



## Policy brief 4

# Promoting community-based services for mental health in South Africa

## Mental Health and Poverty Project

The purpose of the Mental Health and Poverty Project is to develop, implement and evaluate mental health policy in poor countries, in order to provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health.

# Promoting community-based services for mental health in South Africa



## The Mental Health and Poverty Project (MHaPP)

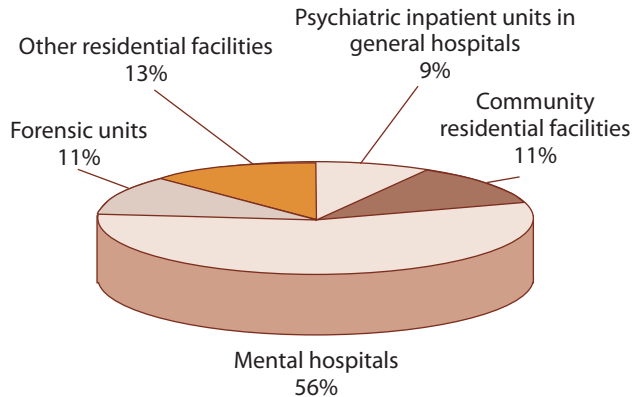
There is growing recognition that mental health is a crucial public health and development issue in South Africa (SA). Neuropsychiatric conditions rank 3<sup>rd</sup> in their contribution to the burden of disease in SA<sup>1</sup> and 16.5% of South Africans report having suffered from mental disorders in the last year.<sup>2</sup> Current mental health policy and legislation in South Africa supports the deinstitutionalisation of mental health, but there has been limited development of mental health services at community level. The aim of the MHaPP is to examine mental health policy and systems in SA, with a view to identifying the key barriers to mental health policy development and implementation, and steps that can be taken to strengthen the mental health system in the country.<sup>3</sup> The findings of the MHaPP situation analysis for South Africa are now available.<sup>4</sup>

## Community mental services in South Africa

South Africa's Mental Health Care Act, no 17 of 2002 provides for the development of community-based mental health services and support systems that promote users' recovery and reintegration into society. The Act states that where outpatient services are insufficient to address users' treatment needs, institutional care should provide safe treatment and stabilisation services for as short a period as is needed to enable the user to return to community life.

However, psychiatric hospitals continue to dominate as a mode of service provision in South Africa (see Figure 1), and deinstitutionalisation has often been used to motivate for the downsizing of large institutions without the corresponding development of community residential, general hospital and outpatient mental health care services. Hastily reduced hospital services in the absence of community-based treatment and

**Figure 1. Beds in mental health facilities in South Africa**



support services, known as the process of 'dehospitalisation', is placing an increased burden of care on families and has a negative impact on user well being. The lack of community-based mental health services also burdens service provision within facility-based health centres, putting additional pressure on already-stretched primary health services and hospital beds, establishing a "revolving door" pattern of care, with adverse consequences for the provision of quality care.

In South Africa, there is a smaller proportion of staff for mental health in community-based services than in hospital services,

*"So the vision is that most of our mental health care users should be living in communities, should be getting their services at first-line clinic level; and that, as an ideal to strive for, is fantastic. However, what has happened is that the deinstitutionalisation or the dehospitalisation of patients has gone very rapidly, driven by a number of factors, including finance... I think that in terms of the whole issue around the funding and provision of community-based services, that growth that had to occur there didn't occur... for a transition period there needed to be additional funding made available to first establish the community-based service and then to downsize; actually, to make it a supply-and-demand thing, rather than the way it was driven."*

Director, mental hospital complex

particularly in rural areas.<sup>5</sup> Furthermore, high turnover and inadequate training have led to limited human resources for implementation of mental health legislation, and an absence of specialist mental health teams to support primary health care staff has further weakened community-based services for mental health.

## Recommendations

A key finding of the MHaPP was the need for the development of community-based mental health policy and services. There is a need for adequately funded service level agreements with NGOs to set up and manage community mental health services within an inter-sectoral framework. In terms of community-based mental health services and policy, the following recommendations have been made:

### For the National Department of Health

- Drive the process of developing a National Mental Health Policy and Plan which will define the scope and breadth of community-based services for mental health.
- Develop specialised plans and programmes within the overarching framework of the National Mental Health Policy for community-based mental health, within a psychosocial

rehabilitation and recovery-based framework of service delivery.

- Provide technical input to infrastructure development for community-based mental health services, including permanent and transitional residential care, day care services, income-generation programmes and projects, in line with the Norms and Standards for Community-Based Services for Mental Health.<sup>6</sup>
- Lobby for human resource development and provision for community-based mental health services, such as the provision of posts for psychological counsellors with a B. Psychology qualification.

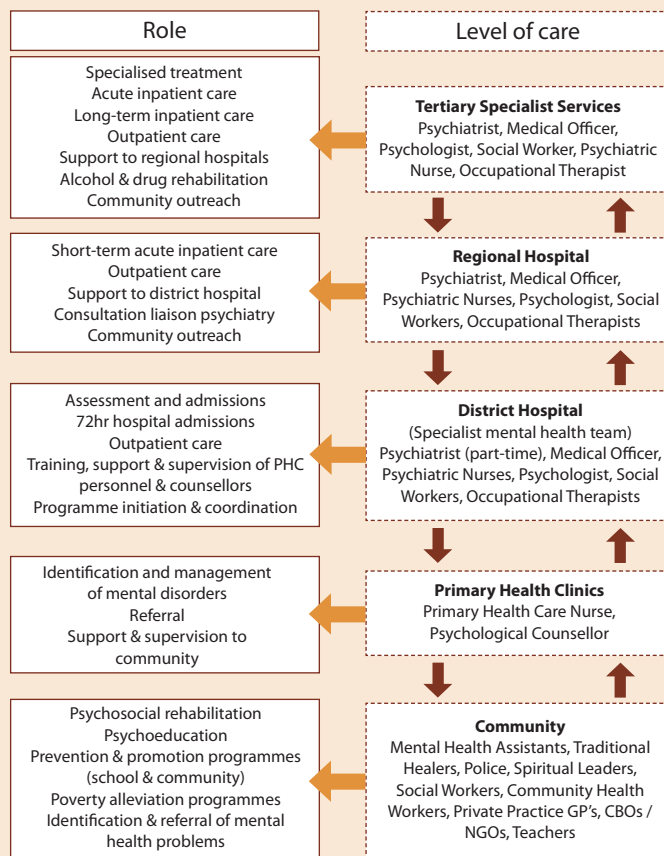
### For Provincial and District level planners and implementers

- Build community mental health services in concert with dehospitalisation to ensure the provision of deinstitutionalised care.
- Develop clinical protocols for assessment and interventions at primary health care level.
- Provide well-coordinated training of general health staff at primary health care level in mental health.
- Strengthen support and supervision provided to general health care workers by mental health specialists.

- Fund service level agreements with NGOs and CBOs providing mental health services such as day and residential care, employment support, and other recovery programmes at community level.
- Implement community level mental health promotion and mental ill-health prevention strategies.
- Collaborate with traditional healers to improve community level services.
- Improve collaboration between sectors for community level services.

In the context of South Africa being a medium- resourced country and drawing on lessons and evidence from previous research on the integration of mental health into primary health care, the MHaPP has proposed a framework for mental health services at the district level. This framework, depicted in Figure 2, is based on a previous framework<sup>7</sup> in its demands for greater equity and efficient use of existing mental health resources, but differs in that it proposes the incorporation of additional categories of lower level mental health workers in order to assist in strengthening community-based mental health services.

**Figure 2. Framework for district mental health services**



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[www.psychiatry.uct.ac.za/mhapp](http://www.psychiatry.uct.ac.za/mhapp)

The views expressed are those of the authors and not necessarily those of DFID

