KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

A systemic , collaborative and integrated approach in the provision of outreach services to District Health Facilities to enhance mental heath care, treatment and rehabilitation

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29th October 2026

ASIBE HEALTHY KZN

OUTLINE

1.Let's Dream a little
2.Burden of Disease
3.Mental Health Policies and Guidelines
4. Facility overview, services, staffing, challenges
5. Out-reach
5.1. Community
5.2. CMED
5.3. Clinics
5.4. CHCs
5.5. District Hospitals
5.6. Region 4- Out reach Model
6. NHI
7. Advanced psychiatric Nurses
8. Tele-psychiatry
9. HIV /Mental Health Integration
10. Learning from others
11. Call to Action
12. Sneak Preview



Some one once said (Who I really don't know but I'll add to add it):

IF YOU KEEPING DOING THE SAME THINGS AND YOU KEEP GETTING THE SAME RESULTS: THEN ITS TIME FOR CHANGE

THINK BIG
HAVE A NEW VISION
THINK 21ST CENTUARY

And don't fix what is not broken

SO LET US DREAM FOR A MINUTE






A Holistic Approach to Mental Health Recovery
A blog post


research in practice for adults
Frontline Briefing
Person-centred approaches to adult mental health
Dartington
www.ripfa.org.uk





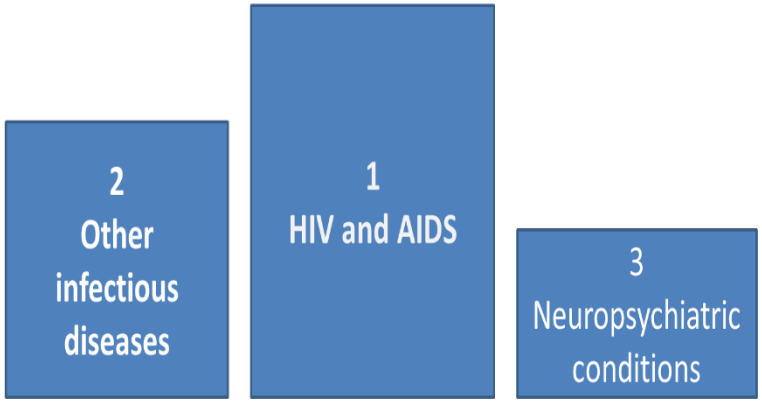
Primary Care-Mental Health Integration



Making the Pieces fit

COMMUNITY MENTAL HEALTH SERVICES

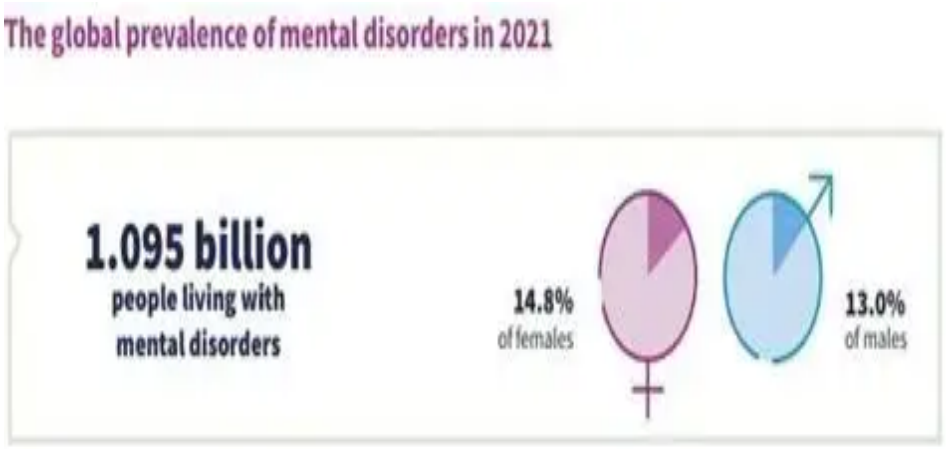
Burden of Disease: South Africa







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Burden of Disease

- Mental health conditions contribute substantially to disability and health care demand worldwide
- WHO- >1 billion people globally –living with a mental health disorder (1 in 8 people)
- Treatment gap- massive (many do not seek help, many do not have access to mental health services, others may be treated for other conditions other than the mental health disorder, or the mental health disorder is not picked up.
- Massive interaction between Mental Health Disorders, HIV, TB, NCDs, maternal health, substance use and injuries.
- Therefore, it is imperative that when planning services / out-reach/ campaigns that we recognise the interaction between mental health and other health priorities- plan accordingly
- HIV- (Anxiety, depression , substance abuse)
- Survivors of GBV- (post traumatic stress symptoms, anxiety, depression, suicidal thoughts
- Poverty, unemployment, violence, trauma, bereavement, social isolation and disasters intensify distress.

Mental Health Policies and Guidelines

Legislative prescripts

- Mental Health Care Act 17 of 2002 and amended Regulations
- The Constitution of the Republic of South Africa, 1996/Convention on the rights for people with disability
- National Health Act, Act 63 of 2003.
- Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008.
- IUSS guidelines MH
- National Guidelines: 72 Observation, Seclusion and Restraints
- Hospital –Standard Treatment Guidelines
- PHC- Standard Treatment Guidelines
- APC guidelines 2026
- Substance Abuse Guidelines
- Criminal Procedures Act/ Child Justice Act

Relevant Provincial Policies, Frameworks and Strategies

➢ National Mental Health Policy Framework and Strategic Plan 2023-2030



National Mental Health Policy Framework and Strategic Plan

HEALTH
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health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

ASIBE HEALTHY KZN

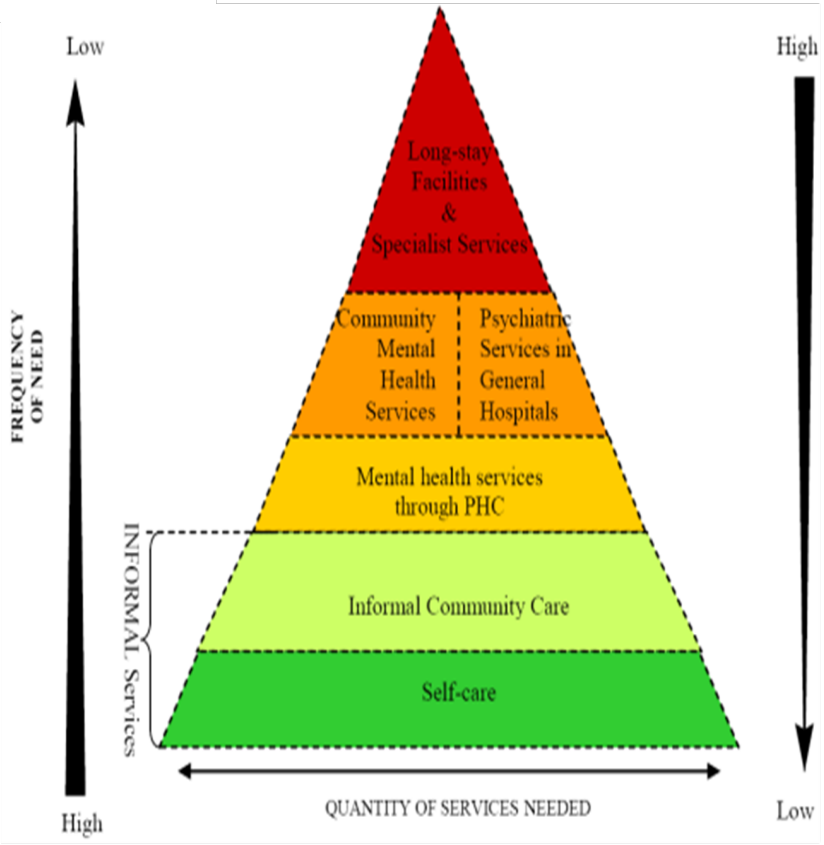
MENTAL HEALTH STRATEGIC GOALS

Strategic Priorities/GOALS
1. Strengthen effective leadership and governance
2. Provide comprehensive , integrated and responsive mental health and social care services in community and hospital based settings
3. Implement strategies for promotion and prevention in mental health
4. To strengthen information systems and research in mental health
5. To strengthen resources and infrastructure for mental health

8 catalytic objectives of the NMHPFSP
1.Strengthen district and PHC based MH services
2.Build institutional capacity
3. Conduct MH surveillance and research, strengthen innovation
4.Develop & improve infrastructure and capacity of facilities
5. Monitor availability of MH technology, equipment and medicines
6. Strengthen intersectoral collaboration
7. Increase and strengthen HR for MH
8. Strengthen MH promotion, prevention and advocacy

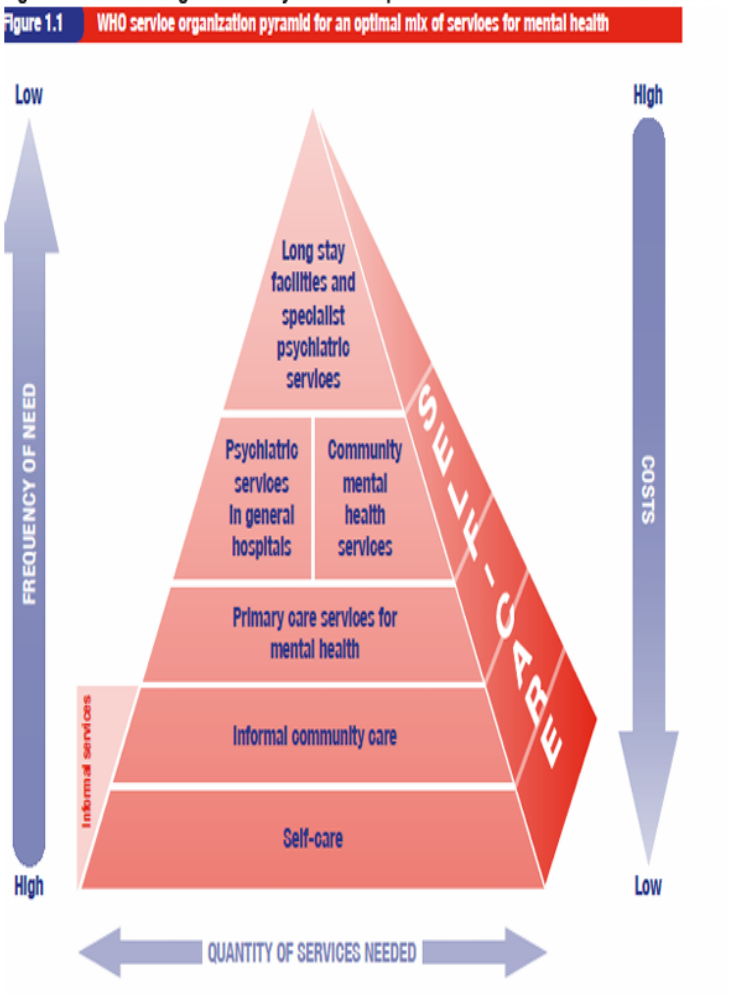
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OPTIMAL MIX OF SERVICES



Monitoring and evaluation

Figure 2: Services Organisation Pyramid for Optimal Mix of Services for Mental Health



Source: World Health Organization

National Mental Health Policy Framework and Strategic Plan 2023-2030

Areas for Action

District Mental Health System

- Integrate mental health into primary care services.
- Train primary care staff on mental health care.
- Establish district specialist mental health teams.
- Develop community-based mental health programs.
- Collaborate with other sectors for mental health.
- Build inpatient units in general hospitals.
- Comply with Mental Health Care Act for admissions.
- Train SAPS in mental health conditions to reduce stigma



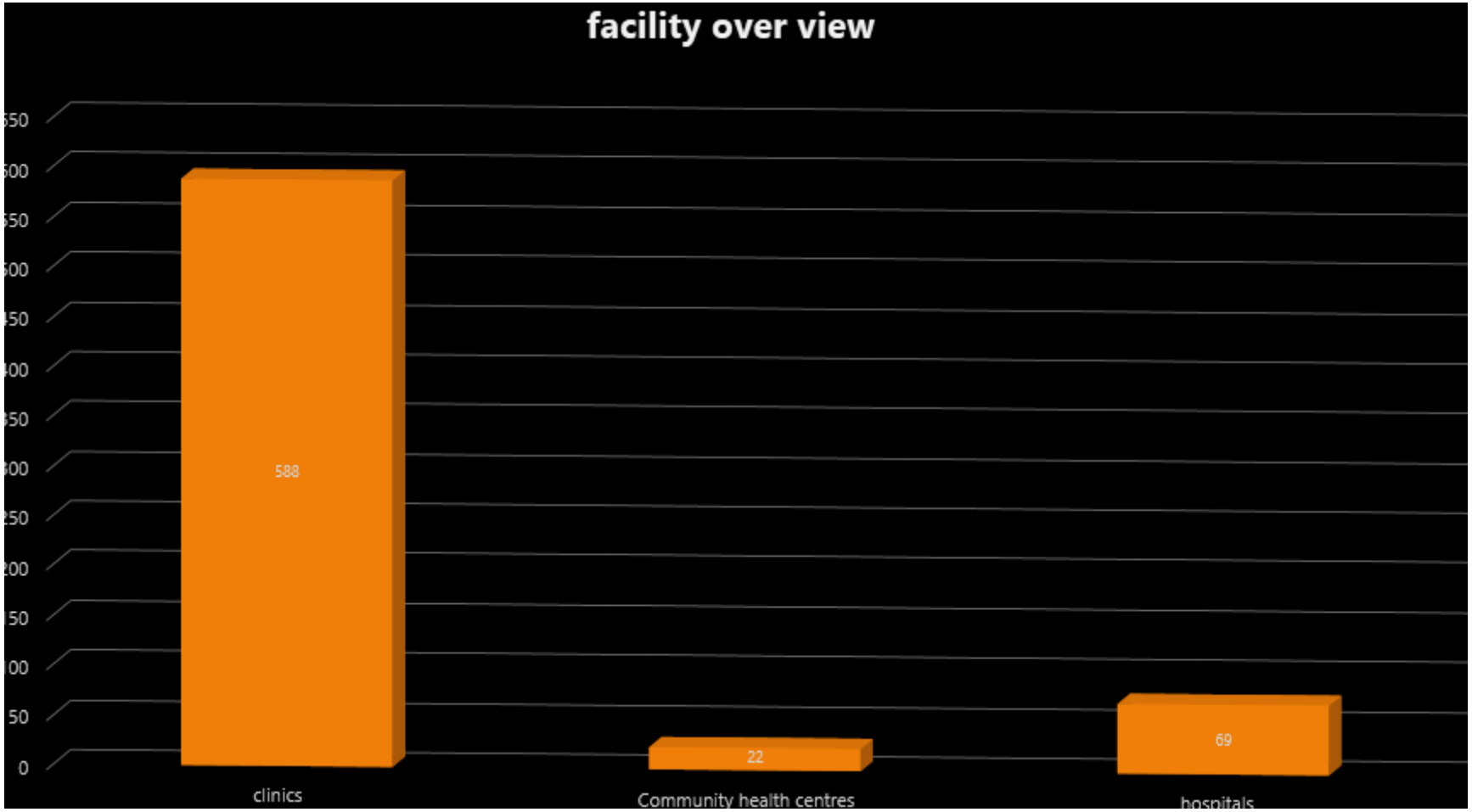
National Mental Health Policy
Framework and Strategic Plan

Roles and Responsibilities

District Health Services

1. **Mental Health Promotion**: Implement promotion and prevention interventions.
2. **Integration**: Integrate mental healthcare into all PHC facilities.
3. **Core Services**: Include mental health in district health services with screening, management, and referrals.
4. **Emergency Care**: Provide 24-hour emergency care and assessment.
5. **Training**: Train and supervise general health staff in mental health.
6. **Specialist Support**: Maintain specialist teams for support and supervision.
7. **Referral Systems**: Establish referral and back-referral pathways.
8. **Community Services**: Develop community-based mental health services.
9. **Collaboration**: Foster multi-sectoral collaboration through forums.
10. **Education**: Conduct community mental health education programs.
11. **Medication Access**: Ensure psychotropic medication availability.
12. **Substance Abuse**: Address substance abuse with dual diagnosis programs.

Facility Overview



MENTAL HEALTH SERVICES & STAFFING AT DIFFERENT LEVELS OF CARE

Quality mental health care at the right level, by the right team, at the right time.

	1 PHCS & CHCS (Primary Health Care Level)	2 UNITS ATTACHED TO DISTRICT HOSPITALS	3 UNITS ATTACHED TO REGIONAL HOSPITALS	4 TERTIARY & CENTRAL HOSPITALS	5 SPECIALIZED PSYCHIATRIC HOSPITAL
SERVICES (Key Services & Interventions)	• Routine mental health screening, management and referral • Outpatient mental health services • Voluntary mental healthcare • Further care, treatment and rehabilitation of involuntary admissions • Single psychiatrist forensic enquiry (if Medical Officers/ outreach psychiatrist) • State patients' care, treatment and rehabilitation whilst on Leave of absence • Mental-health research and training	• Routine mental health screening, management and referral – all patients consulted or admitted • Outpatient mental health services • Voluntary mental healthcare • Emergency mental health admission • Assisted admissions • 72-hr assessment of involuntary admissions • Further care, treatment and rehabilitation of involuntary admissions • Single psychiatrist forensic enquiry (if Medical Officers/ outreach psychiatrist) • Mental-health research and training	• Routine mental health screening, management and referral – all patients consulted or admitted • Outpatient mental health services • Voluntary mental healthcare • Emergency mental health admission • Assisted admissions • 72-hr assessment of involuntary admissions • Further care, treatment and rehabilitation of involuntary admissions • Single psychiatrist forensic enquiry • Subs-specialty child psychiatry • Sub-specialty adolescent psychiatric programmes • Adult inpatient psychotherapeutic programmes (e.g. eating disorders, etc.) • Mental disorder and substance abuse co-morbidity programmes • Psycho-geriatric programmes • ECT • Mental-health research and training	• Routine mental health screening, management and referral – all patients consulted or admitted • Outpatient mental health services – limited • Voluntary mental healthcare • Emergency mental health admission • Assisted admissions • 72-hr assessment of involuntary admissions • Further care, treatment and rehabilitation of involuntary admissions • Single psychiatrist forensic enquiry • Subs-specialty child psychiatry • Sub-specialty adolescent psychiatric programmes • Adult inpatient psychotherapeutic programmes (e.g. eating disorders, etc.) • Mental disorder and substance abuse co-morbidity programmes • Psycho-geriatric programmes • ECT • Mental-health research and training	• Outpatient mental health services – limited • Voluntary mental healthcare • Emergency mental health admission • Assisted admissions • 72-hr assessment of involuntary admissions • Further care, treatment and rehabilitation of involuntary admissions • Single psychiatrist forensic enquiry • Subs-specialty child psychiatry • Sub-specialty adolescent psychiatric programmes • Adult inpatient psychotherapeutic programmes (e.g. eating disorders, etc.) • Mental disorder and substance abuse co-morbidity programmes • Psycho-geriatric programmes • Up to 30-day forensic psychiatric observations • Care and rehabilitation for severe and profound intellectual disability • State patients' care, treatment and rehabilitation • Mentally ill prisoners' care, treatment and rehabilitation • ECT • Mental-health research and training
STAFFING (Core Staff Complement)	• Medical Officer • Professional Nurse with Psychiatry • MDT outreach at PHC facilities • CHCs - in addition: Registered Counsellors, Social Workers, Occupational Therapist & MDT outreach PHCs & CHCs work closely with Family Medicine teams and community partners.	• Medical Officer • Operational Manager Nurse • Clinical Psychologist • Social Worker • Occupational Therapist • Professional Nurse • Enrolled Nurse • Nursing Assistance • Patient (Admin) Services (Patient Services Clerk – OPD & Admission) • Security Officers (Day & Night) In house • General Orderlies (Day & Night) Future planning: Advanced Psychiatric Nurses to be placed at District Hospitals.	• Head Clinical Unit (HCU) • Psychiatrist • Medical Officer • Operational Manager Nurse • Clinical Psychologist • Social Worker • Occupational Therapist • Professional Nurse • Advanced Psychiatric Nurse • Enrolled Nurse • Nursing Assistance • Patient (Admin) Services (Patient Services Clerk – OPD & Admission) • Security Officers (Day & Night) In house • General Orderlies (Day & Night)	• Head Clinical Unit (HCU) • Psychiatrist • Medical Officer • Operational Manager Nurse • Clinical Psychologist • Social Worker • Occupational Therapist • Professional Nurse • Advanced Psychiatric Nurse • Enrolled Nurse • Nursing Assistance • Patient (Admin) Services (Patient Services Clerk – OPD & Admission) • Security Officers (Day & Night) In house • General Orderlies (Day & Night)	• Head Clinical Unit (HCU) • Psychiatrist • Medical Officer • Operational Manager Nurse • Clinical Psychologist • Social Worker • Occupational Therapist • Advanced Psychiatric Nurse • Professional Nurse • Enrolled Nurse • Nursing Assistance • Patient (Admin) Services (Patient Services Clerk – OPD & Admission) • Security Officers (Day & Night) In house • General Orderlies (Day & Night)

Partnerships are essential

All mental health care should be approached collaboratively – partnerships between internal (DOH) resources and external stakeholders (CCGs, DoE, DoJ, SAPS, and NGOs) are essential.

CCGs | DoE | DoJ | SAPS | NGOs

Staffing overview- Done at the beginning of the financial year

- Psychiatrists- 33
- Psychologists- 63
- Social Workers- 254
- Occupational Therapists- 179
- Advanced Psychiatric Nurses: 169, In addition the province has trained 70 nurses in child and adolescent mental health at the University of Free State.
- Contracted on NHI Mental Health grant- Social Workers: 5, Occupational Therapist-4, Psychologist-5, Registered Counsellors-22 Psychiatrist-2 (Forensic Mental Health),
- This status has changed- resignations, retirements , movements
- Key- Many of the specialist are at specialized units /psychiatric hospitals

WHERE PSYCHIATRISTS ARE IN KZN DISTRICTS

Mental health services closer to our communities

Amajuba District
- Madadeni Provincial Tertiary Hospital

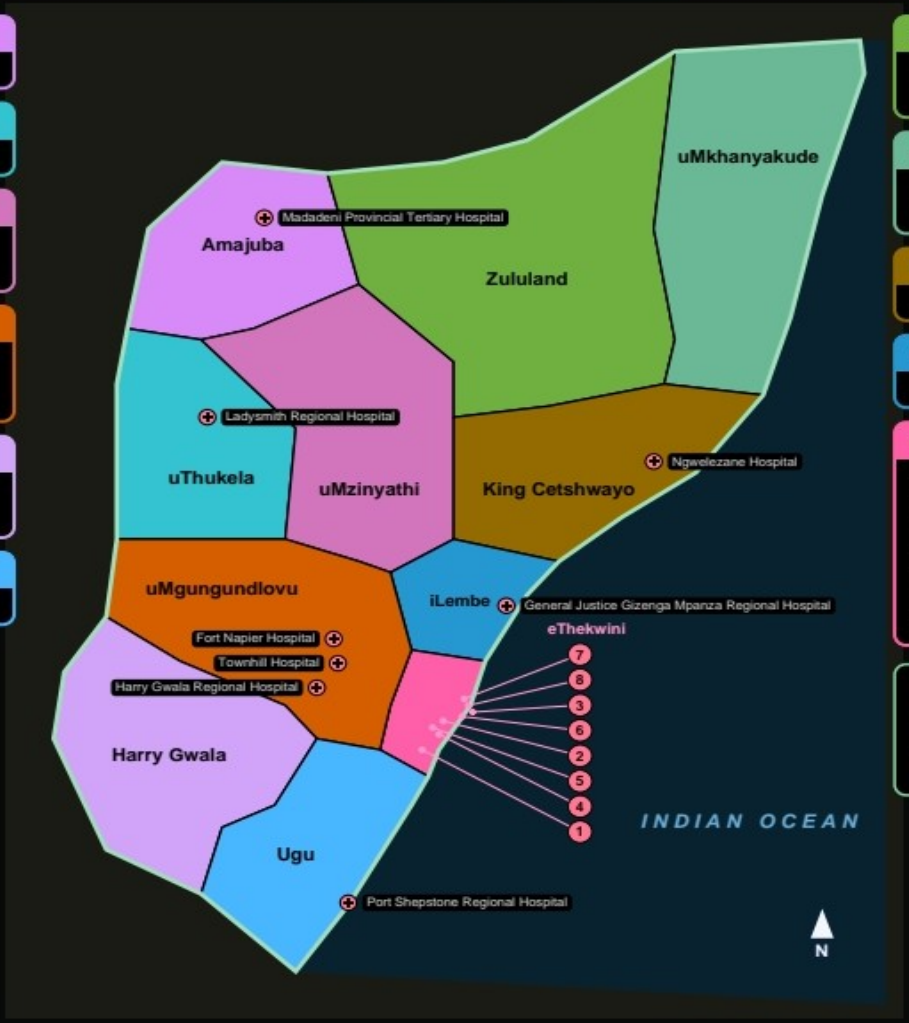
uThukela District
- Ladysmith Regional Hospital

uMzinyathi District
NIL

uMgungundlovu District
- Townhill Hospital
- Fort Napier Hospital
- Harry Gwala Regional Hospital

Harry Gwala District
NIL

Ugu District
- Port Shepstone Regional Hospital



Zululand District
NIL

uMkhanyakude District
NIL

King Cetshwayo District
- Ngwelezane Hospital

iLembe District
- General Justice Gizenga Mpanza Regional Hospital

eThekwini Metropolitan District
1. Pixley Ka Isaka Seme Memorial Hospital
2. R K Khan Hospital
3. Addington Hospital
4. Prince Mshiyeni Memorial Hospital
5. Ekhulengeni Hospital
6. King Edward VIII Hospital
7. King Dinuzulu Hospital
8. eThekwini District Office

KEY
- Psychiatrist / psychiatric services
- NIL No psychiatrist in the district
- Ocean (schematic map, not to scale)

District boundaries and facility positions are approximate.

MENTAL HEALTH SERVICES | INTEGRATED | EQUITABLE | QUALITY CARE

Challenges

Resources	Lack of space/infrastructure for MH)
	Insufficient human resources, vacant posts, lack of funding
	Many nurses with advanced mental health & CAMH training not optimally utilised in facilities
	Insufficient support/outreach from hospitals in the area to clinics or inconsistent distribution of specialists to facilities
	Limited access to psychiatric medication in PHCs & national stockouts impacting management of MHCUs
	Shortage of psychiatric beds at each hospital level with overburden of MHCUs in medical wards & premature discharge
Systems	MH screening not prioritised in all streams, with inconsistent tools/methods
	MH screening is not resulting in brief interventions / brief interventions are not being documented
	Down referrals from hospitals are not communicated by the hospital / no appointments made
	Poor/limited booking, tracking and tracing system for defaulters
	Insufficient integration with CHWs regarding MHCUs
Training	Lack of capacitation
	Many nurses did not have basic psychiatry in their curriculum , courses have been stop
	Training and cascading of the BMH tool was insufficient when rolled out
	APC guidelines - MH section is not known by clinicians or focused on
	No cascading of training, lack of mentoring
Societal problems	High prevalence of substance abuse - patients wanting inpatient admission for management of withdrawal symptoms
	Patient “dumping” - families not supporting MHCUs, not monitoring treatment compliance, relying on hospitals for care
	Revolving door syndrome – high relapse rate
	Hungry patients self-admitting to get food
	Increase in suicide cases and non-fatal suicide attempts

Out-reach

- Is seen as an essential strategy for transforming mental health services
- Task shifting / task sharing approaches
- Challenges;
- Periodic specialists consultations
- Non integration
- Lack of support
- Lack of staffing
- Lack of coordination
- Lack of funds
- Silo approaches



Community out-reach/campaigns

- Beautiful activities, big events: often a vertical or silo approach
- A more integrated approach is required
- Coordination, planning , collaboration
- HIV , GBV, Substance abuse, Chronic disease , School Health , Maternal and Child, TB, STI, Climate change, Disaster management campaigns –MUST include Mental Health
- pamphlets , education material, talks , community dialogues, screening , referral contacts
- Inte-departmental planning/collaboration
- District mental health forums /partnerships



Community out-reach/campaigns



CMED- Community Health Workers

- Integrated house visits
- to include mental health and substance abuse
- Tool Developed – UKZN collaboration
- Mapping of referral process /pathways
- Looking at supervision /support structures
- Indicators /monitoring
- Pilot process
- Training/rollout

- Still required- Coordination, mentoring , support, clear job descriptions psychosocial support

Clinics

- Planned/scheduled specialist-supported clinic session, prioritised by need and travel distance.
- Nurse-led screening and follow-up; primary-care clinician reviews physical causes, medicines and comorbidities, cover all basics
- Joint review of complex depression, psychosis, bipolar disorder, substance use, perinatal and adolescent presentations.
- Use standard tools and local protocols; maintain a high-risk register with privacy safeguards.
- Every consultation ends with a written plan, named responsible clinician, review date and escalation criteria.
- Training /capacity building, supervision, mentoring, active collaboration and partnership.
- Active planning, coordination , management buy in, priority etting, resource allocation, monitoring and evaluation

CHCs

- Protected mental health clinic time and a named mental health focal nurse/person.
- Integrated mental and physical health reviews: HIV/TB, chronic disease, maternal health, sexual/reproductive health and substance use.
- Brief psychological interventions, psychoeducation, adherence support, relapse prevention and family engagement.
- Group-based interventions where appropriate: depression/anxiety skills, coping, caregiver support and recovery planning.
- Teleconsultation between outreach visits; structured step-up and step-down referral with feedback.
- Training /capacity building, supervision, mentoring, active collaboration and partnership.
- Active planning, coordination , management buy in, priority setting, resource allocation, monitoring and evaluation

District Hospitals

- Outreach: scheduled MDT visits to district hospitals, case conferences and ward/OPD consultation.
- In-reach: district clinicians rotate through specialist sites for supervised learning and exposure to complex cases.
- Joint emergency and admission pathways; discharge planning starts at admission and includes PHC follow-up.
- Regular review of repeat admissions, long stays, restraint/seclusion incidents, suicide/self-harm events and delayed transfers.
- District hospital teams should have rapid advice access for uncertainty and defined transfer thresholds
- Training /capacity building, supervision, mentoring, active collaboration and partnership.
- Active planning, coordination , management buy in, priority setting, resource allocation, monitoring and evaluation

Outreach Model- Ngwelezane Hospital

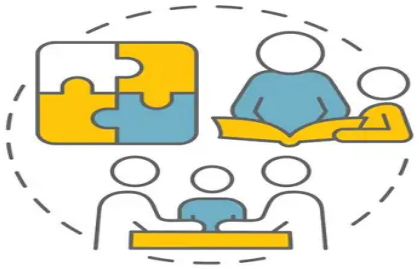
- Ngwelezane Hospital- Region 4 – with Zululand and uMkhanyakude District
- Rural in nature
- 23m / 3m population are uninsured
- 16 districts, 3 CHCs, a number of clinics under these facilities
- Specialist services- Ngwelezane Hospital and Queen Nandi Hospital
- No specialized Hospitals
- Referrals- Madadeni Hospital and Townhill Hospital
- District Hospitals –challenges
- CHC/PHC- challenges
- The model-aimed to strengthen mental health services at district hospitals and community health centres by linking specialist mental health teams with local healthcare professionals. Its approach combined direct clinical support, workforce development, multidisciplinary collaboration and health-system strengthening.

Key interventions

- **Specialist outreach** visits-Regular, planned visits by psychiatrists and clinical psychologists to district hospitals; ward rounds, patient assessments and case discussions.
- **Multidisciplinary teamwork-** Collaboration between psychiatrists, medical officers, mental health nurses, psychologists, social workers and occupational therapists.
- **Clinical training and mentorship-** Bedside teaching, case-based learning, workshops and practical supervision of district healthcare professionals
- **In-reach training-**Opportunities for district medical officers to gain experience at Ngwelezana Hospital's specialist psychiatric services.
- **Child and adolescent mental health services-**Training mental health nurses in child psychiatric nursing, developing specialist roles and establishing a weekly child mental health clinic at Queen Nandi Regional Hospital.
- **PHC integration-** Collaboration with the University of KwaZulu-Natal Centre for Rural Health through the Mental Health Integration into Primary Care initiative; training and support for community-based interventions.

Key interventions

- **Specialist consultation between visits-**Telephone calls, WhatsApp, digital platforms and direct communication between district clinicians and specialists.
- **Referral and continuity of care**-Strengthening referral pathways between PHC facilities, district hospitals and regional or specialist services, with follow-up where appropriate.
- **Clinical governance and service improvement-**Supporting hospital managers with quality improvement, patient safety, staffing, medico-legal matters and service planning
- **Community and intersectoral collaboration-**Engagement with NGOs, families, community services and relevant government departments




Integration across all levels
partnership
Flexibility
Collaborative care
Capacity building
Decentralization of services
Main strategies

There are risks/limitation

Dependence on specialist availability: Outreach capacity can decline when psychiatrists, psychologists or other key professionals leave or are redeployed.

Long distances and transport costs: The model requires dependable transport and sufficient time for specialists to travel and work at remote facilities.

Incomplete multidisciplinary coverage: Some district hospitals still lack the staff needed to provide comprehensive mental health care.

Disruption of activities: COVID-19 and other operational challenges demonstrated that outreach and training programmes can stall.

Variable supervision and follow-up: The programme's follow-up arrangements were guided by clinical judgement rather than a fully standardised protocol.

Limited outcome evaluation: The article does not provide a formal comparative assessment showing the extent to which the programme improved clinical outcomes, reduced admissions or was cost-effective.

Risk of over-reliance on task-sharing: Delegating tasks without adequate supervision, clear responsibilities and appropriate staffing could place additional pressure on already stretched generalist teams.

KZN NHI MENTAL HEALTH

- NHI Mental Health Grant – Forensic Mental Health Aspect and Primary Health Aspects

Category	Target	As at end of Q2- NUMBER OF NHI staff in place	Comment
Psychiatrist	02	02	-
Psychologist	05	03	X02 vacant posts Amajuba Psychologist left at the end of March 2026 eThekwini psychologist left at the end of May 2026
Registered Counsellor	22	21	X01 vacant post -uMkhanyakude (Othobothini CHC)
Occupational Therapist	04	04	All posts filled
Social Worker	05	05	All posts filled
Medical Officer	01	01	Note this MO has now left in Q2
Total	39	36	PLAN- to obtain approval to fill vacant posts

KZN NHI MENTAL HEALTH

- Roving Mental Health Specialist Teams (Psychiatrist , Psychologist, Occupational Therapists (Regional approach)
- ROLES: broader than just consultations- capacity building, out reach, system development, planning , district plans, oversight, monitoring and evaluation, situational analysis, facility visits, , specialist support
- Registered counsellors – consultations, out-reach, groups, health education, trainings
- Medical Officer- Diploma in mental health- out-reach to PHC facilities
- They have done a fantastic job



Example registered counsellors

Indicator	Edumbe CHC	Pomeroy	Danhauser CHC	Gamalakhe CHC	Mfundo Arnold Lushaba	Bruntville CHC	Mbalenhle CHC	EastBoom CHC	Sundumbili CHC	Ndwedwe CHC	Nseleni CHC	Cato Manor	Inanda CHC	Hlengisizwe CHC	KwaDabeka CHC	Phoenix CHC	Tongaat CHC	KwaMashu CHC	Wentworth	St Chads	Pholela CHC	Othobothini	TOTAL
Number of clients counsulted	117	106	555	194	165	100	235	142	108	146	104	138	105	100	5	148	0	448	221	142	129	0	3408
Number of PSR therapy groups conducted	7	1	31	0	4	6	2	1	3	8	0	1	12	1	0	12	0	0	0	12	0	0	101
Number of people that attended PSR groups	16	20	709	0	43	70	17	2	30	56	0	26	65	4	0	41	0	0	0	125	0	0	1224
OUTREACH																							
Number of Out-reach Conducted	10	8	30	21	17	10	13	19	24	0	11	3	9	18	0	24	0	9	0	18	4	0	248
Number of clients consulted in outreach	2	443	231	70	41	63	72	59	36	0	163	7	16	76	0	79	0	61	0	38	18	0	1475
Number of PSR therapy groups conducted in Outreach	1	0	0	0	2	5	0	0	15	0	0	0	0	0	0	0	0	0	0	0	0	0	23
Number of people that attended PSR therapy groups in outreach	5	0	0	0	80	45	0	0	15	0	0	0	0	0	0	0	0	0	0	0	0	0	145
Total number of clients seen in month (include all individual/group/out-reach clients seen	140	569	1495	264	329	278	324	203	189	202	267		186	180	5	268	0	509	221	305	147	0	6252
TRAINING AND PSYCHOEDUCATION																							
Number of Trainings Done	0	2	23	2	2	4	4	2	0	8	1	0	2	2	0	3	0	0	2	2	3	0	62
Number of People who attended trainings	0	31	198	6	29	70	70	27	0	60	21	0	18	35	0	24	0	0	22	28	25	0	664
Number of Psychoeducation talks given	2	8	29	13	4	11	7	12	9	25	11	6	12	4	1	12	0	0	2	12	5	0	185
Number of People who atteneded psychoeducation talks	75	165	1694	274	313	467	362	731	117	1681	341	441	616	6824	40	900	0	0	350	1186	1130	0	17707
Total Number of clients who attended trainings and psychoeducation talks	75	196	1892	280	342	537	432	758	117	1741	362	441	634	6859	40	924	0	0	372	1214	1155	0	18371

Example Roving DMHSTs: uMgungundlovu-Q1 2026/2027

Category of Staff	Actual hours worked	Consultations	Training	Numbers trained (attendees)	Health Promotion sessions	Numbers attended Health Promotion	Meetings attended
Chief Clinical Psychologist	480	125	7	104	1	20	19
Social Work Manager	480	155	8	314	5	170	12
Deputy Director Occupational Therapist	480	173	4	1170	3	229	17

Advanced Psychiatric Nurses- Out reach opportunities

- KZN- Advanced Psychiatric nurses (adults , child and adolescent mental health nurses
- Specialized facilities
- Inappropriately placed
- Incorrect / inadequate job description
- SANC- Core competencies
- Outreach potential-Provide specialist assessment, care planning, psychoeducation, relapse prevention and follow-up within authorised scope and local protocols.
- Coach PHC nurses in screening, risk assessment, therapeutic communication, psychotropic monitoring and side-effect recognition.
- Lead case discussions, clinical supervision, audits, care pathway implementation and family/community education.
- Support HIV/TB integration, perinatal/adolescent mental health, substance-use screening and referral coordination.
- supervision, escalation to medical/psychiatric colleagues and ongoing CPD.

Tele-psychiatry

- Hub-and-spoke system : specialist hub supports districts/facilities team through scheduled video case conferences and individual consultations.
- Store-and-forward: secure referral summary, risk assessment, medication history and key investigations reviewed before the session.
- Virtual MDT: psychiatry, psychology, nursing, social work and OT review cases together across sites.
- Use low-bandwidth options, private rooms, consent, identity checks, secure approved platforms, documentation and an in-person fallback.
- Innovation: outreach dashboard, SMS appointment reminders, peer navigation, mobile supervision, simulation-based training and blended in-person/virtual clinics.
- **Way Forward**
- Plan for KZN was drafted
- Situational assessment was done by IT
- Costing to be done, Motivation for funday , to commence with areas where there is a shortage of specialist

Integrating HIV and mental health out-teach

- The model should include;
- Mental Health education during HIV campaigns and routine HIV consultations
- Appropriate identification, screening , assessment of mental health needs
- Brief interventions, care, treatment
- Referral
- Follow up
- Joint case reviews
- Prioritise people with new HIV diagnosis, ART initiation or interruption, detectable viral load, adherence difficulty, perinatal HIV and repeated missed visits.

- We need to train and support those work in HIV - metal health and substance abuse
- What about vice versa - HIV education , testing, counselling for mental health care users

Learning from others

- Western Cape- emphasis on specialist out-reach , integration of mental health into PHC , psychosocial rehabilitation , ACT teams
- Gauteng- District Mental Health Specialist Teams , Clinical Community Psychiatric , Teams , NGO Governance and compliance teams , intersectoral collaboration , workforce development
- Zimbabwe's Friendship Bench
- India–Atmiyata: trained community volunteers offer awareness, brief supportive contact and referral; useful for reaching villages, not a substitute for specialist treatment.
- WHO community mental health guidance: rights-based, person-centred services embedded in communities, with crisis, outreach and recovery support.

Call to Action

- Make every district a place where people can receive mental health care close to home.
- Move from episodic visits to a supported network: community + PHC + district hospital + specialist hub.
- Invest in people, especially district specialist teams and advanced psychiatric nurses, alongside medicines, transport, supervision and digital access.
- Make every outreach visit leave behind greater local capacity, clearer pathways and a safer plan for the person.
- The measure of success is not how far the specialist travels–it is how much stronger the local system becomes.
- Planned, coordinated, integrated out-reach
- Governance
- Provincial, District and facility support
- Partnership

Sneak preview- launching soon

- Make every district a place where people can receive mental health care close to home.
- Move from episodic visits to a supported network: community + PHC + district hospital + specialist hub.
- Invest in people, especially district specialist teams and advanced psychiatric nurses, alongside medicines, transport, supervision and digital access.
- Make every outreach visit leave behind greater local capacity, clearer pathways and a safer plan for the person.
- The measure of success is not how far the specialist travels–it is how much stronger the local system becomes.
- Planned, coordinated, integrated out-reach
- Governance
- Provincial, District and facility support
- Partnership

Goal 1-Strengthening effective leadership and governance

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Enhance Institutional Capacity building (Provincial, District level)	Establish a functional multidisciplinary Provincial Technical Advisory committee	Functional multidisciplinary Provincial Technical Advisory committee	Appointed PTAC % meetings conducted annually	Not fully functional	Functional 100%	Functional 100%	Functional 100%	Functional 100%	Functional 100%	Functional 100%	Appointment letters Venue S&Ts
	Establish a Mental health directorate in the province	Fully functional Provincial Mental health Directorate	Percentage of Directorate posts filled encompassing all areas of the mental health program	5/5=100%	100%	100%	100%	100%	100%	100%	COE Offices Equipment

Goal 1-Strengthening effective leadership and governance

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Enhance Institutional Capacity building (Provincial, District level)	Appoint District Coordinators to focus on the mental health program in each district in the province	All 11 districts to have a dedicated District Mental Health Coordinator	% of Districts with dedicated Mental health Coordinators	18% (2/11)	100%	100%	100%	100%	100%	100%	COE Offices Equipment
	Develop a repository of mental health policies, guidelines, SOPs	Repository developed and fully accessible	Repository developed and accessed by all districts	Ongoing development	Active	Active	Active	Active	Active	Active	Equipment Access to internet/intra-net at facility level
	Appoint functional and independent mental health review boards that cover all regions (4)	4 MHRBs fully functional	Number of MHRBs functional	3	4	4	4	4	4	4	Budget for 4 regional MHRBs with secretaries Offices Stationery Filing cabinets equipment

Goal 1-Strengthening effective leadership and governance

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Promote Inter-sectoral collaboration	Establish a Provincial Intersectoral Mental Health Forum (General and Forensics mental health)- Forum to be inclusive of all government departments	Functional Provincial inter-sectoral committee	% of Provincial Inter-sectoral Forums functional (1/1=10%)	0% Current committee ommittee focuses on Forensic Mental health only)	100% committee	100%	100%	100%	100%	100%	Nil
	Establish District Mental Health Forums	Functional Districts Mental Health Forums	% District with functional District Mental Health Forums	45% (5/11)	100%	100%	100%	100%	100%	100%	Nil

Goal 1-Strengthening effective leadership and governance

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Promote Inter-sectoral collaboration aboration	Establish a Provincial internal interdisciplinary mental health and substance abuse stakeholder forum (Internal-to include all components in DOH)	Appointed and Functional internal interdisciplinary mental health and substance abuse stakeholder forum	No of Appointed and Functional internal interdisciplinary mental health and substance abuse stakeholder forums	None	Functional	Functional	Functional	Functional	Functional	Functional	Appointment letters Venue
	Participate in Local drug action committees (District)	Functional local drug action committees	% District with participating local drug action committees	6/11(55%)	100%	100%	100%	100%	100%	100%	
	Participation in the Provincial Anti-Substance Abuse Forum	Health appointment on the Forum promoting mental health and substance on the agenda	% of scheduled meeting attended by Health Representative	100%	100%	100%	100%	100%	100%	100%	Appointment letter S&T

Goal 1-Strengthening effective leadership and governance

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Enhance Annual Licencing of Mental Health Services (Private Hospital, NGOs, ECT services	Participation in the Annual Licencing processes	Mental health facilities to be licenced as stipulated in the Mental Health Care Act 17 of 2022	% of Private psychiatric Hospitals assessed	100%	100%	100%	100%	100%	100%	100%	
			% of Mental health NGOs assessed.	100%	100%	100%	100%	100%	100%	100%	
			% of facilities assessed for ECT	100%	100%	100%	100%	100%	100%	100%	
		Support DSD in assessing Substance abuse Treatment Centres Prevention of and treatment for Substance Abuse Act 70 0f 2008	% of Substance abuse treatment centres assessed.	100%	100%	100%	100%	100%	100%	100%	

Goal 1-Strengthening effective leadership and governance

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Facilitate Annual listing	Listing of all facilities that will conduct 72-hour observation in the province	Published list of facilities providing 72-hour observation	% listed facilities conducting onducting 72-hour observations	100%	100%	100%	100%	100%	100%	100%	S&Ts Hospital Maintenance and infra-structure budget and Human resources
Facilitate Designation of psychiatric hospitals	Designation and update designation as required by the MHCA	Designation outlining package of services to be provided	100% of hospitals designated as psychiatric hospitals	100%	100%	100%	100%	100%	100%	100%	S&Ts Hospital Maintenance and infra-structure budget and Human resources

Goal 2: Provide comprehensive, integrated and responsive mental health and social care services in community-based settings and hospitals

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target					Resources Required
				2022	2023/2024	2024/2025	2025/2026	2026/2027	2028/2029	
Strengthen District based mental health services and Primary Health Care Re-engineering	At least one specialist mental health team will be established in each district	Specialist mental health teams established at each district to ensure community mental health services are enhanced	% of Districts with DSMHTs	0%	4/11=36%	6/11=55%	8/11=73%	11/11= 100%	11/11=100%	District Budget for COE Equipment and tools Travel allowance
	Designate all CHCs in the province to provide psychological services with appropriate accreditation and staffing	All CHCs designated to provide psychological services	% of CHCs designated	13/22= 59%	100%	100%	100%	100%	100%	NIL

Goal 2: Provide comprehensive, integrated and responsive mental health and social care services in community-based settings and hospitals

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Strengthen District based mental health services and Primary Health Care Re-engineering		Registered counsellors appointed at the CHCs	% of CHCs with registered counsellors	13/22= 59% counsellors	100%	100%	100%	100%	100%	100%	District COE (to absorb from NHI grant) Tools
Enhance Capacity of Mental Health Non-Governmental Organisations	Advocate, lobby for grant funding for eligible NGOs	Increased number of Mental Health NGOs funded	Number of Mental Health NGOs funded	(Check with Dr H)	28	29	29	26	29	29	Grant Budget

Goal 2: Provide comprehensive, integrated and responsive mental health and social care services in community-based settings and hospitals

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target					Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Ensure the availability of Community: Tools and Strategies/ packages development	Plan for the development of. a). Mental health response to emergencies inclusive of training plans for emergency personnel (EMS/first responders) b). Services for vulnerable groups (intellectual disability, elderly, GBV/femicide, LGBTI +, war veterans, displaced, children, people with disabilities) c) Community mental health and education detection tool d) Child and adolescent Screening tool e). Health Sector Drug Master Plan	Identified tools/ strategies developed and implemented Approved and implemented plan	% of identified tools/ strategies developed and implemented	-	1/5= 20%		2/5= 40%	3/5=60%	4/5=80%	5/5=100%	Budget for printing, training, travel and accommodation

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Goal 2: Provide comprehensive, integrated and responsive mental health and social care services in community-based settings and hospitals

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target					Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Promote the Early detection and management of Mental health and substance abuse disorders	To provide a standardized screening tool for screening, brief interventions and referral to treatment	Increased number of clients screened, diagnosed and treated at level and all streams (MCWH, HAST, Surgical, Orthopaedic, Orthopaedic, A&E, oncology etc.	MH and disorder screening, screening rate	BMH in place Screening rate 35%	35%	45%	55%	65%	65%	Tools Posters SOP Register
			Diagnosed positive for mental disorders	Nil	10% of screened	10% of screened	10% of screened	10% of screened	10% of screened	Tools Posters SOP Register
			Diagnosed positive for substance-ance-use disorders	Nil	10% of screened	10% of screened	10% of screened	10% of screened	10% of screened	Tools Posters SOP Register
			Treated for mental disorders	Nil	100% of the diagnosed	100% of the diagnosed	100% of the diagnosed	100% of the diagnosed	100% of the diagnosed	Tools Posters SOP Register

Goal 2: Provide comprehensive, integrated and responsive mental health and social care services in community-based settings and hospitals

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target					Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Reducing Patient Safety Incidents involving MHCUs	Developing a PSI monitoring ssystem/register Development of standardized assessment forms, risk assessment, training, improving infrastructure, enhancing accountability Appointment of psychiatrists at high burden District Hospitals	Patient safety enhanced. Reduction in PSIs by 55%annually.	Percentage reduction in PSIs involving MHCUs	TBD	5%	5%	5%	5%	5%	CCTV Staffing: Nurses Security Infrastructure Training budget

Goal 2: Provide comprehensive, integrated and responsive mental health and social care services in community-based settings and hospitals

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target					Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Enhancing Forensics Mental Health- Reducing waiting times for Observations Observations and State Patients	Plan for contracting psychiatrists for forensic services Increase beds for forensic services	Reduction in the waiting times for observations bservations s and state patients	Waiting period	6 months	3 months	3 months	3 months	3 months	3 months	Budget for: Psychiatrists Nursing Security Infrastructure

Goal 3: Implement Strategies for Promotion and Prevention in Mental Health

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target					Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Enhance Advocacy, Mental Health promotion and prevention of illness	Develop guidelines to enhance mental health advocacy	Guidelines developed. Wide reaching mental health advocacy campaigns	% of districts conducting mental health advocacy campaigns and events	11/11=100%	100%	100%	100%	100%	100%	IEC material printing Venue refreshments
	Integration of mental health education and promotion into the health promotional strategy/events in all districts	Mental health campaigns/awareness programs conducted in all districts	% of Districts with Mental Health included in the health promotion strategy/events	TBD	100%	100%	100%	100%	100%	IEC material printing Venue refreshments

Goal 3: Implement Strategies for Promotion and Prevention in Mental Health

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target					Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Promote the implementation Health Sector Drug Master plan	Development and implementation of the Provincial Health sector drug plan	Promotion and prevention of substance abuse	Number of education and awareness campaigns/ events	10	100	100	100	100	100		IEC material printing Venue refreshments
		Early detection and interventions on substance use disorders	Percentage of patients screened for substance use disorders	BMH in place Screening rate 35%	35%	45%	55%	65%	65%		Tools Posters SOP Register

Goal 3: Implement Strategies for Promotion and Prevention in Mental Health

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Strengthen PSR at Community level, enhance re-integration and after care	Develop a Psychosocial rehabilitation policy. Development of a de-institutional policy/plan	Psychosocial rehabilitation policy developed, communicated and implemented by all districts- enhancing PSR at all levels	% Districts implementing PSR programs and de-institutionalisation plan/program	T.B. D	3/11-27%	6/11=55%	8/11=73%	10/11=90%	11/11=100%		Training budget

Goal 4: To strengthen information systems, evidence and research for mental health and substance abuse

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target					Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Enhance Surveillance/Monitoring and evaluation system	Quality surveillance/Monitoring and evaluation	Key indicators included and reported on by all districts	% of Districts Reporting on the 5 new indicators added	0		4/11=36 %	8/11= 73%	11/11=100%	11/11=100%	11/11=100%	Registers Training budget
	Implementation of the Substance Surveillance system for alcohol, tobacco and other drug use	Facilities conducting substance abuse surveillance, to determine substance abuse burden of disease/trends in the province	Number of facilities participating in the surveillance program	4- pilot facilities		22 (CHC)- New	11 – New -(Hospitals)	11 –New ((Hospitals)	Ongoing	Ongoing	Budget for training Tools Funding for service Provider/ surveillance system development.

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Goal 4: To strengthen information systems, evidence and research for mental health and substance abuse

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Promote the Mental Health and Research Agenda	Develop partnerships and research programs with academic institutions	Research outcomes translated into policy, institutional programs	Number of policies, tools and programs developed eveloped programs with the research initiatives atives	01	02	02	02	02	02	02	Accommodation S&Ts

Goal 5: Strengthening Mental Health Resources in the province (Human resources, infrastructure, technology, equipment and medicines)

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Enhance Mental health staffing and capacity	Lobby for the filling of MDT posts (occupational therapists, psychologist, social workers, psychiatric nurses, doctors)	Functional MDTs at all levels of care	Number of facilities with functional MDTs	TBD	50%	60%	70%	80%	100%	100%	Budget to fill vacant posts
	Capacity building of clinical and non-clinical health care workers in Mental Health and Substance Abuse	Enhanced skills with a task shifting approach to enhance psychosocial interventions	Number of health care workers trained in Mental health and Substance Abuse	TBD	200	200	200	200	200	200	Budget for Printing Travelling Accommodation S&T

Goal 5: Strengthening Mental Health Resources in the province (Human resources, infrastructure, technology, equipment and medicines)

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Enhance Mental health staffing staffing g and capacity apacity	Increase the number of HPCSA accredited sites to provide training of clinical psychologist	Increased number of accredited sites	Number of sites accredited	2	2	2	2	4	4		COE for psychologist Psychological tools
		Increased number of psychology interns trained per annum	Number of interns registered	13	16	16	16	32	32		Budget for intern psychologists
	Development of a strategy for the effective utilisation of advanced psychiatric nurses; including child and adolescent specialist	Improved leadership, outreach and management of mental health services at all levels	Strategy for the effective utilisation of advanced psychiatric nurses developed	Draft	Strategy developed,	Pilot developed,	Scale up/Implementation	Monitoring and evaluation	Monitoring and evaluation		Travel Accommodation S&T Funding for posts for specialised nurses at district level Funding for relocation

Goal 5: Strengthening Mental Health Resources in the province (Human resources, infrastructure, technology, equipment and medicines)

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Enhance the availability of Mental Health Technology, hnology, equipment, quipment, assessment assessment nt instruments ents and medicines	Development of tele-psychiatry hubs	To enhance access/consultation on with mental health specialists ecialists and provision sion of training	Percentage of E-psychiatry hubs developed veloped	0	1/4= 25%	2/4=50 %	3/4 75%	4/4 =100%	100%	100	Funding for Hardware are and software Funding for connectivity Funding for training Maintenance nce fund
	Inclusion of mental health E-Module in the electronic filing system	Facilities utilizing mental health E-Module	Number of facilities utilising the Mental Health Module /System	0	0	0	1	2	3	4	Funding for Training Software and hardware Connectivity

Goal 5: Strengthening Mental Health Resources in the province (Human resources, infrastructure, technology, equipment and medicines)

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						Resources Required
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	
Enhance the availability of Mental Health Technology, equipment, assessment instruments and medicines	Monitor the availability of psychotropic medicines/ alternatives, as provided on the essential drug list available at all levels	All EDL psychotropic/alternative medications are available	Number of pharmacotherapeutic interventions meetings held	4	4	4	4	4	4	4	NIL
	Equip clinics and CHCs with psychological equipment/psychological assessment instruments/ where psychologists/RCs /RCs deliver services	Clinics and CHCs with psychological equipped to provide psychological services	% of facilities adequately equipped to provide psychological services	Nil	100%	100%	100%	100%	100%	100%	Funding for Computers Psychological tools

Goal 5: Strengthening Mental Health Resources in the province (Human resources, infrastructure, technology, equipment and medicines)

Strategic Objective	Key Activities	Output	Indicator	Baseline	Target						
				2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	Resources Required
Enhance Infrastructure and capacity of facilities	Construction to the implementation of the provincial 10-year infrastructure plan	Mental health units/psychiatric hospitals built	Number of psychiatric mental health units/psychiatric hospitals completed and commissioned	2	0	0	0	0	4	4	Infrastructure funding

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