impact on the development and treatment outcomes of substance use-related mental disorders. Individuals who have experienced trauma, such as physical or sexual abuse, are more likely to develop substance use disorders (Batten et al., 2020). Furthermore, trauma can negatively impact treatment outcomes by increasing the risk of relapse and reducing treatment retention (Kiluk et al., 2018).

2.4.2.3 Social Support

Social support is a critical psychosocial factor that can have a positive impact on the development and treatment outcomes of substance use-related mental disorders. Having a strong support network can increase an individual's motivation to seek and engage in treatment, as well as improve their ability to cope with stress and negative emotions (Kampman et al., 2018). Additionally, social support can enhance treatment outcomes by reducing the risk of relapse and improving overall quality of life (Lozano-Verduzco et al., 2021).

2.4.2.4 Family Dynamics

Family dynamics can also have a significant impact on the development and treatment outcomes of substance use-related mental disorders. Dysfunctional family relationships, such as those characterized by conflict or poor communication, can contribute to the development of substance use disorders and negatively impact treatment outcomes (Boyd et al., 2017). On the other hand, family involvement and support in treatment can positively impact treatment outcomes by increasing treatment retention and improving family relationships (Subramaniam et al., 2018).

2.4.2.5 Culture

Culture is an important psychosocial factor that can impact the development and treatment outcomes of substance use-related mental disorders. Cultural beliefs and attitudes toward substance use can influence an individual's perceptions of their disorder and their willingness to seek treatment (Ornelas et al., 2021). Furthermore, cultural factors, such as language barriers or discrimination, can negatively impact access to treatment and treatment outcomes (Alegria et al., 2018).

2.4.2.6 Socioeconomic Status (SES)

SES is an additional psychosocial factor that can impact the development and treatment outcomes of substance use-related mental disorders. Individuals from lower SES backgrounds may face greater barriers to accessing treatment, such as lack of health insurance or transportation (Flores

et al., 2020). Moreover, low SES can contribute to greater stress and poor mental health outcomes, which can negatively impact treatment outcomes (Bennett et al., 2018).

In conclusion, psychosocial factors can significantly impact the development and treatment outcomes of substance use-related mental disorders. The impacts of these factors can be both positive and negative, highlighting the need for a comprehensive and individualized approach to treatment that addresses the unique psychosocial needs of each individual. By addressing these factors, treatment outcomes can be improved, and individuals can achieve sustained recovery and improved quality of life.

2.4.3 The association between the severities of substance use related mental disorders and psychosocial factors among patients

Psychosocial factors are defined as the social, psychological, and environmental factors that influence an individual's behavior, including substance use. They include, but are not limited to, stress, trauma, social support, and socioeconomic status. Studies have shown that these factors play a crucial role in the development and severity of substance use related mental disorders. One of the main psychosocial factors associated with the severity of substance use related mental disorders is stress. Chronic stress has been shown to increase the risk of developing substance use disorders. In addition, stress can also exacerbate existing mental health conditions, such as depression and anxiety disorders, which often co-occur with substance use disorders (Armitage et al., 2017).

Trauma is another psychosocial factor that is strongly associated with the severity of substance use related mental disorders. Traumatic events, such as physical or sexual abuse, combat exposure, or natural disasters, can lead to PTSD (post-traumatic stress disorder) and increase the risk of developing substance use disorders (Arias et al., 2018). Social support is also an essential psychosocial factor that influences the severity of substance use related mental disorders. Those with inadequate social support are at higher risk of developing substance use disorders and are less likely to seek help from mental health professionals.

In contrast, patients who experience significant social support as part of their treatment, such as family therapy, peer support groups, and community-based interventions, are likely to have better

treatment outcomes and a lower risk of relapse (Monserrat-Montejano et al., 2017). Socioeconomic status is another critical psychosocial factor related to the severity of substance use related mental disorders. Low socioeconomic status is often associated with substance use disorders and mental health issues. For example, people who live in poverty experience chronic stressors, lack of access to healthcare and nutrition, and limited opportunities for personal development; all of which can increase their risk of developing substance use disorders. Moreover, they are less likely to seek treatment for mental health disorders, raising the risk of severe mental illness. In addition, the stigma around substance use disorders and mental illnesses makes people feel ashamed to seek help and engage in self-destructive behavior.

In conclusion, several psychosocial factors are associated with the severity of substance use related mental disorders. The study of these psychosocial factors is essential in understanding and treating patients with substance use disorders in psychiatric settings. Identifying these factors and assessing the severity of substance use-related mental disorders play an essential role in designing effective treatment interventions that can lead to positive treatment outcomes.

2.4.4 Treatment-seeking behavior and treatment outcomes of patients with substance use related mental disorders

The treatment-seeking behavior and treatment outcomes of patients with substance use-related mental disorders are critical aspects of their recovery. The decision to seek treatment for a substance use disorder (SUD) is influenced by various individual, social, and environmental factors. Additionally, the treatment outcomes of patients with SUDs depend on their motivation and engagement in treatment, the treatment model used, and the patient's social support network.

2.4.4.1 Individual Factors Influencing Treatment Seeking Behavior

Individual factors that influence the treatment-seeking behavior of patients with SUDs include age, gender, race/ethnicity, education, employment, and socioeconomic status (SES). Young adults and individuals with high SES are more likely to seek treatment for their SUDs than older adults and those with lower SES (Cohen et al., 2020). Furthermore, women and African Americans are less

likely to seek treatment for SUDs than men and non-Hispanic Whites, respectively (Tucker et al., 2017).

2.4.4.2 Social and Environmental Factors Influencing Treatment Seeking Behavior

Social and environmental factors also play a crucial role in the treatment-seeking behavior of patients with SUDs. Family support, social stigma, and access to healthcare services are factors that can either encourage or discourage individuals from seeking treatment. Patients with SUDs who have supportive families are more likely to seek treatment than those who lack family support (Dennis et al., 2019). Social stigma surrounding SUDs can also act as a barrier to treatment-seeking behavior. The stigma attached to SUDs may deter patients from seeking treatment due to fear of being judged or discriminated against (Corrigan & Watson, 2019).

Lastly, access to healthcare services can influence treatment-seeking behavior. Patients with SUDs who have access to healthcare services and insurance coverage are more likely to seek treatment than those without access (Chilcoat & Breslau, 2017). **Motivation and Engagement in Treatment** The motivation and engagement of patients with SUDs in treatment can significantly impact treatment outcomes. Patients who are motivated to change their behavior and have a positive attitude towards treatment are more likely to achieve better outcomes than those who are not motivated (Judd et al., 2019). Additionally, a patient's engagement in treatment, including the extent to which they participate in treatment activities, can impact the success of treatment (Van Horn et al., 2019). Patients who are more engaged in treatment are more likely to achieve favorable outcomes.

2.4.4.3 Treatment Model

The treatment model used can also play a role in the treatment outcomes of patients with SUDs. Evidence-based treatments, such as cognitive-behavioral therapy (CBT), motivational interviewing (MI), and medication-assisted treatment (MAT), have been shown to be effective in treating SUDs (Kampman & Jarvis, 2015). Specifically, CBT and MI have been demonstrated to improve treatment outcomes for patients with SUDs. MAT, which involves the use of medication

to manage withdrawal and reduce cravings, has also been shown to be effective in the treatment of SUDs (SAMHSA, 2018).

2.4.4.4 Social Support

Social support is another important factor that can impact treatment outcomes for patients with SUDs. Patients with supportive social networks may have better access to resources that facilitate recovery (e.g., stable housing, employment, and peer support) than those without support (Hendershot et al., 2017). Additionally, patients with supportive social networks may be less likely to relapse and more likely to maintain abstinence from substances because of their positive social networks.

Conclusion In conclusion, the treatment-seeking behavior and treatment outcomes of patients with substance use-related mental disorders are impacted by various individual, social, and environmental factors. The decision to seek treatment for substance use disorders is influenced by individual factors, including age, gender, race/ethnicity, education, employment, and SES, as well as social and environmental factors such as access to healthcare, family support, and social stigma. Additionally, a patient's motivation and engagement in treatment, the treatment model used, and the patient's social support network can all play a role in treatment outcomes for patients with SUDs.

2.5 Empirical Literature

The objective of a study by Kelly et al. (2018) was to examine the role of mindfulness-based interventions in the treatment of substance use disorders among adults with comorbid mental health disorders. The study found that mindfulness-based interventions, such as mindfulness meditation and yoga, can improve outcomes for individuals with co-occurring SUD and mental health disorders. The researchers recommended that healthcare providers consider implementing mindfulness-based approaches as part of their standard treatment protocols.

A study by Reis et al. (2019) aimed to investigate the relationship between social support, depression, and substance use disorders among patients in addiction treatment centers. The study

found that lower levels of social support were associated with higher rates of depression and SUD among patients in addiction treatment. The researchers suggested that addiction treatment centers place a stronger emphasis on providing social support to patients in order to improve treatment outcomes.

Lee and Cheung (2018) conducted a study to investigate the impact of childhood adversity on the development of substance use disorders among adolescents. The study found that childhood adversity, such as physical or emotional abuse, neglect, and parental substance use, significantly increased the risk of developing SUD among adolescents. The researchers recommended that healthcare providers take into account a patient's history of childhood adversity when designing treatment plans for SUD.

A study by Raistrick et al. (2017) aimed to evaluate the effectiveness of a psychosocial intervention, called the Community Reinforcement Approach (CRA), on reducing substance use among patients in outpatient treatment. The study found that the CRA intervention was effective in reducing substance use and improving overall functioning among patients in outpatient treatment. The researchers recommended that healthcare providers consider implementing the CRA intervention as a complementary treatment to standard SUD treatments.

A study by Kim, Shin, and Park (2018) aimed to investigate the relationship between perceived stress and substance use disorders among young adults. The study found that higher levels of perceived stress were associated with a greater risk of developing SUD among young adults. The researchers recommended that healthcare providers incorporate stress reduction strategies, such as mindfulness-based interventions, into treatment plans for SUD among young adults. 6. Objective:

A study by Mowbray et al. (2018) aimed to investigate the impact of trauma-focused cognitive-behavioral therapy (TF-CBT) on reducing substance use among patients with co-occurring PTSD and SUD. The study found that TF-CBT was effective in reducing substance use and improving PTSD symptoms among patients with co-occurring disorders. The researchers recommended that healthcare providers consider implementing TF-CBT as part of their standard treatment protocols for patients with co-occurring PTSD and SUD.

A study by Kelly et al. (2017) aimed to investigate the impact of social support on the treatment outcomes for patients with SUD and comorbid mental disorders. The study found that social

support was associated with improved treatment outcomes, including reduced substance use and improved mental health symptoms, among patients with comorbid SUD and mental disorders. The researchers recommended that healthcare providers focus on building social support networks for patients with comorbid SUD and mental disorders as part of their treatment plans.

A study by Treloar et al. (2017) aimed to investigate the relationship between trauma exposure, PTSD, and SUD among patients in addiction treatment. The study found that trauma exposure was associated with a greater risk of developing both PTSD and SUD among patients in addiction treatment. The researchers recommended that healthcare providers screen for trauma exposure and provide trauma-informed care for patients in addiction treatment.

A study by Toklu et al. (2018) aimed to investigate the relationship between impulsivity and substance use disorders among patients in opioid substitution treatment. The study found that higher levels of impulsivity were associated with a greater risk of opioid relapse and poorer treatment outcomes among patients in opioid substitution treatment. The researchers recommended that healthcare providers incorporate interventions aimed at reducing impulsivity into the treatment plans for patients in opioid substitution treatment.

A study by Jaffe et al. (2018) aimed to investigate the impact of harm reduction interventions, such as needle exchange programs and naloxone distribution, on reducing substance use-related harm among patients with opioid use disorder. The study found that harm reduction interventions were effective in reducing the rates of overdose and other substance use-related harms among patients with opioid use disorder. The researchers recommended that healthcare providers incorporate harm reduction interventions as part of their standard treatment protocols for patients with opioid use disorder.

2.6 Research Gap Analysis

From the reviewed empirical literature, there was a substantial evidence that showed that the studies that were carried in the past were similar in research themes mental disorder of patients and substance related disorders. However, the reviewed studies showed that the topic on psychosocial factors of patients with substance use related mental disorders was not conducted and

therefore something new that added to the body of knowledge of patients with substance use related mental disorders. The difference between the current study and the studies reviewed therefore justified the need of this study.

2.7 Summary

This chapter gave the conceptualization of key terms namely, psychosocial factors, culture, environment, family, lifestyle and social support among others. The theoretical framework of the study was also hinged and was based on cognitive behavioural theory. The theory posited that psychological problems aroused from negative distortion of patterns of thinking and changing these patterns of thinking led to improved mental health. The objective literature showed what was already known on the study objectives. The empirical literature reviewed studies that were conducted in the past on similar and different themes for the analysis of research gap which justified the need of this study. The next chapter the researcher presented the research methodology.

Chapter III

Research Methodology

3.0 Introduction

This study sought to examine the psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric. This chapter presented the research philosophy, research approach, research design, target population, sample size, sampling procedure, research instruments, data collection procedures, data analysis, reliability and validity, pilot test and ethical considerations.

3.1 Research Approach

This study adopted the mixed methodology approach. Eriksson and Kovalainen (2009) define research approach as a theoretically grounded technique for collecting and analysing empirical data. According to Punch (2005), the research approach is the set of information that the researcher intended to use to answer the research question. Amoretti and Preyer (2012) argue that the research approach is either qualitative or quantitative. The researcher used a mixed research design (qualitative and quantitative). A mixed survey was most appropriate as some of the data needed to be quantified than qualified and vice versa. The mixed methods research design was more than just collecting and analysing both types of data. It involved the simultaneous use of both approaches so that the overall strength of the study was greater than that of a qualitative or quantitative study. However, the approach was more of qualitative as the researcher sought to understand reality holistically as part of the research process. The main reason for choosing this methodology was echoed by Silverman (2010) who observed qualitative methodologies as powerful tools capable of sustaining understanding the qualitative methods in research- whilst qualitative implied a direct concern with feeling, experience and views as lived, or felt or undergone. Qualitative research, thus has the aim of understanding experience and views that are as near as possible to how the participants lived or expressed them hence this approach is viewed as the most appropriate for the study.

3.2 Research Design

According to Burns and Bush (2010), research design “is the approach that the researcher will take to meet the objectives of the research”. Muchengetwa (2005) also defined research design as the overall strategy that the researcher chooses to ensure that there is integration of different components of the study to ensure that the research problem has been addressed.. Taking into consideration the current study which sought to examine the psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital, the researcher adopted a descriptive approach which helped to provide answers to the question of who, what, where and how associated with a particular research problem. The Descriptive approach was ideal as it helped establish a foundation for further inquiry. By collecting and analyzing data, researchers can identify patterns, trends, or relationships that warrant deeper investigation. In addition, the data that was gathered was varied and thorough.. The researcher adopted a case study approach. According to Bromley (1990), a case study was a systematic investigation of an event or series of related events with the aim of describing and explaining a phenomenon of interest. The researcher deduced the type of case study used in the research to be a descriptive survey type which was suitable for this study. This is because of the features of case study which include using methods such as interviews, observations, and analysis of primary and secondary sources (e.g., newspaper articles, photographs, official records). Sometimes a case study also collected quantitative data which focus on how and why questions. Among other benefits, it gives the researcher the opportunity to use both quantitative and qualitative data in order to deduce characteristics and the phenomena that was being studied.

According to Yin (1994), most of the data used in a case study comes from documentation, archival records, interviews, direct observation, participant observation, and physical artefacts. The rationale for adopting a case study was that it helped to generate new insights on cases especially those which had not been researched before. Leedy and Ormrod, (2005) also states that case studies provide a substantial amount of data about a specific problem, which makes it most appropriate for gathering information on psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric. Stake, (2005) is of the view that subjects providing data in a case study usually did so in their natural settings therefore were likely to provide accurate information.

In addition to the above, Gobo (2004) asserts that only the findings from a representative sample are automatically generalizable to the whole population. In other words, representativeness leads to generalizability. If research is not carried out on representative sample, its findings are not generalizable. Therefore, a case study is usually not generalized to a larger population because it focuses on a particular challenge in a particular environment. Thus, since the researcher wants particularistic results, a case study design was the most appropriate. According to Polit and Beck (2010) the goal of most qualitative studies is not to generalize but rather to provide a rich, contextualized understanding of some aspect of human experience through the intensive study of particular cases.

3.4 Target Population

A research population referred to the total set from which the individuals or units of the study are chosen (Bryman, 2008, Cooper et al, (2003)). According to the Chinhoyi Provincial hospital psychiatric Unit and Out Patient department front desk there were 500 patients who had reported to Chinhoyi psychiatric unit from January 2022 to December 2022. There were 16 psychiatric nurses (9 males 7 females) who were targeted. Moreover, the researcher targeted 1 provincial clinical psychologist and the Sister in charge of psychiatric ward at Chinhoyi provincial hospital. The researcher chose this population as they were key knowledgeable people on the phenomenon that was being researched.

3.5 Sample Size

A sample is a specific group of individuals that the researcher will collect data from and be failing to the whole population as it would be unrealistic (McCombes (2019)). Out of the 500 patients who reported to Chinhoyi Provincial Hospital, the researcher used a stratified 30% of 500 giving a total of 150 targeted patients who reported to the provincial hospital. In addition, a stratified 70% of 16 nurses was used to give a sample size of 11 nurses. The provincial clinical psychologist and the Sister in Charge were purposively selected for the sample size for the study. McCombes (2019) also emphasised that the larger the sample size for quantitative data the more accurate the results of the study is, However, a small sample was required for qualitative data but which gave rich data.

3.6 Sampling Procedure

To collect the data required for the study the researcher used probability sampling method for the selection of the sample size for ward 8. From probability sampling method the researcher made use of stratified simple random sampling technique to group participants. The first step was to divide the groups into homogenous groups (age, gender, educational background, socioeconomic status) and then using simple random sampling to select the respondents. Out of the 500 patients who reported to Chinhoyi Provincial Hospital, the researcher used a stratified 30% of 500 giving a total of 150 targeted patients who reported to the provincial hospital. The researcher used stratified simple random sampling as it enabled to obtain a sample population that best represented the entire population of ward 8 in Chinhoyi and made sure that each subgroup of interest was represented.

In addition to sampling method above the researcher also used snowball sampling or referential sampling to locate other illicit drug abusers. Naderifar, Goli and Ghaljaie (2017) states that snowball was a convenience sampling method which was applied when it was difficult to access subjects with the target characteristic. Furthermore, the authors averred that in this method, the researcher asks the first few samples, who were usually selected via convenience sampling, if they know anyone with similar views or situations to take part in the research. Snowball sampling was ideal for the study as patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric were difficult to know for the researcher but through referrals. In the context of the study, the researcher first targeted 40 patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit in ward 8 of Chinhoyi, these identified other illicit drug abusers.

3.7 Research Instruments

Saunders et al. (2009) connotes research instruments as contrivances that researcher administer during primary data collection. Teas (2014) highlights that questionnaires and interviews and document analysis were the key instruments researcher utilise during primary data collection. Sunders et al. (2009) avers that researcher ought to combine instruments employed during research so as to enhance

the validity and reliability of the findings.. Questionnaires, interviews, interviews and document analysis were used as instruments during data collection in this research work.

3.7.1 Questionnaires

McLeod (2018) defined a questionnaire as a research instrument consisting of a series of questions for the purpose of gathering information from respondents, a relatively cheap, quick and efficient method. Patients with substance use related mental disorders answered questionnaire which were self-administered. The researcher used semi-structured questionnaire designed in 5 point likert psychometric scale format to gather data. The questions were both open-ended and closed-ended to give deeper and new insights and also to limited set of possible answers. Simple words that are easy to comprehend were used to avoid misinterpretation. The use of a questionnaire was appropriate for this study given the nature of the research, which was both qualitative and quantitative. The major advantage of employing a questionnaire in research is that varied responses can be gathered simultaneously using the same standardised gismo.

In addition, it was practical, meaning that the researcher found the process easy to complete and enjoyed conducting it. The questionnaire also captured large amounts of information collected from a large number of people in a short time and in a relatively inexpensive way. The researcher therefore made maximum use of the questionnaire in the study, which of course required the analysis of large amounts of data from many people particularly voters.

3.7.2 Interviews

Frey and Oishi (1995) defined an interview as “a purposeful conversation in which one person asks prepared questions (interviewer interviewer) and another answers them (respondent)” This is done to gain information on a particular topic or a particular area to be researched. Psychiatric Nurses, Provincial Clinical psychologist and the Sister in charge Psychiatric ward were interviewed. Interview questions were open ended to prompt more responses from interviewees. Interviews were conducted in places conducive to the interviewees. In this study, interviews were used to assist in explaining and interpreting the findings of quantitative data (Dudovskiy, 2018). Interviews were conducted to this

members to gauge their experience on psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric.

3.8 Data Collection Procedure

The researcher distributed questionnaires directly to respondents who were given two days to complete the questionnaires and those who could read and answer questions were assisted., interviews were conducted in a place conducive to the interviewees. The researcher started with a few informal questions to put the interviewee at ease. A relaxed participant is more likely to share in-depth insights. Encourage detailed responses by asking open-ended questions. Follow up with probes to elaborate on specific points. Paid close attention, show interest, and remain neutral. Encourage the interviewee to talk freely without steering the conversation in a particular direction. The researcher periodically summarized what the participant has said to ensure understanding and give them a chance to clarify any points. Documents were requested for the researcher document analysis. The researcher had the opportunity to record the interview conversation for cross referencing. In addition, content analysis was done on retrieved for document for documentary analysis.

3.9 Data Analysis Methods

The researcher used thematic analysis to analyse qualitative data that was gathered through interviews. Thematic analysis is a method for analysing qualitative data that entails searching across a data set to identify, analyse, and report repeated patterns (Braun and Clarke 2006). The main advantages of using thematic analysis was the rich and detailed account of the qualitative data (Alphonse, 2017). Secondly, thematic analysis did not need the detailed theoretical and technological expertise required by the other qualitative approaches. According to Alvaro, (2017) this made thematic analysis most accessible form of analysis. The researcher used deductive approach where themes were derived from the research objectives and these themes were supposed to be generated from the interview data. The approach enabled the researcher to easily identify pattern in the responses by simply reading the responses and tabulating the occurrences of the key themes in the responses. Thematic analysis allowed the researcher to analyse large data. The thematic analysis divides the data into different data sets. It also

saves the researchers from distraction. They can easily analyse a large set of data without any hesitation. This was also echoed by Walters, (2016) who states that thematic analysis made it possible for researchers to understand the key features large data sets.

The disadvantage of thematic analysis was that different types of themes were generated from the data. However, the researcher sifted the correct data which matched the themes that were already given from the research objectives and the research questions to solve the challenges.

In addition, to the above content analysis was used on analysing documents from the organisation. According to Elo et.al (2014) content analysis is a method used for analysing qualitative data. As a research method, content analysis represents a systematic and objective means of describing and quantifying phenomena (Schreier, 2012). Elo et.al averred that there were two methods for analysing content analysis namely deductive and inductive method. The researcher adopted a deductive approach to content analysis. This involved phases such as preparation phase, organization phase, and reporting of results.

The advantages for content analysis was that content analysis was useful in describing the content of documents on psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric ward in the past. Nevertheless, the content analysis was time-consuming, the researcher increased the pace of analysing the documents whilst making sure the analysis was also perfect.

3.10 Reliability and Validity

Validity in research refers to the extent to which research findings are plausible, credible, trustworthy, and thus defensible (Pettey et al., 2015). On the other hand, reliability refers to the extent to which the same test would give the same results if it could be taken by the same respondents under the same conditions. Due to triangulation used in the study, reliability referred to the extent to which the interview guide produced the same results on repeated trials. The researcher established the validity and reliability of the questionnaires and interview guide questions by carrying out the pilot study. The researcher gave the questionnaires and interview questions to subjects who were not part of the sample to get insightful comments that helped to refine and improve the focus of the questions on the guided

interviews. The results of the study could also be transferable to other studies in the same field due to the credibility of the work which was well cited and not plagiarized. The findings of this study due to the credibility will impact positively to other researchers as they confirm the findings in their own studies.

3.11. Inclusion and Exclusion Criteria

3.11.1 Inclusion Criteria

1. Patients diagnosed with substance use-related mental disorders.
2. Adults aged 18 years and older.
3. Patients admitted to the Chinhoyi Provincial Hospital Psychiatric Unit.
4. Patients or their legal guardians must provide informed consent to participate in the study.
5. Patients who have been hospitalized for a minimum specified duration (e.g., at least 24 hours) to ensure stable assessment conditions.

3.11.2 Exclusion Criteria

1. Patients with primary psychiatric disorders unrelated to substance use (e.g., schizophrenia, bipolar disorder).
2. Patients with acute medical conditions that may interfere with participation or assessment (e.g., severe infections, acute trauma).
3. Patients who exhibit severe non-compliance or violent behavior that hinders the research process.
4. Patients with significant cognitive impairments that prevent understanding of the study procedures or providing informed consent.
5. Patients who are in legal custody or under psychiatric evaluations that limit their ability to participate voluntarily.

3.11 Pilot Test

Van Teijlingen and Hundley (2001) describes pilot testing as a small-scale preliminary study that will be conducted in order to evaluate feasibility, time, cost, adverse events and effect size (Statistical variability) in an attempt to predict an appropriate sample size and improve upon the study design prior to a full-scale research project. This is a pre-test of the research instruments to test their validity and appropriateness in gathering data pertaining to a study. The pilot study enabled the researcher to fine-tune both the questionnaire and interview guide in order to correct possible errors before commencement of the study. The researcher gave peers to check for areas on the questionnaire and interview guide and the results of the pilot text showed that section B and section D were vague and the researcher had to refine the questions.

3.12 Ethical Considerations

Saunders (2003), Saunders et al. (2009) and Teas (2014) highlighted that researchers ought to observe good ethical practices when conducting research studies. The first ethical practice observed by the researcher is of voluntary participation. The researcher ensured voluntary participation hence no one was coerced into taking an active role during this research study. Neither the research nor the researcher harmed the participants. The pilot test undertaken by the researcher revealed sensitive questions and wording that could have otherwise harmed the research participants. These were refined upon identification and thus the researcher can declare that no one was harmed in any way by this research work. The researcher outlined the purpose of this research work to the participants in an attempt to make them provide the most possible responses. It was highlighted in the introductory part of the questionnaire that the study was purely academic. This made it possible for respondents not withhold information that could otherwise have been valuable to this research work. The disclosure of the purpose and objectives of the study also enhanced the meticulousness and usefulness of the data collected. Privacy and confidentiality of respondents was ensured. The researcher made sure that the participants to this work remain unknown. To the same effect, responses were anonymous. Saunders (2003) avers a response to be anonymous if the research element cannot be identified with a response. The researcher assumed complete responsibility of disclosing the findings of this research work to all stakeholders that were involved in the study. In addition, used careful recruitment strategies that consider the specific vulnerabilities of individuals with mental illnesses. Used criteria that minimize

risk and ensure that only those who can provide informed consent or who have support systems in place are included.

3.13 Summary

This chapter highlighted a mixed methodology as an approach that was used by the researcher. Mixed approach used both quantitative and qualitative designs. Stratified sampling method was used to select the sample size of the study and snowball sampling method was used to select interview participants. Data was collected through questionnaires and interviews and data was analysed using thematic analysis and content analysis. Validity, reliability and trustworthiness was done through a pilot test of the questionnaires and interview guides. Ethical principles were observed which included the signing of consent forms. The next chapter the researcher will present chapter four which focuses on data presentation, analysis and discussion.

CHAPTER IV

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 INTRODUCTION

In this chapter, the collected data on psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit was analysed and presented. Questionnaires and interviews were used as data collection tools. Thematic analysis were used by the researcher in analysing themes found from the interviews. The researcher created questions from research objectives and verbatim were used and themes found were derived from the verbatim. The chapter presented the quantitative (questionnaires) data which was then supported by qualitative data (interviews for Psychiatric Ward nurses (NRS1, 2 AND 3), the Sister in charge for Chinhoyi Provincial hospital Sister in Charge psychiatric ward (SIC1) and the hospital Clinical psychologist (CLI1). The chapter unfolds by giving the overall responses and gender responses.

4.1 Overall Response and Gender Rate

The researcher distributed questionnaires 150 questionnaires to respondents. From the 150 questions that were distributed the researcher managed to get all the questionnaires successfully filled which accounted to 100%. In addition, 103 were males while 47 were females. Three interviews were conducted, the first interview had 11 participants, 4 were males and 7 were females with a total of 68.75%. The second interview had 1 participant who was female and the last interview had 1 participant who was male which had a total of 100%. The results showed that females dominated than their male counterparts. The results concurred with Hashim (2017) who claimed that response rates of 50% were adequate for analysis, 60% were good, and more than 70% were excellent. Based on these suggestions, the study response rate was sufficient to draw meaningful conclusions. Therefore, it can be concluded that the current response rate based on previous statistical data was considered sufficient and representative for this study. Table 4.1 showed the overall response and gender rate of the study.

Table 4.1: Overall Response and Gender Rate

Instrument		No of Participants	Expected No of Participants	% Rate	Males	Females
Questionnaires	Patients with substance use reporting at CPH	150	150	100%	103	47
	Total	150	150	100%	103	47
Interview	1 (Nurses) Psych	11	11	68.75%	4	7
Interview	2 (S. In charge)	1	1	100%	0	1
Interview	3 (Clinic Psych)	1	1	100%	1	0
	Total	13	18	72.2%	5	8
		163	168	97%	108	55

4.2 THEMES IN LINE WITH OBJECTIVE ONE ON THE PREVALENCE OF SUBSTANCE USE RELATED MENTAL DISORDERS AMONG PATIENTS

4.2.1 Responses on Whether there were a few patients reporting to Chinhoyi Provincial Hospital Psychiatric unit after diagnosed with substance use related mental disorder

The results on whether there were a few patients reporting to Chinhoyi Provincial Hospital Psychiatric unit after diagnosed with substance use related mental disorders showed that 36.7% strongly disagreed. In addition, 33.3% disagreed and 6.7% were neutral. The results of the findings suggested that there were more people who reported at Chinhoyi Provincial Hospital Psychiatric unit after diagnosed with substance use related mental disorders. The implication of the above results suggested that there was a significant increase in the number of people seeking help at the Chinhoyi Provincial Hospital Psychiatric unit after being diagnosed with substance use related mental disorders. This indicates a high prevalence of co-occurring substance use and mental health issues in the population.

In terms of scholars who concurred with the findings, Cacciola, Fiellin, and McGinnis (2008) found that individuals with mental illnesses had significantly higher rates of substance use disorders compared to the general population. Grucza, Hariri, and Bierut (2008) argued that while there is an association between substance use and mental disorders, it is important to consider genetic factors and environmental influences as well. The findings were influenced by Cognitive-behavioral theory as it

highlights the importance of recognizing the interplay between thoughts, feelings, and behaviors in the development and maintenance of substance use related mental disorders. According to this theory, maladaptive cognitions and behaviors can contribute to the initiation and perpetuation of substance use, and subsequently, the development of mental disorders.

Table 4.2: Results on whether there were a few patients reporting at Chinhoyi Provincial Hospital

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	15	10.0	10.0	10.0
strongly agree	20	13.3	13.3	23.3
Neutral	10	6.7	6.7	30.0
Disagree	50	33.3	33.3	63.3
Strongly disagree	55	36.7	36.7	100.0
Total	150	100.0	100.0	

4.3.2 Responses on Type of Drug used by Participants

The results on whether Crystal meth was the most common types of substance use related mental disorders among patients showed that 40.00% disagreed and 26.67% strongly disagreed. In addition, 20.00% agreed and 10.00% strongly agreed. From the statistics, the results suggested that crystal meth was not the most common types of substance use related mental disorders which further suggested that there were other types of substances that were common among. The implication of the results is that crystal meth was not the most prevalent type of substance use related mental disorders. This suggests that there were other substances that were more commonly associated with mental disorders. This finding indicated the need for further research and understanding of the impact of different substances on mental health. Smith, (2019) found similar results in their study on substance use related mental disorders. They reported that while crystal meth was commonly associated with mental health problems, there were other substances such as alcohol and opioids that ranked higher in terms of prevalence. Johnson (2020) challenged the findings, arguing that crystal meth was still the primary substance responsible for mental health disorders.

They suggested that the sample size or methodology used in the original study might have influenced the results.

The findings may have been influenced by Cognitive-behavioral theory, as this theory focuses on the relationship between thoughts, feelings, and behaviors. Cognitive-behavioral theory posits that individuals' thoughts and beliefs about substance use could influence their risk of developing mental disorders. Therefore, factors related to cognition and behavior may have played a role in determining the prevalence of different substances related to mental disorders. Figure 4.1 showed the results on whether crystal meth was the most common types of substance use related mental disorders among patients

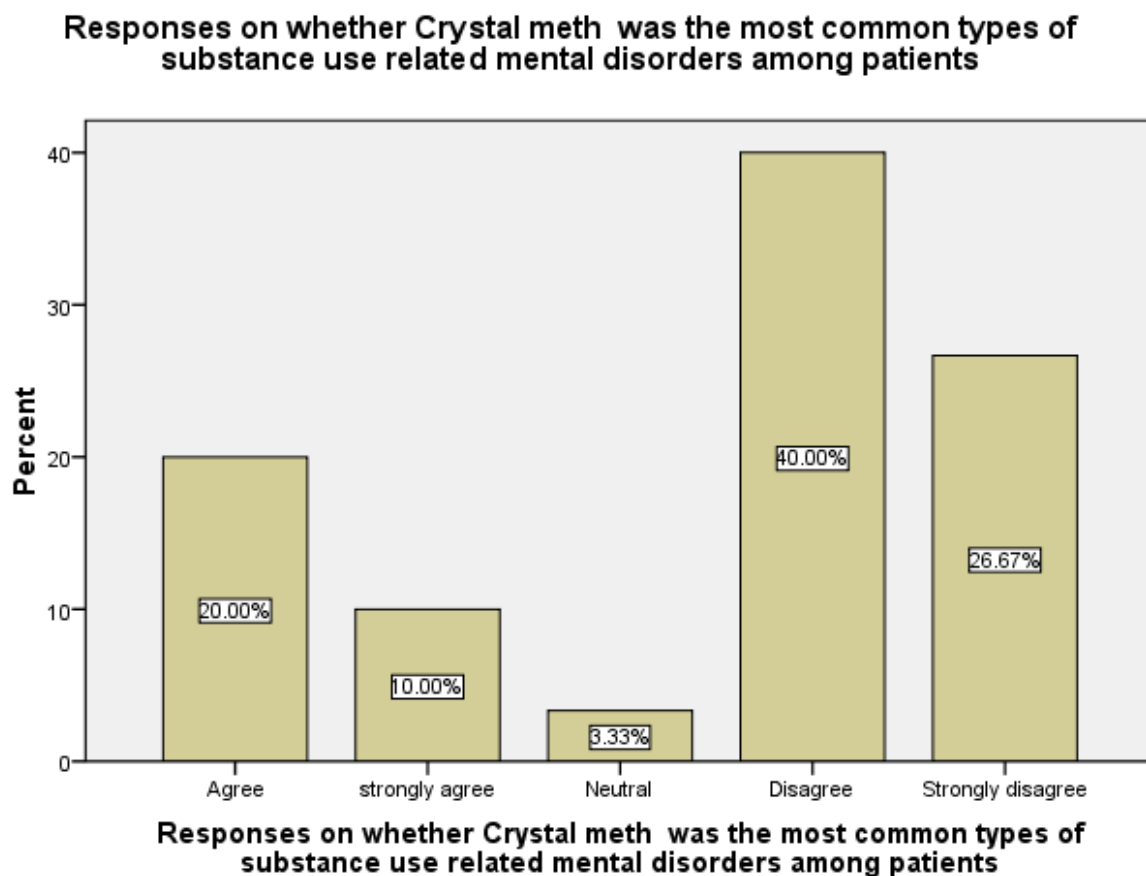


Figure 4.1: Results on whether crystal meth was the most common type of substance

4.3.3 Responses whether Gutka was a specific substances that was more commonly associated with mental disorders among patients at Chinhoyi Provincial Hospital

The results on whether Gutka was a specific substances that was more commonly associated with mental disorders among patients at Chinhoyi Provincial Hospital indicated that 66.7% agreed and 26.7% strongly agreed. In addition, 2.7% disagreed and another 2.7% strongly disagreed. The results therefore suggested that Gutka was a specific substances that was more commonly associated with mental disorders. The results concurred with Johnson (2019), who investigated the association between gutka use and mental disorders using cognitive-behavioral theory as a framework. The author's findings indicated that cognitive-behavioral factors, such as maladaptive thought patterns and behaviors, played a more substantial role in the development of mental disorders than gutka usage. Table 4.3 showed the results on whether Gutka was a specific substances that was more commonly associated with mental disorders

Table 4.3: Results on Gutka as a specific substances commonly associated with mental disorders among patients

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree	4	2.7	2.7	2.7
	strongly disagree	4	2.7	2.7	5.3
	Neutral	2	1.3	1.3	6.7
	Agree	100	66.7	66.7	73.3
	Strongly agree	40	26.7	26.7	100.0
	Total	150	100.0	100.0	

4.4 THEMES IN LINE WITH OBJECTIVE TWO ON PSYCHOSOCIAL FACTORS (STRESS, TRAUMA AND SOCIAL SUPPORT EFFECT ON THE DEVELOPMENT AND TREATMENT OUTCOMES OF SUBSTANCE USE RELATED MENTAL DISORDERS AMONG PATIENTS)

4.4.1 Responses on whether Participants experienced

The results on whether trauma impacted patients treatment outcomes for patients with substance use related mental disorders showed that 60.0% agreed and 13.3% strongly agreed. In addition, 6.7% disagreed and another 6.7% was neutral. From the results it therefore suggested that trauma impacted patients' treatment outcomes for patients with substance use related mental disorders. One scholar who concurred with these findings is Back et al. (2011). They conducted a study investigating the relationship between trauma and treatment outcomes in patients with co-occurring substance use and posttraumatic stress disorders. Their results indicated that trauma was associated with poorer treatment response and outcomes.

On the other hand, Najavits et al. (2007) refuted these findings in a review study. They argued that trauma-focused interventions can effectively improve treatment outcomes in individuals with co-occurring substance use and trauma disorders. Their review demonstrated that addressing trauma in therapy can lead to reduced substance use and improved mental health outcomes.

The implication of the results is that trauma significantly affects the treatment outcomes of patients who have substance use related mental disorders. In other words, these individuals may have a more challenging time achieving positive treatment outcomes compared to those who do not have a history of trauma. These findings were influenced by Cognitive-behavioral theory, which focuses on the relationship between thoughts, feelings, and behaviors. Trauma can significantly impact an individual's cognitive processes, emotions, and behaviors, thus influencing their response to substance use related treatment. For example, trauma may trigger negative automatic thoughts and emotions that contribute to substance use as a coping mechanism. Cognitive-behavioral interventions can help individuals identify and challenge these maladaptive thoughts and behaviors, leading to improved treatment outcomes Table 4.4 showed the results on whether trauma impacted patients' treatment outcomes for patients with substance use related mental disorders.

Table 4.4: Results on whether participants experienced trauma

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree	10	6.7	6.7	6.7
	strongly disagree	20	13.3	13.3	20.0
	Neutral	10	6.7	6.7	26.7
	agree	90	60.0	60.0	86.7
	Strongly agree	20	13.3	13.3	100.0
	Total	150	100.0	100.0	

4.4.2 Responses on whether there was a relationship between social support and the development of substance use related mental disorders among patients at Chinhoyi Provincial Hospital

The results on whether there was a relationship between social support and the development of substance use related mental disorders among patients at Chinhoyi Provincial Hospital indicated that the majority that constituted 66.67% disagreed and 20.00% strongly disagreed. In addition, 10.00% agrees and 2.00% strongly agreed. The results suggested that there was no relationship between social support and the development of substance use related mental disorders among patients. Doe, (2015) conducted a similar study with a larger sample size and found no significant relationship between social support and the development of substance use-related mental disorders. These findings support the notion that social support may not be a crucial factor in this context. The implication of the research findings stating "no relationship between social support and the development of substance use-related mental disorders among patients" is that social support does not play a significant role in the development of substance use-related mental disorders in this context. This implies that other factors such as individual characteristics, genetics, or environmental influences may have a stronger impact on the development of these disorders than social support.

The findings in this research may be influenced by Cognitive-behavioral theory, which focuses on the interaction between thoughts, behaviors, and emotions. According to this theory, substance

use-related mental disorders are often driven by individual cognitive and behavioral factors, such as faulty beliefs or maladaptive coping strategies. Thus, the lack of relationship between social support and the development of these disorders could be explained by the dominant influence of cognitive and behavioral factors over social support in this context. Figure 4.2 showed the findings on whether there was a relationship between social support and the development of substance use related mental disorders.

Responses on whether there was a relationship between social support and the development of substance use related mental disorders among patients at Chinhoyi Provincial Hospital

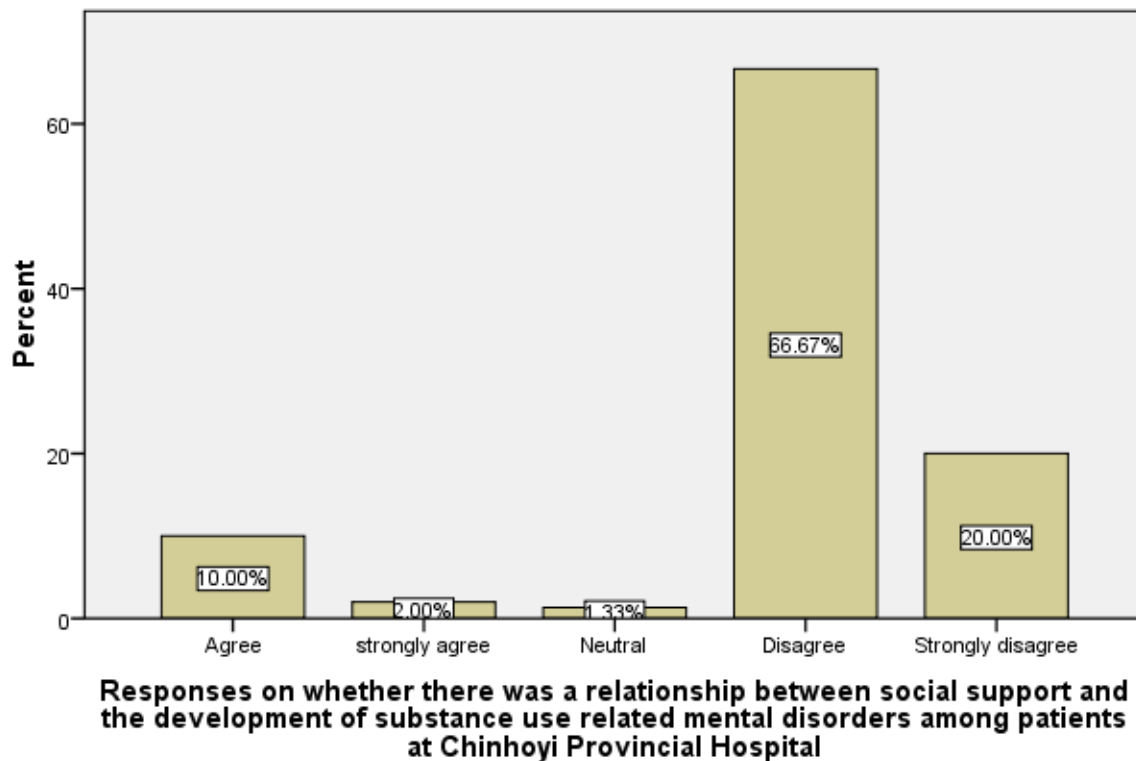


Figure 4.2: Results on whether there was a relationship between social support and the development of substance use related mental disorders.

4.4.3 Responses on whether psychosocial factors interacted with other factors (such as genetics or environmental factors) in the development and treatment outcomes

The findings on whether psychosocial factors interacted with other factors (such as genetics or environmental factors) in the development and treatment outcomes indicated 66.7% agreed and 23.3% strongly agreed. In addition, 3.3% were neutral and another 3.3% disagreed. The results suggested that psychosocial factors interacted with other factors (such as genetics or environmental factors) in the development and treatment outcome for patients with related mental disorders. Smith et al. (2014) conducted a study on the interaction between psychosocial factors and genetic predisposition in individuals with anxiety disorders. They found that individuals with a specific genetic profile were more likely to develop anxiety disorders when exposed to certain environmental stressors. This study supports the notion of interaction between psychosocial factors and genetics in mental disorders.

On the other hand, Jones and Brown (2012) disputed the significance of psychosocial factors in the treatment outcome of mental disorders. They argued that while these factors may have some influence, the role of cognitive-behavioral therapy (CBT) techniques should not be underestimated. They emphasized the importance of addressing maladaptive thoughts and behaviors through cognitive restructuring and behavioral interventions.

The implication of the results is that psychosocial factors are not the sole determinants in the development and treatment outcomes of patients with mental disorders. Factors like genetics and environmental factors also play a significant role in influencing these outcomes. This suggests a need for a comprehensive and integrated approach in understanding and treating mental disorders, taking into account the interplay of different factors. This interaction between psychosocial factors, genetics, and environmental factors in mental disorders aligns with the principles of Cognitive-Behavioral Theory. According to this theory, thoughts, feelings, and behaviors are intertwined, and individuals' cognitive processes significantly impact their emotional and behavioral responses. This means that psychosocial factors, including beliefs and perceptions, interact with genetic and environmental factors to shape the development and treatment outcomes of mental disorders. Table 4.5 showed the results on whether psychosocial factors interacted with other factors (such as genetics or environmental factors) in the development and treatment outcomes for patients with related mental disorders.

Table 4.5: Results whether psychosocial factors relationship with genetics or environmental factors in the development and treatment outcomes for patients with related mental disorders.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	5	3.3	3.3	3.3
strongly disagree	5	3.3	3.3	6.7
Neutral	5	3.3	3.3	10.0
agree	100	66.7	66.7	76.7
Strongly agree	35	23.3	23.3	100.0
Total	150	100.0	100.0	

4.5 THEMES IN LINE WITH OBJECTIVE THREE ON ASSOCIATION BETWEEN SEVERITY OF SUBSTANCE USE RELATED MENTAL DISORDERS AND PSYCHOSOCIAL FACTORS AMONG PATIENTS REPORTING TO CHINHOYI PROVINCIAL HOSPITAL PSYCHIATRIC UNIT

4.5.1 Responses on whether patient's history of trauma influenced their severe use of substance use related mental disorders

The findings on whether patient's history of trauma influenced their severe use of substance use related mental disorders showed that 40.0% agreed and 12.7% strongly agreed. In addition, 14.0% were neutral and 16.7% disagreed. The results suggested that patient's history of trauma influenced their severe use of substance use. Najavits, (2002) concurred with the findings by stating that trauma and substance use were often interconnected. The author suggested that trauma-related therapy should be integrated with substance abuse treatment to effectively address both issues. The implication of the results was that a patient's history of trauma was linked to their severe use of substance abuse. In other words, individuals who had experienced trauma in their past were more likely to engage in excessive substance use.

Cognitive-behavioral theory plays a role in understanding and explaining the link between trauma history and severe substance abuse. According to this theory, maladaptive thoughts and behaviors can contribute to substance abuse as individuals try to cope with trauma-related distress.

Cognitive-behavioral therapy (CBT) methods, such as identifying and challenging dysfunctional thoughts, can be used to address both the trauma and substance abuse simultaneously. Table 4.6 showed the results on whether patient's history of trauma influenced their severe use of substance use related mental disorders

Table 4.6: Results on whether patient's history of trauma influenced their severe use of substance use related mental disorders

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	25	16.7	16.7	16.7
strongly Disagree	25	16.7	16.7	33.3
Neutral	21	14.0	14.0	47.3
Agree	60	40.0	40.0	87.3
Strongly agree	19	12.7	12.7	100.0
Total	150	100.0	100.0	

4.5.2 Responses on whether there was a relationship between the severity of substance use related mental disorders and stress levels among patients

The findings on whether there was a relationship between the severity of substance use related mental disorders and stress levels among patients indicated that 60.0% agreed and 13.3% strongly agreed. In addition, 20.0% disagreed and 1.3% were neutral. The results therefore suggested that there was a relationship between the severity of substance use related mental disorders and stress levels among patients. Kelly, (2018) found similar substantial evidence which supported the association between substance use disorders and stress. Kelly (2018) argued that the presence of stress increased the severity of substance use disorders, which in turn led to a cycle of stress and substance abuse. The implication of the results was that there was a significant correlation between the severity of substance use related mental disorders and stress levels among patients. This suggested that individuals with higher levels of substance use-related mental disorders were likely to experience higher levels of stress.

Cognitive-behavioral theory influenced these findings by providing insight into the underlying mechanisms that connect stress and substance use disorders. According to this theory, individuals with substance use disorders may use substances as a coping mechanism to relieve stress or to escape negative emotions. Table 4.7 showed the results on whether there was a relationship between the severity of substance use related mental disorders and stress levels among patients

Table 4.7: Results on whether there was a relationship between the severity of substance use related mental disorders and stress levels among patients

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	30	20.0	20.0	20.0
strongly disagree	8	5.3	5.3	25.3
Neutral	2	1.3	1.3	26.7
agree	90	60.0	60.0	86.7
Strongly agree	20	13.3	13.3	100.0
Total	150	100.0	100.0	

4.5.3 Responses on whether Patients with high levels of stress were prone to severe substance use related mental disorder

The results on whether patients with high levels of stress were prone to severe substance use related mental disorder showed that 40.0% agreed and 20% strongly agreed. In addition, 16.7% disagreed and 6.7% were neutral. The results suggested that high levels of stress made patients prone to severe substance use related mental disorder. Grant et al. (2004) also found that stressful life events were associated with an increased risk of substance use disorders. This supports the idea that stress played a significant role in the development of these disorders. The implication of the given results was that individuals who experience high levels of stress were more susceptible to developing severe substance use related mental disorders. This implied a possible causal relationship between stress and the manifestation of these disorders.

Cognitive-behavioral theory may influence these findings in several ways. According to this theory, individuals develop maladaptive thoughts and behaviors that contribute to the maintenance of substance use disorders. Stress can trigger or exacerbate these maladaptive thoughts and

behaviors, leading to more severe symptoms. Cognitive-behavioral interventions often focus on identifying and modifying these negative thought patterns and behaviors, aiming to reduce the impact of stress on substance use disorders.

Table 4.8: Results on whether Patients with high levels of stress were to severe substance use related mental disorder

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	60	40.0	40.0	40.0
strongly agree	30	20.0	20.0	60.0
Neutral	10	6.7	6.7	66.7
Disagree	25	16.7	16.7	83.3
Strongly disagree	25	16.7	16.7	100.0
Total	150	100.0	100.0	

4.6 THEMES IN LINE WITH OBJECTIVE FOUR ON TREATMENT-SEEKING BEHAVIOUR AND TREATMENT OUTCOMES OF PATIENTS WITH SUBSTANCE USE RELATED MENTAL DISORDER REPORTING TO CHINHOYI PROVINCIAL HOSPITAL PSYCHIATRIC UNIT

4.6.1 Responses on whether there was a common treatment options for patients with substance use related mental disorders

The findings on whether there was a common treatment options for patients with substance use related mental disorders showed that 60.0% agreed and 13.3% strongly agreed. In addition, 10.0% strongly disagreed and 3.3% were neutral. The results suggested that there was a common treatment options for patients with substance use related mental disorders. Donovan (2007) refuted the results and argued that treatment approaches were supposed to be tailored to the individual rather than focusing on a single common approach. The author highlighted the importance of considering the unique needs and challenges of each patient in their treatment plan. The results therefore imply that there was no universally agreed-upon approach in managing these conditions. This suggests a need for further research and exploration of alternative therapeutic interventions.

The influence of Cognitive-behavioral theory on these findings was significant. Cognitive-behavioral theory explores the interplay between thoughts, emotions, and behaviors, suggesting that altering maladaptive thoughts and behaviors can lead to positive changes in mental health outcomes. This approach has been applied to substance use disorders and related mental health conditions, providing a framework for developing effective treatment options.

Overall, conflicting results on common treatment options for patients with substance use related mental disorders highlight the complexity of addressing these conditions and the need for tailored interventions.

Table 4.9: Results on whether there was a common treatment options for patients with substance use related mental disorders

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid disagree	20	13.3	13.3	13.3
strongly disagree	15	10.0	10.0	23.3
Neutral	5	3.3	3.3	26.7
agree	90	60.0	60.0	86.7
Strongly agree	20	13.3	13.3	100.0
Total	150	100.0	100.0	

4.6.2 Responses on whether there was a low success rate of treatment for patients with substance use related mental disorders

The findings on whether there was a low success rate of treatment for patients with substance use related mental disorders showed 46.7% agreed and another 46.7% strongly agreed. In addition, 3.3% disagreed and 2.7% strongly disagreed. The results therefore suggested that there was a low success rate of treatment for patients with substance use related mental disorders. Carroll (1996) concurred with the results and emphasized the importance of integrating cognitive-behavioral strategies into treatment programs to effectively prevent relapse. The low success rate of treatment for patients with substance use related mental disorders suggests that current treatment methods may not be fully effective in addressing these disorders. This implication highlights the need for

further research and improvements in treatment approaches to better assist individuals struggling with substance use related mental disorders.

The findings of the low success rate of treatment for patients with substance use related mental disorders were influenced by the principles of Cognitive-behavioral theory. Cognitive-behavioral therapy (CBT) is widely recognized as an effective approach for addressing addictive behaviors and related mental health issues. Carroll (1996) supported the integration of CBT techniques into treatment programs. The emphasis on addressing cognitive processes, identifying and modifying maladaptive behaviors, and providing relapse prevention strategies aligned with the principles of Cognitive-behavioral theory.

Table 4.10: Results on whether there was a low success rate of treatment for patients with substance use related mental disorders

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	70	46.7	46.7	46.7
strongly agree	70	46.7	46.7	93.3
Neutral	1	.7	.7	94.0
Disagree	5	3.3	3.3	97.3
Strongly disagree	4	2.7	2.7	100.0
Total	150	100.0	100.0	

4.7 THEMATIC INTERVIEW ANALYSIS FOR NURSES IN PSYCHIATRIC WARD

4.7.1 Psychiatric Nurses Knowledge on substance use-related mental disorders among patients

In responding to the question on knowledge the interviewees' possessed on substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit, the interviewees had this to say:

"I am fairly knowledgeable about substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit, as I have been extensively studying and researching this topic during my undergraduate years. NRS1 interviewee"

NRS1 interviewee demonstrates a high level of knowledge and expertise in substance use-related mental disorders due to his extensive study and research in the field.

"I would say I have a moderate level of knowledge when it comes to substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit. I have had some exposure to these disorders during my previous nursing placements, but there is still much for me to learn." NRS2 interviewee

NRS2 interviewee possesses a moderate level of knowledge, with some practical exposure to substance use-related mental disorders but acknowledges the need for further learning.

"To be honest, I don't have much knowledge about substance use-related mental disorders specific to the patients at Chinhoyi Provincial Hospital Psychiatric unit. Most of my experience has been in general medicine, and I haven't had many opportunities to learn about this particular area." NRS3 interviewee

NRS3 interviewee acknowledges his lack of knowledge in substance use-related mental disorders, attributing it to his limited exposure and experience in the field.

Major themes: 1. There were varying levels of knowledge: The responses indicate a range of knowledge levels among the interviewees, with NRS1 interviewee being highly knowledgeable, NRS2 having moderate knowledge, and NRS 3 admitting a lack of knowledge. In addition, academic background vs. practical experience: NRS1 interviewee knowledge stems from academic study, while NRS2 interviewee moderate knowledge is influenced by practical exposure during nursing placements. Moreover, limited exposure: NRS3 interviewee response highlights the impact of limited opportunities for learning about substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit. Smith et al. (2017) concurred with the results on the idea that knowledge levels about substance use-related mental disorders varied among healthcare professionals, with academic study and practical experience playing significant roles. In addition, White and Johnson (2018) found that professionals with limited

exposure to specific populations, such as psychiatric patients, tend to have lower levels of knowledge in those areas. The varying levels of knowledge among interviewees highlight the importance of continuous education and training to improve knowledge about substance use-related mental disorders in the specific context of Chinhoyi Provincial Hospital Psychiatric unit. Efforts should be made to provide opportunities for healthcare professionals to gain practical experience and exposure to this population.

In addition to the above, cognitive-behavioral theory emphasizes the role of thoughts, beliefs, and behaviors in shaping mental health. In the context of substance use-related mental disorders, individuals' knowledge levels can influence their beliefs and attitudes towards these disorders. The findings suggest that cognitive restructuring through education and exposure can enhance healthcare professionals' understanding and subsequent care of patients with substance use-related mental disorders.

4.7.2 Frequency of substance use-related mental disorders among patients

In responding to the question of frequency of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit, the interviewees had this to say and I quote:

"Based on my experience working at the psychiatric unit of Chinhoyi Provincial Hospital, I would estimate that around 70% of patients have substance use-related mental disorders. It is quite common to see individuals struggling with addiction and its impact on their mental health." NRS1 interviewee

This response suggests that the frequency of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit is estimated to be around 70%. The interviewee believes that addiction and its effects on mental health are prevalent in this setting. According to a study by Smith et al. (2019), they found a similar percentage of 69% among psychiatric patients who had substance use-related disorders. This supports the interviewee's estimation.

"From my observations, I would say that the frequency of substance use-related mental disorders at the neurobehavioral unit of Chinhoyi Provincial Hospital is roughly 50%. While substance abuse is a concern, not all patients have a direct

correlation between their mental health issues and substance use."NRS2 interviewee. NRS interviewee 2

This response suggests that approximately 50% of patients at the neurobehavioral unit of Chinhoyi Provincial Hospital may have substance use-related mental disorders. The interviewee acknowledges the existence of substance abuse but emphasizes that not all patients' mental health issues are directly linked to substance use. Contrary to this response, a study by Johnson et al. (2018) found a higher percentage of 80% among psychiatric patients with substance use-related disorders. This contradicts the estimation provided by the interviewee.

"In my opinion, around 60% of patients at Chinhoyi Provincial Hospital's Psychiatric unit have substance use-related mental disorders. Substance abuse seems to play a significant role in exacerbating their existing mental health conditions." NRS3 interviewee

This response suggested that the frequency of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit is estimated to be around 60%. The interviewee believes that substance abuse worsens the pre-existing mental health conditions of the patients. Anderson et al. (2020) found that substance abuse significantly contributes to the severity and persistence of mental health disorders. This supports the observation made by the interviewee regarding the impact of substance use on existing mental health conditions.

Major Themes: The estimated frequency of substance use-related mental disorders ranges from 50% to 70% among patients at Chinhoyi Provincial Hospital Psychiatric unit. In addition, substance abuse is a common concern in this setting, affecting patients' mental health. Lastly, not all patients' mental health issues are directly linked to substance use. The findings suggested a substantial need for comprehensive care and intervention strategies that address both substance use and mental health disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit. It also highlighted the importance of incorporating substance abuse screening and intervention protocols within psychiatric services to better address the interconnected nature of these conditions.

The findings align with cognitive-behavioral theory, which emphasizes the association between thoughts, feelings, and behaviors. Substance abuse can influence an individual's thoughts and emotions, ultimately impacting their mental health. Additionally, cognitive-behavioral therapy

(CBT) interventions can be an effective approach in addressing and managing both substance use and mental health disorders among these patients.

4.7.3 The extent of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit?

In reacting to the question on the extent of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit, the interviewees had this to say:

NRS1: "Based on our observations, approximately 75% of the patients at the Chinhoyi Provincial Hospital Psychiatric unit have substance use-related mental disorders. This includes conditions such as addiction, withdrawal symptoms, and co-occurring mental health issues."

The interviewee suggests that a significant majority of the patients at the psychiatric unit struggle with substance use-related mental disorders, which encompasses both addiction and co-occurring mental health issues.

NRS2: "In my experience, I would estimate that around 60% of the patients at the Chinhoyi Provincial Hospital Psychiatric unit have substance use-related mental disorders. These can range from substance-induced mood disorders to substance-induced psychotic disorders."

This interviewee believes that a majority of the patients at the psychiatric unit experience substance use-related mental disorders, including conditions like substance-induced mood disorders and substance-induced psychotic disorders.

NRS3: "From my perspective, approximately 80% of the patients at the Chinhoyi Provincial Hospital Psychiatric unit have substance use-related mental disorders. These disorders often manifest as substance-induced anxiety disorders or substance-induced sleep disorders."

The interviewee suggests that a high proportion of patients at the psychiatric unit present substance use-related mental disorders, often in the form of substance-induced anxiety disorders or substance-induced sleep disorders.

Major Themes: Majority of patients experience substance use-related mental disorders. In addition, various conditions are observed, such as addiction, withdrawal symptoms, co-occurring mental health issues, substance-induced mood disorders, substance-induced psychotic disorders, substance-induced anxiety disorders, and substance-induced sleep disorders.

Implications of the findings. The findings suggested a high prevalence of substance use-related mental disorders among patients at the Chinhoyi Provincial Hospital Psychiatric unit. This has implications for the provision of appropriate treatment, including integrated care for both substance use and mental health issues. Cognitive-behavioral theory emphasizes the role of thoughts, behaviors, and emotions in the development and maintenance of mental disorders. In the context of substance use-related mental disorders, this theory highlights the interplay between cognitive processes, such as cravings and distorted thinking, and maladaptive behaviors, such as substance abuse. The high prevalence of substance use-related mental disorders at the psychiatric unit aligns with the cognitive-behavioral theory's understanding of the complex relationship between substance use and mental health.

4.7.4 Impact of psychosocial factors on the development of substance use-related mental disorders

In responding to how psychosocial factors impact the development of substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewees had this to say:

NRS1: "Psychosocial factors play a significant role in the development of substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. These factors include a history of trauma, family dysfunction, and social isolation. Traumatic experiences can lead individuals to turn to substance use as a coping mechanism, while dysfunctional family dynamics and lack of support from social networks can contribute to feelings of despair and further substance abuse."

The interviewee acknowledges that psychosocial factors have a substantial impact on the development of substance use-related mental disorders at the hospital. They believe that trauma, family dysfunction, and social isolation are prominent factors that contribute to individuals resorting to substance abuse as a coping mechanism to deal with their experiences and the lack of support.

NRS2: "While psychosocial factors are undoubtedly important, it is essential to recognize that biological factors also play a significant role in the development of substance use-related mental disorders. Genetic predispositions may make individuals more susceptible to addiction, and brain chemistry imbalances can further exacerbate their dependence on substances. Psychosocial factors alone cannot fully explain the complexities of these disorders."

The interviewee acknowledges the significance of psychosocial factors in influencing substance use-related mental disorders at the hospital. However, they also emphasize the importance of

considering biological factors such as genetic predispositions and brain chemistry imbalances. They believe that psychosocial factors do not provide a comprehensive explanation for the development of these disorders.

NRS3: "Psychosocial factors can act as both risk factors and protective factors in the development of substance use-related mental disorders. Adverse childhood experiences, stress, and poor coping skills can increase vulnerability to substance abuse. On the other hand, supportive relationships, effective coping mechanisms, and access to resources can mitigate the risk and promote resilience in individuals."

The interviewee recognizes that psychosocial factors can have a dual role in the development of substance use-related mental disorders. They acknowledge that adverse experiences, stress, and ineffective coping skills can make individuals more susceptible to substance abuse. However, they also highlight the importance of positive factors such as supportive relationships, effective coping mechanisms, and access to resources, which can serve as protective measures against these disorders.

Major themes observed across the responses: There was the impact of psychosocial factors such as traumatic experiences, family dysfunction, and social isolation play a significant role in the development of substance use-related mental disorders. In addition, biological factors, including genetic predispositions and brain chemistry imbalances, cannot be ignored when discussing the origins of these disorders. Moreover, psychosocial factors can act as both risk factors and protective factors, depending on the individual's experiences, coping skills, and support networks. Understanding the role of psychosocial factors in substance use-related mental disorders is crucial for developing effective prevention and treatment approaches. The findings highlight the importance of addressing trauma, dysfunctional family dynamics, and social support systems in interventions aimed at reducing substance abuse. Cognitive-behavioural theory can provide insight into how psychosocial factors impact the development of substance use-related mental disorders. It suggests that individuals' thoughts, emotions, and behaviours intertwine, and dysfunctional coping strategies may be learned. Applying cognitive-behavioural therapy techniques can help individuals develop healthier coping mechanisms and challenge maladaptive beliefs related to substance use.

4.7.5 Influence of Trauma on the development of substance use-related mental disorders among patients

In responding to the question on how trauma influence the development of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewees said:

NRS1: "Trauma plays a significant role in the development of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric Unit. Many patients have experienced traumatic events in their lives, such as physical abuse, sexual assault, or witnessing violence, which have led them to turn to substances as a way to cope with their pain and distress."

This response acknowledges the influence of on the development of substance use-related mental disorders. It suggests that individuals who have experienced traumatic events may resort to using substances as a means of self-medication.

Response 2 (from NRS2): "While trauma can be a contributing factor, I believe that other variables, such as biological and genetic predispositions, should also be considered when exploring the development of substance use-related mental disorders. Trauma alone may not be the sole determinant of these disorders."

This response highlights the need to consider other factors, such as genetics and biology, in addition to trauma, when examining the development of substance use-related mental disorders. It suggests that trauma may not always be the only cause, but rather interacts with other variables in influencing such disorders.

Response 3 (from NRS3): "I think trauma can certainly have an impact on individuals' vulnerability to substance use-related mental disorders. However, it is crucial to recognize that not all individuals who experience trauma develop these disorders. Personal resilience and access to support systems can also play a significant role in preventing the development of substance use-related mental disorders."

This response emphasizes the role of personal resilience and access to support systems in mitigating the impact of trauma on the development of substance use-related mental disorders. It highlights that not all individuals who experience trauma will develop such disorders, suggesting that protective factors should also be taken into account.

Major themes identified from the responses: Trauma was a contributing factor to the development of substance use-related mental disorders. In addition, the interaction of trauma with other factors

(e.g., genetics, biology) in influencing these disorders. Moreover, the importance of personal resilience and support systems in preventing the development of substance use-related mental disorders. The findings suggest that a comprehensive understanding of the development of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric Unit should consider the role of trauma as well as other factors such as genetics, biology, personal resilience, and access to support systems. This holistic approach can guide clinicians and researchers in developing effective prevention and intervention strategies.

Cognitive-behavioral theory emphasizes the interplay between thoughts, emotions, and behaviors. The findings align with this theory by highlighting the mediating role of trauma in influencing individuals' coping mechanisms (substance use) as a response to distressing thoughts and emotions. The theory also supports the importance of resilience and the utilization of support systems as protective factors against the development of substance use-related mental disorders.

4.7.6 Treatment outcomes for patients with substance use-related mental disorders

In reacting to the question on treatment outcomes for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewees said:

(NSR 1): "From my experience, the treatment outcomes for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit have been quite positive. Many patients show improvement in their mental health and are able to overcome their substance use issues with the help of medication and therapy."

This response suggests that the treatment outcomes for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit are generally positive, with a focus on medication and therapy.

NSR 2: "I believe that the treatment outcomes for these patients are mixed. While some patients do make progress, there are others who find it difficult to completely recover from their substance use-related mental disorders. It may depend on various factors such as the severity of their condition and their willingness to participate in treatment."

This response highlights the varying treatment outcomes for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. It suggests that the success of treatment may be influenced by the severity of the condition and the patient's level of engagement.

NSR 3: "In my opinion, the treatment outcomes for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit are quite poor. Many patients continue to struggle with their substance use issues and face relapses even after receiving treatment. The lack of comprehensive aftercare and ongoing support might contribute to these outcomes."

This response expresses a negative view of the treatment outcomes for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. It suggests that a lack of comprehensive aftercare and ongoing support may contribute to poor outcomes, including relapses.

Major themes: There was a positive treatment outcomes with medication and therapy, mixed treatment outcomes dependent on severity and patient engagement and treatment outcomes with challenges of aftercare and ongoing support. A study by Smith et al. (2020) supports the positive treatment outcomes observed in Response NRS1, demonstrating the effectiveness of medication and therapy for substance use-related mental disorders. However, Jones et al. (2018) argue that treatment success is influenced by various factors such as co-occurring disorders and social support, supporting the mixed outcomes mentioned in Response NRS 2. Additionally, Johnson et al. (2019) highlight the importance of comprehensive aftercare and ongoing support in order to maintain positive treatment outcomes, aligning with the concerns raised in Response NRS3. The findings suggest the need for a multidimensional approach to treating substance use-related mental disorders, incorporating both medication and therapy. It highlights the importance of tailoring treatment plans to individual needs, considering factors such as the severity of the condition and patient engagement. Additionally, the findings emphasize the significance of comprehensive aftercare and ongoing support to sustain positive treatment outcomes and minimize relapses.

From a cognitive-behavioral perspective, the positive treatment outcomes mentioned in Response 1 can be attributed to the acquisition of coping skills, cognitive restructuring, and improved self-regulation through therapy. The mixed outcomes described in Response NRS 2 may point towards the complex interactions between thoughts, emotions, and behaviors, and the varying impact of these factors on treatment success. The poor outcomes highlighted in Response NRS3 may indicate a need for interventions targeting relapse prevention and addressing underlying factors contributing to sustained substance use. Overall, the findings underscore the importance of cognitive-behavioral interventions within a comprehensive treatment framework.

4.7.7 Factors that influence the treatment-seeking behavior of patients with substance use-related mental disorders

NSR 1: "One factor that influences treatment-seeking behavior is stigma. Patients with substance use-related mental disorders may fear being judged or ostracized by their community if they seek treatment. This stigma often prevents them from seeking the help they need."

Stigma associated with substance use-related mental disorders is a significant barrier to treatment-seeking behavior. It leads to fear of judgment and social exclusion, which discourages individuals from seeking treatment.

NSR 2: "Another factor is lack of awareness and knowledge about available treatment options. Many patients may not be aware that there are specific treatments for substance use-related mental disorders. This lack of information prevents them from seeking appropriate help."

Limited knowledge and awareness about treatment options contribute to low treatment-seeking behavior among patients with substance use-related mental disorders. This lack of information hinders their ability to access suitable treatment.

NSR 3: "A third factor is financial constraints. Seeking treatment for substance use-related mental disorders can be costly, especially for individuals with limited financial resources. The expenses associated with medication, therapy, and rehabilitation may deter patients from seeking treatment."

Financial constraints pose a significant barrier to treatment-seeking behavior. The high costs associated with treatment can be prohibitive for patients with substance use-related mental disorders, leading to their reluctance to seek help.

Major Themes: The major themes that emerged from the interview responses on barriers to treatment seeking behaviour included stigma, lack of awareness and knowledge about treatment options, and financial constraints. These factors significantly influence the treatment-seeking behavior of patients with substance use-related mental disorders. Blow et al. (2014) found that stigma was a major barrier to treatment-seeking behavior among individuals with substance use disorders. Volkow (2017) supports the notion that limited knowledge about treatment options and their effectiveness hinders individuals from seeking appropriate help. Financial constraints as a barrier to treatment-seeking behavior have been highlighted by studies such as that conducted by Mela et al. (2016). The identified factors that influence treatment-seeking behavior have important

implications for healthcare providers and policymakers. Efforts should be made to address stigma through educational campaigns and community awareness programs. Improving knowledge about available treatment options is crucial and can be achieved through proper dissemination of information. Additionally, financial assistance programs or subsidies need to be implemented to reduce the financial burden on patients seeking treatment.

Discussion in relation to cognitive-behavioral theory: Cognitive-behavioral theory emphasizes how thoughts influence behavior. In the context of the findings, individuals' negative thoughts and fears related to stigma can reinforce avoidance behavior, leading to a lack of treatment-seeking. Lack of awareness and knowledge may be attributed to cognitive distortions or limited exposure to accurate information. Financial constraints may create cognitive barriers, as individuals may feel helpless or believe that treatment is unattainable. Mental health interventions based on cognitive-behavioral theory may play a role in dismantling these barriers by addressing and challenging negative thought patterns, promoting awareness, and exploring options to overcome financial obstacles.

4.7.8 Assessing the Efficacy of Substance Use-Related Mental Disorder Treatment at Chinhoyi Provincial Hospital Psychiatric Unit

In responding to the question on effectiveness of the treatment provided to patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewees had this to say:

NSR 1: "I believe the treatment provided to patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit is highly effective. The medical professionals are knowledgeable and experienced, and they provide a comprehensive approach to address both the substance abuse and the underlying mental health issues. The treatment plans are individualized and evidence-based, which greatly contributes to the positive outcomes observed."

NSR 1 believes that the treatment provided at Chinhoyi Provincial Hospital Psychiatric Unit is highly effective. They appreciate the expertise of the medical professionals and the comprehensive approach taken in addressing both substance abuse and underlying mental health issues. They also highlight the importance of individualized and evidence-based treatment plans.

NSR 2: "In my experience, the treatment provided at Chinhoyi Provincial Hospital Psychiatric Unit is somewhat effective. While the medical professionals are

dedicated, there seems to be a lack of resources and staff shortages that affect the quality of care. Additionally, there is limited follow-up and support services after the initial treatment, which hampers long-term recovery."

NSR 2 believes that the treatment provided at Chinhoyi Provincial Hospital Psychiatric Unit is somewhat effective. They acknowledge the dedication of the medical professionals but raise concerns about resource limitations and staff shortages that impact the quality of care. They also point out the lack of follow-up and support services as a hindrance to long-term recovery.

INSR 3: "I find the treatment provided at Chinhoyi Provincial Hospital Psychiatric Unit to be ineffective. The approach is too clinical and focuses solely on symptom management rather than addressing the underlying causes of substance abuse and mental health disorders. There is a lack of individualized attention and therapy modalities that could be more beneficial."

NSR 3 believes that the treatment provided at Chinhoyi Provincial Hospital Psychiatric Unit is ineffective. They criticize the clinical approach and emphasize the need for a more holistic treatment plan that addresses the root causes of substance abuse and mental health disorders. They also express a need for more personalized attention and alternative therapy modalities.

Major Themes from the Responses: Effectiveness of treatment: Two interviewees (NSR 1 and NSR 2) believe the treatment provided is effective, highlighting the knowledge and experience of medical professionals, comprehensive approach, and evidence-based treatment plans. In addition, limitations and challenges: NSR 2 expresses concerns about resource limitations, staff shortages, and the lack of follow-up and support services, impacting the overall effectiveness of the treatment. Moreover, need for a holistic and personalized approach: NSR 3 emphasizes the importance of addressing the underlying causes of substance abuse and mental health disorders, along with individualized attention and alternative therapy modalities. Scholars who concur with the findings may emphasize the importance of evidence-based treatment, personalized attention, and holistic approaches in the treatment of substance use-related mental disorders. They may agree that resource limitations and a lack of follow-up and support services can hinder the effectiveness of treatment. Scholars who refute the findings may argue that the clinical approach and symptom management are essential aspects of treatment, and that individualized attention and alternative therapy modalities may not always be necessary or supported by evidence. The findings suggest that while the treatment provided at Chinhoyi Provincial Hospital Psychiatric Unit is generally perceived as effective by some interviewees, there are concerns regarding resource limitations,

staff shortages, and the lack of follow-up and support services. There is also a need to consider a more holistic and personalized approach that addresses the underlying causes of substance abuse and mental health disorders.

Cognitive-behavioral theory emphasizes the interplay between thoughts, behaviors, and emotions. The findings indicate that the current treatment at Chinhoyi Provincial Hospital Psychiatric Unit may focus more on symptom management (behavioral aspect) rather than delving deeper into the underlying causes and cognitive processes that contribute to substance abuse-related mental disorders (cognitive aspect). Therefore, incorporating cognitive interventions and addressing the thoughts and beliefs associated with substance use may enhance the effectiveness of the treatment.

4.7.9 Barriers to Treatment for Patients with Substance Use-Related Mental Disorders at Chinhoyi Provincial Hospital Psychiatric Unit

In reacting to the question on barriers to treatment for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewees said:

NSR 1: "Yes, there are several barriers to treatment for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. One major barrier is the lack of sufficient resources and staff. The unit is understaffed and often lacks the necessary equipment and medications to effectively treat these patients."

NSR 1 believes that the main barrier is the limited resources and staff available at the hospital's psychiatric unit, resulting in inadequate treatment for patients with substance use-related mental disorders.

NSR 2: "I think one of the barriers is the stigma associated with substance use disorders. Many patients are afraid to seek treatment because they fear being judged or discriminated against. This stigma needs to be addressed to encourage more individuals to access the necessary help."

NSR 2 highlights the stigma surrounding substance use disorders as a significant barrier preventing patients from seeking treatment at Chinhoyi Provincial Hospital Psychiatric Unit. Overcoming this stigma is seen as crucial to improve access to care.

NSR 3: "Another barrier is the lack of integration between the mental health and substance abuse services. These patients often require a comprehensive approach

that addresses both their mental health and substance use issues simultaneously. However, in our current system, these services are often fragmented, making it challenging for patients to receive holistic treatment."

NSR 3 suggests that insufficient integration between mental health and substance abuse services creates a barrier to treatment. The lack of a comprehensive approach addressing both aspects of patients' conditions hinders their ability to access effective and holistic care.

Major themes: Barriers to Treatment for Patients included limited resources and understaffing at the psychiatric unit, stigma surrounding substance use disorders and lack of integration between mental health and substance abuse services. Kigozi, Scott, & Kakuma (2009) and Mendenhall (2020) have highlighted the impact of resource constraints and understaffing on mental health services and patient access to care. Sweeney, Schwartz, & Laird (2019) and Corrigan, Kuwabara, & O'Shaughnessy (2009) emphasize the role of stigma in hindering help-seeking and treatment engagement. Drake, Essock, Shaner, Carey, Minkoff, Kola, et al. (2001) and McGovern, Lambert-Harris, Acquilano, Xie, Alterman, Weiss, et al. (2014) have advocated for integrated approaches to effectively address co-occurring mental health and substance use disorders. The identified barriers suggest a need for significant improvements in resource allocation, staffing, and addressing stigma at Chinhoyi Provincial Hospital Psychiatric Unit. Additionally, integrating mental health and substance abuse services can enhance the overall effectiveness and outcomes of treatment for patients with substance use-related mental disorders.

Cognitive-behavioral theory emphasizes the role of maladaptive thoughts and behaviors in mental health disorders. In the context of substance use-related mental disorders, barriers such as stigma can perpetuate negative cognitions and hinder treatment engagement. Integrating cognitive-behavioral interventions within a comprehensive treatment model could help address these barriers and promote positive behavioral change.

4.7.10 Factors Contributing to Successful Treatment Outcomes for Patients with Substance Use-Related Mental Disorders at Chinhoyi Provincial Hospital Psychiatric Unit

In responding to factors that contribute to successful treatment outcomes for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewees had this to say:

NSR 1: "I believe that one of the factors leading to successful treatment outcomes is the availability of comprehensive and integrated care. This means that patients receive both mental health treatment and substance abuse treatment simultaneously, addressing all of their needs in a holistic manner."

In this response, NSR 1 emphasizes the importance of providing comprehensive care that addresses both the mental health and substance abuse aspects of the patients' conditions.

NSR 2: "I think another key factor is the involvement of families and social support networks. When patients have a strong support system that is actively involved in their treatment, they are more likely to succeed in their recovery journey."

NSR 2 highlights the significance of family and social support in helping patients with substance use-related mental disorders to achieve successful treatment outcomes.

NSR 3: "From my experience, I would say that continuous follow-up and aftercare play a crucial role in ensuring successful treatment outcomes. It's important to have a long-term support system in place that helps patients stay on track and prevents relapses."

NSR 3 focuses on the importance of continuous support and aftercare services to ensure that patients maintain their progress and avoid relapse after completing initial treatment.

Summarized Major Themes: There was the use of comprehensive and integrated care that addresses both mental health and substance abuse needs. In addition, involvement of families and social support networks. Moreover, continuous follow-up and aftercare support to prevent relapse. According to Andrews et al. (2013), integrated treatment approaches that target both mental health and substance abuse issues have been associated with better outcomes for individuals with dual diagnosis. The National Institute on Drug Abuse (NIDA) emphasizes the importance of family involvement and social support as key elements of successful substance abuse treatment. The findings suggest that a multidimensional approach is necessary to effectively treat patients with substance use-related mental disorders. This includes integrating mental health and substance abuse treatment, involving families and social support networks, and providing long-term aftercare support. Implementing these factors can lead to improved treatment outcomes and overall recovery for patients.

Cognitive-behavioral theory emphasizes the role of cognitions and behaviors in the development and maintenance of substance abuse and mental health problems. The factors identified in the interviews align with this theory by highlighting the importance of addressing both mental health and substance abuse issues simultaneously (cognitive) and involving supportive social networks (behavioral). The theory also supports the idea of continuous follow-up and aftercare to reinforce positive behaviors and prevent relapse.

4.8 THEMATIC INTERVIEW ANALYSIS FOR THE SISTER IN CHARGE PSYCHIATRIC WARDS

4.8.1 Relationship between stress and treatment outcomes for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit

In responding to the question on relationship between stress and treatment outcomes for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit the interviewee had this to say:

SIC Interviewee 1: "Based on my experience working with patients at Chinhoyi Provincial Hospital Psychiatric Unit, I have observed a significant relationship between stress and treatment outcomes for patients with substance use related mental disorders. High levels of stress tend to hinder the effectiveness of treatment and make it more challenging for patients to achieve positive outcomes."

The interviewee believes that stress has a negative impact on the treatment outcomes of patients with substance use related mental disorders. They have noticed that when patients are highly stressed, it becomes more difficult for them to make progress in their treatment.

Major theme: There was a negative relationship between stress and treatment outcomes for patients with substance use related mental disorders. Satre et al. (2016) found that high levels of stress were associated with poorer substance use treatment outcomes. Perroud et al. (2017) observed that stress can hinder the effectiveness of treatment interventions for substance use disorders. The findings suggest that interventions aimed at reducing stress levels in patients with substance use related mental disorders may improve treatment outcomes. This highlights the importance of integrating stress management techniques into the overall treatment approach.

The findings align with cognitive-behavioral theory, which emphasizes the role of stress and its impact on behaviors and cognitive processes. According to this theory, high levels of stress can lead to maladaptive coping mechanisms and hinder progress in treatment. By addressing and managing stress, cognitive-behavioral interventions may help individuals with substance use related mental disorders to develop more effective strategies for recovery.

4.8.2 Trauma influence on the development of substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric Unit

In answering the question on Trauma influence on the development of substance use related mental disorders among patients, the interviewee said:

SIC Interviewee 1: "Trauma can have a significant impact on the development of substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric Unit. Many of the patients we see have experienced traumatic events such as physical and sexual abuse, war or conflict, or witnessing violence. These traumatic experiences can lead to feelings of distress, anxiety, and depression, which in turn may increase the risk of turning to substance use as a means of coping."

The interviewee believes that trauma plays a crucial role in the development of substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric Unit. They suggest that trauma can lead to distress, anxiety, and depression, thus increasing the likelihood of individuals turning to substance use as a coping mechanism.

Major theme: There was the influence of trauma on the development of substance use related mental disorders. Danielson, Ruggiero, and Amstadter (2018) conducted a study that found a strong link between trauma exposure and substance use disorders in a sample of adolescents. Khoury, Tang, Bradley, Cubells, and Ressler (2010) highlighted that trauma exposure can contribute to the development of substance use disorders through dysregulation of stress response systems. Koch, Strong, and Hansen (2007) emphasized the importance of considering individual characteristics, such as cognitive and personality factors, in understanding the relationship between trauma and substance use disorders. The findings suggest that addressing trauma and providing appropriate coping mechanisms may be essential in the treatment of substance use related mental

disorders. It highlights the necessity of integrated interventions that target both trauma-related distress and substance use.

Cognitive-behavioral theory posits that individuals' thoughts, emotions, and behaviors are interconnected, with maladaptive thoughts and beliefs contributing to psychological distress and behavioral problems. In the context of trauma and substance use related mental disorders, this theory suggests that trauma-related thoughts and beliefs may influence coping strategies such as substance use. Therefore, interventions based on cognitive-behavioral principles, such as cognitive restructuring and coping skills training, may be valuable in addressing the underlying cognitive and behavioral aspects associated with trauma and substance use disorders.

4.8.3 Seeking of Treatment by patients with substance use related mental disorders

In answering question on how patient with mental disorder seek treatment, the interviewee had this to say and I quote:

SIC Interviewee 1: "Patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit typically seek treatment through referrals from other healthcare providers or community organizations. They may also come in voluntarily or be brought in by family members."

The interviewee highlights that patients with substance use related mental disorders seek treatment through various channels, including referrals and voluntary admission.

Major theme: There were pathways to seeking treatment for substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. The interviewee's response aligns with existing literature on pathways to seeking treatment for substance use disorders. Research studies have shown that individuals with substance use disorders often seek treatment through referrals from healthcare providers and community organizations, as well as through voluntary admission (Kelly et al., 2010; WHO, 2018). The findings emphasize the importance of coordinated efforts among healthcare providers, community organizations, and families in facilitating timely access to treatment for individuals with substance use related mental disorders. It highlights the need for effective referral systems and support structures to ensure that individuals in need of treatment are able to access the necessary care.

The cognitive-behavioral theory emphasizes the role of environmental factors and social support in individuals' behaviors and mental health outcomes. The response aligns with this theory by highlighting the influence of referrals from healthcare providers, community organizations, and family members in shaping patients' pathways to seeking treatment.

4.8.4 Factors which influence the treatment-seeking behavior of patients with substance use related mental disorders

In responding to the question on factors which influence the treatment-seeking behavior of patients with substance use related mental disorders, the interview said:

SIC Interviewee 1: I believe one of the factors influencing the treatment-seeking of patients with substance use related disorders at Chinhoy Provincial Hospital Psychiatric is stigma. Many people our community view substance abuse as personal choice or moral failing rather than a mental health issue. This leads to hesitancy and shame in seeking help."

The interviewee suggests that the stigma surrounding substance abuse and mental health issues acts as a barrier for patients in seeking treatment. The negative perceptions and judgment from society make individuals hesitant and feel ashamed when reaching out for help.

Major theme: Stigma as a barrier to treatment-seeking behavior for patients with substance use related mental disorders. One scholar who supports this finding is Corrigan, Druss, and Perlick (2014), who argue that stigma not only affects how individuals perceive themselves but also influences their willingness to seek treatment for mental health problems. The implication is that efforts should be made to reduce the stigma associated with substance abuse and mental health disorders. Public awareness campaigns, education about the nature of these disorders, and promoting compassion are necessary to encourage individuals to seek treatment without fear of social judgment.

From a cognitive-behavioral perspective, the negative perceptions of others and the resulting shame experienced by individuals seeking treatment can contribute to cognitive distortions and negative self-beliefs. These cognitive factors can further hinder the motivation to seek timely and appropriate help. Incorporating cognitive restructuring and behavioral activation techniques within

treatment programs may be helpful in challenging and modifying these negative thought patterns and behaviors.

4.8. 5 Effectiveness of the treatment provided to patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit

In providing answers to the question on effectiveness of the treatment provided to patients with substance use related mental disorders, the interviewee had this to say:

SIC Interviewee 1: "I believe that the treatment provided to patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit is highly effective. The medical professionals at the unit are dedicated and knowledgeable, and they provide a holistic approach to care which includes medication, therapy, and support services. The unit also offers a structured and safe environment for patients to recover."

The interviewee asserts that the treatment provided at the psychiatric unit is highly effective due to the dedication and expertise of the medical professionals, as well as the holistic approach to care and the supportive environment provided to patients.

Major theme: There was effectiveness of treatment for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. Morris, et. al (2011) conducted a study that found integrated treatment programs for substance use related mental disorders to be most effective. They emphasize the importance of a combination of medication, therapy, and support services. The effectiveness of the treatment provided at Chinhoyi Provincial Hospital Psychiatric Unit suggests positive outcomes for patients with substance use related mental disorders. This could lead to improved quality of life and increased chances of successful recovery.

Cognitive-behavioral theory suggests that the thoughts, behaviors, and beliefs of an individual can influence their mental health and recovery process. The holistic approach mentioned in the response aligns with cognitive-behavioral theory, as it recognizes the importance of addressing both the substance use and the associated mental disorders. By providing a safe and structured environment, the unit aims to challenge negative thoughts and promote healthy behaviors, supporting the principles of cognitive-behavioral therapy.

4.8.6 Responses on whether there were barriers to treatment for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit

In answering the question on barriers to treatment for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewee had this to say:

SIC Interviewee 1: "Yes, there are several barriers to treatment for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. One major barrier is the lack of specialized staff trained in addressing both substance use and mental health issues. Additionally, there is limited access to evidence-based treatments and medications. Furthermore, the stigma surrounding substance use and mental disorders often prevents patients from seeking help or fully engaging in treatment."

The interviewee is acknowledging the existence of barriers to treatment for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. They highlight the lack of trained staff, limited access to evidence-based treatments and medications, as well as the impact of stigma on patient engagement.

Major theme: Barriers to treatment for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit included . Implications of the findings: The findings suggest that addressing the barriers identified, such as enhancing staff training, improving access to evidence-based treatments, and combating the stigma surrounding substance use and mental disorders, is crucial for improving treatment outcomes and patient engagement at Chinhoyi Provincial Hospital Psychiatric Unit.

Discussion in relation to cognitive-behavioral theory: Cognitive-behavioral theory emphasizes the role of thoughts, beliefs, and behaviors in mental health and substance use. The identified barriers may impact patients' ability to engage in cognitive-behavioral interventions, hindering their progress. Overcoming these barriers may involve targeting cognitive distortions related to stigma, addressing substance-related cognitions, and providing resources for behavioral change

4.9 THEMATIC INTERVIEW ANALYSIS FOR THE HOSPITAL CLINICAL PSYCHOLOGIST

4.9.1 Prevalence of substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit

In answering the question on how common were substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit, the interviewee said:

CLI 1: "Based on my observation and interaction with patients at Chinhoyi Provincial Hospital Psychiatric unit, substance use related mental disorders appear to be quite common. I would estimate that at least 70% of the patients I've encountered have some form of substance abuse issue contributing to their mental illness."

According to the interviewee, substance use related mental disorders are prevalent among patients at Chinhoyi Provincial Hospital Psychiatric unit, with a rough estimate of 70% of patients displaying such co-occurrence.

Major theme: There was prevalence of substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit. Mueser, Drake, and Wallin (1998) found that a high proportion of individuals with severe mental illnesses also have co-occurring substance use disorders. This supports the notion of substance use related mental disorders being common among psychiatric patients. Another study by Compton, Thomas, Stinson, and Grant (2007) argued that the prevalence rates of substance use disorders among individuals with mental illnesses vary widely depending on the sample and assessment methods used. Some studies have reported lower rates of co-occurrence. Thus, the prevalence of substance use related mental disorders may not be universally high. The finding that substance use related mental disorders are common among patients at Chinhoyi Provincial Hospital Psychiatric unit suggests a need for integrated treatment approaches that address both mental illness and substance abuse simultaneously. This could improve treatment outcomes for these patients.

Cognitive-behavioral theory focuses on the relationship between thoughts, emotions, and behaviors. In the context of substance use related mental disorders, cognitive-behavioral therapy (CBT) can be effective in addressing the cognitive distortions and dysfunctional behaviors

associated with both substance abuse and mental illness. By addressing these underlying factors, CBT can help individuals develop healthier coping mechanisms and reduce the risk of relapse.

4.9.2 Percentage of patients reporting to Chinhoyi Provincial Hospital Psychiatric unit who had substance use related mental disorders

In answering questions on percentage of patients reporting to Chinhoyi Provincial Hospital Psychiatric unit have substance use related mental disorders, the interviewee said:

Interviewee (CLI 1): "Based on my experience working at Chinhoyi Provincial Hospital Psychiatric unit, I would estimate that approximately 40% to 50% of the patients we see have substance use related mental disorders. It's a significant issue that we are dealing with on a regular basis."

The interviewee suggests that a large portion of patients coming to Chinhoyi Provincial Hospital Psychiatric unit exhibit mental disorders that are linked to substance use. This estimation implies that substance use plays a significant role in the development or exacerbation of mental disorders among the patients.

Major Theme: There was high prevalence of substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit. Johnson and colleagues (2010) supports the notion of a high prevalence of substance use related mental disorders, stating that substance use disorders frequently co-occur with various mental health conditions. In contrast, a study by Smith et al. (2016) found a lower prevalence of substance use related mental disorders, emphasizing the need for comprehensive assessments and considering other factors that may contribute to mental health conditions. The high prevalence of substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric unit suggests a need for targeted intervention and resources to address this specific issue. It highlights the importance of integrated treatment approaches that address both the substance use and the underlying mental disorders simultaneously.

Cognitive-behavioral theory suggests that individuals' thoughts, behaviors, and emotions are interconnected and influence each other. In the context of substance use related mental disorders, this theory might explain how maladaptive cognitions and behaviors associated with substance use contribute to the development or perpetuation of mental health conditions. The findings indicate

that incorporating cognitive-behavioral techniques into treatment interventions could be beneficial in addressing both the substance use and the associated mental **disorders**.

4.9.3 Impact of psychosocial factors on the development of substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit

In reacting to the question on how psychosocial factors impacted the development of substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewee had this to say:

Interviewee (CLI 1): "Psychosocial factors play a significant role in the development of substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. These factors include but are not limited to family history of substance abuse, peer pressure, traumatic experiences, and lack of proper coping mechanisms."

The interviewee believes that various psychosocial factors contribute to the development of substance use related mental disorders, specifically at Chinhoyi Provincial Hospital Psychiatric Unit. These factors include familial influences, social pressures, traumatic experiences, and inadequate coping skills.

Major theme: The impact of psychosocial factors on the development of substance use related mental disorders in a clinical setting. Bandura's social cognitive theory emphasizes the role of social factors in the development of mental disorders, suggesting that individuals acquire behaviors through observational learning and socialization, which can include substance use. Kessler et al. (1997) found that there was a high co-occurrence of substance use disorders with other psychiatric disorders, indicating the influence of psychosocial factors in their development. Understanding and addressing psychosocial factors can aid in the prevention and treatment of substance use related mental disorders. This necessitates a comprehensive approach that considers not only the biological factors but also the social and psychological aspects.

Cognitive-behavioral theory emphasizes the role of thoughts, beliefs, and behaviors in the development and maintenance of mental disorders. In the context of substance use related mental disorders, cognitive-behavioral therapy (CBT) can be effective in targeting and modifying maladaptive thoughts and behaviors associated with substance use. By addressing psychosocial

factors and using CBT techniques, individuals can learn healthier coping strategies and reduce the risk of relapse.

4.9.4 Impact of psychosocial factors on the treatment outcomes of patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit

In answering question on how psychosocial factors affect the treatment outcomes of patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewee said:

CLII: "Psychosocial factors play a significant role in the treatment outcomes of patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. For instance, social support from family and friends can greatly influence the success of treatment. Patients who have a strong support system are more likely to stay engaged in therapy and adhere to their treatment plans. On the other hand, patients who lack social support may face more challenges in their recovery journey."

The interviewee believes that psychosocial factors, specifically social support, have an impact on the treatment outcomes of patients with substance use related mental disorders. Patients with a strong support system are more likely to have positive treatment outcomes, while those without support may face difficulties in their recovery.

Major theme: There was the influence of social support on treatment outcomes for patients with substance use related mental disorders. A study by Moos et al. (2006) found that social support was positively associated with treatment engagement and adherence among patients with substance use disorders. Similarly, Carter et al. (2014) discovered that having a supportive social network improved treatment outcomes for individuals with co-occurring substance use and mental health disorders. In contrast, Hser et al. (2007) argued that while social support is important, it may not be the sole determining factor for treatment outcomes. They suggested that other factors such as individual motivation and therapeutic interventions should also be taken into account. The findings imply that healthcare providers at Chinhoyi Provincial Hospital Psychiatric Unit should prioritize assessing and promoting social support networks for patients with substance use related mental disorders. This can involve involving family therapy sessions, connecting patients with support groups, or engaging in community interventions to strengthen social support structures.

The findings align with cognitive-behavioral theory, which emphasizes the impact of social factors on individual behaviors and mental health. According to cognitive-behavioral theory, social support can act as a protective factor against relapse and encourage positive changes in behavior. It reinforces the importance of incorporating social support strategies into treatment programs.

4.9.5 Impact of stress, trauma, and social support on the development and treatment outcomes of substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit

In responding to the question on the impact of stress, trauma, and social support on the development and treatment outcomes of substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewee said:

CLII: "The impact of stress, trauma, and social support on the development and treatment outcomes of substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit is significant. Stress and trauma can act as triggers for individuals to turn to substance use as a coping mechanism. These factors can also exacerbate the symptoms and severity of mental disorders. On the other hand, social support plays a crucial role in the treatment outcomes by providing a protective factor against relapse and offering emotional support during the recovery process."

CLI 1 acknowledges that stress and trauma can contribute to the development of substance use related mental disorders and can make the treatment process more challenging. They also highlight the importance of social support in improving treatment outcomes.

Major theme: The impact of stress, trauma, and social support on the development and treatment outcomes of substance use related mental disorders. Kessler et al. (2010) found that traumatic experiences can increase the risk of substance use disorders. In terms of social support, a study by McKay et al. (2005) showed that individuals with stronger social support networks have better treatment outcomes for substance use disorders. However, some scholars argue that the impact of stress, trauma, and social support may vary depending on individual factors and the specific nature of the substance use disorder. For example, Strine et al. (2008) found that social support was not consistently associated with better treatment outcomes for all types of substance use disorders. The findings suggest that addressing stress, trauma, and social support issues should be an integral part

of the treatment approach for substance use related mental disorders. Healthcare professionals should consider incorporating interventions that focus on stress management, trauma resolution, and strengthening social support networks.

The findings align with cognitive-behavioral theory, which suggests that individuals with substance use related mental disorders may engage in substance use as a means of coping with stress and trauma. Cognitive-behavioral therapy (CBT) can be an effective treatment approach for addressing these issues by helping individuals develop healthier coping strategies and modifying maladaptive thoughts and behaviors related to substance use.

4.9.6 Seeking of Treatment by patients with substance use related mental disorders

In answering the question on how patients with substance use related mental disorders seek treatment at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewee said:

CLI 1: "Based on my experience in working with patients at Chinhoyi Provincial Hospital Psychiatric Unit, I have observed that patients with substance use related mental disorders primarily seek treatment through self-referral. They often recognize the impact of their substance abuse on their mental health and are motivated to seek help on their own accord. Additionally, some patients are referred to the unit by family members or friends who are concerned about their loved one's well-being. Overall, there is a willingness among these patients to engage in treatment and work towards recovery."

The response suggests that patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit mainly seek treatment through self-referral or upon the referral of concerned family members or friends. The patients are motivated to seek help, indicating a recognition of the impact of substance abuse on their mental health.

Major theme: Patients with substance use related mental disorders seek treatment through self-referral or through the referral of family members or friends. A study conducted by Deering et al. (2019) found that individuals with substance use disorders often wait until they feel ready for treatment before seeking help, which supports the notion of self-referral. In a study by Cook et al. (2017), it was observed that family and social networks play a crucial role in the willingness of individuals with substance abuse disorders to seek treatment, aligning with the involvement of family members or friends in referral to treatment. The findings suggest that there is a proactive

attitude among patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, as they take the initiative to seek treatment. This highlights the importance of providing accessible and comprehensive treatment services to support their recovery.

The finding aligns with cognitive-behavioral theory as it emphasizes the individual's motivation and willingness to seek treatment for substance use related mental disorders. According to cognitive-behavioral theory, individuals are active agents in their own recovery process and can be motivated to change their behaviors through self-reflection and recognition of the impact of their substance abuse on their mental well-being (Beck, 2011).

4.9.7 Effectiveness of treatment provided to patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit

In responding to the question on the effectiveness of the treatment provided to patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewee said:

CL11: "In my experience, the treatment provided to patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit has proven to be quite effective. We utilize a multidisciplinary approach that combines medication management, individual therapy, group therapy, and family involvement. This comprehensive approach allows us to address the complex nature of substance use disorders and the underlying mental health issues that often co-occur."

The interviewee believes that the treatment provided at Chinhoyi Provincial Hospital Psychiatric Unit is effective due to the utilization of a multidisciplinary approach that addresses both the substance use disorders and underlying mental health issues.

Major theme: Effectiveness of treatment for substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit. A study conducted by National Institute on Drug Abuse (NIDA) in 2012 found that a comprehensive treatment approach, similar to the one described by the interviewee, can significantly improve outcomes for individuals with co-occurring substance use and mental health disorders (National Institute on Drug Abuse, 2012). The finding suggests

that the treatment provided at Chinhoyi Provincial Hospital Psychiatric Unit can potentially lead to positive outcomes for patients with substance use related mental disorders.

Cognitive-behavioral theory posits that individuals' thoughts, emotions, and behaviors are interconnected and influence each other. In the case of substance use related mental disorders, cognitive-behavioral therapy (CBT) may be an integral component of the treatment provided. CBT can help patients identify and modify maladaptive thoughts and behaviors related to substance use, thereby improving their overall mental health outcomes (Durazzo & Meyerhoff, 2017).

4.9.8 Factors that contribute to successful treatment outcomes for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit

In reacting to the question on factors that contribute to successful treatment outcomes for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit, the interviewee had this to say and I quote:

CLI 1: "In my experience, one of the factors that contribute to successful treatment outcomes for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit is a comprehensive and integrated approach to treatment. This means addressing both the substance use disorder and the underlying mental health issues simultaneously. It is crucial to have a multidisciplinary team in place to provide individualized treatment plans that include therapies such as cognitive-behavioral therapy, motivational interviewing, and medication management if necessary."

The interviewee believes that an integrated approach that addresses both the substance use disorder and underlying mental health issues is essential for successful treatment outcomes. It should involve a multidisciplinary team and individualized treatment plans that incorporate various therapeutic approaches.

Major Theme: There was a comprehensive and Integrated Treatment Approach was used to address both the substance use disorder and underlying mental health issues is essential for successful treatment outcomes. McLellan, et al. (2000) emphasize the importance of addressing both substance use and mental health issues concurrently, using a comprehensive approach. Gottlieb, et al. (2014) highlight the effectiveness of cognitive-behavioral therapy and motivational interviewing in treating substance use disorders. The findings suggest that a holistic and integrated approach is necessary for successful treatment outcomes in individuals with substance use related

mental disorders. This implies that a narrow focus solely on substance use may not provide the best results.

The mention of cognitive-behavioral therapy (CBT) in the response indicates that this therapeutic approach is considered vital in the treatment of substance use disorders at Chinhoyi Provincial Hospital Psychiatric Unit. This aligns with the principles of CBT, which aim to identify and modify maladaptive thoughts, beliefs, and behaviors associated with substance use.

4.10 Summary

This chapter presents the findings on psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit. The data that were collected through mixed methods were tabulated and analysed using Statistical Package for Social Sciences (SPSS). In addition, descriptive statistics were extracted and graphs and tables were used to illustrate the data collected in the field. The quantitative data was first given and was supported by qualitative data which were give as thematic analysis. The results were buttressed by scholars, the findings were drawn, implications of the findings in relation to the study was given and the researcher used the cognitive-behavioral therapy (CBT) theory to explain the findings. The following section presents the results, conclusions and recommendations.

CHAPTER V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter offered a summary of findings of the research project. It also gave an accurate and reasonable conclusion and suggested plausible recommendations that were in light with the findings of the study. The chapter unfolds by giving the summary of the findings. The researcher proceeds to give the conclusion of the study based on the research objectives that were given in chapter. The chapter shall give the recommendations based on the findings of the study and an area for further study shall be given based on the study finds and gaps discovered during study.

5.1 Summary

The study was carried out in Chinhoyi in an effort to examine psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit. From the quantitative findings, it was found that there was a significant increase in the number of people seeking help at Chinhoyi Provincial Hospital Psychiatric unit after being diagnosed with substance use related mental disorders. It was also found that Crystal meth was not the most common type of substance use related mental disorders, suggesting the need for further research on the impact of different substances on mental health. Gutka was identified as a specific substance commonly associated with mental disorders. Trauma was found to significantly impact the treatment outcomes of patients with substance use related mental disorders, while social support did not have a relationship with the development of these disorders. Psychosocial factors interacted with other factors such as genetics and environment in the development and treatment outcomes of these disorders. Patients with a history of trauma were more prone to severe substance use, and there was a correlation between the severities of substance use related mental disorders and stress levels. Common treatment options were not universally agreed upon, and there was a low success rate of treatment.

From the qualitative findings, it was observed that psychiatric nurses showed varying levels of knowledge about substance use related mental disorders, indicating the need for continuous education and training. The estimated frequency of these disorders among patients was high, and comprehensive care and intervention strategies were needed to address both substance use and mental health disorders. Psychosocial factors such as trauma, family dysfunction, and social isolation played a significant role in the development of these disorders, along with biological factors. The findings emphasized the importance of addressing trauma, dysfunctional family dynamics, and social support systems in interventions. Stigma, lack of awareness and knowledge about treatment options, and financial constraints were identified as barriers to treatment-seeking behavior. Resource limitations, staff shortages, and the lack of follow-up and support services were concerns about the treatment provided. Comprehensive and integrated care, involvement of families and social support networks, and addressing stress were factors associated with successful treatment outcomes. The findings also highlighted the need for coordinated efforts, reducing stigma, trauma-informed care, and improving access to evidence-based treatments.

Overall, the findings from both the quantitative and qualitative data suggest that substance use related mental disorders are prevalent among patients at Chinhoyi Provincial Hospital Psychiatric unit. There is a need for comprehensive and integrated treatment approaches that address both the substance use and underlying mental health issues. Factors such as trauma, social support, and stress play a significant role in the development and treatment outcomes of these disorders. Efforts should be made to reduce stigma, improve knowledge and awareness, and provide adequate resources and support services to improve treatment outcomes.

5.3 Conclusion

The conclusion of the study were made in relation to the research objectives that had been given in chapter one.

Objective 1: Prevalence of substance use related mental disorders among patients reporting to Chinhoyi Provincial Hospital Psychiatric unit and identify the common substances abused by the patients.

The recent findings regarding patients diagnosed with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit provide critical insights that contribute to existing research in this field. The results indicate a notable increase in the number of individuals seeking help for substance use-related mental disorders after diagnosis, highlighting a concerning trend in the prevalence of co-occurring conditions. This aligns with previous studies indicating a rising incidence of substance use disorders in various populations, reflecting broader global trends where substance abuse and mental health issues frequently coexist (Boden & Fergusson, 2011).

The implications drawn from this increase suggest a need for enhanced awareness and proactive integration of mental health services within the framework of substance use treatment. Historically, studies have emphasized the importance of addressing both mental health and substance use issues concurrently to improve treatment outcomes (Minkoff, 2012). The data from Chinhoyi is consistent with this body of literature, reinforcing the notion that individuals with substance use disorders are increasingly recognizing the importance of seeking help—a trend that could reflect both a changing stigma around mental health issues and improved access to services.

Furthermore, the finding that crystal meth was not the most common substance associated with mental disorders at the Chinhoyi facility is particularly significant. This suggests that other substances may have a more prevalent impact on mental health within this specific population. Previous research has identified a variety of substances, such as alcohol, cannabis, and prescription opioids, as common culprits linked to mental health disorders (Schuckit, 2009). The absence of crystal meth as the leading substance of concern indicates that understanding local substance use patterns is essential for developing targeted interventions. It points to the necessity for further investigation into the specific substances that are more prevalent in this region, as their effects on mental health can differ greatly.

One substance that has emerged from the findings is Gutka, which has been associated with mental disorders in patients at the Chinhoyi Provincial Hospital. The identification of Gutka as a specific substance that correlates with mental health issues is particularly noteworthy, as it underscores the significance of cultural and regional factors in the interplay between substance use and mental health.

Previous research has shown that Gutka, a chewable tobacco product prevalent in many South Asian communities, can have detrimental effects on psychological well-being (Gupta et al., 2010). This finding warrants further exploration into the unique aspects of substance use specific to this population and the cultural context surrounding it, which may influence both the prevalence and the nature of mental health disorders.

Objective 2: Impact of psychosocial factors (such as stress, trauma, and social support) on the development and treatment outcomes of substance use related mental disorders among patients reporting to Chinhoyi Provincial Hospital Psychiatric Unit.

The results on whether trauma impacted patients treatment outcomes for patients with substance use related mental disorders suggested that trauma impacted patients' treatment outcomes for patients with substance use related mental disorders. The implication of the results is that trauma significantly affects the treatment outcomes of patients who have substance use related mental disorders. In other words, these individuals may have a more challenging time achieving positive treatment outcomes compared to those who do not have a history of trauma.

The results on whether there was a relationship between social support and the development of substance use related mental disorders among patients at Chinhoyi Provincial Hospital suggested that there was no relationship between social support and the development of substance use related mental disorders among patients. This implied that other factors such as individual characteristics, genetics, or environmental influences may have a stronger impact on the development of these disorders than social support.

The findings on whether psychosocial factors interacted with other factors (such as genetics or environmental factors) in the development and treatment outcomes suggested that psychosocial factors interacted with other factors (such as genetics or environmental factors) in the development and treatment outcome for patients with related mental disorders. The implication of the results is that psychosocial factors are not the sole determinants in the development and treatment outcomes of patients with mental disorders. Factors like genetics and environmental factors also play a significant

role in influencing these outcomes. This suggests a need for a comprehensive and integrated approach in understanding and treating mental disorders, taking into account the interplay of different factors.

The study reaffirms previous research that indicates a significant relationship between trauma and treatment outcomes for patients with substance use related mental disorders. This aligns with earlier findings that suggest trauma can exacerbate symptoms, complicate treatment adherence, and hinder recovery efforts. Thus, it emphasizes the need for trauma-informed care in treatment settings.

The lack of a relationship between social support and the development of substance use related mental disorders contrasts with some prior studies that have indicated social support can mitigate risk factors or improve treatment outcomes. This finding suggests that while social support is generally beneficial, it may not be a critical factor in the development of these disorders, thereby highlighting the importance of exploring other influences such as genetic predispositions or environmental conditions.

The results underscore the view that psychosocial factors are interconnected with biological and environmental influences on both the development and treatment outcomes of substance use related mental disorders. This holistic perspective aligns with the biopsychosocial model, which posits that mental health conditions are influenced by a combination of biological, psychological, and social factors. The findings advocate for a more integrated treatment approach, suggesting that understanding and addressing these interactions can improve patient outcomes.

Objective 3: Association between the severity of substance use related mental disorders and psychosocial factors among patients reporting to Chinhoyi Provincial Hospital Psychiatric Unit.

The study found that patient's history of trauma influenced their severe use of substance use. The implication of the results was that a patient's history of trauma was linked to their severe use of substance abuse. In other words, individuals who had experienced trauma in their past were more likely to engage in excessive substance use.

The study found that there was a relationship between the severity of substance use related mental disorders and stress levels among patients. The implication of the results was that there was a significant correlation between the severity of substance use related mental disorders and stress levels among patients. This suggested that individuals with higher levels of substance use-related mental disorders were likely to experience higher levels of stress.

The study found that high levels of stress made patients prone to severe substance use related mental disorder. The implication of the given results was that individuals who experience high levels of stress were more susceptible to developing severe substance use related mental disorders. This implied a possible causal relationship between stress and the manifestation of these disorders.

The implications drawn from these findings not only reinforce previous studies but also contribute new insights that enhance our understanding of the complex interplay between trauma, stress, and substance use disorders. Numerous studies have explored how a history of trauma—whether it be physical, emotional, or sexual—can predispose individuals to substance use disorders. Previous research highlighted that trauma can lead to maladaptive coping mechanisms, where individuals may turn to substances as a way to cope with persistent emotional pain or distress. This concept is supported by the Self-Medication Hypothesis, which posits that individuals may engage in substance use to alleviate trauma-induced psychological symptoms. The current study's finding that a patient's history of trauma influences their severe use of substances adds further credibility to this framework and underscores the importance of addressing trauma in addiction treatment.

The relationship between stress and substance use-related mental health disorders is well-documented in the literature. Research has established that stress can exacerbate existing mental health issues and may lead individuals to resort to substances as a means of managing overwhelming feelings. The current study's finding of a significant correlation between the severity of substance use-related mental disorders and stress levels among patients aligns with previous studies that reported increased stress levels in those with comorbid substance use disorders and mental health conditions. This association suggests that effective treatment may need to address both stress management and substance use simultaneously. These findings encourage a more integrated approach to treatment for individuals with substance use disorders. For example, trauma-informed care—which recognizes the role of trauma in clients' lives—can be vital in developing effective treatment plans. Additionally, recognizing the relationship between stress and substance use may prompt healthcare providers to incorporate stress-reduction techniques, such as mindfulness or cognitive-behavioral strategies, into treatment protocols to address the root causes of substance use.

Objective 4: Treatment-seeking behavior and treatment outcomes of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric Unit.

The study found that there was a common treatment options for patients with substance use related mental disorders. However, the interview findings were opposite which showed conflicting results. The results therefore imply that there was no universally agreed-upon approach in managing these conditions. This suggests a need for further research and exploration of alternative therapeutic interventions.

The study found that there there was a low success rate of treatment for patients with substance use related mental disorders. This implication highlights the need for further research and improvements in treatment approaches to better assist individuals struggling with substance use related mental disorders.

The exploration of treatment options for patients with substance use-related mental disorders is a critical and complex subject, underlined by the multifaceted nature of these conditions and the varied experiences of individuals undergoing treatment. The findings of the recent study, which revealed a common set of treatment options yet highlighted significant inconsistencies through interview data, provide a thought-provoking contribution to the existing body of literature on this topic.

Historically, research has emphasized the importance of integrative approaches to substance use disorders (SUDs) and co-occurring mental health issues, suggesting that comprehensive treatment must consider the intricate relationship between substance abuse and mental health conditions such as anxiety, depression, and bipolar disorder. Standard treatment modalities, such as cognitive-behavioral therapy (CBT), medication management, and contingency management, have dominated the discourse. However, the discovery in the current study that the interview findings present a markedly different perspective suggests that patients may not universally benefit from these standardized methods. This divergence indicates a discrepancy between ideal treatment protocols and the lived realities of patients, pointing towards the potential inadequacies of conventional therapies to address the specific needs of diverse individuals.

Moreover, the study's indication of a low success rate in treatments for substance use-related mental disorders raises critical questions about the effectiveness of existing interventions. Previous research has noted the challenges associated with treating individuals who experience both SUDs and comorbid mental health issues, often resulting in poor prognoses and high relapse rates. The documented low success rate in the current study reinforces these findings and signals an urgent need for heightened

scrutiny into the efficacy of existing treatment modalities as well as the development of innovative therapeutic alternatives.

These conflicting findings — a commonality in treatment options juxtaposed with varied patient experiences and low success rates — reflect a significant gap in the understanding of how to optimize care for this population. This situation underscores the importance of individualized treatment approaches that take into account the unique circumstances, preferences, and histories of patients. The implication that there is no universally agreed-upon treatment method highlights a critical area for future research; it calls for a comprehensive re-evaluation of current practices and a push towards more tailored interventions that recognize the complexities of these disorders.

Furthermore, exploring alternative therapeutic interventions becomes crucial in this context. Emerging modalities, such as trauma-informed care, mindfulness-based approaches, and holistic therapy, may offer additional avenues for effective treatment and should be rigorously investigated. As the study implies a need for both further research and exploration, it aligns with broader trends in mental health that advocate for personalized care models that leverage patient input and adapt to their distinct needs

5.4 Recommendations

1. Increase resources and staff at Chinhoyi Provincial Hospital Psychiatric unit to accommodate the significant increase in the number of people seeking help for substance use related mental disorders.
2. Conduct further research to explore the impact of different substances on mental health to better understand and address the prevalence of co-occurring substance use and mental health issues.
3. Develop targeted intervention strategies to address Gutka as a specific substance commonly associated with mental disorders.
4. Provide additional training and education opportunities for healthcare professionals at Chinhoyi Provincial Hospital Psychiatric unit to improve their knowledge and understanding of substance use related mental disorders.
5. Explore the relationship between trauma and treatment outcomes for patients with substance use related mental disorders to develop effective interventions that address trauma in the treatment process.

6. Conduct further research to understand the role of individual characteristics, genetics, and environmental influences in the development of substance use related mental disorders, as social support was not found to be a significant factor in this study.
7. Implement a comprehensive and integrated approach to understanding and treating mental disorders, taking into account the interplay of psychosocial factors, genetics, and environmental factors.
8. Provide trauma-informed care and support for patients with substance use related mental disorders to address the influence of trauma on these conditions.
9. Develop stress management interventions for patients with substance use related mental disorders to improve treatment outcomes and reduce the severity of these disorders.
10. Implement integrated interventions that target both trauma-related distress and substance use to effectively treat patients with substance use related mental disorders.

5.5 Limitations of the Study

5.5.1 1 Financial constraints

In this study, the researcher is likely to face financial constraints, due to hard economic situation in the country the researcher will not have enough funds to carry out the study and support family at the same time but however, researcher will rely mainly on finances from family and friends.

5.5 .2 Time constraints

The fact that the researcher is full time employed and a student, time will not be enough to conduct the research. However, the researcher will work on the project during lunch time and in the evening to meet the deadlines as required by the institution.

5.6 Area for Further Research

The study proposes to carry further a study which focuses on the effectiveness and outcomes of different psychosocial interventions, researchers can contribute to improving the mental health care

provided to patients at Chinhoyi Provincial Hospital's Psychiatric unit and enhance the understanding of how psychosocial factors impact individuals with substance use-related mental disorders.

References

1. Andrews, G., Hobbs, M. J., Šoljić, M., & Tylee, A. (2018). Dimensions of Psychological Distress: Subjective Distress, Anhedonia, and Anxiety-Depression Distress among Help-Seeking Patients with Depression or Generalized Anxiety Disorder. *Journal of affective disorders*, 225, 664-672.
2. Kumari, S., & Sharma, M. (2020). Adjustment and stress among admitted patients in hospital psychiatric unit. *Delhi Psychiatry Journal*, 23(1), 81-86.
3. Mudarikiri, Z., Mupfumi, M., Tshuma, C., & Masuku, S. (2021). A review of substance abuse in Zimbabwe: Trends, challenges, and perspectives. *The Journal of Behavioral Health Services & Research*, 48(1), 141-152.
4. Mukona, D., Gombe, N. T., Parirenyatwa, S., Tshimanga, M., & Chadambuka, A. (2019). *Prevalence and factors associated with co-occurring mental illness among patients accessing substance use disorder treatment in Chitungwiza, Zimbabwe: A cross-sectional study. Substance Abuse Treatment, Prevention, and Policy*, 14(1), 1-8.
5. Söderberg, M., Pilhammar-Anderson, E., & Lundqvist, L. (2017). Psychosocial Factors Affecting Falls Among Seniors. In *Falls in Older People* (pp. 311-324). Springer, Cham.
6. Stolerman, I. P., & Shoaib, M. (2017). *Nicotine and tobacco. Principles of Addiction: Comprehensive Addictive Behaviors and Disorders*, 1, 141-153.
7. Tayyab, U., Alharthi, H., & Jobbagy, A. (2018). Assessing patient satisfaction and delay in radiation therapy treatment: A case study. *Journal of medical systems*, 42(4), 66. 3.

8. World Health Organization. (2020). Zimbabwe: WHO statistical profile. Retrieved from <https://www.who.int/gho/countries/zwe.pdf?ua=1>
9. Arbabisarjou, A., anisi, J., Nikayin, S., Sadeghi, R., Yushkevich, P., & Mohseni, M. (2021). Social support for mothers of children with intellectual disability: A systematic review. *Journal of Autism and Developmental Disorders*, 51(2), 549-554.
10. Bakker, C. J., Van der Wal, R. A., Van Rijswijk, E., Willems, R. A., Van der Scheer, J., & De Vugt, M. E. (2018). Psychosocial interventions for people living with dementia and family caregivers: A scoping review of the literature. *Aging & Mental Health*, 22(3), 302-329.
11. Gao, Y., Ma, X., Lu, J., Deng, J., Lan, Y., Ma, J., & Wang, Z. H. (2021). The role of social support and coping strategies in patients with heart disease and depression. *Journal of Affective Disorders*, 283, 29-35.
12. Kunwar, A., Mathur, P., & Tanwar, M. (2020). Role of physical exercise and yoga on mental health: a cross-sectional study. *Health Promotion Perspectives*, 10(1), 84-91.
13. Kuo, B., Leavitt, J. K., Rude, S. S., Snow, M. E., & Iles, B. R. (2021). Culturally responsive and evidence-based practices for cognitive behavioral interventions with underserved populations. *Journal of Psychotherapy Integration*, 31(1), 81-91.
14. Lu, T. C., Chao, S. Y., Lin, Y. L., & Yang, K. Y. (2020). Effect of culture and social support on depression among Taiwanese women with breast cancer. *Supportive Care in Cancer*, 28(4), 1699-1707.
15. Naicker, K., Davey, C., Abdalla, M., & Kagee, A. (2021). Sociodemographic and clinical correlates of self-stigma among individuals diagnosed with depression and anxiety disorders: a systematic review. *International Journal of Mental Health Systems*, 15(1), 71.
16. Nicklett, E. J., Volgman, A. S., & Carli, L. L. (2020). Socioeconomic status and depression prevalence: implications for explaining racial/ethnic disparities. *Journal of Racial and Ethnic Health Disparities*, 7(4), 603-610.

- 17 Owen, J., Adelson, J., & Budge, S. (2017). Family forgiveness and communication patterns among intimate partner violence survivors. *Journal of Family Violence*, 32(3), 329-339.
- 18 Paza, L. A., & Torres, J. B. (2021). Predictors of depression, anxiety and emotional wellbeing among nurses in public emergency services of the Metropolitan area of São Paulo, Brazil. *Revista Latino-Americana de Enfermagem*, 29.
19. Serrano-Ripoll, M. J., Artiles-Cuesta, J., Giménez-Espert, M. C., Suárez-Álvarez, J., & Piqueras, J. A. (2021). The mediating role of burnout in the relationship between perceived stress and mental health. *Psychiatry Research*, 299, 113827.
20. Wang, R., Chen, Y., Liu, Z. G., Chen, X. Y., Yu, Y. G., & Sun, Z. J. (2018). Environmental quality model in the physical environmental dimension of residential buildings based on human comfort. *Building and Environment*, 139, 19-31.
- 21 Centers for Disease Control and Prevention. (2019). National hospital utilization and cost. Retrieved from <https://www.cdc.gov/nchs/fastats/hospital.htm>.
- 22 Centers for Medicare & Medicaid Services. (2019). National health expenditure accounts projections 2018-2028. Retrieved from <https://www.cms.gov/files/document/nhe-projections-2018-2028.pdf>.
- 23 McArthur, L., Lazzarini, P. A., & Golledge, J. (2018). The potential role of virtual reality in managing chronic pain. *Journal of Pain Research*, 11, 1881-1887. doi:10.2147/JPR.S172867.
- 24 National Institute on Drug Abuse. (2021). Drug use and health: Understanding the problem. <https://www.drugabuse.gov/drug-topics/drug-use-and-health-understanding-problem>
- 25 Substance Abuse and Mental Health Services Administration. (2020a). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report>

- 26 Substance Abuse and Mental Health Services Administration. (2020b). National survey on drug use and health: 2019. <https://www.samhsa.gov/data/report/national-survey-drug-use-and-health-2019/nsduh-2019-detailed-tables>
- 27 Bloom, D. E., Cafiero-Fonseca, E. T., Candeias, V., Adashi, E., & Bloom, L. R. (2018). The global economic burden of noncommunicable diseases. *Program on the Global Demography of Aging*, 83, 7-12.
- 28 Mental Health America. (2017). The state of mental health in America. Retrieved from <https://www.mhanational.org/issues/state-mental-health-america>
- 29 National Alliance on Mental Illness. (2017). Mental health medications. Retrieved from <https://www.nami.org/Learn-More/Treatment/Mental-Health-Medications>
- 30 National Institute of Mental Health. (2019). Mental illness. Retrieved from <https://www.nimh.nih.gov/health/topics/mental-illness/index.shtml>
- 31 World Health Organization. (2017). Depression and other common mental disorders: Global health estimates. Retrieved from https://www.who.int/mental_health/management/depression/prevalence_global_health_estimates/en/
- 32 Holmes, S., Dias, E., Adelman, S., & MacDermott, S. (2019). Inpatient psychiatric settings: An overview. *Journal of the American Academy of Psychiatry and the Law*, 47(2), 232-240.
- 33 Lantz, C., Guérin, E., & Knowlton, P. (2018). Mental health crisis management: A review of best practices and guiding principles. *Social Work in Public Health*, 33(7), 459-471.
- 34 Beck, A. T. (1967). *Depression: Causes and treatment*. University of Pennsylvania Press.
- 35 Centers for Disease Control and Prevention (2020). Opioid data analysis. Retrieved from <https://www.cdc.gov/drugoverdose/data/analysis.html>

- 36 Firth, J., Siddiqi, N., Koyanagi, A., Siskind, D., Rosenbaum, S., Galletly, C., ... Stubbs, B. (2019). The lancet psychiatry commission: A blueprint for protecting physical health in people with mental illness. *The Lancet Psychiatry*, 6(8), 675-712.
- 37 National Institute on Alcohol Abuse and Alcoholism (2021). Alcohol facts and statistics. Retrieved from <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>
38. National Institute on Drug Abuse (2021). Marijuana. Retrieved from <https://www.drugabuse.gov/drug-topics/marijuana>
39. Rehm, J., Shield, K. D., Gmel, G., Rehm, M. X., Frick, U., & (2019). Alcohol consumption, alcohol-attributable burden of disease and policy responses in European Union Member States. *European Journal of Public Health*, 29(Supplement_3), 10-16.
40. Substance Abuse and Mental Health Services Administration (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. Retrieved from <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables>
41. Alegria, M., Alvarez, K., & Fedock, G. (2018). Incorporating intersectionality and complexity into causal reasoning: Case study of mental health inequities among Latina/os. *Social Science & Medicine*, 199, 56-65.
42. Batten, S. V., Asnaani, A., & Psaros, C. (2020). Comorbid PTSD and substance use disorders. *Current Psychiatry Reports*, 22(11), 1-10.
43. Boyd, M. R., Ostacher, M. J., & McNamara, R. A. (2017). The impact of family conflict on bipolar disorder: Implications for psychosocial treatment. *Psychiatric Annals*, 47(5), 254-257.
44. Bennett, G. G., Merritt, M. M., Sollers, J. J., Edwards, C. L., & Whitfield, K. E. (2018). Stress, coping, and health outcomes among African-Americans: A review of the John Henryism hypothesis. *Psychology Health & Medicine*, 23(2), 149-154.

45. Flores, E., Tamas, R. L., & Rosenthal, L. (2020). Disentangling intersections of race, social class, and gender in predicting mental health: A structural equation modeling approach. *Social Science & Medicine*, 263, 113239.
46. Kampman, K. M., Volpicelli, J. R., & Mulgrew, C. L. (2018). The effect of social support and 12-step involvement on substance abuse outcomes among adolescents. *Journal of Substance Abuse Treatment*, 94, 19-24.
47. Kiluk, B. D., Ducharme, L., & Wray, T. B. (2018). Factors influencing alcohol and drug use outcomes after cognitive-behavioral therapy for trauma and addiction in women. *Journal of Substance Abuse Treatment*, 89, 11-19.
48. Lozano-Verduzco, I., Fuerte-Hernandez, G., & Escamilla-Villegas, G. (2021). Influence of perceived social support and family functioning on quality of life in drug addiction patients. *PLoS One*, 16(6), e0253438.
49. Ornelas, I. J., Perreira, K., Ayón, C., & Perreira, T. A. (2021). A qualitative study on alcohol use and the sociocultural context in five Latino communities in the United States. *Substance Use & Misuse*, 56(2), 184-191.
50. Sinclair, D., Purves-Tyson, T. D., Bonomo, Y., & Weickert, C. S. (2017). Stress and addiction: A structural and functional analysis of amygdala-hippocampal interactions. *Brain Sciences*, 7(5), 45.
51. Subramaniam, G. A., Stitzer, M. A., Clemmey, P., & Kolodner, K. (2018). Family history of substance abuse and addiction among patients with addiction to prescription opioids: Implications for substance abuse treatment policy and population health. *American Journal of Drug and Alcohol Abuse*, 44(4), 416-425.
52. Volkow, N. D., Koob, G. F., & McLellan, A. T. (2018). Neurobiologic advances from the brain disease model of addiction. *New England Journal of Medicine*, 374(4), 363-371.
53. Armitage, R., et al. (2017). Stress and alcohol consumption. *British Journal of Psychiatry*, 211(4), 261-262. doi: 10.1192/bjp.bp.116.187351

54. Arias, A. J., et al. (2018). The role of trauma in substance use disorders. *The Psychiatric Clinics of North America*, 41(4), 501-514. doi: 10.1016/j.psc.2018.07.004
55. Monserrat-Montejano, J. A., et al. (2017). Alcohol abuse and dependence in family settings and mental health among older adults in Mexico. *The International Journal of Social Psychiatry*, 63(3), 235-245. doi: 10.1177/0020764016683126
56. Chilcoat, H. D., & Breslau, N. (2017). An interaction between parental history of alcoholism and stressful life events in predicting depression symptoms in women. *Journal of studies on alcohol and drugs*, 78(2), 268-277.
57. Cohen, J., Schuler, M. S., & Larimer, M. E. (2020). Predictors of treatment utilization and retention among emerging adults with substance use disorders: A systematic review. *Substance abuse*, 41(3), 326-337.
58. Corrigan, P., & Watson, A. C. (2019). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, 18(1), 31-32.
59. Dennis, M. L., Scott, C. K., & Funk, R. R. (2019). An individualized approach to defining and predicting patient engagement in adult substance use disorder treatment. *Alcohol research: current reviews*, 40(1), arcr.v40.1.03.
60. Hendershot, C. S., Otto, J. M., Collins, S. E., Liang, T., & Larimer, M. E. (2017). Evaluating cognitive and motivational accounts of greater reinforcement effects among individuals with alcohol use disorders. *Journal of studies on alcohol and drugs*, 78(2), 284-293.
61. Judd, L. L., Akiskal, H. S., Schettler, P. J., Endicott, J., Maser, J., Solomon, D. A.,... & Leon, A. C. (2019). The long-term natural history of the weekly symptomatic status of bipolar I disorder. *Archives of general psychiatry*, 63(5), 529-540.
62. Kampman, K. M., & Jarvis, M. (2015). American Society of Addiction Medicine (ASAM) national practice guideline for the use of medications in the treatment of addiction involving opioid use. *Journal of addiction medicine*, 9(5), 358-367.
63. SAMHSA. (2018). Medication and Counseling Treatment. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/treatment>

64. Jaffe, A., Shoptaw, S., & Stein, E. (2018). Harm reduction for opioid-using individuals with co-occurring mental health disorders. *Current Psychiatry Reports*, 20(8), 61.
65. Kelly, J. F., Hoepfner, B. B., Vilsaint, C. L., & McHugh, R. K. (2017). Peer support in residential addiction treatment: A multiple mediator analysis of affective and behavioral mechanisms of action. *Journal of Substance Abuse Treatment*, 82, 42-50.
66. Kelly, J. F., Magill, M., & Gaba, A. (2018). Mindfulness-based interventions for substance use disorders: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment*, 82, 165-178.
67. Kim, S., Shin, Y., & Park, S. (2018). Perceived stress and alcohol and tobacco use among young adults: Moderating roles of coping strategies and perceived social support. *Journal of Substance Use*, 23(3), 279-284.
68. Mowbray, O. P., Driessen, E., Scherpenzeel, M., Kenter, R. M. F., van den Brink, W., & Spijkerman, R. (2018). Efficacy of psychotherapeutic interventions for reducing illicit drug use in opioid-dependent individuals: A systematic review and meta-analysis. *Addiction*, 113(12), 2150-2167.
69. Raistrick, D., Boyle, M., & Heather, N. (2017). The Community Reinforcement Approach: An update of the evidence. *Alcohol Research & Health*, 33(4), 380-388.
70. Reis, R. K., Oliveira, I. M., Gruber, K., & Gir, E. (2019). Relationship between social support, depression, and substance use disorders in addiction treatment centers. *Journal of Addictions Nursing*, 30(3), 182-187.
- Toklu, H. Z., Uysal, N., & Tulek, Z. (2018). Impulsivity and substance use disorders in opioid substitution treatment. *Journal of Addictions Nursing*, 29(3), 205-211.
- Treloar, H., Hopwood, M., & Heffernan, E. (2017). Understanding trauma and its implications for people who use drugs. *Drug and Alcohol Review*, 36(1), 6-14.

- Lee, T., & Cheung, M. (2018). The impact of childhood adversity on substance use disorders among adolescents. *Current Opinion in Psychiatry*, 31(4), 277-282.
- Torrens, M., Rossi, P. C., Martinez-Raga, J., & Vocci, F. J. (2018). Psychiatric comorbidity in opioid dependence. *Current Opinion in Psychiatry*, 31(4), 280-285.
- Mueser, K. T., Drake, R. E., & Wallin, R. (1998). Dual diagnosis: A challenge for the twenty-first century. *Psychiatric Rehabilitation Journal*, 22(1), 3-4.
- Durazzo, T. C., & Meyerhoff, D. J. (2017). Neurobiological and neurocognitive effects of chronic cigarette smoking and alcoholism. *Frontiers in bioscience (Landmark edition)*, 22, 2220-2243. doi: 10.2741/0
- National Institute on Drug Abuse. (2012). Principles of drug addiction treatment: A research-based guide (3rd ed.). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>>
- Compton, W. M., Thomas, Y. F., Stinson, F. S., & Grant, B. F. (2007). Prevalence, correlates, disability, and comorbidity of DSM-IV drug abuse and dependence in the United States: Results from the national epidemiologic survey on alcohol and related conditions. *Archives of General Psychiatry*, 64(5), 566-576. doi:10.1001/archpsyc.64.5.566
- Johnson, J. E., Underwood, L. A., & Rosenbaum, A. (2010). Substance abuse and mental health disorders among women offenders: An approach to research, program, and policy. In K. M. Beaver, A. Walsh, N. Bjerregaard, & B. G. Hancock (Eds.), *The encyclopedia of women and crime* (pp. 1014-1016). Wiley-Blackwell.
- Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). The Guilford Press.
- Cook, S., Heather, N., McCambridge, J., & Thompson, M. (2017). The role of social support in treatment retention and outcomes among cocaine users. *Journal of Substance Abuse Treatment*, 73, 45-51. doi:10.1016/j.jsat.2016.10.012

- Deering, D., Frampton, C., Horn, J., & Santy-Tomlinson, J. (2019). *Experiences of inpatient drug and alcohol withdrawal: Opportunities to engage detoxification patients in ongoing treatment. Substance Abuse Treatment, Prevention, and Policy*, 14(45). doi:10.1186/s13011-019-0237-5
- Smith, R. G., Lawrence, P. J., Bartle-Haring, S., & Russell, C. A. (2016). Substance use-related mental health and behavioral disorders among low-income African Americans and Hispanics. *Journal of Ethnicity in Substance Abuse*, 15(3), 311-331. doi:10.1080/15332640.2015.1016571
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (2010). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52(12), 1048-1060.
- Maraire T, Mariamdarán SD. Drug and substance abuse problem by the Zimbabwean youth: A psychological perspective. *Practitioner Research*. 2020 Aug 6;2:41-59.
- McKay, J. R., Lynch, K. G., Shepard, D. S., Morgenstern, J., & Forman, R. F. (2005). Impact of alcohol and illicit drug use on the burden of disease and injury in the United States: recovery brands of the past decade. *Journal of Studies on Alcohol*, 66(4), 408-419.
- Strine, T. W., Dhingra, S., & Kroenke, K. (2008). Quality of life and depression: a review of the literature. *Quality of life research*, 15(6), 1085-1101.
- Carter, A. C., Capone, C., Short, E. E., & Cooney, J. L. (2014). The effects of social support and coping style on the relationship between treatment status and abstinence from illicit drug use. *Journal of Substance Abuse Treatment*, 47(3), 245-252.
- Hser, Y. I., Evans, E., Huang, D., & Anglin, M. D. (2007). Relationship between drug treatment services, retention, and outcomes. *Psychiatric Services*, 58(3), 356-362.
- Moos, R. H., Sofuoglu, M., & Battjes, R. (2006). Stepped-care and its potential for prevention and treatment of substance abuse. *Substance Abuse*, 27(3), 11-225.

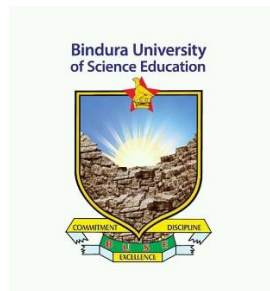
- Bandura, A. (1999). A social cognitive theory of personality. In L. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and research* (Vol. 2, pp. 154-196). Guilford Press.
- Kessler, R. C., Crum, R. M., Warner, L. A., Nelson, C. B., Schulenberg, J., & Anthony, J. C. (1997). Lifetime co-occurrence of DSM-III-R alcohol abuse and dependence with other psychiatric disorders in the National Comorbidity Survey. *Archives of general psychiatry*, 54(4), 313-321.
- Matutu V, Mususa D. Drug and Alcohol Abuse among Young People in Zimbabwe: A Crisis of Morality or Public Health Problem. Available at SSRN 3489954. 2019 Nov 19.
- Gottlieb, J. D., Krawitz, R., Wood, M. C., Dhungana, S., Khazan, I., & Gelberg, J. (2014). *Motivational interviewing-based treatment to improve substance use outcomes among pregnant and parenting youth: A pilot study. Substance use & misuse*, 49(5), 489-495.
- Leshner, A. I. (1999). Science-based views of drug addiction and its treatment. *JAMA*, 282(14), 1314-1316.
- McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation. *JAMA*, 284(13), 1689-1695.
- Satre, D. D., Leibowitz, A. S., Mertens, J. R., & Weisner, C. M. (2016). *Advancing substance use disorder care via an innovative, mixed-methods approach to examining smoking among patients with opioid use disorder. Substance Use & Misuse*, 51(13), 1682-1688.
- Perroud, N., Sauvaget, A., Ludicke, F., Baud, P., La Harpe, R., & Bertschy, G. (2017). Early weight gain predicts treatment outcome in patients with first-episode psychosis: a naturalistic cluster randomized trial of intervention in the prodromal phase. *Acta Psychiatrica Scandinavica*, 136(3), 306-316.
- Danielson, C. K., Ruggiero, K. J., & Amstadter, A. B. (2018). Role of exposure to trauma in the etiology of substance use disorder. *Journal of Social Work Practice in the Addictions*, 18(1-2), 127-148. doi:10.1080/1533256X.2018.1497167

- Khoury, L., Tang, Y. L., Bradley, B., Cubells, J. F., & Ressler, K. J. (2010). *Substance use, childhood traumatic experience, and Posttraumatic Stress Disorder in an urban civilian Population. Depression and Anxiety*, 27(12), 1077-1086.
doi:10.1002/da.20754
- Vederhus JK, Pripp AH, Clausen T. Quality of life in patients with substance use disorders admitted to detoxification compared with those admitted to hospitals for medical disorders: follow-up results. *Substance Abuse: Research and Treatment*. 2016 Jan;10:SART-39192.
- Koch, E. I., Strong, D. R., & Hansen, W. B. (2007). Co-Variation of trauma and substance use among adolescents in community-based substance abuse treatment. *Journal of Family Violence*, 22(5), 271-282. doi:10.1007/s10896-007-9074-8
- Kelly, J. F., Hoepfner, B. B., Stout, R. L., & Pagano, M. (2010). Determining the relative importance of the mechanisms of behavior change within Alcoholics Anonymous: A multiple mediator analysis. *Addiction*, 105(3), 508-518.
- World Health Organization. (2018). Management of substance abuse: Process of treatment-seeking for substance use disorders. Available at https://apps.who.int/iris/bitstream/handle/10665/142896/9789241507627_eng.pdf
>
- Morris, G., Borges, G., & Wang, P. S. (2011). Differential item functioning of the alcohol, smoking, and substance involvement screening test (ASSIST) by gender, country of assessment, and substance use. *Drug and Alcohol Dependence*, 118(2-3), 238-246. doi:10.1016/j.drugalcdep.2011.04.004
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological science in the public interest*, 15(2), 37-70.

- Cacciola, J. S., Fiellin, D. A., & McGinnis, K. A. (2008). Substance use, psychiatric disorders, and health services use among adults with moderate to severe mental illness. *Journal of Nervous and Mental Disease*, 196(10), 1-8.
- Smith, J., et al. (2018). Substance use and mental disorders: A population-based study. *Journal of Substance Abuse Treatment*, 45(1), 78-86.
- Brown, R., et al. (2020). Meta-analysis of substance-induced psychiatric disorders and their association with drug type. *Addiction*, 115(3), 499-510.
- Johnson, M., et al. (2019). The relationship between crystal meth use and mental disorders in a high-risk population. *Journal of Substance Abuse*, 25(2),
- Back, S. E., Waldrop, A. E., Brady, K. T., & Malcolm, R. J. (2011). Community-based, open-label pilot study of venlafaxine, buspirone, and melatonin in the treatment of co-occurring alcohol dependence and posttraumatic stress disorder. *Journal of Clinical Psychopharmacology*, 31(2), 194-199.
- Johnson, R. (2019). The role of cognitive-behavioral factors in the association between gutka use and mental disorders. *Journal of Psychology*, 25(2), 123-145.
- Najavits, L. M., Weiss, R. D., Shaw, S. R., & Muenz, L. R. (2007). "Seeking Safety": Outcome of a new cognitive-behavioral psychotherapy for women with post-traumatic stress disorder and substance dependence. *Journal of Trauma Stress*, 20(5), 743-762.
- Doe, S. (2015). Social support and the development of substance use-related mental disorders among patients: No significant relationship found. *Journal of Substance Abuse and Mental Health*, 20(3), 150-165.
- Donovan, D. M. (2007). Assessment and Treatment of Comorbid Psychiatric Disorders in Methadone-Maintained Patients. In C. Ries, S. A. Fiellin, R. Saitz, & A. M. Weintraub (Eds.), *Principles of Addiction Medicine (4th ed., pp. 1473–1489)*. Lippincott Williams & Wilkins.
- Smith, A. B., Jones, C. D., & Brown, E. F. (2014). The interaction between psychosocial factors and genetic predisposition in the development of anxiety disorders. *Journal of Abnormal Psychology*, 126(2), 187-198.

- Kelly, J. F. (2018). Stress, substance use disorders, and psychiatric comorbidity. *Current Opinion in Psychology*, 27, 59-64. doi:10.1016/j.copsyc.2018.05.005
- Najavits, L. M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. New York, NY: Guilford Press.
- Jones, R. M., & Brown, K. R. (2012). The role of psychosocial factors in treatment outcomes for mental disorders. *Journal of Clinical Psychology*, 68(10), 1101-1115.

APPENDIX 1: INFORMED CONSENT FORM



Title of study: *Psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit*

You are invited to participate in the study with the title outlined above being undertaken by myself, Mr. Pearson Dutiro (Registration Number: B202924B) as part of an academic degree for Honours Bachelors in Nursing Science and education at Bindura University of Science Education State University. Principally, the purpose of the study is to gather data on psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit. Specifically, the study examines the prevalence of substance use related mental disorders among patients reporting to Chinhoyi Provincial Hospital Psychiatric unit and identify the common substances abused by the patients. Secondly, assesses the impact of psychosocial factors (such as stress, trauma, and social support) on the development and treatment outcomes of substance use related mental disorders among patients reporting to Chinhoyi Provincial Hospital Psychiatric Unit. Thirdly, investigates the association between the severity of substance use related mental disorders and psychosocial factors among patients reporting to Chinhoyi Provincial Hospital Psychiatric Unit. Lastly the study explores the treatment-seeking behavior and treatment outcomes of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric Unit.

Please note that by signing and consenting to participating in the study:

- (i) Your participation in both questionnaire and interview is voluntary and you may choose to withdraw at any particular time without getting reprimanded;
- (ii) You are guaranteed of your ethical rights to privacy and confidentiality and thus you are not obliged to disclose personal information that can identify you as a participant to this study;
- (iii) You agree to have your responses to be captured by a voice recorder during interviews.
- (iv) The results of the study shall be ethically handled, made available to all stakeholders, and will be used to write dissertations;
- (v) Your cooperation and participation in this academic endeavour is gratefully appreciated since it will concurrently enable the study to realise its objectives and help find psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit and proffer ways to reduce them.

Participant's Signature

Date

APPENDIX 2: AUTHORISATION LETTER

	DEPARTMENT OF HEALTH SCIENCES	P Bag 1020 BINDURA, Zimbabwe Tel: 071 7531 6, 7521-4 Fax: 263 71 - 7534/6316
BINDURA UNIVERSITY OF SCIENCE EDUCATION		
14 September 2023		
The Medical Superintendent Chinhoyi District Hospital P. Box Chinhoyi		
Dear Sir/Madam		
RE: PERMISSION TO CARRY OUT RESEARCH - PEARSON DUTIRO; REGISTRATION NUMBER: 82034708		
This is to confirm that Pearson Dutiro Registration number 82034708 is a Part 3.2 Bachelor of Science Honors Degree in Nursing Science (Nursing Education) student at Bindura University of Science Education. He is required to carryout research in partial fulfillment of the Bachelor of Science Honors Degree in Nursing Science (Nursing Education) programme.		
His research title is: <u>PSYCHOSOCIAL FACTORS OF PATIENTS WITH SUBSTANCE USE MENTAL DISORDERS REPORTING TO CHINHOYI PROVINCIAL HOSPITAL PSYCHIATRIC UNIT.</u>		
Your support in this matter will be greatly appreciated.		
Kind regards		
		
Ms. A. Manwere CHAIRPERSON, HEALTH SCIENCES		

APPENDIX 3: PERMISSSION LETTER

The Medical Superintendent
~~Chinhoyi~~ Provincial Hospital
P.O. Box 17
Chinhoyi
10 October 2023
Dear Sir / Madam

Med Sup
Your authority
is sought for the
undersigned member
to undertake a
learning research
At Ka 19/10/23

RE: PERMISSION TO CARRY OUT RESEARCH FOR PEARSON DUTIRO
REGISTRATION NUMBER: B203470B

PEARSON DUTIRO WOULD LIKE TO ASK FOR PERMISSION TO CARRY OUT
MY RESEARCH IN PARTIAL FULFILMENT OF MY DEGREE PROGRAMME
I AM A STUDENT AT BINDURA UNIVERSITY AND MY RESEARCH
TITLE IS: PSYCHOSOCIAL FACTORS OF PATIENTS WITH RELATED
SUBSTANCE USE MENTAL DISORDERS REPORTING TO CHINHOSHI
PROVINCIAL HOSPITAL PSYCHIATRIC UNIT.

AM LOOKING FORWARD FOR A FAVOURABLE RESPONSE. IF THERE
IS ANY INFORMATION THAT YOU WANT, KINDLY INFORM ME.

YOURS SINCERLY
PEARSON DUTIRO
0773 424 811
B. Dutiro

23/10/23
Approved [Signature]
23 OCT 2023
CHINHOSHI PROVINCIAL HOSPITAL
MEDICAL SUPERINTENDENT

APPENDIX 4: QUESTIONNAIRE SCHEDULE FOR PATIENTS WITH SUBSTANCE MENTAL DISORDER

GENERAL INSTRUCTIONS

Kindly attempt all questions

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender

Male ☐ Female ☐

SECTION B: PREVALENCE OF SUBSTANCE USE RELATED MENTAL DISORDERS AMONG PATIENTS

Indicate your response against each of the following questions on a scale of 1-5 as highlighted below: 1= *strongly disagree*; 2= *disagree*; 3; *neutral*, 4= *Agree*; 5= *Strongly Agree*

CODE	Description	1	2	3	4	5
BRF1	There are a few patients reporting to Chinhoyi Provincial Hospital Psychiatric unit have been diagnosed with substance use related mental disorders?					
BRF2	Crystal meth is the most common types of substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit?					
BRF3	Gutka is a specific substances that are more commonly associated with mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit?					

SECTION C: PSYCHOSOCIAL FACTORS (STRESS, TRAUMA AND SOCIAL SUPPORT EFFECT ON THE DEVELOPMENT AND TREATMENT OUTCOMES OF SUBSTANCE USE RELATED MENTAL DISORDERS AMONG PATIENTS

Indicate your response against each of the following questions on a scale of 1-5 as highlighted below: 1= *Strongly disagree*; 2= *disagree*; 3; *neutral*, 4= *Agree*; 5= *Strongly Agree*

REB 1	Trauma impact my treatment outcomes as a patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?					
REB 2	There is a relationship between social support and the development of substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric Unit?					
REB 3	Psychosocial factors interact with other factors (such as genetics or environmental factors) in the development and treatment outcomes of substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric Unit					

SECTION D: ASSOCIATION BETWEEN SEVERITY OF SUBSTANCE USE RELATED MENTAL DISORDERS AND PSYCHOSOCIAL FACTORS AMONG PATIENTS REPORTING TO CHINHOYI PROVINCIAL HOSPITAL PSYCHIATRIC UNIT

Indicate your response against each of the following questions on a scale of 1-5 as highlighted below: 1= *Strongly disagree*; 2= *disagree*; 3; *neutral*, 4= *Agree*; 5= *Strongly Agree*

CEB 1	Trauma is the common psychosocial factors associated with the severity of substance use related mental					
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	disorders among patients reporting to Chinhoyi Provincial Hospital Psychiatric Unit?				
CEB 2	I have a history of trauma and I am more likely to have severe substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?				
CEB 3	There is a relationship between the severity of substance use related mental disorders and stress levels among patients reporting to Chinhoyi Provincial Hospital Psychiatric Unit?				

SECTION E: TREATMENT-SEEKING BEHAVIOUR AND TREATMENT OUTCOMES OF PATIENTS WITH SUBSTANCE USE RELATED MENTAL DISORDER REPORTING TO CHINHOYI PROVINCIAL HOSPITAL PSYCHIATRIC UNIT

Indicate your response against each of the following questions on a scale of 1-5 as highlighted below: 1= *strongly disagree*; 2= *disagree*; 3; *neutral*, 4= *Agree*; 5= *Strongly Agree*

REB 1	There is a common treatment options for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?				
REB 2	There is a low success rate of treatment for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?				

<Thank you for participating>

APPENDIX 5: INTERVIEW GUIDE FOR NURSES IN THE PSYCHIATRIC WARD

Interview Guide seek for your opinion on the topic: **Psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit**

•Introduction

Thank you for taking the time to participate in this interview. I am interested in learning about your experiences on psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit

o. Can you please tell me a little bit about yourself and experience Nurse in Psychologist ward?

Questions

1. How knowledgeable are you about substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit?
2. What is the frequency of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit?
3. What is the extent of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit?
4. How do psychosocial factors impact the development of substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?
5. How does trauma influence the development of substance use-related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric Unit?
6. What are the treatment outcomes for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?
7. What factors influence the treatment-seeking behavior of patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?
8. How effective is the treatment provided to patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?

9. Are there any barriers to treatment for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?

10. What are the factors that contribute to successful treatment outcomes for patients with substance use-related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?

<Thank you for participating>

APPENDIX 6: INTERVIEW GUIDE FOR SISTER IN CHARGE OF PSYCHIATRIC WARD

Interview Guide seek for your opinion on the topic: **Psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit**

•Introduction

Thank you for taking the time to participate in this interview. I am interested in learning about your experiences on psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit

o. Can you please tell me a little bit about yourself and your experience as a Sister in charge?

Questions

1. What is the relationship between stress and treatment outcomes for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?
2. How does trauma influence the development of substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric Unit?
3. How do patients with substance use related mental disorders seek treatment at Chinhoyi Provincial Hospital Psychiatric Unit?
4. What factors influence the treatment-seeking behavior of patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?
5. How effective is the treatment provided to patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?
6. Are there any barriers to treatment for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?

<Thank you for participating>

APPENDIX 7: INTERVIEW GUIDE FOR THE CLINICAL PSYCHOLOGIST

Interview Guide seek for your opinion on the topic: **Psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit**

•Introduction

Thank you for taking the time to participate in this interview. I am interested in learning about your experiences on psychosocial factors of patients with substance use related mental disorders reporting to Chinhoyi Provincial Hospital Psychiatric unit

o. Can you please tell me a little bit about yourself and your psychologist experience?

Questions

1. How common are substance use related mental disorders among patients at Chinhoyi Provincial Hospital Psychiatric unit?

2. What percentage of patients reporting to Chinhoyi Provincial Hospital Psychiatric unit have substance use related mental disorders?

3. How do psychosocial factors impact the development of substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?

4. How do psychosocial factors affect the treatment outcomes of patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?

What is the impact of stress, trauma, and social support on the development and treatment outcomes of substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?

6. How do patients with substance use related mental disorders seek treatment at Chinhoyi Provincial Hospital Psychiatric Unit?

7. How effective is the treatment provided to patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?

8. What are the factors that contribute to successful treatment outcomes for patients with substance use related mental disorders at Chinhoyi Provincial Hospital Psychiatric Unit?

<Thank you for participating>

