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Person-centred approach to substance-induced psychosis management among adolescents in Zimbabwe's psychiatric hospitals: insights from hospital social workers

Florence GWANGWADZA, Taruvinga MUZINGILI and Floyd A SADOMBA

ABSTRACT

The study investigates hospital social workers' views on using a person-centred approach in the management of substance-induced psychosis among adolescents admitted to psychiatric hospitals. Specifically, the study looks at the critical requirements needed to achieve a person-centred approach in the management of substance-induced psychosis in Zimbabwe's psychiatric hospitals. The study used a qualitative approach to gather data from 11 hospital social workers, recruited through the purposive sampling technique. Data were collected through key informant interviews. The study used an inductive thematic analysis approach to analyze the data and identify the key themes guiding the person-centred approach in the management of substance-induced psychosis. Biopsychological and medical approaches dominate current practice in substance-induced psychosis management, relegating social and cultural aspects of adolescence to a peripheral role. Based on Afrocentricity ideas, the study concluded that a person-centred approach to treating drug-related psychosis in teens should include more than just medical and biopsychological aspects. It should also take into account each person's cultural, spiritual, and social differences.

KEY TERMS: person-centred, hospital social work, substance-induced psychosis, psychiatric hospital, Zimbabwe

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INTRODUCTION

Despite the growing need for effective management of substance-induced psychosis, current hospitalization approaches often focus on medical interventions, such as medication and detoxification, with limited attention being paid to person-centred care. This gap in current hospitalization practices is concerning, as research has shown that person-centred approaches are more effective in improving mental health outcomes for adolescents with substance-induced psychosis. Hospital social workers play an important role in the management of substance-induced psychosis, particularly in psychiatric hospitals. This study aims to address this gap by exploring Zimbabwean hospital social workers' insights on the use of person-centred approaches in the management of substance-induced psychosis among adolescents in psychiatric hospitals. This study uses the term 'hospital social work' instead of clinical social work. However, both terms are not clearly defined in Zimbabwe's social work legal framework such as Social Workers Act (27:21). Hospital social work is more succinct, as those social workers working in mental health in Zimbabwe are not all trained as clinical social workers in terms of professional specialisation at the Master's or Doctorate level, including receiving clinical supervision in their practice. This study aims to contribute to the development of effective and culturally appropriate

ADOLESCENTS AND SUBSTANCE-INDUCED PSYCHOSIS

Various cultures and regions, including Africa, have observed and studied the phenomenon of substance-induced psychosis. Makwanise (2023) observes that the use of certain substances, such as drugs or alcohol, causes substance-induced psychosis, a mental disorder. It is characterized by a range of symptoms, including hallucinations, delusions, and disorganized thinking and behavior (Ibrahim, 2024). In Africa, substance-induced psychosis is a significant public health concern. Onaolapo et al. (2022) estimate the prevalence of substance-induced psychosis in Africa to be approximately 10-20%. This prevalence surpasses the estimated global average of 3-5% (Staines et al., 2022). Substance-induced psychosis is a major issue in Southern Africa, specifically in South Africa (Tindimwebwa et al., 2021). The prevalence of substance-induced psychosis is continuously increasing due to deteriorating socio-economic conditions among adolescents. According to the Zimbabwe National Drug Master Plan (2018–2022), the country had a high prevalence of substance use disorders, with an estimated 15% of the population aged 15–64 years reporting the use of illicit drugs in the past year (Mauganidze, 2023). This is a significant increase from the 2014 estimate of 10% based on the Zimbabwe National Drug Master Plan, 2014–2017 (Mauganidze, 2023). Despite the lack of substantial research, some studies (e.g. Marandure et al., 2023; Nyashanu et al., 2024) observe that, in some African cultures, including Zimbabwe, traditional beliefs and practices may encourage the use of substances for spiritual or cultural purposes. This can increase the risk of substance-induced psychosis. Studies (Dzinamarira et al., 2023; Mauganidze, 2023) show that poverty and unemployment are significant issues contributing to the development of substance-induced psychosis. Adolescents turn to substance use as a coping mechanism for stress and hardship (Nhapi, 2019). In Zimbabwe, there is a lack of awareness and education about substance-induced psychosis, which can contribute to the disorder's development. Adolescents may not understand the risks associated with substance use, or they may not recognize the symptoms of psychosis (Chivandire & January, 2016).

In Botswana (Edward & Malinga, 2023), hospitals work closely with patients, families, and healthcare professionals to address the social and emotional aspects of health and illness. Hospital social workers in South Africa (Hlahla et al., 2024; Zelnick et al., 2018) serve as advocates for patients, upholding their rights and meeting their needs. They assist patients in navigating the healthcare system, communicating with healthcare professionals, and accessing resources and services. In Zimbabwe, social workers assess patients' social and emotional needs and refer them to appropriate services, such as counseling, financial assistance, and support groups (Kurevakwesu, 2021). They also help patients access community resources, such as housing, transportation, and food assistance. Hospital social workers provide counseling and therapy to patients and their families, helping them cope with illness, loss, and grief. Hospital social workers also play a critical role in planning for patients' discharge from the hospital (Matsea, 2017). They collaborate with patients, families, and healthcare professionals to ensure that patients have a safe and supportive environment to return to and access to the resources and services they need to manage their health and well-being. Hospital social workers often reach out to communities to educate them about health issues, promote healthy behaviors, and provide support to individuals and families (Edward & Malinga, 2023; Kurevakwesu, 2021). They may also work with community organizations and groups to develop programs and services that address the social determinants of health. Some hospital social workers are involved in research and policy development aimed at improving the delivery of healthcare services and addressing the social determinants of health (Bila, 2019; Tadic, 2020). They may work with government agencies, universities, and other organizations to conduct research and develop policies that promote health equity and social justice. Hospital social workers work closely with other healthcare professionals, such as doctors, nurses, and occupational therapists, to provide comprehensive care to patients.

There are notable gaps in addressing substance-induced disorders such as psychosis, especially in terms of culturally sensitive approaches, interdisciplinary interventions, individualized treatment, and spiritual issues. Critics have criticized mental health interventions in Africa for their lack of cultural sensitivity, as they continue to adopt individualistic euro-centric models (Guri, 2019). Many Western-based approaches fail to adapt to local cultural beliefs and practices, resulting in a mismatch between the intervention and its delivery context. For instance, a South African study revealed that patients often dismissed or ignored traditional healing practices in the treatment of substance-induced mental disorders, leading to a lack of trust and engagement (Daniels, 2018). Another study found that selected Nigerian (Jidong et al., 2021) and Ethiopian (Abera et al., 2015) populations found the use of Western-style cognitive-behavioral therapy (CBT) ineffective in addressing substance-induced mental disorders, highlighting the need for culturally adapted interventions. Substance-induced mental disorders often require a comprehensive approach that addresses the physical, psychological, and social aspects of the disorder. However, there is a lack of interdisciplinary interventions that bring together experts from various fields, such as psychiatry, psychology, social work, and traditional healing. Studies in South Africa (Babatunde et al., 2020) and Zimbabwe (Guri, 2019) found that the lack of collaboration between healthcare professionals and traditional healers hindered the effectiveness of treatment for substance-induced mental disorders. This paper argues that substance-induced mental disorders are complex and multifaceted, requiring individualized interventions that take into account the unique needs and circumstances of each patient. However, there is a lack of individualized interventions in Africa, with many studies highlighting the use of generic, one-size-fits-all approaches. Research from South Africa (De Backer, 2021), Zimbabwe (Muzingili & Gombarume, 2018), and Nigeria (Jidong et al., 2021) revealed that the treatment of substance-induced mental disorders often overlooked spiritual issues, leading to a deficiency in meaningful patient engagement.

Afrocentricity and Afrocentricity in the context of drug and substance abuse management

This study adopted the philosophical principles of Afrocentricity in a quest to implement person-centred interventions for substance-induced psychosis management. This philosophical underpinning that emphasizes the importance of understanding African cultures, values, and beliefs in addressing social and health issues (Mungai, 2015). Despite the absence of studies, the philosophical principles of Afrocentricity provide valuable insights into the causes of drug and substance abuse among adolescents, as well as the approach to managing substance-induced psychosis. Afrocentricity emphasizes the importance of understanding the historical and cultural context of drug and substance abuse among adolescents. This perspective views drug and substance abuse as a reaction to the social, economic, and political marginalization of black communities (Mokwena & Morojele, 2014). Moreover, the lack of economic opportunities, poverty, and limited access to quality education and healthcare can push adolescents towards drug and substance abuse as a means of coping with the stress and hopelessness of their situation (Kabore, 2019). Furthermore, the media's glorification of drug culture, as well as the ease of access to drugs and substances through illegal markets and the internet, can further contribute to the normalization of drug use among adolescents. Afrocentricity highlights the importance of understanding the cultural and spiritual significance of drugs and substances in traditional African societies. Traditional healers and spiritual leaders often tightly regulate and control the use of drugs and substances for spiritual, medicinal, and ritual purposes in many African cultures (Marandure et al., 2023; Nyashanu et al., 2024). However, the legacy of colonialism and Christianization has disrupted these traditional systems, leading to the loss of cultural knowledge and the devaluation of traditional healing practices. As a result, adolescents may turn to drugs and substances as a way of reconnecting with their cultural heritage and seeking a sense of spiritual meaning and purpose.

The management of substance-induced psychosis should be approached from an Afrocentric perspective, which emphasizes the importance of understanding the cultural and historical context of the individual's experience (Abera et al., 2015). This means recognizing the role that cultural and social factors play in the development of psychosis and taking into account the individual's cultural background and beliefs when designing treatment plans. For example, research has shown that African Americans are more likely to experience psychotic symptoms in response to drug and substance use than other racial groups (Stock et al., 2011). This may be due to a variety of factors, including cultural and historical trauma, social isolation, and limited access to mental health resources. Therefore, treatment plans for substance-induced psychosis should be culturally sensitive and take into account the individual's cultural beliefs and practices. This may involve incorporating traditional healing practices and rituals into treatment plans, such as the use of ancestral rituals, spiritual cleansing, and divination. Furthermore, the management of substance-induced psychosis should also involve addressing the underlying social and economic factors that contribute to drug and substance abuse (Mokwena & Morojele, 2014). This may include providing access to education, job training, and economic opportunities, as well as addressing systemic issues such as poverty, discrimination, and a lack of access to healthcare. Thus, the philosophical principles of Afrocentricity and Afrocentricity provide valuable insights into the causes of drug and substance abuse among adolescents, as well as the approach to managing substance-induced psychosis. By recognizing the cultural and historical context of drug use and incorporating traditional healing practices into treatment plans, we can better

address the root causes of substance-induced psychosis and provide more effective and culturally sensitive treatment for individuals affected by this condition. Providing interventions that are culturally appropriate and sensitive to the individual's cultural beliefs and practices can achieve cultural competence in the context of substance-induced disorder management.

METHODOLOGY

The study employed qualitative research to understand the experiences, perspectives, and insights of hospital social workers in Zimbabwean psychiatric hospitals about the person-centred approach to managing substance-induced psychosis. Qualitative research allowed for a detailed exploration of the participants' views and experiences, which can provide valuable insights into how to improve mental health outcomes for adolescents in psychiatric hospitals. The study site consisted of two psychiatric hospitals in Zimbabwe that specialize in treating and rehabilitating adolescents diagnosed with substance-induced psychosis. The researchers selected these hospitals because they offer a unique opportunity to explore the experiences and perspectives of hospital social workers in managing adolescent mental health issues related to substance abuse. The participants were hospital social workers who were working in these hospitals at the time of the study. The researchers used purposive sampling to select 11 the participants, selecting them based on their expertise and experience in working with adolescents with substance-induced psychosis. The sample size was determined by factors such as participants' willingness and availability to participate in the study during the data collection period. Of the fifteen (15) targeted participants, eleven (11) confirmed their availability, which formed the final sample size of the study. Of eleven (11) hospital social workers, five (5) were males, while six (6) were females. Of the eleven (11), nine (9) were the holders of a Bachelor of Social Work Honours Degree, while two (2) were the holders of a Masters in Social Work. Of the eleven (11) hospital social workers, four (4) had work experience in hospital settings for five years or more, five had work experience between two and four years, and two (2) had less than two years' experience. Data collection commenced on 25 April 2024 and ended on 10 May 2024. Following access clearance, researchers engaged individual social workers via telephone to discuss the study's purpose, participants' willingness, and flexible interview dates. These discussions also allowed the researchers to introduce themselves for rapport building. With the possibility of confirmation and social desirability bias, the first researcher did not participate in data collection as she had previously worked with some participants. Data collection involved conducting key informant interviews using an interview guide. The interview guide was designed to explore the hospital social worker's experiences, perspectives, and insights into the person-centred approach to substance-induced psychosis management. The interview guide included major questions such as: "Can you describe a time when you used a person-centred approach to manage a patient with substance-induced psychosis?" "What are some of the challenges you face when implementing a person-centred approach to managing adolescent mental health issues related to substance abuse?" "How can we apply person-centred clinical social work for adolescents suffering from substance-induced psychosis?" However, before the commencement of interview sessions, the principles of person-centred approach were discussed with the participants. The summarised definition of the person-centred approach prepared by the researchers was a holistic, collaborative, and empowering framework that places the individual's unique needs, values, and goals at the forefront of care, fostering a partnership between the mental health professional and the person seeking support. The duration of the audio-recorded interviews varied from 27 to 41 minutes. The researchers collected data over a five-day period, visiting hospital social workers in their workplaces to conduct interviews. This approach was crucial as it allowed the researchers to gain a deeper understanding of the hospital social workers' experiences and perspectives in their natural setting. The researchers ensured the participants were comfortable and free from any distractions during the interviews.

Data analysis entails using inductive thematic analysis to identify, organize, and reorganize the data. Using inductive data analysis, researchers followed steps until the main themes were identified, refined, and reported. Firstly, researchers engaged in data familiarization, which included reading and re-reading the data multiple times to gain a thorough understanding. At this stage, researchers jot down initial observations, impressions, and potential patterns emerging from the data. The second step was the development of codes. This involved identifying and labeling recurring concepts, ideas, and themes within the data. These codes should be descriptive and capture the essence of the information. The third step was theme development, which included grouping codes into categories by identifying relationships and connections between codes and grouping them into broader categories and sub-categories. The fourth step was reviewing and refining themes, which included revisiting the data and ensuring each theme accurately represents the information, revising and refining as needed. The final step was analyzing relationships between themes, which involved exploring connections and contradictions between different themes to gain a deeper understanding of the data. The researchers employed several strategies in data quality management to mitigate confirmation, response, and social desirability bias. They conducted peer briefings among the researchers to familiarize them with the data and enable them to identify any biases or inconsistencies. They also conducted member checks, which involved sharing the preliminary findings

with the participants and seeking their feedback and validation. Furthermore, they ensured the participants were comfortable and free from any distractions during the interviews, thereby reducing response bias.

The researchers considered ethical considerations throughout the study. We received ethical clearance from Parirenyatwa Group of Hospitals on 25 April 2024, in accordance with the Helsinki Declaration. We designed and signed a consent form before data collection, ensured confidentiality, and informed the participants that they could withdraw from the study at any time without facing any consequences.

FINDINGS

The study used inductive thematic analysis to come up with five main themes that included: (1) an interdisciplinary approach; (2) individualized treatment plans based on comprehensive assessment; (3) family and peer involvement and support; (4) community integration and aftercare psychosocial support; and (5) the implementation of culturally sensitive training for mental health.

Interdisciplinary approach

The hospital social workers highlighted the importance of professional collaboration as an entry point in understanding the diverse needs of adolescents under substance-induced psychosis management. The findings indicate that current practices remain fragmented, with the medical model taking the lead despite the involvement of other professionals. The entire substance-rehabilitation process failed to fully incorporate non-medical interventions such as counseling and family identification. One hospital social worker stated that:

We, as hospital social workers, participate in the rehabilitation process of adolescents diagnosed with drug and substance disorders. However, in current practice, the role of social workers is secondary, mostly focusing on case intake and family engagement. This means medical and psychiatric interventions are considered important, leaving out social, cultural, and spiritual aspects of interventions.

According to the previous information, another hospital social worker made the following statement:

As a social worker, I firmly believe that the implementation of person-centred intervention in substance abuse management should involve all professionals equally, with the aim of capturing all facets of humanity. Some parents or relatives would like to engage in traditional practices.

Another piece of feedback from hospital social workers confirms the utterances mentioned above:

A person-centred approach is the best model for successful management of substance abuse. My observations indicate that focusing on medical support has resulted in relapse, as there is no consensus on treatment plans or after-service management. We have many relatives who cite the challenge of Ngozi (avenging spirits), and ignoring these results in relatives ignoring the adolescents.

Despite all hospital professionals' involvement in substance-induced psychosis, the aforementioned findings indicate that biomedical models still dominate current practices. Feedback from hospital social workers shows that there is a need for strengthening inter-disciplinary teams to incorporate the cultural, spiritual, and social needs of adolescents to corroborate biopsychological and medical approaches.

Individualized treatment plans based on comprehensive assessment

Hospital social workers believe that current hospital practices prioritize medical approaches over adequate assessment of adolescent situations. The study revealed that medical guidelines had a greater influence on hospitalization than comprehensive considerations of an individual's characteristics. Another hospital social worker further corroborated the above statement with the following remarks:

It's important for individuals struggling with substance-induced psychosis to receive proper treatment and therapy to address the underlying issues causing these symptoms.

In keeping with the previous information, another hospital social worker made the following observation:

Holistic treatment approaches that consider both addiction and mental health aspects are essential for addressing the root causes of substance-induced psychosis among youths. However, in hospitals, power lies with medical staff, who prescribe only drugs and less rehabilitation activities that recognize the importance of social networks.

It was further elaborated:

The adolescent's psychosocial needs, encompassing their social, educational, and familial background, require a comprehensive evaluation. This assessment will help identify individual strengths, challenges, and support systems that can be utilized in their treatment and recovery process. This will result in the development of individualized treatment plans that take into account the specific needs and preferences of each adolescent. However, the current challenge is a lack of professionals in the clinical social sciences, such as social workers.

Findings revealed that the adolescent's involvement in the treatment planning process is important to empower them to actively participate in decisions about their care. This approach promotes a sense of ownership and autonomy, enhancing motivation and engagement that are lacking in current hospital-based rehabilitations.

Family and peer involvement and support

Hospital social workers agreed that including family and peers in rehabilitation is important in reducing hospitalizations and recognizing adolescents' ecosystems. Clinical social workers called for their families and peers to be active in treatment plans as they strengthen social relations and support systems associated with acceptance, empathy, and unconditional positive regard. One participant admitted that:

Family involvement plays a crucial role in supporting adolescents' recovery process; therefore, involving families in therapy sessions can strengthen their support system.

Another participant added that:

In their social networks, friends and families perceive substance use as a cause for concern. They are the ones who start to notice changes in adolescents' behavior, mood swings, and withdrawal from social activities. They are very important in planning aftercare because they understand social networks that could help avoid relapses that are often associated with drug and substance disorder rehabilitation.

Adolescents can sense a shared problem, underscoring the importance of families and peers. One participant reiterated that.

Peer-led initiatives focusing on psychosocial support could create a sense of camaraderie among individuals facing similar challenges during their recovery journey.

The findings revealed that peer support groups within the hospital setting and visits from family members created a sense of community among patients facing similar challenges. One participant elaborated on the significance of peer and family support, saying:

Recognize the importance of family involvement and support in the recovery process. Engage with families, provide education about substance-induced psychosis, and offer family therapy sessions to improve communication, understanding, and support networks. Family involvement helps to create a supportive environment for the adolescent upon discharge.

In line with the above findings, it was revealed that family support makes adolescents more likely to attend and follow treatment programs. Families provided emotional support, practical assistance, and encouragement to persuade young people to seek therapy.

Community integration and aftercare psychosocial support

Participants advocated for the community to implement robust community reintegration and aftercare initiatives that are both sustainable and adolescent friendly. Participants called for the specialized help provided by local community organizations for adolescents with substance-induced mental health complications in post-hospitalizations. These organizations offer a safe space for individuals to share their experiences and receive the necessary support to overcome their challenges. Some adolescents indicated that:

I believe that having access to local community organizations and support groups that focus on substance-induced mental health issues is essential for adolescents in Harare. These resources play a significant role in improving the overall well-being of individuals struggling with such conditions.

Another participant corroborated the above findings by adding:

Providing vocational training opportunities can help individuals reintegrate into society post-recovery, promoting long-term well-being and stability. To improve psychosocial well-being, there should be more aftercare programs that provide ongoing support and monitoring after discharge.

It was further specified that:

Improving access to mental health services beyond hospital settings would make a significant difference in supporting adolescents dealing with substance-induced psychosis.

Findings call for the development of a robust aftercare plan that supports the adolescent's transition back into the community. This should involve coordinating with community-based mental health services, ensuring access to outpatient care, and linking adolescents with appropriate resources for continued support. Hospital social workers, in collaboration with interdisciplinary teams, engage community organizations and stakeholders to create a supportive environment that promotes reintegration and reduces stigma.

Implement culturally sensitive training to mental health

The study found that hospital practices treat all substance-induced psychosis without taking into account culturally and socially sensitive practices that integrate adolescents' social, religious, and cultural sets. Some of the participants admitted that:

Culturally sensitive treatments take into account the individual's cultural background and experiences, allowing for more effective and tailored interventions.

Provide ongoing training and support for staff working with adolescents in psychiatric hospitals. This includes training on trauma-informed care, cultural sensitivity, communication skills, and strategies for building therapeutic relationships.

Supportive supervision and debriefing sessions can help staff understand and consider individual differences. This can be achieved through the active engagement of family members.

In line with the above hospital social worker's views, feedback from the study showed that culturally sensitive treatments lead to improved treatment outcomes for adolescents diagnosed with substance-induced psychosis. Participants indicated that individualized treatment plans that accounted for the patient's cultural background and social environment were more effective in reducing substance use and improving mental health outcomes.

DISCUSSION

This study aimed to explore how hospital social workers in Zimbabwean psychiatric hospitals view and experience the person-centered approach to treating individuals with substance-induced psychosis. The study highlights the importance of an interdisciplinary approach in the management of substance-induced psychosis. The study emphasizes that substance-induced psychosis is a multifaceted issue that requires a collaborative effort from various healthcare professionals, including psychiatrists, psychologists, social workers, and counselors. Some of study participants suggested that an interdisciplinary approach enables healthcare professionals to address the physical, emotional, and social aspects of the disorder, which is essential in achieving improved health outcomes. A study by Nato et al. (2018) found that family-centered interventions that involve the individual's family

members and caregivers in the treatment plan led to improved treatment outcomes and reduced relapse rates. An interdisciplinary approach that incorporates the perspectives of various healthcare professionals, family members, and alternative therapies is essential in achieving a person-centred approach that contributes to improved health outcomes in the management of substance-induced psychosis among adolescents. Healthcare professionals must work collaboratively to develop a personalized treatment plan that takes into account the individual's unique experiences, needs, and circumstances. This can result in individualized treatment plans and interventions designed for the specific needs of adolescent. This reflects the need for treatment that goes beyond medication prescriptions to consider client-specific needs, which can include transpersonal issues. Fristad and Gavazzi's (2017) study on 200 adolescents aged 13–18 hospitalized for substance-induced psychosis showed that the adolescents who received the comprehensive assessment and individualized treatment had a significant reduction in symptoms and improved functioning compared to the standard treatment group. Despite the challenges noted by Combs (2023) in developing individualized treatment for patients with serious mental disorders, the literature cited above shows that a comprehensive assessment that takes into account the patient's medical, psychological, social, and cultural background can help healthcare providers identify the underlying causes of the psychosis and develop a personalized treatment plan that addresses the patient's unique needs.

The findings revealed that hospital social workers viewed social networks, such as family inclusion, as significant factors in providing holistic, person-centred interventions in the management of substance-induced psychosis. The inclusion of families reveals the opportunity to understand young people's needs beyond their medical and ecological needs. Hospital social workers, in collaboration with other mental health professionals, can identify and address these underlying difficulties with families, reducing the risk of relapse (Szapocznik & Kurtines, 2013; Kumpfer & Kalberg, 2015) by engaging families. Therapy with families can help young people develop these skills, which can improve their symptom management and recovery (Monti & Colby, 2013; Crano & Brennan, 2016). Families' continued support and encouragement might help young people sustain their recovery and prevent relapse triggers, including a reduction in mental disease stigma. Studies (Tine et al., 2023; Size et al., 2020) show that psychiatric hospitalization makes family relationships more difficult. However, Faina (2023) found that when families are involved in treatment for adolescent substance-induced psychosis, treatment engagement and adherence go up, which lowers the risk of relapse. The above observations are in line with study findings that substance-induced psychosis also reflects the dysfunctionality of social, economic, and political institutions in society. Community rehabilitation programs can help psychotic adolescent improve communication, social engagement, and role functioning. Hosseinzadeh et al. (2018) observed that community-based rehabilitation reduced hospitalizations compared to hospital care. Apart from the fact that community rehabilitation may be cheaper than hospitalization (Yard, 2011), Florentin et al. (2021) demonstrated that community-based rehabilitation improved physical health, emotional well-being, and social interactions compared to traditional treatment. This is further in line with hospital social workers' feedback about the need to implement culturally sensitive mental health training for adolescents diagnosed with substance-induced psychosis. Carillo et al. (2017) found that culturally adapted treatments resulted in higher engagement and retention rates for African American and Latino adolescents with psychosis compared to standard treatment. Training mental health workers on culturally sensitive treatments can improve their cultural competence, allowing them to better understand and address the cultural factors that contribute to substance-induced psychosis. Hopkins et al. (2017) found that culturally adapted treatments resulted in reduced stigma and increased willingness to seek treatment among racial and ethnic minority adolescents with psychosis.

Proposed person-centred model for substance-induced psychosis management

Based on the study findings, a basis of a suggested model to ensure that person-centred interventions in the management of substance-induced psychosis was found. The Table 1 below outline the key pillars, activities, stakeholders, expected outcomes, and overall impact for achieving a person-centred approach in the management of substance-induced psychosis for adolescents admitted in psychiatric hospitals in Zimbabwe.

Table 1: Proposed person-centred model for substance-induced psychosis management among adolescents in psychiatric hospitals

Pillar	Key activity	Stakeholders	Expected outcome	Overall impact
Interdisciplinary approach	Collaboration between healthcare professionals, social workers, and other stakeholders to provide comprehensive care	Healthcare professionals, social workers, psychologists, psychiatrists, and	Improved patient outcomes, increased patient satisfaction, and better coordination of care	Enhanced patient-centered care, improved treatment

		other mental health professional		outcomes, and reduced hospital readmissions
Individualized treatment plans based on comprehensive assessment	Conduct thorough assessments to identify patients' unique needs and develop tailored treatment plans	Healthcare professionals, social workers, psychologists, and psychiatrists	Increased patient engagement, improved treatment outcomes, and reduced treatment resistance	Personalized care, increased patient motivation, and better treatment responses
Family and peer involvement and support	Engage families and peers in the treatment process, providing education and support to help them understand and support patients' needs	Patients' families, peers, and caregivers	Improved patient outcomes, increased family and peer support, and reduced stigma	Stronger support networks, improved patient recovery, and reduced relapse rates
Community integration and aftercare psychosocial support	Collaborate with community organizations to provide support and resources for patients after discharge	Community organizations, social workers, and healthcare professionals	Reduced hospital readmissions, improved community integration, and increased patient independence	Enhanced community support, improved patient outcomes, and reduced healthcare costs
Implement culturally sensitive training to mental health professionals	Provide training and education to mental health professionals on culturally sensitive approaches to patient care	Mental health professionals, trainers, and educators	Increased cultural competence, improved patient satisfaction, and reduced health disparities	Better patient outcomes, increased patient trust, and reduced cultural barriers to care

The purpose of these pillars is to provide a comprehensive and person-centred approach to managing substance-induced psychosis in Zimbabwe's young people. Healthcare providers can improve the efficacy and cultural appropriateness of therapy, leading to improved patient outcomes and reduced healthcare expenses, by including patients, families, peers, and communities in the treatment process.

CONCLUSION

The study's findings highlight the significance of implementing a person-centred strategy in the treatment of substance-induced psychosis in young individuals. This method places a high value on considering the individual's distinct experiences, requirements, and situations while developing the therapy plan. Ultimately, the study highlights the need to implement a thorough and multidisciplinary strategy for addressing substance-induced psychosis in young individuals. This method should prioritize the individual's distinct experiences and requirements, engage family members and caregivers in the treatment plan, and integrate community-based rehabilitation activities. Furthermore, it is crucial to provide culturally sensitive training in mental health to enhance treatment results and boost engagement and retention rates among racial and ethnic minority kids experiencing psychosis. By implementing a person-centred approach, healthcare practitioners can enhance the efficacy and customization of therapy for adolescents diagnosed with substance-induced psychosis.

REFERENCES

- Delete Abera, M., Robbins, J. M., & Tesfaye, M. (2015). Parents' perception of child and adolescent mental health problems and their choice of treatment option in southwest Ethiopia. *Child and adolescent psychiatry and mental health*, 9, 1-11. <https://capmh.biomedcentral.com/articles/10.1186/s13034-015-0072-5>
- Babatunde, G. B., Bhana, A., & Petersen, I. (2020). Planning for child and adolescent mental health interventions in a rural district of South Africa: a situational analysis. *Journal of Child & Adolescent Mental Health*, 32(1), 45-65. <https://doi.org/10.2989/17280583.2020.1765787>
- Bila, N. J. (2019). Social workers' perspectives on the recovery-oriented mental health practice in Tshwane, South Africa. *Social Work in Mental Health*, 17(3), 344-363. <https://psycnet.apa.org/doi/10.1080/15332985.2018.1554547>
- Chivandire, C. T., & January, J. (2016). Correlates of cannabis use among high school students in Shamva District, Zimbabwe: A descriptive crosssectional study. *Malawi Medical Journal*, 28(2), 53-56. <https://doi.org/10.4314/mmj.v28i2.5>
- Daniels, I. (2018). An investigation into mental health care deficits in South Africa: exploring an alternative intervention strategy (Doctoral Thesis). University of Cape Town. <http://hdl.handle.net/11427/29766>
- De Backer, L. M. (2021). COVID-19 lockdown in South Africa: Addiction, Christian spirituality and mental health. *Verbum et Ecclesia*, 42(1), 1-9.
- Dzinamarira, T. R., Mutevere, M., Nyoka, S., Moyo, E., Mkwapatira, M., Murewanhema, G., & Dzinamarira, T. (2023). Illicit Substance use among adolescents and adolescents in Zimbabwe: a stakeholder's perspective on the enabling factors and potential strategies to address this scourge. *International Journal of Community Medicine and Public Health*, 10(8), 2913.
- Edward, K., & Malinga, T. (2023). Occupational stress among social workers at Francistown City, Botswana. *Journal of Social Work in Developing Societies*, 5(2). <https://journals.aphriapub.com/index.php/JSWDS/article/view/2312>
- Guri, W. (2019). Religion, Spirituality and Mental Health: Current Trends in Research and Practice. *DARE: Holy Trinity College Journal*, (11), 146-168.
- Hlahla, K., Azizi, S. C., Simms, V., Chikwari, C. D., Dauya, E., Bandason, T., ... & Ferrand, R. (2024). Prevalence of substance and hazardous alcohol use and their association with risky sexual behaviour among adolescent: findings from a population-based survey in Zimbabwe. *BMJ open*, 14(6), e080993.
- Ibrahim, N. (2024). Association between cumulative trauma and severity of psychotic symptoms among patients experiencing psychosis. Available at: [https://www.psychiatricnursing.org/article/S0883-9417\(24\)00100-6/abstract?uuiid=uuiid%3A729f230f-5c60-4a34-ad00-1033150d01bf](https://www.psychiatricnursing.org/article/S0883-9417(24)00100-6/abstract?uuiid=uuiid%3A729f230f-5c60-4a34-ad00-1033150d01bf) (Accessed 10 June 2024).
- Jidong, D. E., Bailey, D., Sodi, T., Gibson, L., Sawadogo, N., Ikhile, D., ... & Mbah, M. (2021). Nigerian cultural beliefs about mental health conditions and traditional healing: a qualitative study. *The Journal of Mental Health Training, Education and Practice*, 16(4), 285-299.
- Kabore, A., Afriyie-Gyawu, E., Awuah, J., Hansen, A., Walker, A., Hester, M., ... & Meda, N. (2019). Social ecological factors affecting substance abuse in Ghana (West Africa) using photovoice. *Pan African Medical Journal*, 34(1). <https://doi.org/10.11604/pamj.2019.34.214.12851>
- Kurevakwesu, W. (2021). COVID-19 and mental health services delivery at Ingutsheni Central Hospital in Zimbabwe: Lessons for psychiatric social work practice. *International Social Work*, 64(5), 702-715.
- Makwanise, N. (2023). The Challenges of Fighting Drug Abuse Among the Adolescent in Zimbabwe. *GNOSI: An Interdisciplinary Journal of Human Theory and Praxis*, 6(2), 52-62.
- Marandure, B. N., Mhizha, S., Wilson, A., & Nhunzvi, C. (2023). Understanding the nature of substance use in Zimbabwe: State of the art and ways forward: A scoping review protocol. *Plos one*, 18(3), e0272240. <https://doi.org/10.1371/journal.pone.0272240>
- Matsea, T. C. (2017). Strategies to destigmatize mental illness in South Africa: Social work perspective. *Social work in health care*, 56(5), 367-380.
- Mauganidze, L. (2023). Coping with drug and substance abuse among the university adolescent in Zimbabwe: Towards a 'quad-helix' model. *The Dyke*, 17(1), 1-24.
- Mokwena, K., & Morojele, N. (2014). Unemployment and unfavourable social environment as contributory factors to nyaope use in three provinces of South Africa: Substance abuse. *African Journal for Physical Health Education, Recreation and Dance*, 20(sup-1), 374-384.
- Mungai, N. W. (2015). Afrocentric social work: Implications for practice issues. *Some aspects of community empowerment and resilience*, 65-79.
- Muzingili, T., & Gombarume, M. (2018). The Discourse Less Discussed: Spirituality and Health Issues in Zimbabwe. *Journal of Pan African Studies*, 11(3), 84-104.

- Nhapi, T. (2019). Drug addiction among adolescents in Zimbabwe: Social work perspective. *Addiction in South and East Africa: Interdisciplinary Approaches*, 241-259.
- Nyashanu, M., Brown, M., Nyashanu, T., & Frost, D. (2024). Exploring treatment barriers on the use of crystal methamphetamine among young people in Harare, Zimbabwe. *Journal of Substance Use*, 29(3), 440-444.
- Onaolapo, O. J., Olofinnade, A. T., Ojo, F. O., Adeleye, O., Falade, J., & Onaolapo, A. Y. (2022). Substance use and substance use disorders in Africa: An epidemiological approach to the review of existing literature. *World journal of psychiatry*, 12(10), 1268.
- Staines, L., Healy, C., Coughlan, H., Clarke, M., Kelleher, I., Cotter, D., & Cannon, M. (2022). Psychotic experiences in the general population, a review; definition, risk factors, outcomes and interventions. *Psychological Medicine*, 52(15), 3297-3308.
- Stock, M. L., Gibbons, F. X., Walsh, L. A., & Gerrard, M. (2011). Racial identification, racial discrimination, and substance use vulnerability among African American young adults. *Personality and Social Psychology Bulletin*, 37(10), 1349-1361.
- Tadic, V., Ashcroft, R., Brown, J. B., & Dahrouge, S. (2020). The role of social workers in interprofessional primary healthcare teams. *Healthcare Policy*, 16(1), 27.
- Tindimwebwa, L., Ajayi, A. I., & Adeniyi, O. V. (2021). Prevalence and demographic correlates of substance use among adults with mental illness in Eastern Cape, South Africa: A cross-sectional study. *International journal of environmental research and public health*, 18(10), 5428.
- Zelnick, J. R., Seepamore, B., Daftary, A., Amico, K. R., Bhengu, X., Friedland, G., ... & O'Donnell, M. R. (2018). Training social workers to enhance patient-centered care for drug-resistant TB-HIV in South Africa. *Public Health Action*, 8(1), 25-27.