

SASOP calls for action on the state of mental health

An urgent call to overhaul of the entire mental health care system in Gauteng has been made by the South African Society of Psychiatrists (SASOP), in response to the report issued by the health ombud on the deaths of mentally ill patients in the province.



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Professor Malegapuru Makgoba, the health ombudsman, recently released a report on the circumstances surrounding the deaths of 94 psychiatric patients in the care of non-governmental organisations (NGOs) contracted by the Gauteng health department after ending its agreement with Life Esidimeni.

Failure to prioritise mental health

“We are convinced that unless there is a particular and significant commitment by the political principals of the national and Gauteng departments of health to make the necessary resources and funds available now to restructure the system that it will not be possible to address the extent of the existing crisis.

“The current situation is a direct result of accumulating years of neglect, delay and failure to prioritise mental health care services in Gauteng as well as in other provinces,” says Professor Bernard Janse van Rensburg, SASOP president.

He says there’s a need for the correct and differential licensing of NGOs – those that are able to provide safe residential care only, those who can provide psycho-social rehabilitative and nursing care services in addition, as well as those who can provide day-care services for patients, for example, residing with family members, or independently.

Dedicated teams

“Of equal importance will be to capacitate all district hospitals, such as South Rand Hospital and others, in the different districts in Gauteng, to provide appropriate primary psychiatric services, including initial 72-hour assessment services.

Such community and district-based facilities must be supported by multi-disciplinary specialist community psychiatry teams, consisting of psychiatrists, psychologists, psychiatric nursing professionals, social workers and occupational therapists.”

He says the dedicated teams must work closely with the specialist acute inpatient units in general referral hospitals, while all current specialist acute units on secondary or tertiary levels, must be equipped to provide at least 40 acute beds allowing for voluntary and involuntary mental health care.

Existing facilities under pressure

“Currently, the three acute psychiatric inpatient units on the Wits academic circuit operate under significant pressure due to incomplete and delayed renovations. In some cases, patients are currently nursed in areas intended for half such numbers, as a result of all the respective construction projects now already being disproportionately delayed for several years.”

“Sterkfontein Psychiatric Hospital, for example, also experiences the impact on its staff and facilities of having to admit some of the ex-Life Esidimeni transfers, including a more extended waiting list of forensic observation cases.”

The body also emphasises the need for the identification and costing of the required facility and staffing interventions that must be in place to ensure capacity and integration on different levels.

“These components are being address in the existing policy of the National Mental Health Policy Framework and Strategic Plan 2013-2020, which SASOP supports in full since its publication in 2013. However, these principles now require realistic plans of action and the confirmed allocation of resources to implement integrated mental health care services in all regions.”

The principles that need to be implemented include:

- residential and day-care community-based facilities and programs providing a range of care-treatment-and-rehabilitation services with a full-time multi-disciplinary team available;
- primary mental health care services in districts;
- acute psychiatric units in secondary, tertiary and central general hospitals - back-to-back with specialist community psychiatry service; and
- specialised psychiatric beds.

“We believe that the remaining Life Esidimeni Hospital patients, currently still in unlawful NGOs, should in the interim actually be transferred back again to and accommodated in facilities such as those operated by Life Esidimeni, as a safe temporary “holding space”, until the detail and logistics of the implementation of a proper deinstitutionalisation process could be established.”