



MEDIA RELEASE

New mental healthcare blueprint for South Africa

PRIME South Africa publishes district mental health care plan for affordable integrated treatment of priority mental disorders

30 October 2015, Cape Town, South Africa –

The PRogramme for Improving Mental health careE (PRIME) recently published district mental healthcare plans from five low- and middle-income countries, notably South Africa, in a supplement to the British Journal of Psychiatry. This research is the culmination of more than three years of work, and collaboration between a range of academic institutions, non-governmental organisations, Ministries of Health, and the World Health Organization.

In South Africa, the escalating prevalence of chronic illness and its high comorbidity with mental disorders foreground the need for integrating mental health into chronic care at district level. PRIME developed a district mental healthcare plan, which integrates mental healthcare for depression, alcohol use disorders and schizophrenia into chronic care. PRIME South Africa Principal investigator Prof Inge Petersen said: "The plan leverages resources and systems availed by integrated chronic care, which strengthens the potential for future scale-up". Shortly after the development of the plan, and with PRIME's input into the policy consultation process, the South African government released the national mental health [Policy Framework and Strategic Plan 2013-2020](#).

Prof Inge Petersen and co-authors present the mental healthcare plan for the Dr Kenneth Kaunda District in the North West Province, which uses the emerging Integrated Chronic Disease Management (ICDM) service delivery platform for the integration of mental health. The team engaged in extensive formative research and consultation process to develop the plan and built on existing tools developed by the Department of Health and PRIME partners, such as Primary Care 101, an integrated set of clinical guidelines for multi-disease management of chronic conditions, including mental disorders for primary healthcare workers. They also added targeted psychosocial interventions delivered by community counsellors.

Piloting of the plan in one facility revealed a number of challenges, which were addressed through quality improvement processes and incorporated into the revised plan that has now been published. These include change management workshops for nurse-led chronic care; strengthening the mental health component of the PC101 clinical and training guidelines; clarifying the roles of primary care nurses as case managers; and strengthening the role of community health workers in tracking and supporting people with mental health problems.

Given that mental health is part of ICDM in South Africa, the cost of increasing coverage of integrated mental healthcare in South Africa will have to be borne by the existing primary healthcare budget and thus have to compete with other chronic care priorities. The PRIME Supplement in the British Journal of Psychiatry also

includes cost estimates of scaling up the mental healthcare plans for South Africa. It is estimated that the total cost of delivering the intervention package at target coverage levels is R25 per capita in South Africa. Prof Crick Lund, PRIME CEO said: "For the first time we now have a blueprint for an integrated model of mental health service delivery for primary care in South Africa, and we know how much this will cost." For planners to see the value of integrated mental healthcare, the need for further cost benefit studies to show the cost savings and impact of integrated mental health on improved health outcomes in chronic care in South Africa is a future priority.

The next stage of PRIME's research will include evaluation of the implementation of the mental healthcare plans. This will include assessing changes in detection rates for depression and alcohol use disorders, changes in treatment coverage for these disorders in the district populations, and the clinical, social and economic outcomes for service users who receive care for depression and schizophrenia. Further research is needed on the scaling up of such treatment packages for larger populations, and the implementation of treatment packages for other priority disorders, for example disorders of childhood and adolescence.

We share our findings in order to stimulate engagement from a range of local, national and international agencies, wishing to commit themselves to narrowing the enormous treatment gap for mental healthcare in low- and middle-income countries.

RESOURCES

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PRogramme for Improving Mental health carE (PRIME) is a Research Programme Consortium (RPC) led by the Alan J Flischer 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 project aim is 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. Partners and collaborators in the consortium include Addis Ababa University and Ministry of Health (Ethiopia), Sangath, Public Health Foundation of India and Madhya Pradesh State Ministry of Health (India), Health Net TPO and Ministry of Health (Nepal), University of Kwazulu-Natal, Perinatal Mental Health Project and Department of Health (South Africa), Makerere University and Ministry of Health (Uganda), BasicNeeds, Centre for Global Mental Health (London School of Hygiene & Tropical Medicine and Kings Health Partners, UK) and the World Health Organisation (WHO).