

The Rising Cost of Mental Health Care in South Africa

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Dr Nicola Plastow, Senior Lecturer in
Occupational Therapy



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Dr Nicola Plastow



Senior Lecturer in Occupational Therapy

Faculty of Medicine and Health Sciences

Stellenbosch University

Mail&Guardian Contributor

See 'Broken Minds Need Community Care' 13/11/2015

M&G

Wife and mother of 3

Prevalence

- ❑ Approximately 1 in 3 of South Africans will experience one of the following mental health problems in their lifetime:
 - Anxiety disorders
 - Mood disorders
 - Impulse control disorders (intermittent explosive disorder)
 - Substance use disorders (alcohol abuse, alcohol dependence, substance abuse, substance dependence).
- ❑ South Africans are much more likely to experience a mental health problem than those living in other countries (Nigeria 1 in 10; Kenya 22% vs 5% PTSD)

South African Stress and Health Study (2009, S Afr Med J)



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Buyiswa's* Story

- Traumatic childhood with abusive father
- Marital breakdown
- Turned to drugs and alcohol to cope (Substance Dependence)
- Admitted self to specialist psychiatric care using her life savings
- Worked hard at recovery – started teaching, new relationship, happy

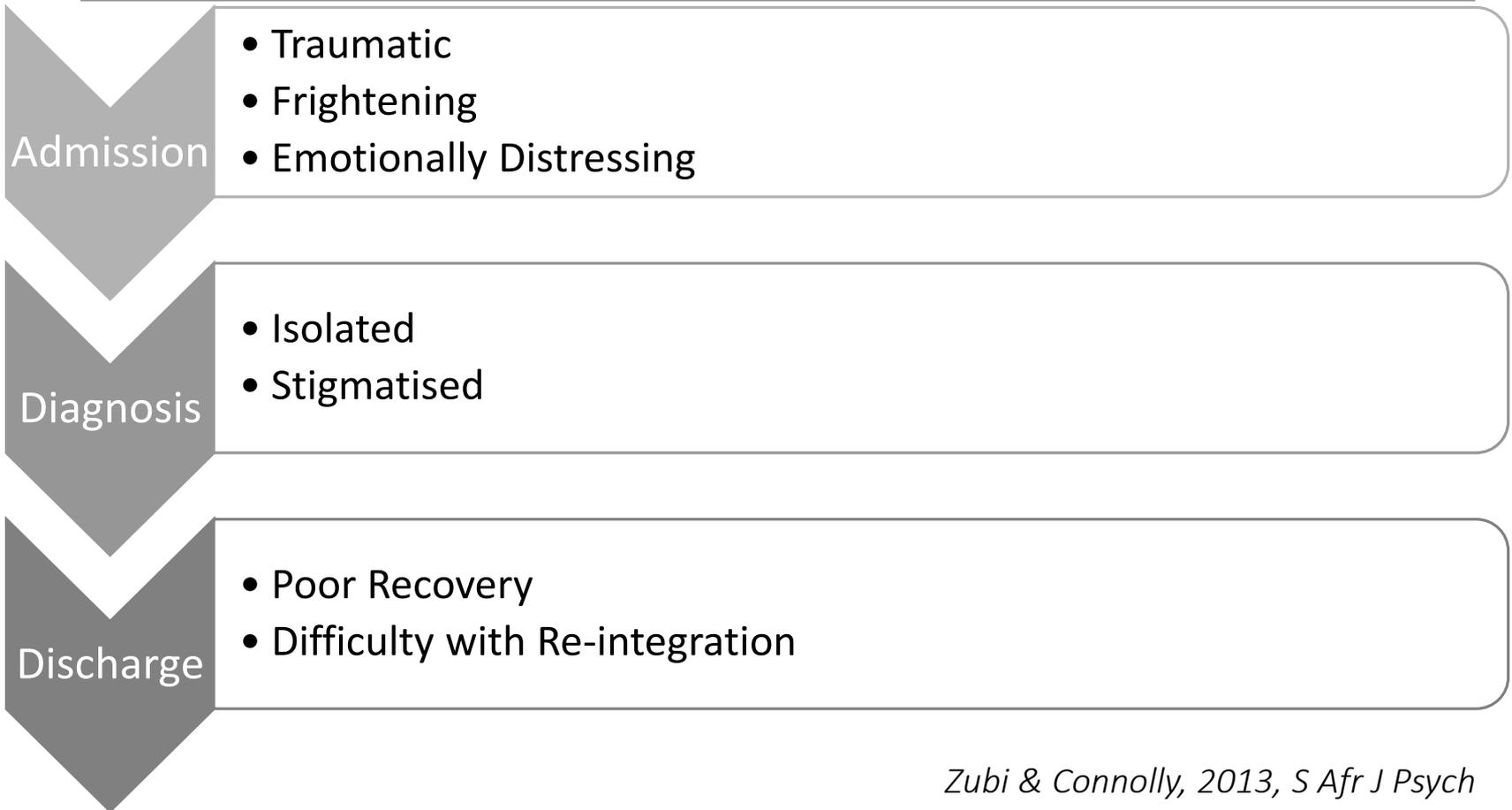
UNEXPECTED STRESS

- Whole world starts to unravel (Depression)
- Has strong urge to commit suicide (Self-harm)

* Buyiswa is a pseudonym

Admission to Psychiatric Care

Experiences of First Admission



Zubi & Connolly, 2013, S Afr J Psych

Experiences of First Admission

Admission

- ‘because I knew they wanted to bend my mind and change what I believed in and uh, I went in this room and some guy with the glasses on walked around with an injection needle and said, “Come, let me inject you.”’ (R)

Diagnosis

- I didn’t want to believe that there is anything wrong with me. No one really explained to me what mental illnesses are. I think that my parents have a stigma, that I’m crazy or something.’

Discharge

- ‘You can’t go out, there’s nothing around you, and you feel isolated from everything ... When you actually get released or discharged or whatever, then you’ve got to start all over again, you’ve got to make new friends, usually.’

Zubi & Connolly, 2013, S Afr J Psych

Problems with Acute Care Service Delivery

- District-level resources inadequate to provide 72-hour assessment (personnel & facilities)
- Revolving door of care
 - Poor support in the community
 - Poor adherence to treatment
 - Crisis discharge - Early discharge due to bed shortages
- Tertiary services inappropriately used for assessment
- Drop in income and reduction of tertiary care beds has not led to increased resources in the community

Lund et al. 2012, Afr J Psychiatry

But better than others...

- ❑ One state-run psychiatric hospital in Namibia
- ❑ In-patient mental health services for children and adolescents in Zimbabwe only now being developed
- ❑ Widespread reports of abuse and neglect in international media for countries including Ghana, Nigeria and Somalia

Care in the Community

Providing Adequate Care?

- Primary Health Care services focussed on dispensing medication and symptom management
- Lack of training at primary care level in mental health
- Stop Stockouts reports primary care centres frequently run out of essential mental health medication

"The other day we received a call from a patient at a state clinic who couldn't get medication for her anxiety and depression because the dispensary in Hillbrow didn't have a driver available to deliver [it] to the clinics. This made her more anxious ... It might even cause a relapse."

Skosana 3 July 2015 M&G

Community Care Needs

PsychoSocial Rehabilitation Services

- Provided by NGO's such as Cape Mental Health & the Church groups
- Inadequate and unreliable government funding

Care Pathways

- Detection and early management of mental health problems
- Integration of mental health treatment into existing child and maternal care pathways (PLWHA's)
- Care pathway for management of trauma

The need for Psycho-Social Rehabilitation (PSR)

EVERY INDIVIDUAL HAS AN UNDERUTILIZED HUMAN CAPACITY THAT SHOULD, BY EQUIPPING THE INDIVIDUAL WITH SKILLS, IMPROVE THEIR GENERAL WELLBEING.

Policy Level

FRAMEWORK AND STRATEGY FOR DISABILITY AND REHABILITATION SERVICES IN SOUTH AFRICA, 2015

- PSR and Vocational Rehabilitation components significantly cut, despite widespread consultation
- Currently Green Paper

NATIONAL STRATEGY FOR MENTAL HEALTH 2013-2030

- Insufficient focus on PSR-led community based care

OPERATION PHAKISA-2: IDEAL CLINICS

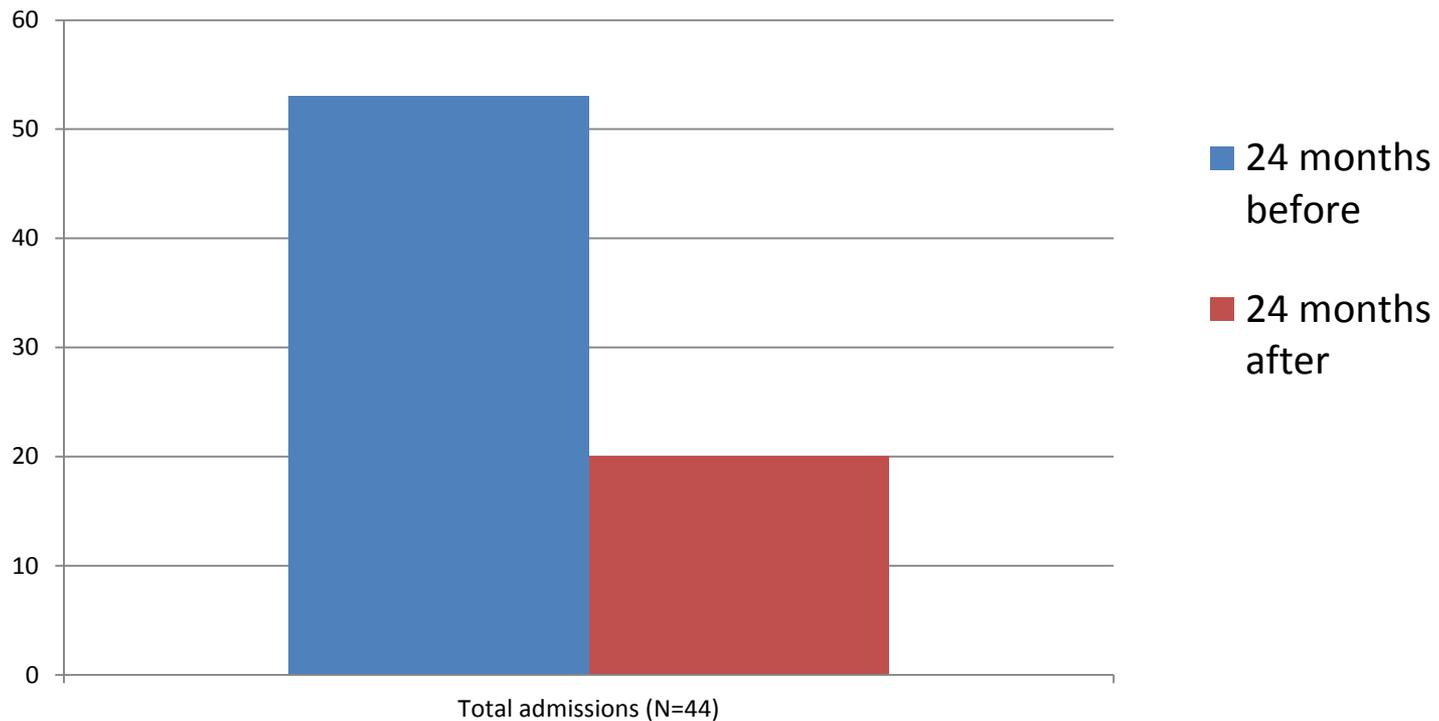
- Promises improved access to mental health services (medication & symptom management), but not PSR

Service Delivery : SATS Day Centre

- Specialised Ambulatory Treatment Centre, Stikland Hospital
- Established 2009 on PSR principles
- Run by 1 Occupational Therapist & 1 OT Assistant
- Support provided by students (AHP & Medical)

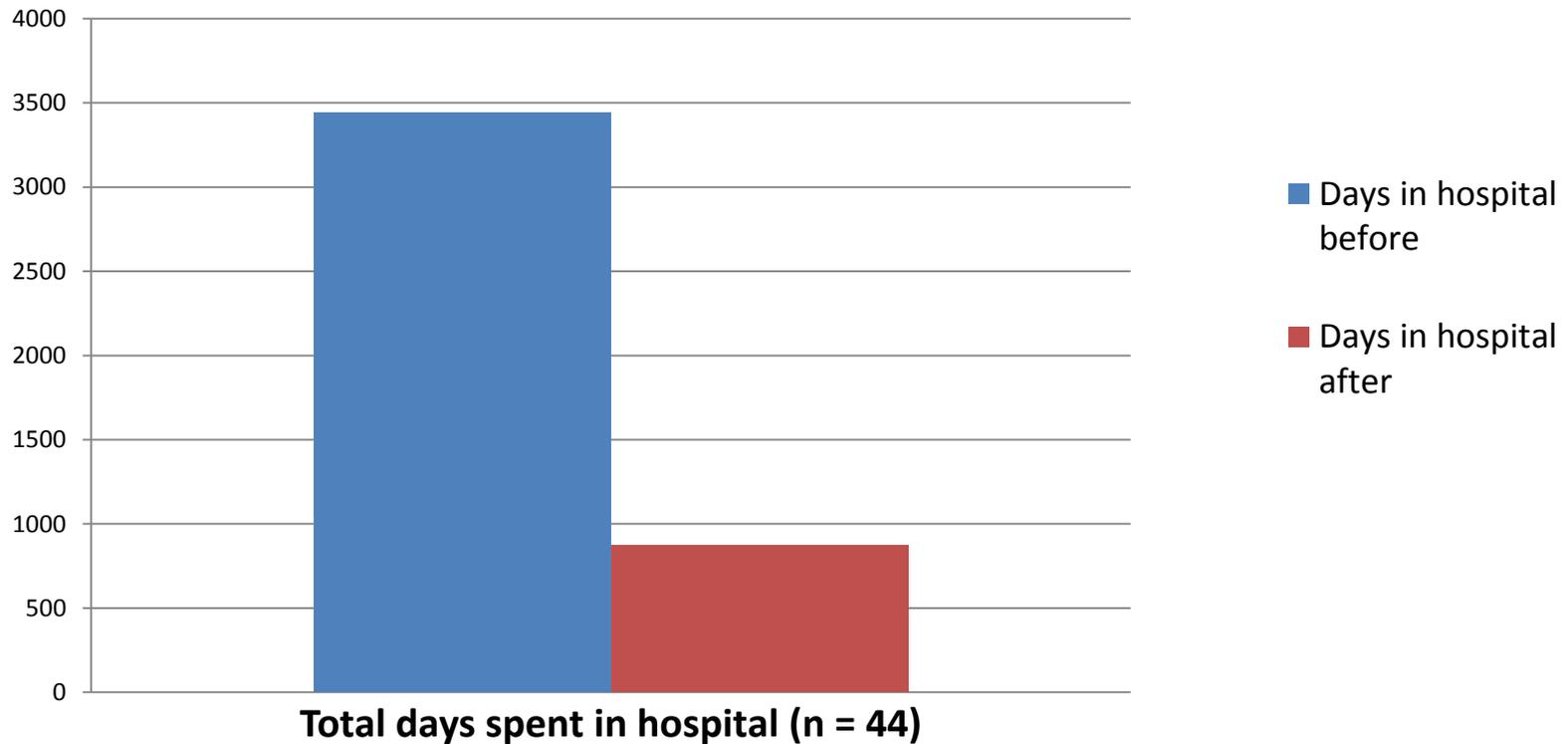
- Voluntary attendance
- Open 3 to 4 days weekly
- Compulsory group attendance for lunch
- Transport provided

Reduced Admissions (N = 44)



Admissions reduced from 53 to 20 $z = -4.093$, $p = .00$, $r = .436$. 23 with pre-intervention admission had no admissions after attending the centre

Reduced Days in Hospital



Days in hospital reduced from 3443 to 874 post-intervention.
 $z = -4.730$, $p = .00$, $r = .504$

Some Other Options for Improved Community Care

- Specialist rather than integrated services at PHC level
- Focus on Community re-integration and Recovery
- Dealing with stigma
- Assertive Community-based Treatment
- Communities of Support
- Task shifting using MHGap Action program of the WHO

Principles of PSR

All people have an under-utilized human capacity that should be developed.

All people can be equipped with skills (social, vocational, educational, interpersonal and others).

People have the right and responsibility for self-determination.

Services should be provided in as normalized an environment as possible.

Assessment of needs and care should be differential (i.e., based on the unique needs, abilities, deficiencies, and environment of each mental health care user).

Maximum commitment is required from staff members.

Care is provided in an intimate environment without professional authoritative shields and barriers.

Early intervention is preferable.

Principles of PSR

Environmental agencies and forces are recruited to assist in the provision of service.

Attempts are made to modify the environment in terms of attitudes, rights, services, and behaviour (social change).

All mental health care users are welcome for as long as they want to be served (with the exception of specific short-term, high-demand programs).

Work and vocational rehabilitation are central to the rehabilitation process.

There is an emphasis on a social rather than a medical model of care.

Emphasis is on the mental health care user's strengths rather than on pathologies.

Emphasis is on the here and now rather than on problems from the past.

Thank you

Email: nap@sun.ac.za