



Bridging the gap: the way forward for intersectoral provision of mental health services

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INTRODUCTION

Intersectoral collaboration in the provision of comprehensive community-based mental health services in South Africa is crucial.

“If you find gaps in psychosocial rehabilitation, your remedies are largely around developing a community...”

- NGO Participant

This is the case in particular for provision of psychosocial rehabilitation (PSR) for those with severe mental

illness since limited human resources currently preclude the feasibility of a community-based specialist team for PSR.

Provision of adequate long-term care in the community therefore requires collaboration between relevant government and non-government sectors.

This study aimed to outline strategies for strengthening intersectoral working in this regard from the perspectives of key stakeholders.

METHOD

A range of **key informants** from the **Department of Health (DoH)**, the **Department of Social Development (DoSD)** and **non-governmental and service user organisations** were interviewed. An interview guide investigating their experiences and perceptions around provision of rehabilitation and other community mental health

services was used.

Purposive sampling enabled recruitment of 24 key informants comprising managers and policy makers at national, provincial and district levels as well as NGO and service user representatives.

The framework method of qualitative analysis was conducted with the help of NVivo 10 software.

RESULTS & RECOMMENDATIONS

Participants overwhelmingly agreed that existing levels of intersectoral collaboration were inadequate.

Scarce or ineffectively distributed **resources**, the lack of **structured relationships** and **effective communication**, as well as lack of **clarity on roles** of the different sectors were seen as major barriers to intersectoral work.

Participants' recommendations on strategies to address these barriers are outlined below:

Act on resource allocation

- Urgently progress the redirection of resources from tertiary to community level and provide accountability on the adequate transfer of resources in this direction.
- Allocate additional resources from tertiary budgets specifically for PSR to health and NGO budgets at district level.

- Prioritise provision of infrastructure required for PSR (e.g. community residential facilities) and training of psychiatric social workers and para professionals.

Promoting clarity on roles

- Clarify in a practical sense the roles of intersectoral partners and build capacity where required to fill these roles.

“... the biggest issue is the lack of interdepartmental cooperation, so there is budget allocated to different departments and if this is utilized correctly then these resources are there to be used.”

- DoH Participant

- Designate a focal person, tasked with coordination of PSR services and collaboration between sectors.

“...you need to make sure that the NGOs are consulted ... because we look at empowering mental health care users to render services. We can then look into capacitating people with disabilities themselves, and the family members who are passionate or understand this kind of illness or disability, to be part of the service delivery...”

- DoSD Participant

- Designate a focal person (e.g. primary health care nurse) to fulfil the case management role for individual patients, including following up

of patients in the community, working with families, liaising with hospital staff and other service providers on referrals, and following up treatment defaulters.

Improving communication and structured working relationships

- Set out a memorandum of understanding grounding the working relationship between DOH and DOSD specifically for PSR.
- Develop service level agreements between intersectoral partners at the provincial and district levels
- Develop monitoring frameworks and assign budgets for the agreed intersectoral working
- Ensure regular intersectoral meetings covering PSR from the provincial through to the district level (e.g. through existing Social Development Cluster meetings).

LEAD PARTNERS



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About PRIME

PRIME is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government's Department for International Development (UKAID). The programme aims to develop world-class research evidence on the implementation, and scaling-up of treatment programmes for priority mental disorders in primary and maternal health care contexts, in low resource settings.

UGANDA



NEPAL



CROSS-COUNTRY PARTNERS



Partners and collaborators include the World Health Organization (WHO), the Centre for Global Mental Health (incorporating London School of Hygiene & Tropical Medicine and King's Health Partners, UK), Ministries of Health and research institutions in Ethiopia (Addis Ababa University), India (Public Health Foundation of India), Nepal (TPO Nepal), South Africa (University of Kwazulu-Natal & Human Sciences Research Council) and Uganda (Makerere University & Butabika Hospital); and international NGOs such as Healthnet TPO and Sangath.



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