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Developing and Validating Strategies to Improve Healthcare Services for Individuals with Psychosocial Disabilities in Rural South Africa: A Mixed-Methods Study Protocol

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Abstract

Introduction: Individuals living with psychosocial disabilities continue to face substantial barriers to accessing timely, equitable and person-centred healthcare services, particularly in rural and resource-constrained settings. This study aims to develop and validate evidence-informed strategies to improve healthcare services for individuals living with psychosocial disabilities in the Joe Gqabi District, Eastern Cape Province, South Africa.

Methods: This protocol adopts a pragmatic research paradigm and an exploratory sequential mixed-methods design implemented in three phases. Phase One comprises a completed scoping review that synthesized evidence on strategies to improve healthcare services and informed the conceptual framework. Phase Two includes qualitative interviews with individuals living with psychosocial disabilities, caregivers and healthcare professionals followed by the development of a quantitative questionnaire informed by the qualitative findings. Phase Three integrates evidence using a SWOT analysis, a Programme Logic Model and the BOEM framework to develop context-specific strategies, which will be refined and validated through a modified Delphi consensus process.

Expected Outcome: The study is expected to produce a stakeholder-validated strategy framework for strengthening healthcare services for individuals living with psychosocial disabilities in rural district health systems.

Conclusions: This protocol presents a systematic and implementation-oriented approach for developing and validating context-specific strategies to strengthen healthcare services for individuals living with psychosocial disabilities in rural district health systems.

Keywords: Community Mental Health Services; Health Services Accessibility; Mental Health Services; Persons with Psychiatric Disorders; Rural Health Services; South Africa.

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INTRODUCTION

Mental health is widely recognized as a fundamental component of overall health and well-being and is central to the achievement of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). Individuals with good mental health are better able to realize their potential, cope effectively with everyday stress, work productively, contribute meaningfully to their communities, and participate fully in society. Despite increasing global awareness and advocacy aimed at improving understanding of mental, neurological, and substance use disorders, mental health conditions remain one of the leading contributors to disability and the global burden of disease. The mental disorders account for a substantial proportion of years lived with disability worldwide and continue to place considerable pressure on health systems [1-3].

Individuals living with psychosocial disabilities experience significantly poorer physical and mental health outcomes than the general population and often encounter multiple barriers when attempting to access healthcare services. These barriers include persistent stigma and discrimination, inadequate integration of mental healthcare into primary healthcare services, shortages of trained mental health professionals, fragmented referral pathways, and insufficient community-based mental health services. These challenges are particularly pronounced in rural and underserved communities, where healthcare infrastructure and specialized services remain limited [3-5].

As a consequence of these systemic barriers, many individuals with psychosocial disabilities experience delayed diagnosis, interrupted treatment, poor continuity of care, and reduced adherence to treatment programmes. These deficiencies negatively affect health outcomes, social participation, functional recovery, and overall quality of life. The burden is particularly severe in low- and middle-income countries (LMICs), where mental health services remain under resourced despite increasing demand.

Across sub-Saharan Africa, investment in mental healthcare continues to be disproportionately low compared to the burden of mental illness. Limited financial resources, shortages of skilled mental health professionals, inequitable distribution of healthcare personnel, and weak health systems contribute to substantial treatment gaps and increased pressure on primary healthcare facilities, which serve as the first point of contact for most individuals seeking mental healthcare [1,3].

South Africa has developed a comprehensive legislative and policy framework aimed at promoting equitable access to mental healthcare [6-9]. Together, these policies advocate for accessible, integrated, community-based, and person-centered mental healthcare services [7,9].

Despite these progressive policy commitments, implementation remains inconsistent, particularly within rural and socioeconomically disadvantaged communities. Poor infrastructure, long travelling distances to healthcare facilities, shortages of healthcare professionals, inadequate specialist support, and fragmented referral systems continue to limit equitable access to quality mental healthcare [9].

The Eastern Cape Province reflects many of these health system challenges. High levels of poverty, unemployment, geographical isolation, and limited health resources create additional barriers to accessing mental healthcare [10].

Within the Joe Gqabi District Municipality, individuals living with psychosocial disabilities rely predominantly on primary healthcare clinics, which frequently experience staff shortages, limited specialist mental health services, and

weak referral mechanisms. Consequently, the healthcare needs of this vulnerable population remain inadequately addressed.

These persistent challenges highlight the need for context-specific, evidence-informed strategies capable of strengthening health system responsiveness and improving access to quality healthcare services for individuals living with psychosocial disabilities [3,11].

Although previous research has substantially improved understanding of the barriers experienced by individuals with psychosocial disabilities, relatively few studies have progressed beyond problem identification to develop and validate practical, context-specific implementation strategies capable of improving healthcare service delivery within rural district health systems. This represents an important knowledge and implementation gap.

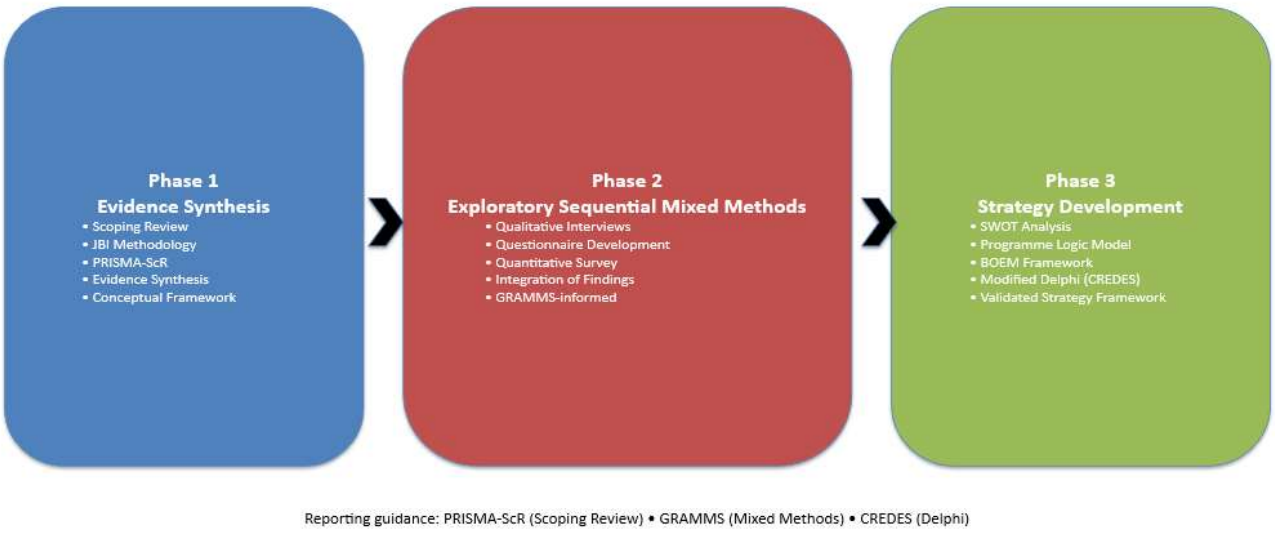
To address this gap, the present study builds upon a completed scoping review and employs an exploratory sequential mixed-methods design. The study will generate qualitative and quantitative evidence to inform the development and Delphi validation of practical, stakeholder-informed strategies aimed at improving healthcare services for individuals living with psychosocial disabilities in the Joe Gqabi District Municipality of the Eastern Cape Province, South Africa. By moving beyond the identification of barriers towards the development of implementable solutions, the study seeks to contribute evidence that can strengthen rural mental healthcare systems and inform policy, practice, and future research.

METHODS

Study Design

A pragmatic research paradigm employing an exploratory sequential mixed-methods design [12] will be used to develop and validate strategies for improving healthcare services for individuals living with psychosocial disabilities in the Joe Gqabi District, Eastern Cape Province, South Africa. A three sequential phased approach comprising a completed scoping review, an exploratory sequential mixed-methods study, and strategy development and validation through expert consensus will be used.

Figure 1. Overview of the Research Approach and Process.



Study Setting

The study will be conducted in the Joe Gqabi District Municipality in the north-eastern region of the Eastern Cape Province, South Africa. The district is characterized by predominantly rural communities and dispersed settlements, with socioeconomic challenges that influence access to healthcare services. Healthcare is delivered through a network of primary healthcare clinics, community health centres and district hospitals, while specialized mental healthcare services are available mainly at referral facilities, often requiring patients to travel long distances.

The district was purposively selected because it reflects the challenges commonly experienced in rural South African health systems, including limited mental health resources, workforce shortages and fragmented service delivery, making it an appropriate setting for developing and validating context-specific strategies to improve healthcare services for individuals living with psychosocial disabilities.

Study Population, Sampling and Sample Size

The population will consist of community and healthcare stakeholders that work directly with healthcare service delivery for individuals living with psychosocial disabilities.

Qualitative Phase

Participants will be selected using purposive sampling to ensure the inclusion of individuals with direct knowledge and experience of healthcare service delivery.

Table 1. Participants Group.

Participant group	Sampling	Approximate sample
Individuals living with psychosocial disabilities	Purposive	20–30
Family caregivers	Purposive	12–18
Healthcare professionals	Purposive	15–20
Traditional healers/Community leaders	Purposive	8–12
District / Provincial managers	Purposive	6–8
Quantitative survey participants	Probability sampling	Calculated using Cochran formula

Quantitative Phase

The required sample size will be determined using Cochran's formula for cross-sectional studies at a 95% confidence level, assuming a 5% margin of error and a conservative population proportion of 50%. Where necessary, the sample size will be adjusted using the finite population correction to reflect the size of the accessible study population.

Delphi Validation Phase

The strategy validation phase will use purposive sampling to recruit approximately 15–20 experts with experience in mental health, public health, disability studies, health systems strengthening and healthcare management. Experts will participate in successive rounds of a modified Delphi process [13-15] until consensus is achieved regarding the relevance, feasibility, clarity and implementation of the proposed strategies.

Table 2. Delphi Panel.

Expert category	Role in Delphi validation
Psychiatrists / Mental Health Specialists	Clinical relevance
Public Health Specialists	Population health perspective
Health Systems Researchers	Health system strengthening

Expert category	Role in Delphi validation
Healthcare Managers	Feasibility and implementation
Disability Researchers	Disability inclusion
Policy Specialists	Policy alignment
District Health Managers	Operational implementation

Study Variables

The healthcare service delivery will be investigated for individuals living with psychosocial disabilities within the Joe Gqabi District which is guided by the conceptual framework and by the findings obtained from a scoping review. The health system and factors that influence the way people access and experience the services will be explored.

During the qualitative phase, data will be collected on participants' experiences, perceived barriers and facilitators to healthcare access, quality of care, continuity of care, referral pathways, multidisciplinary collaboration, community participation and recommendations for improving healthcare services.

The quantitative phase will be informed by the qualitative findings. Themes identified during reflexive thematic analysis will be translated into measurable variables and incorporated into a structured questionnaire. The questionnaire will assess the prevalence and relative importance of the barriers, facilitators and service improvement priorities identified during the qualitative phase.

Variables included in the quantitative instrument are expected to encompass:

- participant demographic characteristics;
- healthcare accessibility;
- healthcare service utilization;
- quality and continuity of care;
- coordination and referral pathways;
- availability of community-based mental health services;
- mental health literacy;
- perceived stigma and discrimination;
- multidisciplinary collaboration; and
- stakeholder recommendations for healthcare service improvement.

Phase One: Scoping Review

The first phase of the study comprised a completed scoping review undertaken to systematically identify, map and synthesize evidence on strategies for improving healthcare services for individuals living with psychosocial disabilities. The review was conducted in accordance with established scoping review methodology [16-18] and the Joanna Briggs Institute (JBI) methodology and was reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines [19]. The review question and eligibility criteria were developed using the Population–Concept–Context (PCC) framework. A comprehensive search of electronic databases and grey literature was undertaken using predefined search terms and eligibility criteria. Retrieved records underwent title, abstract and full-text screening before eligible studies were included in the evidence synthesis. Findings from the scoping review informed the conceptual framework and guided the development of the qualitative interview guide and quantitative questionnaire used in the subsequent phases of the study.

Table 3. Search Strategy.

Component	Description
Review methodology	Joanna Briggs Institute (JBI) Scoping Review
Reporting guideline	PRISMA-ScR
Framework	Population–Concept–Context (PCC)
Databases	PubMed, MEDLINE, CINAHL, Google Scholar
Grey literature	Government reports, WHO reports, NGO reports
Search period	January 2005 – June 2025
Language	English
Search terms	psychosocial disability, mental health access, community-based care, primary healthcare, task sharing, stigma, rural health, South Africa
Inclusion criteria	LMIC studies, psychosocial disability, healthcare improvement strategies
Exclusion criteria	High-income countries, prevalence-only studies, non-English publications

Conceptual Framework

The conceptual framework for this study was developed from the findings of the completed scoping review and informed by Andersen's Behavioural Model of Health Service Use and the World Health Organization's Health Systems Framework [20, 21]. The framework recognises that healthcare access for individuals living with psychosocial disabilities is shaped by the interaction of individual characteristics, social determinants of health, organisational capacity and broader health system factors. It therefore provides a systems perspective for understanding the complex factors influencing healthcare service delivery within rural district health systems.

The framework is organised into three interrelated domains: (1) contextual factors influencing healthcare access and utilisation, (2) evidence-informed healthcare service interventions to strengthen service delivery, and (3) anticipated outcomes, including improved access, continuity and quality of care, increased service utilisation and better health outcomes for individuals living with psychosocial disabilities. It recognises that sustainable improvements in healthcare require coordinated action across individuals, communities and the health system rather than isolated interventions.

The conceptual framework underpins the entire study by guiding the interpretation of the scoping review findings, informing the development of the qualitative interview guide and quantitative questionnaire, supporting the integration of qualitative and quantitative findings, and providing the foundation for the development and validation of context-specific strategies to strengthen healthcare services in the Joe Gqabi District.

Figure 2. The conceptual framework.

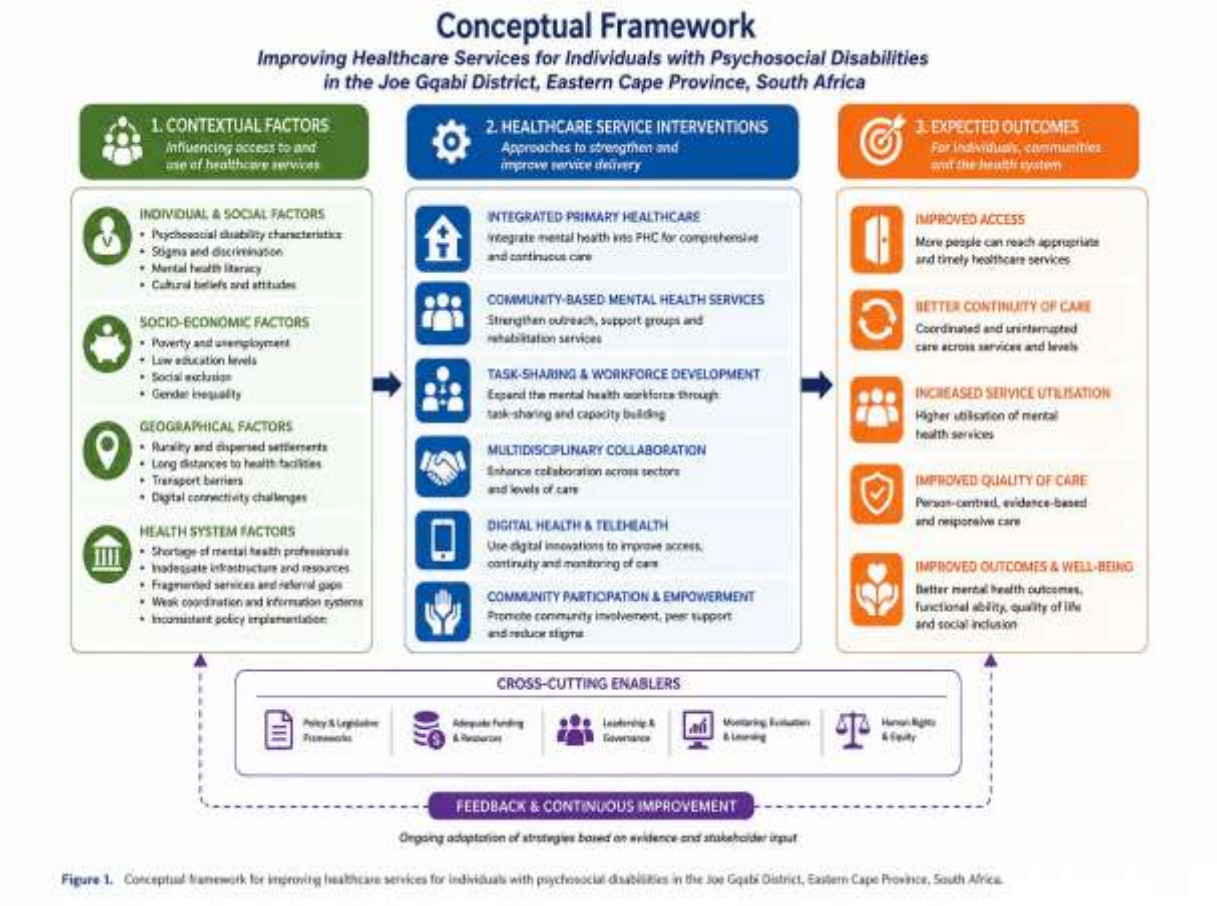


Figure 1. Conceptual framework for improving healthcare services for individuals with psychosocial disabilities in the Joe Gqabi District, Eastern Cape Province, South Africa.

Phase Two: Exploratory Sequential Mixed-Methods Study

Data Collection Procedures

Qualitative Phase

The qualitative phase will employ a qualitative descriptive design using semi-structured individual interviews to explore participants' experiences of healthcare service delivery. Participants will include individuals living with psychosocial disabilities, caregivers, healthcare professionals and health managers selected through purposive sampling. Interviews will continue until information power is achieved [22]. All interviews will be audio-recorded with participants' consent, transcribed verbatim and supplemented by field notes to capture contextual observations.

Quantitative Phase

The quantitative phase will consist of a cross-sectional survey using a structured questionnaire developed from the findings of the qualitative phase. The questionnaire will undergo expert review and pilot testing before administration to a representative sample of eligible participants within the Joe Gqabi District. Data will be collected using researcher-administered questionnaires and captured electronically to improve data quality and minimize data-entry errors.

Data Analysis

Qualitative Data Analysis

Qualitative data will be analyzed using reflexive thematic analysis following Braun and Clarke's six-phase approach [23,24]. The analysis will involve familiarization with the data, coding, theme development, theme review, theme

definition and reporting. The themes generated will provide the basis for the development of the quantitative questionnaire and subsequent strategy formulation.

Quantitative Data Analysis

Quantitative data will be analyzed using IBM SPSS Statistics Version 30.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics will summarize participant characteristics and questionnaire responses using frequencies, percentages, means and standard deviations where appropriate. Inferential statistical analyses will be conducted to examine associations between selected variables. Statistical significance will be set at $p < 0.05$, with 95% confidence intervals reported where applicable.

Integration of Findings

Integration of qualitative and quantitative findings represents the defining feature of the exploratory sequential mixed-methods design [25]. Following completion of both phases, findings will be compared and synthesized to identify areas of convergence, divergence and complementarity. The integrated evidence will provide a comprehensive understanding of healthcare service delivery and identify priority areas for strengthening health systems, thereby informing the development of context-specific strategies.

Phase Three: Strategy Development and Validation

The final phase will integrate evidence generated from the scoping review and the exploratory sequential mixed-methods study to develop strategies for improving healthcare services for individuals living with psychosocial disabilities. Strategy development will be guided by a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, a Programme Logic Model, and the Build, Overcome, Explore and Minimize (BOEM) framework.

Draft strategies will subsequently be evaluated and refined through a modified Delphi technique [13-15] involving experts in mental health, public health, healthcare management, disability studies and health systems research. Successive Delphi rounds will be conducted until consensus is achieved on the relevance, clarity, feasibility and implementation of the proposed strategies, resulting in a stakeholder-validated framework for strengthening healthcare services in rural district health systems.

Table 4. Overview of the Three Study Phases.

Phase	Design	Participants/Data Source	Output
Phase One	Scoping Review	Published literature	Evidence synthesis
Phase Two (Qualitative)	Interviews and Focus Groups	Stakeholders	Themes
Phase Two (Quantitative)	Cross-sectional survey	Participants	Quantitative evidence
Phase Three	Modified Delphi	Expert panel	Validated strategy framework

Rigour

Methodological rigour will be maintained throughout the study by applying recognized quality standards appropriate to each research phase. The completed scoping review adhered to the Joanna Briggs Institute (JBI) methodology and was reported in accordance with the PRISMA-ScR guidelines.

Trustworthiness in the qualitative phase will be enhanced through purposive sampling, reflexive journaling, peer debriefing, an audit trail, and the application of Lincoln and Guba's criteria for credibility, dependability, confirmability and transferability [26].

The quantitative questionnaire will undergo expert review and pilot testing to establish content validity, while internal consistency will be assessed using Cronbach's alpha.

Integration of qualitative and quantitative findings through methodological triangulation will strengthen the credibility and overall trustworthiness of the study. The strategy framework will be further refined and validated through a modified Delphi consensus process to enhance its scientific rigour, contextual relevance and practical applicability.

Reporting Guidelines

This protocol was developed in accordance with internationally recognized methodological and reporting standards to ensure transparency, methodological rigour and reproducibility. The overall protocol was informed by the Standard Protocol Items: Recommendations for Interventional Trials (SPIRIT) statement, where applicable, to guide the reporting of study objectives, methodology, ethical considerations and dissemination plans [27].

The completed scoping review (Phase One) followed the Joanna Briggs Institute (JBI) methodology and was reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines [19]. The exploratory sequential mixed-methods component (Phase Two) was designed and will be reported following the Good Reporting of a Mixed Methods Study (GRAMMS) recommendations [28]. The strategy development and validation phase (Phase Three) will adhere to the Conducting and REporting DElphi Studies (CREDES) guidance for Delphi studies [14].

Collectively, these reporting guidelines strengthen the transparency, quality and reproducibility of the study while facilitating critical appraisal and future replication.

Ethical Considerations

Compliance with globally recognized ethical principles for research involving human subjects will be applied. Given that the research includes people with psychosocial difficulties, special care will be taken to respect participants' dignity, autonomy, privacy, and well-being throughout the process. Following the ethical principles of respect for persons, beneficence, nonmaleficence, and justice outlined in the South African Department of Health's Ethics in Health Research: Principles, Processes, and Structures (2024), the Protection of Personal Information Act (POPIA), 2013 (Act No. 4 of 2013), and the University of Venda's ethical policies [29].

Expected Outcomes

This study is expected to generate evidence across three sequential phases that will support the development and validation of strategies for strengthening healthcare services for individuals living with psychosocial disabilities within rural district health systems.

The qualitative phase is expected to provide an in-depth understanding of the experiences of individuals living with psychosocial disabilities, caregivers, healthcare professionals and health managers regarding healthcare service delivery in the Joe Gqabi District. The findings are expected to identify the principal barriers and facilitators influencing healthcare access, service utilisation, quality of care, referral pathways and multidisciplinary collaboration. These findings will provide the contextual foundation for the quantitative phase.

The quantitative phase is expected to determine the prevalence and relative importance of the barriers and facilitators identified during the qualitative enquiry. It will quantify healthcare service delivery challenges across the study population and provide empirical evidence on the organisational and health system factors associated with healthcare access and utilisation.

The integrated findings from the scoping review and mixed-methods study are expected to inform the development of a stakeholder-validated, context-specific strategy framework for strengthening healthcare services for individuals living with psychosocial disabilities. Validation through a modified Delphi consensus process is expected to enhance the scientific credibility, contextual relevance, feasibility and implementation potential of the proposed strategies.

The study is further expected to identify practical opportunities for strengthening rural health systems through improved integration of mental healthcare into primary healthcare, enhanced multidisciplinary collaboration, strengthened referral pathways, greater community participation and improved coordination across different levels of care.

The findings are expected to support evidence-informed policy development, district health planning, resource allocation and implementation of South Africa's mental health and disability policies. In addition, the study is anticipated to contribute a transferable methodological framework that integrates evidence synthesis, exploratory sequential mixed-methods research and expert consensus to address complex health systems challenges in rural and resource-constrained settings.

Finally, the study is expected to contribute to the growing body of knowledge on psychosocial disability and rural healthcare service delivery while providing a foundation for future implementation, monitoring and evaluation studies aimed at assessing the effectiveness of the proposed strategies.

DISCUSSION

This study adopts an exploratory sequential mixed methods design to address a recognised gap in research on healthcare services for individuals living with psychosocial disabilities within rural district health systems. Although previous studies have described barriers to accessing mental healthcare, few have systematically translated these findings into context-specific, evidence-informed strategies for health systems improvement.

By integrating a completed scoping review, qualitative enquiry, quantitative investigation and expert consensus through a modified Delphi process, the study moves beyond problem identification towards the development and validation of practical implementation strategies.

The sequential integration of evidence generated across the three phases represents a methodological strength. The completed scoping review establishes the evidence base, the qualitative phase explores stakeholder experiences, the quantitative phase determines the magnitude and distribution of identified challenges, and the final strategy development phase synthesises these findings into a validated framework. This comprehensive approach is expected to enhance the scientific rigour, contextual relevance and practical applicability of the proposed strategies.

Implications for Health Systems

The study is expected to generate evidence that supports health systems strengthening within rural district health services. By identifying barriers across individual, organisational and health system levels, the proposed strategy framework has the potential to improve the integration of mental healthcare into primary healthcare services, strengthen multidisciplinary collaboration, improve referral pathways and enhance coordination across different levels of care.

The findings may further support district health managers in identifying priority areas for service improvement and resource allocation while promoting equitable access to person-centred healthcare for individuals living with psychosocial disabilities. Although developed within the Joe Gqabi District, the framework may be adaptable to other rural and resource-constrained settings experiencing similar healthcare challenges.

Strengths of the Study

This study has several methodological strengths. First, the exploratory sequential mixed-methods design enables a comprehensive understanding of healthcare service delivery by integrating qualitative and quantitative evidence. Second, the completed scoping review ensures that the empirical phases are grounded in existing scientific evidence while remaining responsive to local healthcare needs. Third, the inclusion of multiple stakeholder groups including individuals living with psychosocial disabilities, caregivers, healthcare professionals and health managers ensures that diverse perspectives inform strategy development. Finally, validation of the proposed strategies through a modified Delphi consensus process enhances the credibility, feasibility and implementation potential of the final strategy framework.

Study Limitations

Several limitations should be acknowledged. The study is conducted within a single rural district, which may limit the transferability of the findings to urban or differently resourced settings. Nevertheless, many of the contextual challenges experienced within the Joe Gqabi District are comparable to those encountered in other rural districts across South Africa.

The qualitative findings will reflect participants' experiences and perceptions and may therefore be influenced by recall or social desirability bias. These limitations will be mitigated through purposive sampling, triangulation of multiple stakeholder perspectives and integration of qualitative and quantitative evidence. Furthermore, while the proposed strategy framework will be validated through expert consensus, the study will not evaluate its implementation or effectiveness. Future research should therefore focus on implementation and impact evaluation within routine healthcare settings.

Expected Contribution to Public Health

This study is expected to make important methodological, practical and policy contributions to public health. Methodologically, it demonstrates how evidence synthesis, exploratory sequential mixed-methods research and expert consensus can be integrated within a single strategy development framework. Practically, the study is expected to generate stakeholder-informed strategies for strengthening healthcare services for individuals living with psychosocial disabilities within rural district health systems. From a policy perspective, the findings may support implementation of South Africa's National Mental Health Policy Framework and Strategic Plan by providing locally generated evidence to inform district health planning, resource allocation and service improvement initiatives.

More broadly, the study is expected to contribute to the growing body of evidence on psychosocial disability and rural health systems while providing a transferable framework that may be adapted to similar resource-constrained settings seeking to strengthen equitable, person-centred mental healthcare.

CONCLUSION

Ensuring that healthcare services are accessible, timely, equitable and person-centred re-mains a significant challenge for individuals living with psychosocial disabilities, particularly within rural and resource-constrained health systems. Although considerable progress has been made in understanding the barriers that limit access to mental healthcare, much of the existing research has focused primarily on describing these challenges. Comparatively little attention has been directed towards the systematic development and validation of evidence-informed strategies capable of strengthening healthcare services and supporting sustainable improvements in practice.

This study presents a rigorous and systematic protocol for developing and validating strategies to improve healthcare services for individuals living with psychosocial disabilities in the Joe Gqabi District of the Eastern Cape Province, South Africa. By integrating evidence from a completed scoping review with findings generated through an exploratory sequential mixed-methods design, the study seeks to develop a comprehensive understanding of the individual, organisational and health system factors influencing healthcare service delivery. This integrated approach is expected to ensure that the proposed strategies are scientifically robust, contextually relevant and feasible for implementation within rural district health systems.

A distinguishing feature of the study is the integration of evidence synthesis, stakeholder engagement and structured consensus-building within a single research programme. Rather than concluding with the identification of healthcare barriers, the study progresses to the development and validation of practical strategies through a structured and transparent process. This implementation-oriented approach strengthens the scientific credibility of the proposed framework while enhancing its relevance for policymakers, healthcare managers, practitioners and communities.

Author Contributions: Conceptualization: C.N.M., A.G.M. and T.O.T.; methodology: C.N.M., A.G.M. and T.O.T.; supervision: A.G.M. and T.O.T.; project administration: C.N.M., A.G.M. and T.O.T. All authors have read and agreed to the published version of the manuscript.

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Ethics Approval: Ethical approval for this study was obtained from the University of Venda Research Ethics Committee [FHS/26/PH/05/2206].

Informed Consent Statement: Written informed consent will be obtained from all participants prior to data collection.

Data Availability: Data generated or analyzed during this study will be available from the corresponding author upon reasonable request.

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Conflicts of Interest: The authors declare that there is no conflict of interest regarding the publication of this study.

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