



South African Society of Psychiatrists

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SASOP STATEMENT on the HEALTH OMBUD REPORT ON THE CIRCUMSTANCES SURROUNDING THE DEATHS OF MENTALLY ILL PATIENTS IN GAUTENG PROVINCE

The **South African Society of Psychiatrists (SASOP)** took specific note of the much anticipated report by the **Health Ombud**, Professor Malegapuru Makgoba, on the circumstances surrounding the deaths of mentally ill patients in Gauteng Province, which was released on Wednesday 1st February 2017.

The report was released with intense media coverage and has been awaited by concerned role players, including the families of the documented 94 patients who died during 2016 following their transfer from Life Health Esidimeni (LE) facilities to, amongst other, 27 NGOs across Gauteng.

Where, as a body of health care professionals, the **SASOP** and its individual members are e.g. familiar with the role and functions of the Health Professional Council of South Africa's (HPCSA), to oversee and regulate the professional conduct of individual professionals, it was also the SASOP's first experience of the outcome of an investigation by the relatively recently established **Office of the Health Ombud (OHO)**, as part of the **Office of Health Standards Compliance (OHSC)**. Where the HPCSA has the responsibility and mandate to protect the public by setting standards, through registering, regulating and when necessary, disciplining individual health care professionals, the OHO for the first time publicly released the far-reaching findings of its first major investigation into a reported breach of norms and standards expected from public and private healthcare establishments, its responsible managers and politically responsible officials.

It is of great significance that the **Health Ombud's** first major report has put such emphasis on the need to prioritize mental health care services in South Africa and on the importance of preserving the human rights of mental health care users, who are often of the most vulnerable population groups.

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The OHO and the OHSC, through the **Health Ombud's** extensive report and far-reaching recommendations, have indeed set a particular precedent in protecting and promoting the well-being of all patients by fulfilling its mandate towards this most vulnerable group, by enforcing compliance with prescribed norms and standards for public and private healthcare services and facilities, with implications for state hospitals and private clinics alike, extending to primary care clinics, emergency services, hospices, and community-based health care services and institutions, such as NGOs who offer rehabilitative, or frail care.

While the **SASOP** is also still very disturbed about the unnecessary loss of life of members of a group of mental health care users who are indeed some of the most vulnerable individuals, the SASOP has already re-committed itself to further support and where possible to facilitate the recommendations made by the **Health Ombud**. This includes continuing to work closely with the groups (**Section 27, SADAG and the SAMHF**) who, with **SASOP**, were the other respondents in the original legal action taken in an attempt to prevent the transfer of LE patients in a poorly planned and manner. It also includes supporting the efforts of the **National Department of Health** and the **Gauteng Department of Health's** implementation of the **Health Ombud's** recommendations - in particular, Recommendations 11 and 13, regarding the urgent assessment of the ex-LE patients remaining in the implicated NGO's, as well as the identified unlawful NGOs itself.

We believe that the remaining ex-LE 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 LE, as a safe temporary "holding space", until the detail and logistics of the implementation of a proper deinstitutionalization process could be established.

The **SASOP** at this stage calls for the urgent review and overhaul of the entire mental health care system in Gauteng, according to the principles of the existing policy such as the **National Mental Health Policy Framework and Strategic Plan 2013-2020**. This will include the identification and costing of the required facility and staffing interventions that must be in place to ensure capacity and integration on different levels, namely:



- **residential and day-care community-based facilities and programs** – providing a range of **care-treatment-and-rehabilitation services** with a full-time MDT 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**
- **specialised psychiatric beds**

The **SASOP** is, however convinced, that unless there is a particular and significant commitment by the political principals of the National and Gauteng Departments of Health to make such necessary resources and funds now available for this purpose, that it will not be possible to address the extent of the current crisis which resulted from accumulating years of neglect, delay and failure to prioritize mental health care services in this and other provinces.

Of particular importance will be to ensure the correct and differential licencing of **NGOs** who 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 service with users e.g. residing with family members, or independently. Of equal importance will be to capacitate all **district hospitals**, e.g. 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. Such specialist 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. Here it is of note that the three acute psychiatric inpatient units on the WITS academic circuit (Charlotte Maxeke Johannesburg Academic Hospital, Helen Joseph Hospital and Chris Hani Baragwanath Academic Hospital) are currently operating under significant pressure due to the incomplete and delayed renovations at these different sites. In some cases, numbers of 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 because of poor and ineffectual managerial processes. 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 **SASOP** will continue its monitoring of the mental health service delivery environment in Gauteng, while it will also continue attempts to participate in constructive action to effectively ensure an improved and integrated provincial and national mental health care referral system.

SASOP Board

Johannesburg, 8 February 2017

