FREE
STATE
PROVINCE

Department of Health

PROVINCIAL MENTAL HEALTH CARE POLICY

POLICY No. 8/5/1/3 P1 of 2004

YEAR OF REVIEW: 2009

COMPILED BY PROVINCIAL MENTAL HEALTH AND SUBSTANCE ABUSE OFFICE

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PROLOGUE

a) **Preamble by the MEC: Health**

The Mental Health Care Act, 2002 (Act No 17 of 2002) is another demonstration that our ANC led government is a government that is committed to improving the conditions of all people. The Mental Health Care Act, 2002 (No 17 of 2002) provides a framework to improve access to mental health services.

I am pleased as the political head of the Free State Department of Health to pre-amble the Free State Mental Health Policy and Procedure in pursuit of a unified provincial strategy to implement the directives of the Act, 2002 (No. 17 of 2002)

I make a call upon all stakeholders to **make the Policy and Procedure a true tool that will improve the mental health of all people in our province.**

Wishing you all the best.

Thank you

Mr. S.T. Belot

b) **Introduction by the Head: Health**

The Free State Mental Health Policy and Procedure is an additional approach to our strategy of pursuing the vision of a healthy and self-reliant Free State community. While we look at health comprehensively, the emphasis of this policy and procedure is on our mental health.

The Policy unifies all employees of the department at various levels of care and involves important stakeholders such as the departments of Correctional Services, Justice, Safety and Security, Social Development and Non Profit Organisations to act synergetic [1] to improve mental health services. The policy covers many aspects of care. I need however to emphasize **that mental health care users are a vulnerable group. Let us all see them as people that need unique attention**.

Wishing you all the best in implementing the Mental Health Care Policy and Procedure.

Regards

Dr. V.L. Litlhakanyane

FREE STATE DEPARTMENT OF HEALTH

MENTAL HEALTH CARE POLICY AND PROCEDURES

1. **Policy Statement.**
   The Free State Department of Health (FSDoH), in pursuit of its **vision of a healthy and self-reliant Free State community**, commits itself to delivering accessible mental health care services at different levels of care within available resources with an intersectoral collaboration approach that involves the Free State departments of Correctional Services, Justice, Safety and Security, Social Development, institutions of health professional training and education, Non Profit Organisations and groups of Beneficiaries [2].

   The Department hereby provides Policy and Procedures (hereinafter referred to as P and P) to institutions and officials to ensure the delivery of those services.

2. **Background**
   This policy is the first written provincial mental health care policy. It is founded mainly on the prescripts of the Mental Health Care Act, 2002 (No 17 of 2002). It has revised the Free State community psychiatric approach so that it is in line with the primary health care approach. The main focus of the policy is to create mental health service delivery points at primary, secondary and tertiary levels of care, intergrate mental health care services into general health services and to strengthen the existing intersectoral collaboration among various stakeholders.

   One other policy options that was available but was not considered was a vertical programme. The option was abandoned because it is contrary to present primary health care (PHC) approach thinking. This chosen option builds on the positive aspects of the past (e.g. community psychiatry) and recognizes constraint of the present (lack of resources) and embraces present thinking (the PHC approach) making it a practical and compliant policy that brings services closer to people within the available resources.

3. **Objectives of the policy**
   - Establish over five years fully functional mental health service delivery points that service each town and farm at the level of primary health clinic,
   - Establish over five years at least one fully functional mental health service delivery point at the level (or equivalent) of a community health center in each of the 20 local municipality areas of the Free State,
   - Establish over one year at least one 72 hour assessment facility [3] per district hospital complex,
   - Facilitate over two years, the recognition of at least one hospital per regional complex as a designated [4] mental health facility,
   - Facilitate over one year, the recognition of the Free State Psychiatric Complex as a designated mental health facility,

- Facilitate over five years, the rendering on an outreach basis of specialized [5] mental health programmes for vulnerable [6] groups at the level (or equivalent) of a community health center.
- Set up over three years structures at provincial level consisting of representatives from at least three stakeholder groups indicative of an intersectoral approach.

4. **Statutory and other obligations.**
   - The Constitution of South Africa (Act. No 108 of 1996) secs. 27 1a, 2 and 3, 28 1c, fii, g, 2 and 3,
   - Mental Health Care Act, 2002 (Act No. 17 of 2002) ch. 1 – 7, 9 and 10,
   - Free State Provincial Health Act, 1999 (Act No 8 of 1999) sec 28,
   - Free State Hospitals'Act, 1996 (Act No 13 of 1996) sec 7 subsections 8 and 9,
   - A Comprehensive Primary Health Care Service Package for South Africa (hereinafter referred to as The Primary Package) pp 18, 27, 28, 29 and 33,
   - A District Hospital Service Package for South Africa (hereinafter referred to as The District Package) pp 40, 41 and 42.

5. **Policy target group**
   - Primary health care institutions**,**
   - Secondary health care institutions,
   - Tertiary mental health care institutions,
   - Offices at provincial, regional complex, district and local area levels,
   - Provincial departments of Correctional Services, Justice, Safety and Security and Social Development,
   - Mental Health Review Boards,
   - Non Profit Organisations.

6. **Policy**

Mental health care services are rendered at primary, secondary and tertiary level on an in- and outpatient basis by primary health care and mental health practitioners. Various levels of management within the department, offices and institutions support the health professionals in fulfilling their mental health functions.

6.1. **Primary health care institutions.**

6.1.1. **Fixed and mobile clinics' activities.**

6.1.1.1 Running locally based general prevention and promotion programmes.

6.1.1.2 Running locally based developmental stage groups (e.g. child, youth, mentally handicapped, elderly) support programmes.

6.1.1.3 Running locally based disorder (e.g. depression, schizophrenia) support programmes.

6.1.1.4 Screening and counseling less severe mental disorders using the prescribed [7] basic mental health assessment form.

6.1.1.5 Implementation of patient management plan prescribed by practitioner(s).

6.1.1.6 Monitoring of prescribed medication.

6.1.1.7 Referral for periodic review clients to Community Health Centre or clinic of equivalent status [8] (hereinafter referred to as a specialised clinic)

6.1.1.8 Referral of users that do not respond to the management plan.
6.1.1.9 Referral of new and serious users to the appropriate next level of service.
6.1.1.10. Provision of unique attention to users as a vulnerable group.
6.1.1.11. Keeping and dispensing primary psychiatric medication.
6.1.1.12. Ensuring home visits to users that need it as part of their management.
6.1.1.13. Participation in training and research in mental health issues.

6.1.2 **Community Health Centre (CHC)**{**specialised clinic**} **activities.**
6.1.2.1.Running locally based general prevention and promotion programmes.
6.1.2.2.Running locally based group (e.g. elderly) specific programmes.
6.1.2.3.Running locally based disorder (e.g. schizophrenia) specific programmes.
6.1.2.4.Running of specialised therapeutic sessions e.g. individual, group or family therapy sessions.
6.1.2.5.Assessment of users referred from the clinics using the prescribed comprehensive mental health assessment form.
6.1.2.6.Implementation of patient management plan prescribed by practitioner(s).
6.1.2.7.Referral with a management plan users that can be managed at clinics.
6.1.2.8.Referral of first time users and users for periodic review to the visiting team.
6.1.2.9.Referral of users to the next level or other social resources as needed.
6.1.2.10. Provision of unique attention to users as a vulnerable group.
6.1.2.11. Keeping and dispensing of relevant tertiary psychiatric medication.
6.1.2.12. Ensuring home visits to users that need it as part of their management.
6.1.2.13. Participation in training and research in mental health issues.

6.1.3. **District Hospitals activities.**
6.1.3.1.Provision of 72-hour assessment as prescribed by the Act, 2002.
6.1.3.2.Admission, care and treatment of users manageable at the hospital.
6.1.3.3.Referral to the appropriate next level users that need further care.
6.1.3.4.Rendering of outpatient mental health services as prescribed for clinic or CHC.
6.1.3.5.Provision of support to district clinics in fulfilling their mental health functions.
6.1.3.6.Implementation of patient management plan prescribed by practitioner(s).
6.1.3.7.Provision of unique attention to mental health care users as a vulnerable group.
6.1.3.8.Keeping and dispensing of psychiatric medication.
6.1.3.9.Participation in training and research in mental health issues.

6.2. **Secondary health care services / Designated health establishment**
A secondary health care facility becomes designated if a psychiatric team is appointed at the institution and there are facilities (including closed ward facilities) for the care treatment and rehabilitation of psychiatric patients. A secondary health care facility without the human and material resources mentioned above will operate as an inpatient secondary mental health facility for users that may be cared for in a non-designated facility.

6.2.1. **Inpatient care**
6.2.1.1 Completion of 72-hour assessment services (commenced either at secondary level or at district hospital).

6.2.1.2. Admission, care, treatment and rehabilitation of referred voluntary users.
6.2.1.3. Admission, care, treatment and rehabilitation of referred assisted users.
6.2.1.4. Admission, care, treatment and rehabilitation of users needing further medical care after the 72-hour assessment.
6.2.1.5. [If designated] Admission, care and treatment of involuntary users and [if also designated for that] mentally ill prisoners.
6.2.1.6. Up-referral to tertiary level those users that need to be managed at tertiary level.
6.2.1.7. Down-referral with management plan users that may be managed at primary level.
6.2.1.8. Referral to outpatients discharged users that still need care at secondary level.
6.2.1.9. Provision of unique attention to users as a vulnerable group.
6.2.1.10. Provision of support to the district hospitals in fulfilling their mental health function.
6.2.1.11. Arranging visits by the psychiatric team to specialised clinics.
6.2.1.12. Keeping and dispensing of psychiatric medication.
6.2.1.13. Participation in training and research in mental health issues.

6.2.2. **Outpatient care**
6.2.2.1. Running of specialised outpatients' curative programmes
6.2.2.2. Implementation of management plans for users referred from inpatient.
6.2.2.3. Arranging admission for users that need inpatient services.
6.2.2.4. Up-referral of users that need to be managed at tertiary level.
6.2.2.5. Down-referral of users that may be managed at primary level.
6.2.2.6. Review of users referred from primary level.
6.2.2.7. Provision of unique attention to mental health care users as a vulnerable group.
6.2.2.8. Participation in training and research in mental health issues

6.3. **Tertiary mental health care services**

N.B. Tertiary psychiatric service is used in the context that the user is mentally ill **and** has an additional dimension that has to be taken into consideration. Examples are:

- being a state patient (added dimension being the crime),
- children and adolescents (developmental stage, the added dimension),
- long term (inability to cope in community being the added dimension)

Tertiary institutions shall be designated.

6.3.1. **Inpatient care**
6.3.1.1. Admission ,care, treatment and rehabilitation services for:

- state patients,
- mentally ill prisoners if there are no designated facilities available at secondary level.
- referred users qualifying as tertiary candidates (see 6.3.above).
- persons with severe and profound mental disabilities as prescribed by Act

6.3.1.2. Admission, care and observation services for persons referred by court for psychiatric observation.
6.3.1.3. Completion of 72-hour assessment services where required.

6.3.1.4. Provision of higher level of security services for users not manageable at lower levels of care.
6.3.1.5. Referral to facilities with maximum security users deemed dangerous.
6.3.1.6. Down-referral with a management plan users that may be managed at lower levels.
6.3.1.7. Provision of unique attention for the various vulnerable groups of users.
6.3.1.8. Providing support to lower level services in fulfilling their mental health function.
6.3.1.9. Keeping and dispensing psychiatric medication
6.3.1.10. Participation in training and research.

6.3.2. **Outpatient services**
6.3.2.1. Running of specialised outpatients' curative programmes
6.3.2.2. Implementation of management plans for users referred from inpatient level.
6.3.2.3. Arranging admission for users that need inpatient care.
6.3.2.4. Down-referral with a management plan users that may be managed at lower levels
6.3.2.5. Review of users referred from secondary or primary level.
6.3.2.6. Provision of unique attention to the various vulnerable groups of users.
6.3.2.7. Participation in training and research in mental health issues.

6.4. **Provincial, regional complex, district and local area offices**
6.4.1. Fulfillment of legal requirements as prescribed under statutory and other obligations.
6.4.2. Provision of leadership and management in matters relating to mental health.
6.4.3. Facilitation of procurement of resources (human and material) for rendering mental health services.
6.4.4. Leading intersectoral collaboration in mental health matters.
6.4.5. Creation of an enabling environment for institutions to be able to fulfill their mental health functions.
6.4.6. Development of policies to direct mental health service delivery.

6.5. **Departments of Correctional Services, Justice and of Safety and Security**
6.5.1. Fulfillment of legal requirements as prescribed by the Act 2002.
6.5.2. Provision of leadership and management in matters relating to mental health.
6.5.3. Facilitation of procurement of human and material resources for supporting the rendering of mental health related services
6.5.4. Assistance in the creation of an enabling environment for institutions to fulfill their mental health functions
6.5.5. Development of policies that support the delivery of mental health services.

6.6. **Mental Health Review Board(s)**
6.6.1. Fulfillment of legal requirements as prescribed by the Act 2002.
6.6.2. Assistance in the creation of an enabling environment for institutions to fulfill their mental health functions.
6.6.3. Supporting initiatives that improve mental health services in the area under the jurisdiction of the Board.

6.7. **Non Profit Organisations**

6.7.1. Promotion of community based care, treatment and rehabilitation as envisaged by the Act, 2002.
6.7.2. Provision of leadership and management in supporting matters related to mental health.
6.7.3. Facilitation of procurement of human ad material resources for supporting the provision of mental health services.
6.7.4. Assistance in the creation of an enabling environment for institutions to be able to fulfill their mental health functions.
6.7.5. Provision of rehabilitation services for users.
6.7.6. Advocating for users and their significant others.
6.7.7. Supporting the development of policies that improve mental health services.

7. **Procedures:** These are the instructions that spell out who does what.

7.1. **Procedure target group**

7.1.1. MEC: Health,
7.1.2. Head: Health,
7.1.3. Executive Managers: Finance, Health Support and Clinical Health Services,
7.1.4. General Managers: Regional Health and Academic Health Services Complexes,
7.1.5. Chief Executive Officers (CEO): Regional Hospitals and Psychiatric Hospital,
7.1.6. Managers: Districts and Local Municipality Areas,
7.1.7. CEO: District Hospitals,
7.1.8. In charge: Specialised clinic
7.1.9. In charge: Fixed and or mobile clinics.
7.1.10. Heads of departments: Correctional Services, Justice and Safety and Security.
7.1.11. Chairperson(s): Mental Health Review Board(s)
7.1.12. Director(s) / Manager(s): Non Profit Organisation(s)

8 **Duties of officials**

8.1. **MEC: Health** (or designated representative/s).

8.1.1 Consult with Head: Health on Mental Health Review Board (MHRB).
8.1.1. Determine term of office of members of MHRB.
8.1.2. Determine remuneration package of members as prescribed by the Act, 1996.
8.1.3. Call for nominees for appointment to serve on the MHRB.
8.1.4. Appoint community representative, health care practitioner and legal practitioner (and 1 – 2 members if necessary) as MHRB members.
8.1.5. Designate one of the members as the chairperson of the MHRB.
8.1.6. Interact with the MHRB as agreed in a resolution of the MHRB.
8.1.7. Terminate membership of member(s) as prescribed by the Act, 2002.
8.1.8. Fill vacancies that arise in the MHRB as prescribed by the Act, 2002.
8.1.9. Formulate internal office P and P based on the approved FSDoH P and P.
8.1.10. Submit inputs on revision of this P and P every four years.

8.2. **Head: Health** (or designated representative/s).

8.2.1. Consult with MEC on MHRB.

8.2.2. Facilitate designation by the National Head those health establishments in the Free State that will serve as:
- psychiatric hospitals,
- care and rehabilitation centers,
- health establishments for the admission, care, treatment and rehabilitation of state patients,
- health establishments for the admission, care, treatment and rehabilitation of mentally ill prisoners.

8.2.3. Review designation every two years for revocation or varying of the designation conditions.

8.2.4. Delegate to the appropriate person(s) or offices the function of keeping record of:
- reports from the MHRB,
- appeals handled by the MHRB,
- copies of approval of transfer of users to facilities with maximum security.
- reports of users that absconded [9] from and those returned to health facilities

8.2.5. Ensure transfer of users whose transfer was approved by the MHRB.

8.2.6. Circulate to health establishments and SAPS list of all assessment health facilities in the province as prescribed by regulations of the Act, 2002.

8.2.7. Sign and date Free State Mental Health Care P and P after approval by the provincial top management.

8.2.8. Approve applications made under the provisions of this policy.

8.2.9. Formulate internal office P and P based on the approved FSDoH P and P.

8.2.10. Submit inputs on revision of this P and P every four years.

8.3. **Executive Managers (EM): Finance, Health Support and Clinical Health Services**

8.3.1. **EM: Finance** (or designated representative/s)

8.3.1.1. Give input on provincial financial mental health matters (if any).

8.3.1.2. Recommend to Head: Health for approval of provincial mental health financial transactions (if any).

8.3.1.3. Ensure all provincial mental health financial transactions comply with financial regulations.

8.3.1.4. Formulate internal office P and P based on the FSDoH P and P.

8.3.1.5. Submit inputs on revision of this P and P every four years.

8.3.2. **EM: Health Support** (or designated representative/s)

8.3.2.1 Interrogate legislation, related literature and relevant sources.

8.3.2.2. Formulate framework for P and P development on mental health care delivery.

8.3.2.3. Consult primary [10] and secondary [11] stakeholders.

8.3.2.4. Present framework to stakeholders for comments.

8.3.2.5. Combine framework and recommendations to form draft policy.

8.3.2.6. Circulate (or present) draft policy for comments.

8.3.2.7. Amend draft policy as recommended into provincial P and P.

8.3.2.8. Present P and P to provincial top management for approval.

8.3.2.9. Circulate P and P for implementation.

8.3.2.10. Set up monitoring mechanisms to support primary stakeholders.

8.3.2.11. Formulate internal office procedures.
8.3.2.12. Encourage health professional training institutions to include policy in their training.
8.3.2.13. Set up revision mechanism for P and P every five years.

8.3.3. **EM: Clinical Health Services (CHS)** (or designated representative/s).
8.3.3.1. Submit to Head: Health list of assessment facilities and designated health establishments in the province.
8.3.3.2. Co-formulate framework for P and P development.
8.3.3.3. Comment on draft policy.
8.3.3.4. Ensure draft and approved policy reach all clinical cluster stakeholders.
8.3.3.5. Support implementation of approved P and P.
8.3.3.6. Formulate internal office P and P based on the approved FSDoH P and P.
8.3.3.7. Submit input on revision of this P and P every four years.

8.4. **General Managers: (GM) Regional Health (RHC) and Academic Health Services (AHSC) Complexes** (or designated representative/s)
8.4.1. Submit to EM of CHS assessment and designated facilities in the health complex.
8.4.2. Facilitate the availability of human and material resources for implementation of P and P.
8.4.3. [GM: RHC] Facilitate the appointment of a regional psychiatrist and district psychiatric teams.
8.4.4. [GM: AHSC] Facilitate the appointment of multi-professional psychiatric teams to meet the needs of tertiary facilities.
8.4.5. Formulate internal office P and P based on the approved FSDoH P and P.
8.4.6. Submit inputs on the revision of this P and P every four years.

8.5. **Chief Executive Officers (CEO): Regional Hospital and Psychiatric Hospital** (or designated representative/s)
8.5.1. Determine and inform GM of services to be rendered at the institution.
8.5.2. Arrange for MHRB services if institution is a designated facility.
8.5.3. Formulate and implement policy that upholds the rights of users as stipulated in chapter III of the Act, 2002.
8.5.4. Make relevant forms for mental health services available at institution.
8.5.5. Clarify referral system of users for up, down or lateral referrals.
8.5.6. Interact as prescribed by the Act, 2002 with:
- Head: Health
- health care practitioners,
- users,
- applicants,
- Mental Health Review Board
- South African Police Service.
- Other relevant stakeholders

8.5.7. Submit requests (if need arises) for transfer of users to facility with maximum security.
8.5.8. Establish as prescribed by the Act, 2002, admission, care, treatment and

rehabilitation services for:

- voluntary mental health care users,
- assisted mental health care users,
- involuntary mental health care users,-if institution is designated.
- mentally ill prisoners - if institution is designated.
- completion of 72 hour assessment,
- approval system for users that stay for more than 2 months (applicable to hospitals that are not designated).

In addition to above, CEO of Psychiatric hospital to also establish services for:

- state patients,
- persons referred by court for psychiatric observation,
- persons admitted for long periods as part of their treatment and rehabilitation,
- persons with severe and profound mental handicap,
- mentally ill prisoners (if there are no designated facilities for them).
- Inpatient services for children and adolescents in accordance with provincial needs.
- Inpatient services for tertiary level users as defined in the policy (6.3.above)

8.5.9. Display services rendered at the institution as prescribed by the Act, 1999
8.5.10. Facilitate visits of the psychiatric team to specialised clinics of the region.
8.5.11. Formulate internal hospital P and P based on the approved FSDoH P and P.
8.5.12. Submit inputs on the revision of this P and P every four years.

8.6. **Managers: Districts and Local Municipality area** (or designated representative/s)
8.6.1. [District Manager]Determine and inform GM of services to be rendered in the district.
8.6.2. Facilitate availability of resources for implementation of the approved P and P.
8.6.3. Develop a district policy within the district that caters for mental health including transportation of users in the district.
8.6.4. Formulate internal office P and P based on the approved FSDoH P and P.
8.6.5. Submit inputs on the revision of this P and P every four years.

8.7. **CEO: District Hospital** (or designated representative/s).
8.7.1. Determine and inform GM of service to be rendered at the institution.
8.7.2. Formulate and implement policy that upholds the rights of users as stipulated in chapter III of the Act, 2002.
8.7.3. Make relevant forms for mental health services available at institution as prescribed by regulations of the Act, 2002.
8.7.4. Clarify referral system of users for up, down or lateral referrals.
8.7.5. Interact as prescribed by the Act, 2002 with:

- Head: Health
- health care practitioners,
- users,
- applicants,
- Mental Health Review Board (when referring client to designated facility)
- South African Police Service.

8.7.6. Establish 72-hour assessment services as prescribed by the Act, 2002.

8.7.7. Display services rendered at the institution as prescribed by the Act, 1999.
8.7.8. Formulate internal P and P based on the approved FSDoH P and P.
8.7.9. Submit inputs on the revision of this P and P every four years.

8.8. **In charge: specialised clinic** .
8.8.1. Inform Local Area Manager (for informing District manager) of mental health care services to be rendered at institution.
8.8.2. Make relevant forms for mental health care services available at institution as prescribed by the regulations of the Act, 2002.
8.8.3. Formulate and implement policy that upholds the rights of users as stipulated in chapter III of the Act, 2002.
8.8.4. Make available resources for rendering outpatient mental health care services.
8.8.5. Dedicate to mental health, (during operational hours of clinic) psychiatric nurse/s and other mental health care practitioners [12] according to needs.
8.8.6. Create conditions that will enable the visiting psychiatric team to perform its functions.
8.8.7. Clarify the referral system from and to the health facility.
8.8.8. Apply to the Head: Health through the normal channels of authority for approval to keep relevant tertiary mental health medication.
8.8.9. Formulate internal P and P based on the approved FSDoH P and P.
8.8.10. Submit inputs on the revision of this P and P every four years.

8.9. **In charge: Fixed and or mobile clinic** (or designated representative/s).
8.9.1. Inform Local Area Manager (for informing district manager) of mental health care services rendered at the clinic.
8.9.2. Formulate policy that upholds the rights of users as stipulated in chapter III of the Act, 2002.
8.9.3. Make available resources for the rendering of outpatient mental health services.
8.9.4. Make available at the clinic, a primary health care practitioner [13] for users.
8.9.5. Create conditions that will enable the primary health care practitioner(s) to render primary mental health care services.
8.9.6. Clarify the referral system from and to the clinic.
8.9.7. Formulate internal P and P based on the approved FSDoH P and P.
8.9.8. Submit inputs for the revision of this P and P every four years.

8.10. **Heads of departments of Correctional Services, Justice, Safety and Security and Social Development**
8.10.1. Facilitate the fulfillment of the legal requirements as prescribed by the Act, 2002
8.10.2. Interact with other stakeholders as prescribed.
8.10.3. Formulate departmental policies and procedures to facilitate implementation of the Act, 2002.
8.10.4. Support the establishment of structures that promote intersectoral collaboration
8.10.5. Submit inputs for the revision of this P and P every four years.

8.11. **Chairperson: Mental Health Review Board**

8.11.1 Determine with other members procedures of the Board.
8.11.2. Execute functions of Board as spelled out in the Act, 2002.
8.11.3. Formulate internal P and P for the smooth functioning of the Board.
8.11.4. Convene formative and summative sessions of Board with relevant stakeholders
8.11.5. Promote performance by the Board and other stakeholders those activities that will improve mental health services in the area of jurisdiction of the Board.
8.11.6. Submit inputs for the revision of this P and P every four years.

8.12. **Director / Manager: Non Profit Organisation**

8.12.1. Interact with other stakeholders.
8.12.2. Formulate own internal P and P to facilitate support of mental health services.
8.12.3. Seek human and material resources for the delivery of required services.
8.12.4. Assist in the establishment of structures that promote intersectoral collaboration.
8.12.5. Provide rehabilitation services for users.
8.12.6. Provide support services for the significant others in the lives of users.
8.12.7. Submit inputs for the revision of this P and P every four years.

9. Adoption

This Policy and Procedure is hereby adopted and declared an official document of the Free State Department of Health and binds all institutions and officials to perform as directed by the Policy and Procedure and its officials amendment as they occur from time to time. The Policy and Procedure will be formally reviewed every five years calculated from the date of signature reflected hereunder.

Signed on this day, the ……. of the month …… in the year …….
by the Head: Health, Free State Department of Health.

Signature ……. Date …….

NB

The hard copy of the policy was signed on the 24th June 2004 by the MEC: Health, Mr. S.T. Belot and the Head: Health, Dr. LV Litlhakanyane and is obtainable on request from the Sub-directorate Personal Health, Mental Health and Substance Abuse Component.

GLOSSARY OF TERMS

Reference	Term / Expression	Explanation
1.	Synergetic	working together to achieve a common purpose.
2.	Beneficiaries	Past, current and potential user organisations
3.	72-hour assessment facility	a health facility where users will be admitted for 72 hours to first rule out / treat any underlying medical condition before admitting the user to a designated facility.
4.	Designated facility	a health facility accorded national designation status by the National Head: Health to serve as a psychiatric hospital or psychiatric section of the hospital.
5.	Specialised programme	a programme supervised by a specialist e.g. Psychiatrist, Child psychiatric nurse, etc and the word specialized having a corresponding meaning e.g. specialised clinic meaning a clinic visited by specialists.
6.	Vulnerable group	all users are generally vulnerable. Those even more vulnerable include children, adolescents, pregnant users, the elderly and all those who have a co-morbidity such as alcohol abuse, HIV / AIDS, physical and intellectual handicap.
7.	P and P	Abbreviation for policy and procedure. This document has combined both into one.
8.	Prescribed	unless fully specified, it means prescribed by this Policy and Procedure
9.	Community Health Centre (or clinic of equivalent status)	a clinic which for purposes of mental health service delivery has been given the status of a CHC and by virtue of that status is visited by the psychiatric team from the secondary hospital of the region.
10.	Absconded	a user is deemed to have absconded if after admission at a health facility he / she leaves the physical grounds of the health

		facility without the permission of any of the attending health professionals.
11.	Primary stakeholders	Health professionals who are directly responsible for the delivery of mental health services.
12.	Secondary stakeholders	All other officials who are providing a support service to the primary stakeholders.
13.	Mental Health Practitioner	A psychiatrist, medical practitioner, psychiatric nurse, psychologist, social worker and occupational therapist and in the case of the latter two with training in mental health.
14.	Primary Health Practitioner	A professional nurse functioning at primary level, with or without a qualification in mental health.

Consultations conducted in drawing up this Policy and Procedure

Champion: Assistant Manager: Mental Health and Substance Abuse
Supervisor: Manager: Personal Health

Our sincere appreciation is extended to all those listed below for their inputs in shaping this Policy and Procedure.

Interactions: Top management: Free State Department of Health
Executive managers: Clinical Cluster and Health Support
General Managers: Academic Health Services, Eastern, Northern and Southern Free State Health Complexes
Senior Managers: Health Support Cluster
Senior Manager and directorate: Health programmes
Chief Executive Officers: Clinical Health Cluster
District Managers: Clinical Health Cluster
Provincial Mental Health Coordinating Committee
Representative group of primary health practitioners from Lejweleputswa, Motheo, Northern Free State, Thabo Mofutsanyana and Xhariep
Free State Social Workers
Representatives from the following institutions:
Free State Psychiatric Complex
Pelonomi Hospital

Metsimaholo / Parys hospital complex
Mafube / Tokollo hospital complex
Phekolong / Nketoana hospital complex
Botshabelo Hospital
Dr. J.S. Moroka / Mantsopa hospital complex
3 Military Hospital Health Professionals
Nursing and Social Work Department of University of the Free State
Free State School of Nursing
Bloemfontein Clinics (nursing personnel)
Maluti-a-Phofung clinics
Metsimaholo Clinics
Marquard Clinics
Matjabeng East and West clinics

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The Free State Hospitals' Act, 1996 (Act No. 13 of 1996)
The Free State Provincial Health Act, 1999 (Act No. 8 of 1999

Annexure A
PROVINCIAL MENTAL HEALTH POLICY ANNEXURES

PLAN: ACHIEVING THE OBJECTIVES OF THE MENTAL HEALTH POLICY

Action	**Requirements**	**Time frame**	**Responsible person(s)**	**Financial implications**
Facilitate designation of secondary hospitals	Physical facilities including closed ward Psychiatric team	1 to 2 years 2004/5- 6 1 to 2 years 2004/5- 6	CEO: selected secondary hospitals (MMM, Boitumelo and FSPC)	Alterations as needed **Salary packages** of team members appointed **Setting up office** for team
Establishing 72 hour assessment services	Casualty and medical ward with seclusion room. Doctors and providers Transport to referral hospital.	**When Act becomes operational**	CEO: district hospitals Same as above Same as above	Use existing. **Upgrade** to have seclusion room. Use existing staff Use existing transport + police and EMS
Establishing specialised clinics.	Clinic with dispensing facilities. Visit by psychiatric team from district hospital. Psychiatric nurse per specialized clinic Child psychiatric nurse **for the complex**	1yr 2004/5 1 to 2 years 2004/5 –6. 1yr 2004/5 2yrs 2004/06	Clinic in charge CEO: Designated / Secondary Hospital Clinic in charge Head: Nursing Designated / secondary hospital.	None specific to Mental Health **Additional routes** of transport to specialized clinics. Use available staff. **Training** cost for psychiatric nurse to qualify as **child psychiatric nurse**

	Mental handicap nurse for the complex Psycho-geriatric nurse	3yrs 2004/07 3yrs 2004/07	Clinic in charge Clinic in charge	Use available staff (inservice) Use available staff
Provide basic mental health services in clinics. (fixed and mobile)	Clinic facilities Primary Health Care Practitioner	Roll out (1-3yrs) according to ability of LMA	Head: District Primary Health Care Programmes	Use existing staff
Establish for provincial to LMA, structures of intersectoral collaboration	Forum for stakeholder participation	3 yrs 04 / 07	Provincial Office	Use existing resources
Establish half-way houses (or protected work areas) or similar intermediate.	Building (or similar structure) NPO that runs activities in that setting	4yrs 2004/ 8	District Mental Health Coordinator With operational NPO	According to project(s) needs

Monitoring and evaluation

Monitoring will be done to establish the extent to which objectives of the policy have been achieved. The areas of monitoring will be in relation to the actions described above.

Evaluation will be done to judge the above items against the objectives of the Provincial Mental Health Policy, Policy No 8/5/1/3 P1 of 2004.

Compiled by the Provincial Mental Health and Substance Abuse Office
February 2004

Annexure B

PROGRAMME: IMPLEMENTATION OF THE MENTAL HEALTH POLICY

YEAR	DATES	THEME	ACTIVITIES	FOCUS GROUP AND EXPECTED OUTCOME
1	July 2004 – June 2005	Raise eustress levels to improve mental health	July – health facilities plan how they will promote and intergrate theme into health plans October Provincial plan tabled	Adult needs to raise eustress levels are identified and promoted
2	July 2005 – June 2006	Help make the child of today, be the mentally mature adult of tomorrow	Same as above	Children and adolescents needs for mental health are identified and promoted
3	July 2006- June 2007	A handicapped person is **A PERSON** living with a handicap	Same as above	Focus on needs and remedies for people living with a mental handicap or mental co-morbidity.
3	July 2006 – June 2007	Support the elderly to enhance old age grace	Same as above	Focus on needs and remedies of the elderly
4	July 2007 – June 2008	Support persons living with mental illness to protect them from crime.	Same as above	Preventive measure are promoted to reduce the number of state patients
5	June 2008 – June 2009	Policy Revision	Same as above	All stakeholders according to Provincial policy guidelines

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February 2004