Developing norms for Child and Adolescent Mental Health Services initiatives in post-apartheid South Africa

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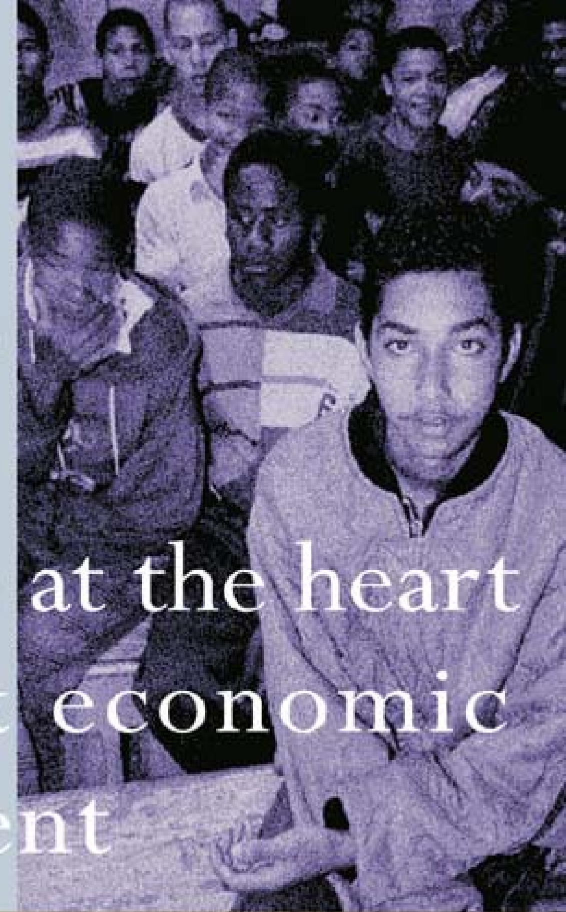
Child, Youth & Family Development

AN HSRC NATIONAL RESEARCH PROGRAMME



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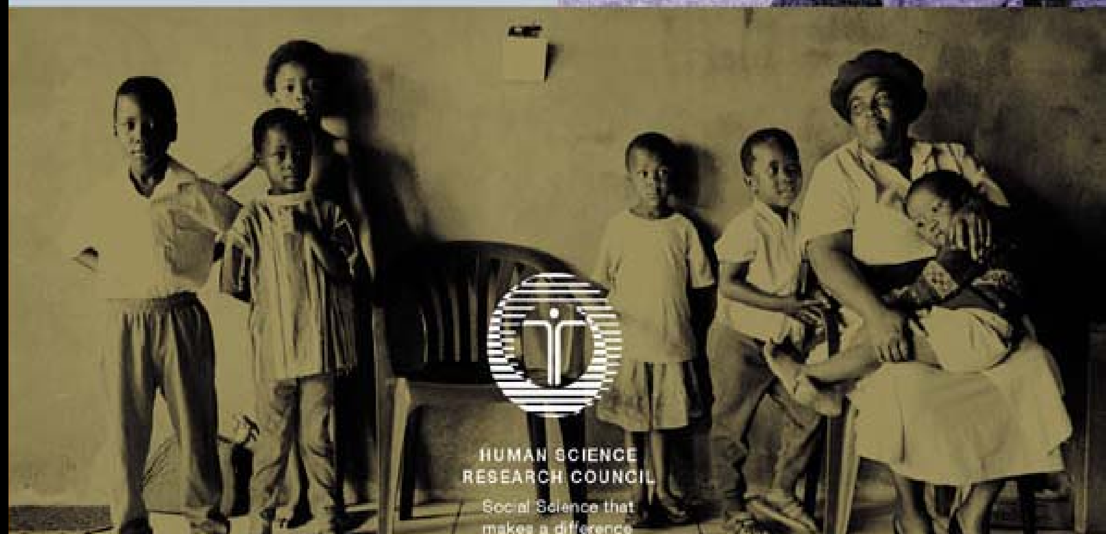

OUTLINE OF SEMINAR

1. Introduction: Department of Health perspective (SP)
2. Research overview (AD)
3. Developing & using the norms and training CD (CL)
4. Costing the Norms (GB)

THE TEAM

Andy Dawes HSRC & UCT

Alan Flisher UCT Dept Psych & Mental Health

Crick Lund UCT Dept Psych & Mental Health

Zuhayr Kafaar HSRC & US

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Rene Brandt UCT & HSRC

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THE RESEARCH PROCESS

The Study Components

- Review SA policies
- Review international research on CAMHS
- Provincial situation analysis
- Developing the norms model / spreadsheet

- Appling norms model to each province
- Costing services for each province
- Develop training tools

(We only present those items marked)

Key Policies: 1

1: 1989 (SA 1995) The UN Convention on the Rights of the Child & the African Charter on the Rights & Welfare of the Child

2: 1996: The Constitution & The Bill of Rights (S.28)

- Best interests of the child is paramount;
- The right to health & basic health care;
- The right to protection from violence, abuse & neglect (and treatment).

Key Aspects of the Policies: 2

3: 1997: White Paper for the Transformation of the Health System in South Africa:

"A 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" (Department of Health, 1997, p. 136).

Key Aspects of the Policies: 3

4: 2003: The Policy Guidelines for Child & Adolescent Mental Health:

"These policy guidelines have been developed to serve as a framework for the delivery of mental health services to children and adolescents" (Min of Health).

"Child and adolescent mental health is the capacity to achieve and maintain optimal psychological functioning and well being (p.4)."

DOH Policy Guidelines: CAMHS Interventions

- Home / Family / Community: Promotion & Preventive Services (Mainly NGOs)
- School: School Health Promotion
- Provincial Health Facilities:

Should be "comprehensive, community-based and integrated" (C&AMH policy guidelines)

Integrated = links to other sectors (e.g. DSD & DOE); = Vertically integrated within the Health service from Primary > Tertiary Tier.

Model for a South African CAMHS 3 Tiered Framework

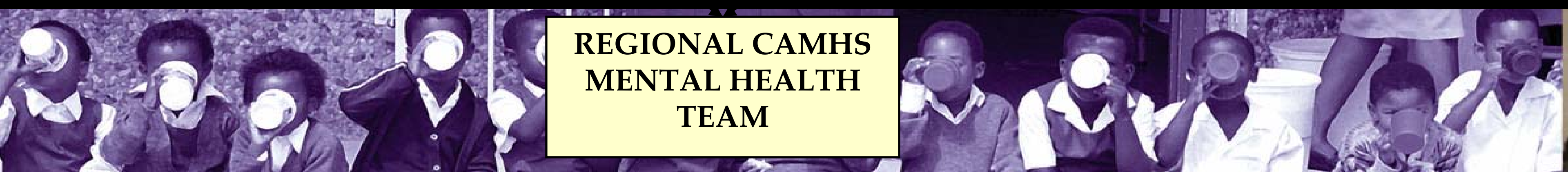
HEALTH SYSTEM

GENL. SERVICES

- Hospitals
  - District
  - Regional
  - Provincial
- PHC Services
  - Clinics
  - Com. Health Centres

SPECIALIST CAMHS

- Child and Family Units
- Child Therapy Centres
- Adolescent Units
- Substance Abuse Units
- Eating Disorders Units
- Other Specialist Facilities



REGIONAL CAMHS MENTAL HEALTH TEAM

The Research Process 1: Provincial situation analysis:

We *only* studied Provincial Health CAMHS {not DOE & DSD (intellectual disability) or NGO services}.

Data Gathering:

- Quantitative: information requested from each province on CAMHS: child inpatient & outpatient stats & FTE staff at all service tiers;
- Qualitative: Visits to each province to assist with data collection and obtain views on provincial CAMHS situation.) Zuhayr to report further…

The Research Process 2: Development of Norms

- Provincial situation analysis did not provide sufficient data for the generation of norms.
- The team then developed a norms model for a hypothetical population of 100 000 children & adolescents for each of the 9 provinces.
- Based on estimates for prevalence with adjustments for co-morbidity.
- Outcome: full and minimum FTE norms for all tiers of CAMHS for each province (Crick to report further).

The Research Process 3: Costing CAMHS

Study undertaken to cost the CAMHS norms for FTE staff in all provinces for these staff:

- General Nurses
- Psychiatric Nurses
- OT & OTAs
- Social Workers
- Psychologists
- Psychiatrists

Gerard to report

Findings 1: Provincial situation analysis of service levels

- Level of service provision is uniformly very low;
- CAMHS tertiary structures follow historic patterns based on the pre - 1994 provincial dispensation;
- Referral pathways that existed in the 'old era' provinces are still used today by the 'new' provinces;
- Integration of CAMHS into primary health care is very uneven – A major gap in service provision exists here;
- *No* provinces have formal CAMHS teams for support, training and consultation to lower tiers;
- *Almost non-existent* CAMH expertise at PHC level;
- Inaccessibility of CAMHS for children outside 4 metros;

Findings 2: The Need for CAMHS based on the Norms

- Estimated prevalence of disorders for SA: 3.3 Million children & adolescents.

Full Cover FTE Norms (no facility costs):

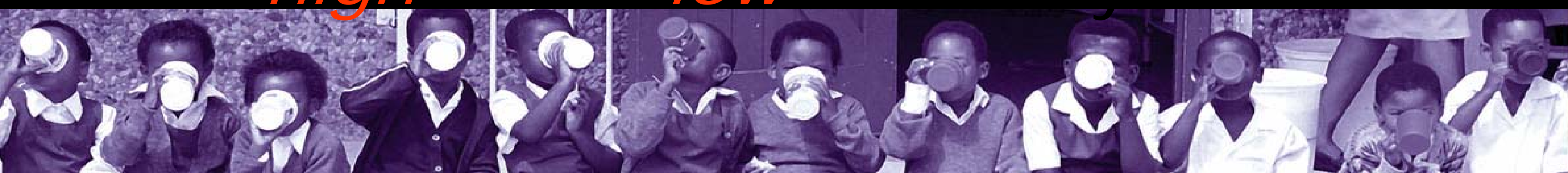
- Provide for: 3.3 Million children (17% of population < 20yrs) (*excl.* Intellectual Disability)
- The Cost for SA would be: R2 Billion plus

Minimum Cover FTE Norms (no facility costs):

- The Norms provide for: 700 000 children (3% of population < 20yrs; 15-30% of need)
- The Cost for SA would be: +/- R1 Billion

Key Recommendations 1:

- All provinces plan for provision of *all 3 Tiers* of CAMHS within a certain time frame (the current service level *must* increase);
- Plan using the *norms* and the *costings* we have provided;
- Discuss the *assumptions* that produced the norms – are they ok? Are the norms too *high* or too *low*? Probably too low!



Key Recommendations 2:

- The Mental Health Information system should be planned *as a whole* (all levels and categories of care);
- It must *disaggregate* by age, gender, disability, diagnosis & treatment;
- It must be *integrated* with *general health information systems*;
- It should be *user-friendly*;
- Initially: gather a *limited set of good data* to use for CAMHS planning;
- *Train* people to use it; show them how it can benefit *them*!
- Information Systems cost. All provinces must *budget* for it.

Psychiatric Disorders contribute about 11% to the total burden of disease

In SA, this is likely to be higher with deep poverty & AIDS

Early intervention is essential to address the child's *rights* to health. This will reduce later costs to society in lost human capital and productivity