

PROGRESS REPORT ON LIFE ESIDEMENI RECOVERY PLAN
GAUTENG MENTAL HEALTH STRATEGY AND ACTION PLAN 2019- 2023

OBJECTIVES	ACTIONS	STATUS	TIME FRAME
1. Improve institutional capacity	Strengthen the Mental Health Directorate or Chief Directorate, with the capacity and budget to manage the Mental Health Care	<ul style="list-style-type: none"> The Director post was filled in 2020. 1 vacant DD post recruitment has been finalised 	2019 to 2024
	Ensure functional and effective Mental Health Review Boards (MHRB) with an adequate capacity of its secretariat	<ul style="list-style-type: none"> The MHRB are appointed by office of the MEC and are all functional for all the 5 districts. There is a secretariat in every district 	2019-2024
	Ensure integration of Mental Health into the service delivery model and long-term plan aligned with NHI and reaffirm deinstitutionalization as policy – (with the provision of structured community mental health care services, per Health Ombud's recommendations re GDoH; specialist run community/psychiatric services must be included in proposed NHI planning, structure and funding (per Ombud report)	<ul style="list-style-type: none"> 5 District Specialist Mental Health Teams (DSMHT) have been appointed since 2021, 1 per district. Clinical, Community Psychiatric Teams (CCPT) have been established to strengthen the existing multidisciplinary service. These teams are providing training to generalist health professionals to strengthen integration of mental health into the service delivery model 	2020-2021 all 3 teams were appointed.
	Ensure functioning clusters of services in terms of the catchment	The Cluster meetings have been established for mental health at Steve Biko, Dr George Mukhari ,	Prior to 2019 and ongoing

	areas of the four central hospitals (CMJAH, CHBAH, SBAH)	Charlotte Maxeke and CH Baragwanath Hospitals. Weskoppies also has a cluster sub - committee.	
	Residential and day care community-based facilities and programs	<p>Contracted beds:</p> <ul style="list-style-type: none"> • The 2 service providers were contracted in 2017 and the current contract has been extended to December 2024. There are currently 1 530 beds that contracted to service providers • The new tender process is currently underway • The pending tender will include an additional 400 beds to bring the total to 1 930 beds <p>Community-based facilities</p> <ul style="list-style-type: none"> • There are a total of 144 licensed and subsidies NGOs providing Residential and Day care services. NGO Governance and Compliance Teams are providing support and monitoring to all mental health NGOs to maintain licensing status 	2017 and ongoing as contracts are renewed
	Strengthening of district and community mental healthcare	All teams have been appointed.	2020 completed.
	Specialist and ambulatory care in five districts	There is specialist level care available in all 5 districts. The existing multidisciplinary services have been strengthened by the appointment of the 3 types of teams - DSMHT, CCPT and NGCT.	This was available even prior to 2017 and has been strengthened
	Acute psychiatric care in general hospitals	<p>Capital projects:</p> <ul style="list-style-type: none"> • Identified at Sebokeng and Leratong Hospitals on new sites within the hospital premises. Infrastrucure processes for both hospitals are underway. <p>Alterations / Refurbishment projects</p> <ul style="list-style-type: none"> • Additional beds established at the following hospitals: Dr Yusuf Dadoo (10), Tembisa (44), Bertha Gxowa (37) <p>Alterations / Refurbishment projects</p>	2021 and ongoing as new hospitals get identified

		<ul style="list-style-type: none"> Completed projects: Pholosong(9), Edenvale(4) and Chris Hani Bara(20) Hospitals Refurbishments currently underway: Southrand (18), Tembisa (10), Dr George Mukhari (24) and Tshwane District (30) 	
	Chronic and specialized care	<ul style="list-style-type: none"> Chronic and specialized care is provided at Weskoppies, Sterkfontein, Tara and Cullinan Care and Rehabilitation Centre (CCRC). The Directorate supports the 4 specialised psychiatric hospitals by facilitating placement of chronic patients with contracted care and NGOs 	This was in place even prior to the Life Esidemeni tragedy and continues to be capacitated.
	Forensic psychiatric services	<ul style="list-style-type: none"> The 2 hospitals offer forensic psychiatric services. The current forensic backlog is being addressed through contracting of professionals using the NHI grant 	This was in place even prior to the Life Esidemeni tragedy and continues to be capacitated.
	Child and adolescent services	There are child and adolescent services and child and family units in the listed hospitals.	This was in place even prior to the Life Esidemeni tragedy and continues to be capacitated.
	Old Age mental health care	There are psychogeriatric services provided at Sterkfontein, Weskoppies and residential NGOs.	This was in place even prior to the Life Esidemeni tragedy and continues to be capacitated.
2.Provide Integrated Mental Health Care at	Expansion of mental health service package to include preventative care and promotive care as part of the health and wellness revolution programme	Mental health service package includes preventative care and promotive care as part of the health and wellness revolution programme	This was in place even prior to the Life Esidemeni tragedy and

different service levels			continues to be capacitated.
	Review all evidence-based documents and mainstream Mental Health into department policies	The process of revision of the existing policies takes place on the expiry of the policy.	Ongoing
	Delivery of mental health care at primary care levels by trained non-specialist workers to deliver evidence-based psychosocial interventions	There is training of non-specialist doctors and nurses at different service levels. The District Service Management Health Teams have trained 792 of the targeted 468 professionals, as of May 2024.	Ongoing
	<p>Mental health training programmes for general health staff to be conducted at PHC level and district and regional hospitals</p> <ul style="list-style-type: none"> • Attention to co-morbidity of medical/surgical conditions, as well as multiple burden of disease (HIV, TB, DM, Trauma) • Consider scopes of practice and providing support and training to PHC by specialist levels • PHC: including screening through ISHP in DoE • Multi-sectoral collaboration at all levels: SAPS, EMS advocacy group call centres (e.g. SADAG), local authority clinics 	<ul style="list-style-type: none"> • The Foundation for Professional Development (FPD) is providing training on integration of mental health and HIV in the districts • The Clinical Community Psychiatric Teams professionals at districts support Integrated School Health Programme. • There are intersectoral platforms established in all 5 districts • The Directorate also has bi- laterals with Department of Social development and Education to address cross cutting mental health issues 	Ongoing
3.Strengthen Human Resources for Mental Health	Improve categorisation of MHCUs and levels of care in line with Mental Health Care Act,17 of 20002	Ongoing training in place	This was in place even prior to the Life Esidimeni tragedy and continues to be capacitated.
	Capacitate, inform and train PHC staff, as well as specialist medical/surgical staff on all levels about the need to integrate services		

	Appoint District Specialist Mental Health teams (consisting of psychiatrist, psychologist, occupational therapist, specialist professional nurse and social worker) per appropriate norms per 100,000 of the population	District Specialist Mental Health Team (DSMHT) Clinical, Community Psychiatric team , CCPT and NGO Governance and Compliance Teams (NGCT) were appointed from 2020-2021 using the prescribed norms	Established from 2020.
	Audit and establish step-down beds in district hospitals and when required	Regional and Central hospitals have expanded their services to meet this demand. 100 beds were allocated to contracted care to alleviate the challenge of patients blocking beds Solomon Stix (24 beds) and Life Nkanyisa (76 beds)	Initiated in November 2020
4.To promote mental health, through collaboration between Government and Private Sector	<p>Coordination of responsibilities with key Government Dept</p> <ul style="list-style-type: none"> • NGOs and “placement capacity” (social development budget component for residential facilities), as well as Substance abuse and rehabilitation • Capacity programme for new NGOs, as per Ombud’s recommendation • Strengthen collaboration and partnership with private sector 	<ul style="list-style-type: none"> • The 144 licensed NGOs have signed SLAs and funding agreements • The District Specialist Mental Health Teams and NGO Governance and Compliance Teams are providing training to new and existing NGOs • There is networking and partnership with the private sector on mental health prevention and promotion activities. 	This has been in place but was revised post Life Esidemeni and aligned to the National guideline
5.To increase public awareness, reduce stigma and discrimination associated with mental illness	<ul style="list-style-type: none"> • Design and implementation of educational programmes for communities on mental health care as part of the Health and Wellness revolution • Specified mental health promotion and prevention intervention packages will be included in the core services 	There are various communication strategies being implemented to create awareness to communities by Mental Health Directorate and Public Health.	This is part of the services and is ongoing

	<p>provided across a range of sectors</p> <ul style="list-style-type: none"> Screening of all health care clients 		
6.Improve Cooperate and Clinical governance of mental health	Review, Revise and strengthen Standard Operational Procedures and auditing of Mental Health NGOs	There is a national guideline on licensing of residential and day care NGOs that is implemented. This document has assessment tools that are being used when NGOs are assessed	National Guideline of 2020 is being implemented
	Clinical protocols will be available for assessment and interventions at PHC level, through Integrated Management	There are training manuals and standard treatment guidelines for generalists Doctors and nurses working at PHC level	Ongoing
	Compilation of SOP on quarterly auditing procedures	There are quarterly and annual assessments to monitor compliance of NGOs	Monthly , Quarterly and annual
	Regularise timeous payments to NGOs	The Provincial and District finance officers are part of the assessment teams and facilitate financial compliance and timeous payment of subsidies to NGOs .There is a ring fenced budget for NGOs. There is also a process of an annual motivation and budget increases to NGOs.	Monthly , Quarterly and annual
	Implementation of annual assessment to determine needs and suitability of NGO	There is an annual review of NGOs needs that is aligned to the SLA.	Annual
	SOP to manage unlicensed NGO facilities	Currently the department works with Department of Social Development on the NPO registration process and identification of unlicensed NGOs	In progress
	Establishment of terms of reference for inspectorate team and adjudication panels	The adjudication panel was established. The panel consists of provincial members who are from clinical, finance and legal components	Panel established in 2021 and convenes annually for license renewal
7.Infrastructure Management	Review all Mental Health facilities and Units	The MHD is working with the Provincial Director - Maintenance. Through a process of assessments	Ongoing

		and engagements with CEOs, provincial projects are identified and tabled for intervention; Facility level maintenance is managed by CEOs	
8.To establish and implement an evidence based mental health care programme	Design and pilot eHealth project in Mental Health Care Service	A pilot project was initiated by E health program, with a service provider; it was piloted at Helen Joseph Hospital. However, this has not progressed further	2021
	– Data management: e-Mental Health; review of indicators and minimum datasets; including support for MHRB secretariat re MHCA Forms	2 new indicators were introduced to mental health data set to include suicide and substance abuse. This is being captured and monitored	2023
	– Information and research on: service utilization on all levels (primary, secondary, tertiary, specialised) and population epidemiological studies/surveys on incidence and prevalence	<ul style="list-style-type: none"> • There has been consultation with the provincial research unit and there is participation in research platforms • The DSMHTs are also conducting academic and operational research • Mental health indicators are included in the APP • The recommendations from the workshops and summits hosted in 2023 is incorporated in the operational plan of the MHD, districts and hospitals • The plan on integration of mental health into public facilities was approved by the Executive 	Ongoing
	Strategic planning 1-year and 5-year cycles towards achieving set norms		
	– Other recommendations by the Research & Innovation Summit: Decentralisation and integration of services without losing the differentiation of data (current) examples are the HIV and MDRTB programs		
	Evaluation of Mental Health Care Services		
	Surveillance of Mental Health Care trends on the Health observatory		
	Ring fencing of Mental Health Budget		2020

9.Financial Resource Management	Relocating the Community Mental Health budget within specialist and specialised hospital budgets	<ul style="list-style-type: none"> • There was an additional allocation in 2021 of R350 million for the establishment of the 3 types of teams (DSMHT, CCPT and NGCT), shared with identified hospitals to appoint additional staff. • An additional R105 million for additional 500 beds at contracted care 	
	Devise a cost savings plan within Mental Health		