Optimising the health work force to improve mental health care

Recommendations from a consensus study by the Academy of Science of South Africa (ASSAf)

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

FACULTY OF HEALTH SCIENCES

Problem statement

- South Africa has a shortage of skilled mental health professionals
- Maldistribution of professionals: most work in urban areas and in private practice (shortages in rural areas)
- The current funding and HR model for mental health services in the public sector is hospi-centric despite the fact that mental health policy promotes community-based care

Recent evidence and proposals

- Mental health system costs, resources and constraints in South Africa: a national survey. Docrat, et al, 2019
- Mental health investment case for South Africa. Final report. For National Department of Health of South Africa. Cape Town; 2021. Besada, et al
- Investing for population mental health in low-an-middle-income countries—where and why? Freeman, M, 2022

SASOP Study 2020

- Overall ratio of psychiatrists = 1,07/100000
- Ratio of public sector psychiatrists= 0,33/100000 uninsured (range: 0 to 0,88)
- Ratio of private sector psychiatrists = 4,93/100000 insured (range: 0.8 to 17.57)
- 39% of psychiatrists >50 years of age: younger psychiatrists leaving SA
- 2050 Target for SSA: 1.9/100000 (Chisholm)

Solutions

- South Africa's mental health policy proposes task-shifting or task-sharing as a solution to the lack of skilled human resources
- The integration of mental health into primary health care has also been a long-term strategy to increase access to mental health care.
- This requires generalist health care workers to be competent in primary mental health care and for the role of specialists to change.

ASSAf consensus study

- In order to address the need for competence in mental health care amongst healthcare workers, the Academy of Science commissioned a consensus study, which was initiated in 2015.
- The study was completed in 2019 after considerable key stakeholder engagement and launched in 2021 (on a virtual platform)

Provider core competencies for improved

Mental health care of the nation

ASSAf Consensus Study

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Department:
Science and Innovation
REPUBLIC OF SOUTH AFRICA

ASSAf
ACADEMY OF SCIENCE OF SOUTH AFRICA

Scope of study

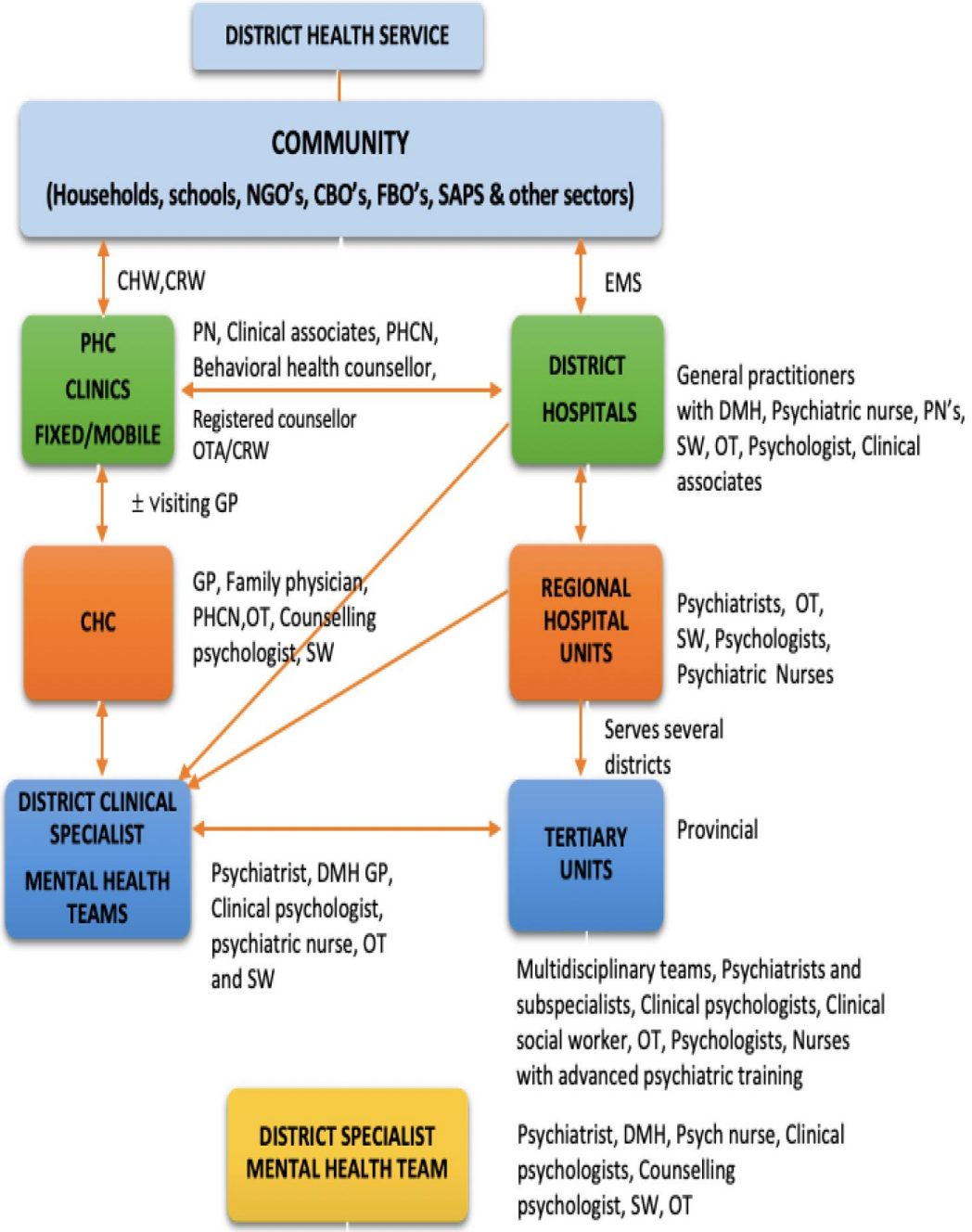
- Acknowledged that mental health care is multi-sectoral and multi-disciplinary – attention to social determinants, promotion and prevention interventions are critical
- Main focus on public sector formal health services (adults) (Need for similar work on CAMHS)
- Predominant focus on district health service, taking PHC-re-engineering and NHI into account
- Other sectors/organisations excluded due to time constraints

The vision

- Based on SA MH policy framework and strategic plan and mental health legislation, with emphasis on human rights and community-based care
- Services provided in the least restrictive setting possible, as close to home as possible
- Emphasis on ambulatory care and voluntary care
- Community care – broad definition, inclusive and multisectoral

The vision

- Admission to hospital for acute episodes of severe mental illness at the appropriate level (district hospital with upward referral when necessary)
- A balance between outpatient and inpatient services
- Referral back to DHS as soon as possible
- Recovery model - strong need for psychosocial rehabilitation services in DHS
- Long-term institutional care only for those who cannot be cared for in the community


DISTRICT HEALTH SERVICE
COMMUNITY
(Households, schools, NGO's, CBO's, FBO's, SAPS & other sectors)
CHW,CRW
EMS
PHC
CLINICS
FIXED/MOBILE
PN, Clinical associates, PHCN,
Behavioral health counsellor,
Registered counsellor
OTA/CRW
DISTRICT
HOSPITALS
General practitioners
with DMH, Psychiatric nurse, PN's,
SW, OT, Psychologist, Clinical
associates
± visiting GP
CHC
GP, Family physician,
PHCN,OT, Counselling
psychologist, SW
REGIONAL
HOSPITAL
UNITS
Psychiatrists, OT,
SW, Psychologists,
Psychiatric Nurses
Serves several
districts
DISTRICT CLINICAL
SPECIALIST
MENTAL HEALTH
TEAMS
Psychiatrist, DMH GP,
Clinical psychologist,
psychiatric nurse, OT
and SW
TERTIARY
UNITS
Provincial
Multidisciplinary teams, Psychiatrists and
subspecialists, Clinical psychologists, Clinical
social worker, OT, Psychologists, Nurses
with advanced psychiatric training
DISTRICT SPECIALIST
MENTAL HEALTH TEAM
Psychiatrist, DMH, Psych nurse, Clinical
psychologists, Counselling
psychologist, SW, OT

Provider categories

- Community Health Workers (WBOT and PHC)
- Nurses (different categories)
- Medical and associated services (general)
- Medical services (specialist)
- Psychological services
- Rehabilitation services
- Social services

Findings

- Training of CHWs, Clinical Associates, EMS cadres does not sufficiently provide specific competencies required to play their roles in the system
- New nursing curriculum needs ongoing review in terms of mental health competencies. Nurses form backbone of healthcare system.
- PHC 101; specialist mental health nurses; nurse prescribing

Findings

- Medical professionals
  - General practitioners, DMH graduates, family physicians:
  - Specialist and subspecialist psychiatrists
- Core competencies mostly appropriate for provision of general/primary mental health care and specialist/subspecialist care
- More emphasis on management, training/mentoring
- Training still primarily hospi-centric
- Other barriers: competing priorities, lack of funded posts in DHS, lack of infrastructure/support

Findings

- Psychological services:
  - Behavioural health counsellors (new category?)
  - Registered counsellors (limited posts)
  - Counselling psychologists (community-based)
  - Clinical psychologists (specialist services: DHS and hospital)
- Other psychologists in other sectors (liaison)
- Content and skills training of psychologists is uneven across academic/training institutions
- Need for more emphasis on evidence-based interventions appropriate to South African context

Findings

- Rehabilitation:
  - Community rehabilitation workers (community-based)
  - OTA and OTT categories (DHS/PHC)
  - Occupational therapists (DHS and hospital)
- Training courses for CRWs and OTAs/OTTs not currently being offered
- Lack of emphasis on rehabilitation services in PHC-re-engineering/NHI in DHS

Findings

- Social services:
  - Auxiliary Social Workers/Youth care-workers
  - Social Workers
  - Clinical Social Workers
- Lack of posts for social workers in health services
- Most competent in field of substance use disorders
- Need for strong connections between DSD and DOH
- Clinical Social Workers – lack of training opportunities and posts in DHS

Other recommendations

- Need evidence-based implementation research to test and evaluate envisaged system of care
- Inter-sectoral liaison needs to occur at national, provincial, district and clinic/community level
- Scope of practice issues with new cadres/ supervision/ accountability need to be resolved with professional bodies

Barriers to implementation

- Funding does not match policy and strategy
- Difficult to attract specialists to work in rural/underserved areas
- Lack of certain training programmes
- No posts for new proposed categories
- Lack of posts in DHS (RC, specialists)
- Remuneration of specialists only possible through “in-person” full-time/sessional posts

Solutions

- Funding to shift from hospitals to community/ district-based services – need for bridging finance
- Alternative reimbursement mechanisms to attract specialists to under-served areas
- Training programmes to be aligned with service needs
- Training: academic platforms to be more district/community-based
- Use of technology to increase access to specialist care in remote areas

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Thank you!