

SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS (SASOP)



2007/012757/08

Fax: 086 648 5094
Cell: 082 838 3932
e-mail: sasop@global.co.za

2 June 2009

SASOP - SESIG POSITION STATEMENTS ON MENTAL HEALTH FACILITIES AND STAFFING

The new Mental Health Care Act, No 17 of 2002 was implemented in December 2004. This Act has as its main aim to uphold the human rights of mental health care users. It also identified new services to be rendered (e.g. 72-hour assessment units in general hospitals) and new structures to be established (e.g. the mental health review boards). While subsequent chapters of the Act regulate for example the procedures to be followed for the admission of users, Chapter 2 specifies that the “organs of the state” are responsible for the infrastructure and systems (including staffing) necessary to provide the specified services according to the Act.

Acute 72-hour assessment services - The Act was however implemented without any budgetary provision on national or provincial levels, to allow for e.g. the transfer of administrative support (previously done by the magistrates’ offices of the Department of Justice) to local and regional general hospitals. Neither was any provision made for the adjustment of physical facilities of any of these hospitals that now had to accommodate these new services (including services for involuntary users), with the result that 72-hour assessments are currently mainly done in unsafe, inappropriate structures with inadequate or lack of trained staff, both in numbers and expertise. Where budgets for mental health services were previously “integrated” in other general health programs, it is currently almost impossible to identify and prioritize funds for mental health activities on provincial or facility level. This has further worsened the already poor prioritizing of mental health care in the public health domain over the years. While private facilities are expected to meet stringent (and costly) criteria when applying for service licenses, no comparable public sector norms and standards have been implemented, for example with regard to the capacity of the State’s new 72-hour assessment units.

Psychiatric hospitals, long-term care and community - There are currently also reasons for serious concern about living and service conditions in psychiatric facilities and in long-term (“rehabilitative”) care facilities, as well as about the progressive disintegration of community psychiatric

services in many geographical areas across the country. Once again, no overall process of planning, funding and monitoring of services seems to be in operation, either on provincial or national level. Community care and residential accommodation is largely left for non governmental organizations with community psychiatric clinics at best unsupported, fragmented and uncoordinated. Little liaison with acute units in hospitals occur and mostly no option of supporting day-care centers exists. Results of this situation include that repeated “revolving door” admissions of users occur constantly at all the acute units and that acute (Level II) beds are often blocked by the delayed placement of these users due to limited referral options.

Staff - Mental health care, more than any other discipline is an extremely human resource intensive discipline. The containment and care capacity of the service delivery system consists of and is directly related to the collective skill and capacity of individual workers. It is therefore crucial that appropriate and adequate facilities must be staffed by trained and dedicated multidisciplinary staff members - including medical, nursing, psychology, social and occupational therapy workers. Serious concern can be raised, about the many desperate and often dangerous situations, especially with regard to nursing staff availability and poor nurse per user ratios in many facilities and services. Mental health care staff members face unacceptable levels of personal and professional risk due to poor staffing and inadequate facilities on a daily basis. Concern also exists about the lack of access to multi-disciplinary teams – even on specialist, academic service levels, as well as about the retention of workers in all categories, but of psychiatrists in particular.

In view of the above, on behalf of its membership SASOP-SESIG wants to urge the involvement of psychiatrists in all levels of the planning, rendering and review of mental health services and wants to re-iterate the following position statements on mental health facilities and staffing:

1. THE RESPONSIBILITY OF THE STATE TO PROVIDE MENTAL HEALTH CARE INFRASTRUCTURE AND CAPACITY
 - 1a It is essential that as a matter of urgency, the State takes up its responsibility - according to Chapter 2 of the Mental Health Care Act, no 17 of 2002, to provide adequate structures, systems and funds for the specified services on national, provincial and facility level.
 - 1b. It is essential that under the current poor service conditions, public sector mental health care practitioners are adequately protected from a medico-legal, professional and labor point of view. Mental health practitioners’ clinical judgment, decisions and practice may be compromised as a result of substandard infrastructure and poor staffing conditions. We need to be guaranteed of adequate, safe working conditions for our patients and for ourselves.

2. CURRENT CONDITIONS OF SERVICE IN THE PUBLIC SECTOR

In order to protect and strengthen academic and general specialist psychiatric care in South Africa, there needs to be an urgent reconstruction of the structure, conditions of service, remuneration and career paths for all joint employed academic and state employed service delivery specialists.

3. THE MANAGEMENT OF CARE PROGRAMS

It should be acknowledged that joint and state employed psychiatrists should play a central role along with the other mental health disciplines in the strategic and operational planning of mental health services at a local, provincial and national level. Specific time frames, definitions of care at different levels, norms and standards of care, resources to be allocated and the routine monitoring/auditing of mental health care programs needs to be done in conjunction with state employed psychiatrists on all levels.

Most of these statements were originally drafted and presented to the SESIG membership during the 14th National Congress in September 2006, Swaziland. In support of these statements and of an informed decision-making process, SESIG commits itself to the continued liaising with its members on these issues, to the taking of constructive, pro-active steps to address identified problems and to the ongoing collection and collation of reliable data on mental health care provision and outcome in all the South African regions.

BERNARD JANSE VAN RENSBURG

DR. BERNARD VAN RENSBURG
National Convener: SASOP-SESIG
Tel/Fax: 011 – 489 0620
Cell: 082 807 8103
Email: bernardj@gpg.gov.za