Developing a district mental health plan for the integration of mental health into the re-engineered PHC service platform in the Dr Kenneth Kaunda district.

Presented by:
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Evidence on scaling-up mental health services for development

Overview of presentation

- Background to PRIME
- Why integrate mental health in PHC in SA?
- Where & how? Formative Phase of PRIME

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Background

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Partners

- Centre for Public Mental Health
- WHO
- Centre for Global Mental Health
- Basic Needs
- Perinatal Mental Health Project

" The most exciting thing about PRIME is the fact that Ministries of Health in 5 countries, and the WHO, have joined mental health research leaders as equal partners ."

Prof. Vikram Patel, PRIME Research Director

- Ethiopia
  - Addis Ababa University, MoH
- India
  - Sangath, PHFI, MP State MoH
- Nepal
  - Healthnet TPO, MoH
- South Africa
  - UKZN, HSRC, UCT, DoH
- Uganda
  - Makerere University, MoH

Photo: 1st PRIME Meeting, Cape Town, June 2011. Photo: Amit Makan

An overview

The purpose of PRIME is to generate **world class research** on the **implementation** and **scaling up** of **treatment programmes** for **priority mental disorders** in primary and maternal health care contexts in low resource settings.

Photo: Mental Health & Poverty Project (MHaPP)

The motivation: the treatment gap

- 13% of the global burden of disease is due to mental illness
- The majority live in low or middle income countries
- 1 out of 5 people living with mental illness in low and middle income countries receive treatment

Photo: Mental Health & Poverty Project (MHaPP)

mhGAP

- Adapt & test interventions based on WHO mhGAP IG
- Identify additional resources needed

- Priority disorders
  - Alcohol abuse
  - Depression
  - Psychosis
  - Epilepsy (Ethiopia & Uganda only)

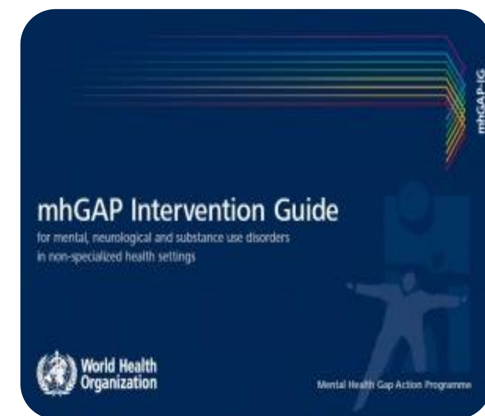
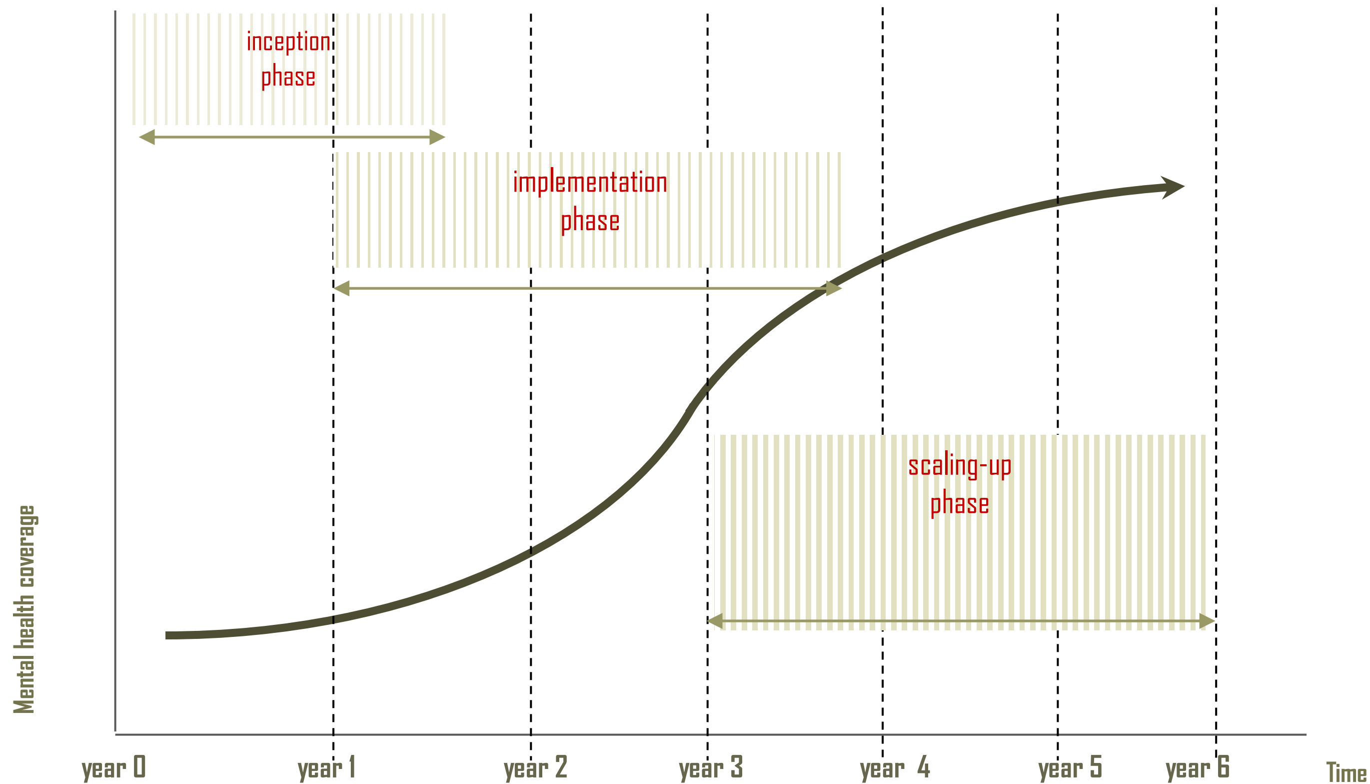


Image: World Health Organization (WHO)

Country sites

Research phases



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PRIME-SA - Why

Motivation: South Africa

- Mental disorders rank third in their contribution to the burden of disease in this country[1]
- 1 in 6 South Africans are likely to experience a common mental disorder (CMD) during a 12 month period[2]
  - Only 1 out of 4 people with a CMD receive treatment
- High co-morbidity with HIV/AIDS, cardiovascular disease and diabetes[3]
  - Burden likely to increase with the epidemiological transition to chronic and non-communicable diseases
- CMDs in PLWHAs - compromise adherence to ART & virological suppression[4]

1.Bradshaw, D., Norman, R., & Schneider, M. (2007). A clarion call for action based on refined DALY estimates for South Africa. [Editorial]. S Afr Med J, 97(6), 438, 440.
2.Williams, D. R., Herman, A., Stein, D. J., Heeringa, S. G., Jackson, P. B., Moomal, H., & Kessler, R. C. (2008). Prevalence, Service Use and Demographic Correlates of 12-Month Psychiatric Disorders in South Africa: The South African Stress and Health Study. Psychological Medicine, 38(2), 211-220.
3. Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. R., & Rahman, A. (2007). No health without mental health. Lancet, 370, 859-877.
4. Joska, J. A., Fincham, D. S., Stein, D. J., Paul, R. H., & Seedat, S. (2010). Clinical correlates of HIV-associated neurocognitive disorders in South Africa. AIDS Behav, 14(2), 371-378. doi: 10.1007/s10461-009-9538-x

PRIME-SA - Where

SOUTH AFRICA
Capital:
Pretoria, administrative,
Cape Town, legislative and
Bloemfontein, judicial
National capital
Provincial capital
Town, village
Major airport
International boundary
Provincial boundary
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ZIMBABWE
MOZAMBIQUE
BOTSWANA
NAMIBIA
SWAZILAND
LESOTHO
LIMPOPO
NORTH WEST
MPUMALANGA
GAUTENG
FREE STATE
KWAZULU-NATAL
NORTHERN CAPE
EASTERN CAPE
WESTERN CAPE
SOUTH ATLANTIC OCEAN
INDIAN OCEAN
Musina (Messina)
Polokwane
Gaborone
Pretoria
Johannesburg
Mafikeng
Krugersdorp
Germiston
Witbank
Nelspruit
Barberton
Maputo
Mbabane
Xai-Xai
Delagoa Bay
Klerksdorp
Vereeniging
Orkney
Piet Retief
Volksrust
Lüderitz
Keetmanshoop
Hotazel
Sishen
Welkom
Kroonstad
Bohlokong
Bethlehem
Newcastle
Madadeni
Vryheid
Mkuze
Ulundi
Ladysmith
River View
Richards Bay
Karasburg
Upington
Kimberley
Oranjemund
Alexander Bay
Port Nolloth
Kenhardt
Bloemfontein
Maseru
Stanger
Pietermaritzburg
Durban
Amanzimtoti
Nababeep
Springbok
De Aar
Carnarvon
Williston
Victoria West
Bitterfontein
Calvinia
Klawer
Aliwal North
Middelburg
Drakensberg
Umtata
Port Shepstone
Port St Johns
Queenstown
Graaff-Reinet
Beaufort West
Bhisho
East London
Grahamstown
Vredenburg
Saldanha
Saldanha Bay
Saint Helena Bay
Oudtshoorn
Worcester
Paarl
Table Bay
Cape Town
Stellenbosch
Strand
Heidelberg
George
Knysna
Uitenhage
Port Alfred
Port Elizabeth
Algoa Bay
Cape St. Francis
Cape of Good Hope
False Bay
Cape Agulhas
Mossel Bay
Orange
Limpopo
Molopo
Vaal
Caledon
Great Fish
Great Kei
Sundays
Save
0 100 200 300 km
0 100 200 mi
20°
25°
30°
35°
SOUTH AFRICA

Kenneth Kaunda District

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How?

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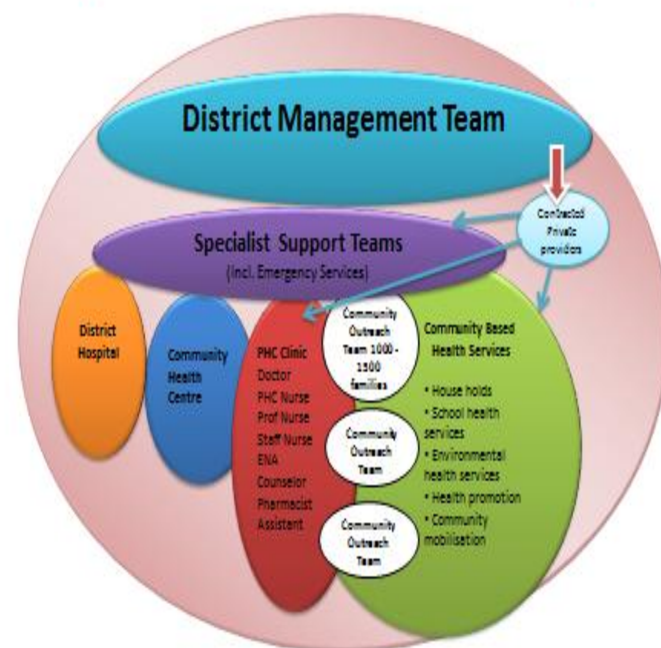
Evidence on scaling-up mental health services for development

FORMATIVE PHASE

- Develop a district mental health plan
  - Facilitate the integration of mental health into the re-engineered PHC service delivery platform
- South African focus:
  - Depression and alcohol misuse co-morbid with HIV
  - Maternal depression
  - Psychosocial rehabilitation for chronic psychotic disorders

Primary Health Care within District Health System



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Evidence on scaling-up mental health services for development

Methods

1. Situational Analysis
2. Participatory Theory of Change Workshops (ToCs)
3. Formative qualitative interviews with service users & providers
4. One final workshop on the integrated plan

1. Situational Analysis

Population	632790 Four sub-districts (2 urban, 2 rural)
Socio-economic characteristics	Literacy rate: 45% in rural areas and 75 % in Urban areas Mainly urban (15%) Life expectancy - 51 years 76% flush toilets, 97% clean water, 82% electricity Economic activity – mining & agriculture
Health priorities	Top 3 health conditions – HIV/AIDS, hypertension, TB HIV prevalence – 30% 82% coverage of ART for eligible population (35 000 per annum)
Number of PHCs	58 PHC facilities 8 full-time PHC doctors Over 100 PHC nurses 1 CHW per 250 households (new plan) Lay counsellors (HIV counsellors) Information officers Training officers
Number of MH specialists servicing PHC	2 Psychiatrists (P/T) 1Psychologist 2 MH Co-ordinators (psychotropic medication available at PHCs)

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Stop TB

KLERKSDORP HOSPITAAL • HOSPITAL
IMPALA MEDICAL SERVICES

2. Participatory Theory of Change Workshops (ToCs)

- Workshops to develop plans for specific disorders
  - One with policy makers, managers and service providers from national through to district PHC facility level (27 participants) (01-02 March 2012)
  - One with community level service providers (CCGs, Traditional healers, NGOs) and users (23 participants) (29 March 2012)

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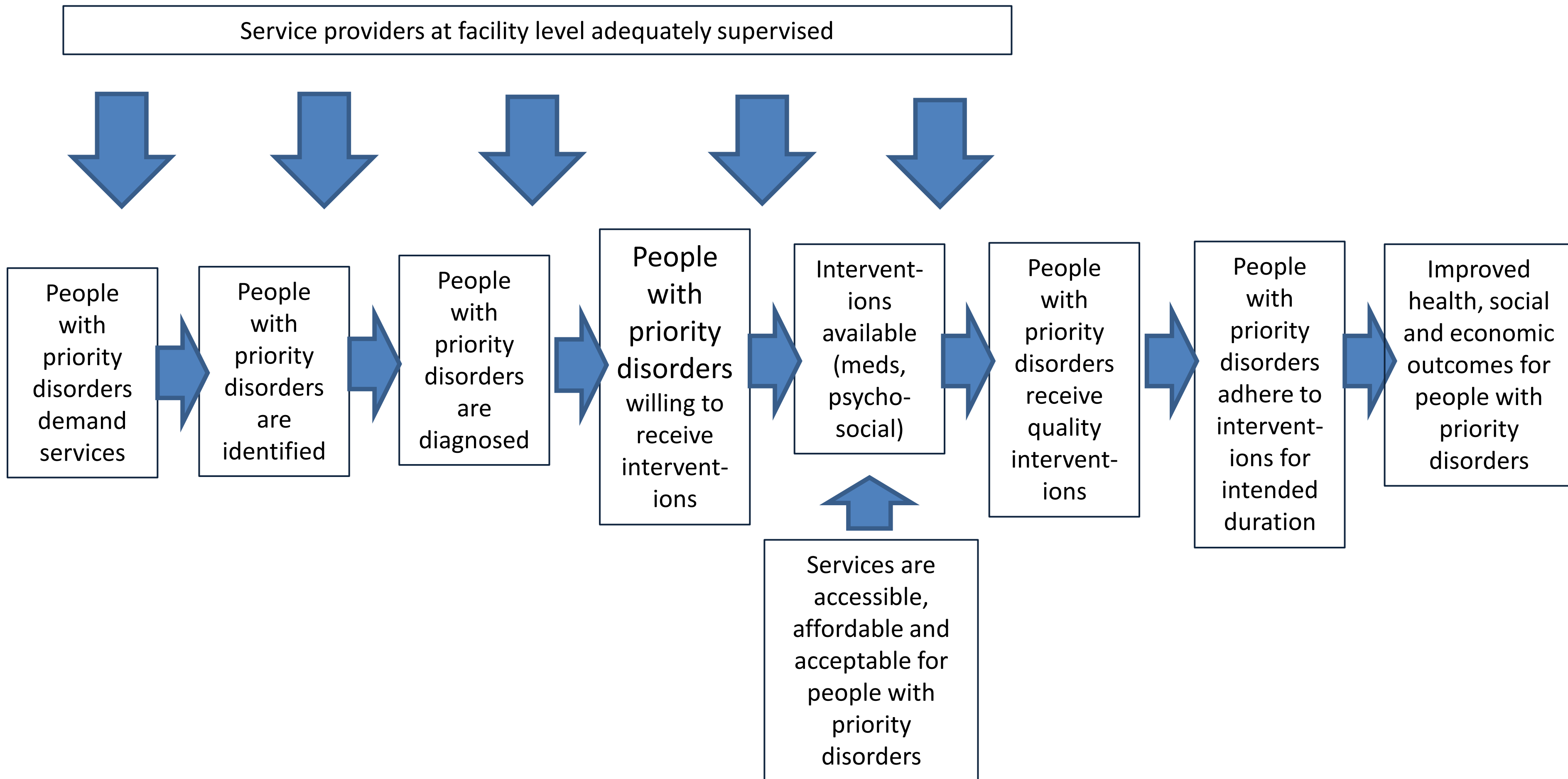
Theory of Change

- Participatory approach which allows participants to develop a plan for achieving the outcomes that they want from an intervention[5]
  - Start with the end goal
  - Work backwards identifying preconditions that need to be achieved to reach the goal
  - Interventions and resources that are needed to achieve the pre-conditions
  - Indicators used to measure each pre-condition
- Helps build consensus among participants

5. Connell JP, Kubisch AC. Applying a Theory of Change Approach to the Evaluation of Comprehensive Community Initiatives: Progress, Prospects, and Problems. In: Fulbright-Andersen K, Kubisch AC, Connell JP, editors. New Approaches to Evaluating Community Initiatives, Vol 2: Theory, Measurement, and Analysis New York: The Aspen Institute; 1998

Simplified ToC for SA workshops



People with priority demand services
People with priority disorders are identified
People with priority disorders are diagnosed
People with priority disorders willing to receive interventions
Interventions available (medications, psychosocial)
People with priority disorders receive quality interventions
People with priority disorders adhere to intervention for intended duration
Improved health, social and economic outcomes for people with priority disorders
Services are accessible, affordable and acceptable for people with priority disorders

Results from ToC Workshops

- Disorder specific plans for different level
- Mental Health Plan South Africa- submitted_EB.docx

- Provides screening for co-morbid mental illness alongside provision of routine care for other chronic conditions (HIV, diabetes, antenatal care)

- Adaptation of WHO's MhGAP guidelines

- PRIME-SA
  - Strengthen mental health component
    - Stepped care for depression – include counselling component
    - Brief screening & intervention for alcohol misuse

CONTENTS: SYMPTOMS

Assess and manage the client using his/her symptoms as a starting point

A
Abused client 53
Abdominal pain 19
Abnormal vaginal bleeding 29
Aggressive client 50
Anal symptoms 22
Arm symptoms 35

B
Back pain 34
Bites 39
Blackout 7
Body pain 32
Breast symptoms 18
Burns 39

C
Cervical screening 27
Chest pain 15
Collapse 7
Coma 1
Confused client 51
Constipation 22
Cough 16

D
Diarrhoea 21
Difficult breathing 16
Dizziness 8
Dyspepsia 19

E
Ear symptoms 12
Eye symptoms 10

F
Face symptoms 11
Fatigue 6
Fever 4
Fits 2
Foot symptoms 37
Foot care 37

G
General body pain 32
Genital symptoms 23

H
Headache 9
Heartburn 19

I
Injured client 38

J
Jaundice 40
Joint symptoms 33

L
Leg symptoms 36
Lymphadenopathy 5

M
Miserable client 52
Mouth symptoms 14

N
Nail symptoms 48
Neck pain 35
Nose symptoms 13

O
Overweight client 68

P
Pain 32
Pap smear 27

R
Rape 53

S
Seizures 2
Sexual problems 30
Skin symptoms 40
Difficulty sleeping 54
Stressed client 52
Suicidal client 49
Syphilis 28

T
Throat symptoms 14
Tiredness 6
Traumatised client 53

U
Unconscious client 1
Urinary symptoms 31

V
Abnormal vaginal bleeding 29
Violent client 50
Vision symptoms 10
Vomiting 20

W
Weakness 6
Weight loss 3

CONTENTS: CHRONIC CONDITIONS

An approach to the diagnosis and routine care of the client with a chronic condition

TB
TB: diagnosis 55
TB: routine care 57

HIV
HIV: diagnosis 60
HIV : routine care 61

CHRONIC RESPIRATORY DISEASE
Asthma and COPD: diagnosis 65
Using inhalers and spacers 65
Asthma: routine care 66
COPD: routine care 67

CHRONIC DISEASES OF LIFESTYLE
Cardiovascular disease risk assessment 68
Cardiovascular disease risk management 69
Diabetes: diagnosis 70
Diabetes: routine care 71
Hypertension: diagnosis 73
Hypertension: routine care 74
Heart failure 75
Stroke 76
Ischaemic heart disease: diagnosis 77
Ischaemic heart disease: routine care 78
Peripheral vascular disease 79

MENTAL HEALTH
Mental health care act 80
Depression and/or anxiety: diagnosis 81
Depression and/or anxiety: routine care 82
Substance abuse 83
Psychosis and mania: diagnosis 84
Psychosis and mania: routine care 85
Dementia 86

EPILEPSY 87

MUSCULOSKELETAL DISORDERS
Chronic arthritis 88
Gout 89
Fibromyalgia 90

WOMEN'S HEALTH
Contraception 91
The pregnant client 93
Routine antenatal care 95
Preventing mother-to-child transmission of HIV 96
Postnatal care 97
Menopause 98

Prep room assessment 99
Protect yourself from occupational infection 100
Communicating effectively 101

Note that all drugs recommended in this guideline are highlighted in either green or purple:
Green-highlighted drugs may be prescribed by a doctor and a nurse according to his/her scope of practice. Purple-highlighted drugs may only be prescribed by a doctor.

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3. Formative qualitative interviews with service providers and service users

- HIV+ service users (SU) with co-morbid depression (20)
- Ante-natal and post-natal SU with maternal depression (20)
- Psychiatric SU and caregivers (20)
- Managers & service providers at national, provincial and district level (6)

Results from formative interviews

- Informed the development of a structured manualized counselling intervention for depression to be delivered by lay counsellors
- Section A
  - Basic counselling skills
  - Healthy thinking
  - Getting Active
  - Problem management

Psychosocial Group Intervention for Depression in People living with HIV

Training and resource manual for lay counsellors

- Section B
  - Modules based on emergent themes on triggers/exacerbating factors e.g., internalized stigma, poverty, external stigma, withdrawal/social isolation, partner rejection.
  - Lay counsellor chooses which modules to focus on during initial group/individual session
- Will inform the adaptation of the Basic Needs/KZN manual for psychosocial rehabilitation for chronic psychotic conditions

4. Final Workshop: Integrated Plan

- Participants from both previous workshops (31 participants) (23 Aug 2012)
- Integrated plan (4.).docx

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PRIME-SA MHC Plan at a glance

Organizational level

Strengthen the mental health component of the specialist support team to ensure adequate training, support and supervision to facility and community level generalists - diversification of roles. Strengthen Inter-sectoral collaboration esp. with DSD

Facility level

1. Primary Care 101 for PHC nurses and doctors to detect, manage and refer mental disorders.
2. Task sharing of brief treatment interventions for alcohol misuse (PHC nurses), depression co-morbid with HIV & other priority chronic diseases & maternal depression (Lay counsellors)

Community level

Task sharing interventions to community outreach teams:

1. Home visitation programme for maternal depression & depression co-morbid with HIV (enrolled nurse).
2. Psychosocial rehabilitation groups for chronic psychotic disorders (Aux. social workers in collaboration with NGOs and DSD).

Lessons for developing district mental health plan

- ToC process
  - Stakeholders from national to community level (Top down and bottom up)
  - Participatory process
- Increased awareness of service needs and systems requirements to meet these needs
  - District & province taking leadership to increase resources (e.g. motivation for B. Psych posts)

Next Phase (Implementation)

- Implementation site identified
    - Kanana area (65 000 people) serviced by 4 PHC facilities in Matlosana sub-district
- Costing of integrated package
- Motivation for B.Psych counsellor
- Finalization of packages
- Implementation of baseline surveys in identified area
    - Community survey
    - Facility survey
- Training of PHC staff, lay counsellors & Community outreach teams
- Orientation of specialist support personnel
- Implementation of cohort studies for identified disorders

Thank You

University of Cape Town

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Centre for Global Mental Health (LSHTM, KCL & KHP)

South African Department of Health

Nepal Ministry of Health

Uganda Ministry of Health

Ethiopia Ministry of Health

Madhya Pradesh Department of Public Health & Family Welfare

Makerere University

University of Addis Ababa

Public Health Foundation of India

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