

# POLICY : MENTAL HEALTH MANAGEMENT

Item B-H (8a-2004)  
MC 3.6.2004

PROPOSED MENTAL HEALTH MANAGEMENT POLICY : EKURHULENI  
METROPOLITAN MUNICIPALITY - HEALTH AND SOCIAL DEVELOPMENT

## RESOLVED:

**That** the proposed policy for Mental Health Management **BE APPROVED**, subject to the inclusion of an appropriate indemnity clause for Council in the policy and appropriate costing of the implications thereof for Council.

ANNEXURE 'A'



**Ekurhuleni**  
METROPOLITAN MUNICIPALITY

# **MENTAL HEALTH MANAGEMENT POLICY**

# MENTAL HEALTH MANAGEMENT POLICY

## PURPOSE

The purpose of this policy is to:

- Provide a uniform standard for delivering the mental health care services, in compliance with the legal requirements, equitably, efficiently and in the best interest of the users within the limits of the available resources;
- Set guidelines for twenty four hours provision of transport and transportation of people with acute mental illnesses, from primary care services to community mental health care clinics and from home to designated health facility at a general hospital, for further care, treatment and rehabilitation.
- Provide guidelines for the protection of mental health care users, to ensure delivery of qualitative, user friendly and effective treatment, care and rehabilitation services to the communities of Ekurhuleni.

## BACKGROUND

Based on international findings, 15 - 20% of the Gauteng population at any one time is said to suffer from mental illnesses (in the region of 1 - 1,8 million persons).

Of these, about 1 - 3 % (equivalent to between 90 000 - 270 000 persons in Gauteng Province suffer from severe mental disorder. The remainder is made up of less serious mental health problems, which nevertheless have significant detrimental effects, both personally and economically.

Given the vulnerability of children to the effects of poverty, malnutrition, overcrowding, violence and trauma, it is estimated that 10 — 40% of children in Gauteng suffer from mental illnesses. Services are severely underdeveloped for this target group (Gauteng Health Department 2002: 1).

Mental health care programs did not receive priority within the pre democratic health department. Services are characterized by the over use of institutional care, with inhumane conditions for many patients, lack of family and community involvement, inequity and lack of access to racially segregated (racial inequities) services as well as lack of resources in underserved and densely populated areas. Services that have been traditionally understaffed and under funded are currently unable to meet the mental health needs of communities.

The vision for the new mental health service has been articulated in the White Paper for the transformation of the health system in South Africa, which states “comprehensive and community-based mental health service should be planned and coordinated at the national, provincial, district and community levels and integrated with other health services.” In the process of integrating mental health into Primary Health Care, monitoring the case holding rate is important to reduce relapse and re-admission rate.

(Ramogopa 2002: 11) in her budget speech of the 30 May 2002 states that strengthening district health has its aim being the consolidation and strengthening of community-based (mental health) services for patients, building on this and other best practices.

The following are the guiding principles to guide service delivery

:

Health is a state of physical, mental and social well-being and that mental health should be provided as part of primary, secondary and tertiary services;

The Constitution of the Republic of South Africa Act, 1996 (Act No. 108 of 1996), prohibits against unfair discrimination of people with mental and other disabilities:

There is a need to promote the provision of mental health care services in the manner, which promotes the maximum mental well being of users and citizens through integration with Primary Health Care for early identification of and management of mental disorders;

The Ekurhuleni Metropolitan Council operating within the provincial and national context - acknowledges and accepts the responsibility to assist the communities, staff and others to be able to deal with the problems that would incapacitate them mentally, through providing a comprehensive mental health care service, other strategies and programs, like diagnosis, management and rehabilitation of mental illnesses to be able to have mechanisms to deal with the daily problems, and become productive and independent citizens.

The community as well as some of the service providers have all along stigmatised mental illness. This policy aims to de-stigmatise mental illness, initiate mental health care, rehabilitation and de—institutionalisation of chronic mentally ill through:

- Utilization of appropriate language to address mental disorders as well as the mental health care users:
- Ensuring that the mental health care users receive care, treatment and rehabilitation services according to standards equivalent to those applicable to any other health care user;
- Implementing policies and programs aimed at promoting the mental health status of a person with regard to the mental capacity of the person concerned:
- Using health care, treatment and rehabilitation services appropriately.
- Using care treatment and rehabilitation services to maintain health of the people of Ekurhuleni to:
- Be able to be productive individuals participating in decision making about themselves within and outside their places of work; Be able to create and maintain the environment that is conducive to physical and mental health;
- Commencing and sustaining support groups and places of day care services to be able to continuously activate the chronic mentally ill.

Ekurhuleni Metropolitan Municipality acknowledges that Health and Social Development Department plays a significant role in the promotion of mental health, prevention and management of mental illnesses among Ekurhuleni people, in partnership with the Gauteng Health Department as a major stakeholder.

The Municipality seeks to assist people to be able to function independently, adopt and play more independent social and personal roles in an unprotected environment.

The municipality seeks to provide for stable mental health care users through a mental health service integrated with Primary Health Care.

It seeks to prevent unfair discrimination of people with mental illnesses and mental disabilities~

Seeks to de-stigmatise mental illness and make mental health care services accessible to the users in all areas of Ekurhuleni without destabilizing and compromising other services and:

To engage the mental health care user in early, meaningful and ongoing coordinated rehabilitation, according to individual needs.

Mental health has to be delivered as part of the comprehensive package of Primary Health Care services. This will be implemented in a phased manner and is dependant upon training and the availability of treatment protocols, essential drugs, financial resources and other forms of support services. Primary level mental health care will be delivered by primary care generalist not to comprise, promotive, preventive and rehabilitative services. Mental health care provided by primary care generalist, shall be supported by a number of specialized and specialist mental health staff, including psychiatrists who are based at primary level of service delivery in the Community Mental Health Care Services to deliver specialized ambulatory services.

## DEFINITIONS

### Health

Health is a state of physical, social and psychological well being not only the absence of disease or infirmity. It is characterized by people's ability to function independently, make sound decisions about their life and has the absence of both incapacitating physical and emotional problems at a given time. This also encompasses the definition of mental health.

### Mental illness

Means a positive diagnosis of mental illness in terms of accepted diagnostic criteria made by a mental health care practitioner authorized to make such a diagnosis. It also refers to identification of mental illness by an affected individual.

### Acute mentally ill person

Refers to the person who is out of touch with reality and is severely disturbed and a danger to him/herself, the community and property.

### Mental health care user

Means a person who has been diagnosed mentally ill and receiving care, treatment and rehabilitation services at a health establishment aimed at enhancing the mental health status of that person.

### Counselling

Is a therapeutic process of communicating that is aimed at assisting individuals and groups to be able to deal with the challenges and problems they are faced with in their daily activities.

It is a facilitative process in which the counsellor, working within the framework of a special helping relationship, uses specific skills to assist individuals, families and groups to help themselves more effectively.

### Integration

It is a process of bringing together of mental health services into primary health care, without application of discrimination of any kind.

### Rehabilitation

Means a process that facilitates an individual attaining an optimal level of independent functioning:

## LEGISLATIVE AND POLICY FRAMEWORK

This policy is guided by the following legislation:

- Mental Health Care Act - (Act 17 of 2002)
- Health Act 1977, (Act 63 of 1977)
- National Health Bill of 2001
- Medicines and Related Substances Control Act 1965, (Act no 101 of 1965)
- Pharmacy Act 1953 (Act 53 of 1953) amended in 1997
- Essential Drug List Policy of 1996
- The Constitution of the Republic of South Africa Act 1996, (Act 108 of 1996)
- Patients' Rights Charter 2000 of the Department of National Health
- White Paper on Transformation of the Health System in South Africa District Health Services Act 2000
- National and Provincial Policy Guidelines on mental Health Batho Pele Principles of 1997

## PRINCIPLES

In application of this policy, the principles of Batho Pele shall be upheld and implemented with others as follows:

- **Privacy and confidentiality**  
To provide privacy for counselling, including the documents, the procedures as well as the results. Minimize interruption as much as possible to give an undivided attention to the client being counselled. The mental health care provider shall uphold the necessary respect for the person/human, dignity and privacy.
- **Disclosure of information**  
Personal information shall be kept locked and handled by authorized persons only as delegated. Reports to the employer as well as to family shall be consented upon by the mental health care user/client. No person or establishment shall disclose information, which a mental health care user is entitled to in terms of the Mental Health Care Act (Act No 17 of 2002) or any other law, unless failure to disclose will seriously jeopardize the user or the health of others.
- **Empathy and genuineness**  
The provider shall show empathy, understanding and treat the client with kindness and respect at all times.  
Shall allow the client to discuss openly without prejudice.  
Shall repeat to the user the interpretation of the problem/statement without expressing approval or disapproval
- **Non-discrimination**  
The service provider shall promote a non-discriminatory environment to ensure that the mental health care users are not unfairly treated or abused by the system of care.
- **History taking**  
History shall at all times be taken from the mental health care user. The mental health care provider shall not interpret and impose his/her views upon the user. Where the user is not capable of communicating due to the severity of illness, the immediate family member should be allowed to give the necessary information that is required by the mental health care provider/helper.  
The helper shall be enabled to obtain an accurate understanding of the problem, as the client perceives and experiences it.  
Clients shall be encouraged to express their thoughts and feelings more freely (Mental Health Care Act, No 17 of 2003).
- **Examination, procedures and treatment**  
Physical and mental state examination shall be done on all mental health care users on admission as well as before administration of any sedation.  
Any procedure that has to be performed on the user shall be explained and discussed with him/her for him/her to make an informed decision. The mental health care user has the right to refuse examination and treatment if well enough to do so, not to be coerced, but to consent.  
Every health care provider or a health establishment must inform the mental health care user in an appropriate manner of the user's rights prior to administering any care or treatment.  
Such an agreement shall be recorded and legibly signed for.
- **Family involvement and reconstruction**
  - The family is regarded, as part of the users' care at all times, they shall be continuously communicated with from the first day of interacting with the mental health care user and assisted to manage the user with the coping skill acquired from the service provider.
  - The family shall be encouraged to support the user, to participate in the support groups that are established by the provider, to create a better understanding of themselves, their role and responsibility in the care of their patient.
  - The family needs and aspirations shall be determined to inform the individualized plan of action for the user;

- Frequent visits shall be done by the field worker who is in constant interaction with the service provider to give support and determine the progress of the family;
  - Other service providers shall be brought on board to assist with the family according to their needs.
- **Determinations concerning mental status**  
Any determination concerning the mental health status of any person shall be based on factors exclusively relevant to the person's mental health status, and may not be based on socio-political status, nor on cultural or religious background or affinity.
  - **Upholding rights**  
The mental health care user shall be informed of his/her rights and obligations. These rights shall be observed at all times.
  - **Use of field workers**  
Field Workers are the health promotion staff at the different facilities as well as people identified by the department to assist with non - complicated community based activities. They are trained in management of mental illnesses and shall be used to implement and promote mental health and market the available projects and programs, to ensure continuity of treatment, care and rehabilitation of all mental health care users.

## TRAINING

Development of primary mental health care is critical. It is important that local Authority and Provincial health services that provide a general Primary Health Care curative service should increase the capacity of their service providers to be able to:

- Screen and identify PHC clinic users with mental disorders that require attention;
- Provide sensitive and appropriate management of people with mental disorders of varying levels of severity;

### Field/Community Development Worker

Training of mental health care field/Community Development Workers shall be done by the appropriately accredited personnel and institutions on the identification and basic management of mental illness at primary level of service delivery as well as in the community. This training is based on the strategy and requirements of Gauteng Health Department on mental health care delivery.

### Other service providers

Ongoing in-service education shall be instituted to assist the service providers with skills development for them to be able to identify mental illness even in the primary health care clinic and deliver quality management service to the affected as well as to those down referred from the community mental health service (psychiatric clinic) to Primary Health Care.

Primary care generalists shall be trained to deliver primary level mental health care as part of the comprehensive primary health care approach. The approach in training is to enhance competencies to approach mental health care in a comprehensive manner (on prevention of mental illness, promotion of mental health, care and rehabilitation).

### Application to obtain voluntary and involuntary care, treatment and rehabilitation (Certification)

This procedure is done according to the prescriptions of the Mental Health Care Act 2002, (Act No 17 of 2002), which states:

A mental health care user may not be provided with assisted care, treatment and rehabilitation services, at a health establishment as an out patient or in patient without his/her consent.

An application may only be made by the spouse, next of kin, partner, associate, parent or guardian of a mental health care user, where:

- The user is below the age of 18 on the date of application, the application must be made by the parent or guardian of the user, or:

- The spouse, next of kin, partner, associate, parent or guardian of the user if the user is unwilling, incapable, likely to inflict serious harm to him/herself or others, or not available to make such an application, the application can be made by the health care provider.
- The applicants referred to must have seen the mental health care user at least seven days before making the application.
- Such an application must be made in the prescribed manner and must:
  - <sup>TM</sup> Set out the relationship of the applicant to the mental health care user;
  - <sup>TM</sup> If the applicant is a health care provider:
  - <sup>TM</sup> State the reasons why such an application is made, and what steps were taken to locate the relatives of the user in order to determine their capability or availability to make the application;
  - <sup>TM</sup> Set out grounds on which the applicant believes that care, treatment and rehabilitation services are required;
  - <sup>TM</sup> State the date, time and place where the user was last seen by the applicant within seven days before the application is made;

On completion of the application, the examination at the relevant institution having been done by two mental health care practitioners who confirm that such a user will benefit from treatment, the mental health care user should receive assisted care, treatment and rehabilitation as an outpatient or inpatient.

Such an application may be withdrawn at any time, according to the Mental Health Care Act 2002(Act No 17 of 2002).

All other persons who require mental health care shall be assisted to obtain such care according to the Mental Health Care Act 2002 (Act No 17 of 2002: Chapter 5)

### **Interactive behaviour**

- The care giver shall use appropriate communicating techniques
- Always create a warm, accepting and empathic environment
- Assist the user to express him/herself freely from first contact;
- Foster the tendency to move towards positive change from within and encourage growth;
- Assist users to help themselves by creating insight into their illnesses;
- Assist users to use their own resources available and augment with the untapped resources - suggested by the mental health care worker -towards their own healing;
- Encourage users to assume self-direction and responsibility for their lives.



# TRANSPORTATION OF MENTAL HEALTH CARE USER

## APPLICATION GUIDELINES

This policy shall apply to all health facilities and communities within Ekurhuleni Metropolitan Municipality

- The principle of Batho-Pele will be upheld in dealing with people suffering from acute mental illnesses where there is a possibility for the mental health care user endangering him/herself, the family and/or the community.
- Facility head, nearest to the incident should be the first contact about such a person.
- The deputy to the facility manager shall be contacted if the facility head is not available and such a person is identified.
- The official who has been contacted at nearest facility shall at all times treat such a call - indicating that the person might be a danger to him/herself, the community or property as a priority.
- The police should be called where there is obvious danger and nobody is able to assist the user due to him/her being aggressive.
- History shall be taken from the person who summons help from the department about the:
  - Whereabouts of the said client,
  - The actual condition/act,
  - When the behaviour started,
  - Exactly what the person is doing at the time,
  - What the family has done so far,
  - How dangerous the situation is,
  - Available assistance to manage the user.

## Dispatching transport

The relevant Department (According to the Mental Health Care Act 17 of 2002) that is capable of transporting the client - South African Police Services shall be immediately contacted to transport the mental health care user (Mental Health Care Act 2002 delegates such an intervention to the members of the South African Police Service). Metro Police shall be contacted if the SAPS is unable to honour the call to assist. Emergency Medical Services shall be contacted and used where there is a need to transport the user as a Priority one P1 patient. Health and Social Development has to assist where there is a need.

The nearest clinic that renders a psychiatric service shall be informed - if the information was not relayed through them, to prepare for the sedation of the patient for easier and safe transportation to the nearest provincial facility designated as acute psychiatric units.

These should be the sites of first referral for patients requiring inpatient treatment, unless the patient is too disturbed to be contained in a general hospital unit.

In this case, under the current legislation, the person should be admitted to a specialized psychiatric hospital.

## Sedation of the mental health care user prior to transportation

It is highly recommended that all aggressive mental health care users be sedated before transporting to the nearest Provincial Hospital designated with a psychiatric unit.

Sedation shall be administered according to the standing orders of the psychiatrist.

These standing orders shall be authentic if they are reviewed and bear the psychiatrist signature of not more than twelve (12) months.

Further management of the user shall be implemented according to the guidelines on "Emergency Management of the Mentally Ill Patient ..."

Public Safety shall be contacted where it is deemed necessary, to give support in restraining the mental health care user for the purpose of administering the sedation in order to prevent the possibility of injury of the health care user, provider and the family during the administration of the sedation.

Public safety shall also be contacted to assist in the transportation of the health care user to the designated health establishment for further management and care.

The following assessment shall be done before administration of any Sedation:

- Breathing, heartbeat and pulse, colour of fingernails and eyes.
- Check for fractures or signs of injury, especially where there has been struggling of any kind with the mental health care user.
- Exclude medical conditions, which might cause psychiatric symptoms.

Examination of the mental health care user maybe difficult but the following is important:

- Look for signs of alcohol intoxication.
- With teenagers and adults look for substance abuse.
- In all patients exclude infection or use of medication and or any other non-psychiatric cause.

Emergency Drugs shall be available in all facilities that attend to psychiatric conditions.

### **Removal of the mental health care user to the Psychiatric Unit**

The transporting officer shall wait for the mental health care user for the sedation process to take place.

When the mental health care user is calm enough due to the sedative given to him/her, he/she shall be safely transported to the acute psychiatric unit at the designated institution for further care and treatment.

The mental, health care user shall always be accompanied to assist when there is a need to calm the care user down. This could be a family member, a professional, or an assistant/volunteer who shall be in communiqué with the driver of the transporting vehicle about the condition of the care user.

The Mental health care user should always be handed over to a relevant official at the casualty or the out patients' department of the general hospital where he/she is transferred for care, treatment and rehabilitation.

It is important for a family member to be available, to describe the events that lead to the application for hospitalisation.

# INTEGRATION OF MENTAL HEALTH INTO PRIMARY HEALTH CARE SERVICE

## APPLICATION GUIDELINES

The following principles shall be the guiding factor to integrate mental health care into primary health care:

- Down referral of people with chronic mental illnesses who are stable on their medication from secondary level community mental health services to PHC level should be done where the registered medical practitioner is available to review and prescribe schedule 5 medication.
- The specialized ambulatory mental health services with the complete multidisciplinary team shall remain in operation and the provincial services remain responsible of these;
- Only the following users can be down referred to a primary health care clinic:
  - Stabilized care users who have been on mental health medication for one or more years;
  - Who take their medication with minimal supervision;
  - Comply with attendance;
  - Are in touch with reality and clearly conversant with the procedures at the mental health clinic;
  - Are on medication available on the Essential Drug List (EDL) on Psychotropic medicines
  - Do not require regular blood monitoring (eg carbamazepine, lithium levels etc);
  - Have a clinic within their catchment area;
  - Are keen to fetch medication from the clinic nearest to them and acknowledge benefits thereof.
- The integration shall be guided and implemented according to the written guidelines/policy on drug management and review;
- Psychiatric medication shall be ordered directly, stored and controlled~ by the said facility;
- A progress report on the condition of the user shall be reflected on the chart each time they collect their medication;
- The user shall be referred back to the Community Secondary Level Mental Health Service if:
  - It is review time:
  - He/she fails to comply with the requirements at the primary health care clinic and has no family member to support him/her over the period of his/her clouded understanding (those who do):
  - Encounters a different intense problem like severe uncontrollable
  - side effects of drugs;
- Liaison between the referring and the receiving clinic shall be maintained to ensure availability of drugs for the referred user.
- Arrangements shall be made with the Community Mental Health Service (Psychiatric clinic) if the user has to be transferred back;
- All the necessary medication shall be transferred back to the psychiatric clinic together with the user.

Integration of mental health shall be phased in according to the operational plan and evaluated for practicality; Only the clinics with the capacity shall be liable to integrate these services for them to be effective and for retaining the mental health care user; The process shall be guided by the availability of properly trained human as well as material resources; it shall be less disrupting and traumatic to the user.

## ROLES

### Professional Nurse at PHC

- Shall attend to all the mentally ill people that are presented to him/her;
- Shall identify expression and signs of emotional distress and mental illness to all other people she/he gets in contact with and intervene appropriately;
- Ensure that there are no delays in providing care to the mental health care user that may result in:
  - death or irreversible harm to the health of the user;
  - user inflicting harm to him/herself or others or;
  - user causing serious damage or loss of property belonging to him/herself or others;

- Apply for certification of mental health care users where the family is not available;
- Consult with the psychiatrist and the whole team with the problems they cannot resolve.
- Participate in case discussions with the team:
- Administer all the care and medication as required by the users' condition
- Communicate with the users' families;
- Participate in the promotion of healthy life style in clinic attendees and the community;
- Ensure that there is no segregation of or stigmatisation at the clinic of mental health care user who has to use other services e.g. family planning, antenatal care etc;
- Develop a sustained therapeutic relationship with mental health care users and their families;
- Form support groups of the affected and supervise these for sustainability;
- Make appropriate and informed referrals to other levels of care; r Conduct research;
- Keep records;
- Analyse indicators and develop appropriate action.

### **Doctor/Psychiatrist**

- Prescribe treatment for all users with such an indication;
- Review treatment for all mental health care users at the correct time periods;
- Draw standing orders on the management of psychiatric patients in his/her absence;
- Review these standing orders on annual basis as required by national legislation;
- Authorize such standing orders where the intervention was applied in his/her absence;
- Apply for certification of mental health care users where necessary;
- Give medical/psychiatric reports for certification of users as required by the user condition;
- Assist with in-service education for staff.

### **Psychologist**

- Evaluate all users referred to him/her
- Write necessary reports

### **Participate in case presentations**

- Assist in commencing and sustaining support groups
- Run psycho - educational groups
- Participate in in-service training for staff Participate in research
- Keep records.

### **Social Worker**

- Evaluate all users referred to him/her
- Attend to their social needs and challenges
- Draw and implement the rehabilitation programs for the users
- Participate in support groups
- Participate in case presentation sessions
- Participate in in-service education for staff
- Participate in research
- Keep records.

### **Field/Community Development Worker**

- Shall at all times function under the supervision of the registered nurse, as delegated, to whom he/she shall report;
- Shall do home visits to mental health care users that have returned from the psychiatric hospital/ward/newly diagnosed;
- Participate in maintenance of support groups for families of mental health care users;
- Give individualized, family and group health education;
- Participate in national mental health days' events;
- Participate in research;
- Write reports and present these.

All workers at the mental health service are bound by the confidentiality clause, which shall be observed at all times.

### **Religious Institutions**

- Give spiritual and ongoing emotional support to the family of the mental health care user individually or in groups with a common challenge (mental illness);
- Implement programs for the regeneration of morale of affected societies and reconstruction of the families of Ekurhuleni through addressing the relevant societal challenges and problems from the diverse religious perspectives;
- Support the service provider through the provision of counselling to individuals and groups where the need arises;
- Visit support groups and minister to families and users in the groups; r Liaise with the health care providers.

### **The Community and Non-Governmental Organizations (NGOs)**

- Form support of families that are afflicted and affected by mental illnesses through support groups and day care centres; Participate in programs and activities that are aimed at ensuring better life for all community members that is, mental health promotion and prevention;
- Identify mental illness among the community members and refer untoward behaviour to the mental health service providers timeously;
- Inform the mental health service provider and family about people who are neglected and loitering without anyone paying attention to them; Participate in the health days and other events that are earmarked for mental health promotion;
- Participate in support groups established for families of mental health care users and users to ensure sustainability thereof; Participate through their representatives in the planning and implementation of plans for the mental health activities at community level;
- Commence and sustain day care centres to be able to accommodate the chronic mentally ill according to the national health de -instutionalisation strategy.

### **Ekurhuleni Metropolitan Municipality**

Shall establish Multidisciplinary Committees consisting of managers, South African Police Services, the Provincial Hospital and District staff. These shall be formed at Regional Level in order to be able to solve problems that are related to transport, drugs, referral and any other logistics for delivery of the mental health care services.

### **SCOPE OF APPLICATION**

This policy shall apply to all facilities providing mental health care services iii conjunction with the Gauteng Health Department within Ekurhuleni Metropolitan Municipality.