University of the Witwatersrand
Public Mental Health Research Team

Dr Lesley Robertson, Prof Bernard Janse van Rensburg
Prof Jane Goudge, Dr Sumaya Mall
Dr Lesley Robertson
HOCU Sedibeng District Psychiatry
• Member of the NDOH Expert Review Committee of the Standard Treatment Guidelines for primary and secondary levels of care
• SASOP National Convenor Public Sector Psychiatrists
• Research interests include:
  • Mental health coverage and the rational use of resources
  • Mortality and multi-morbidity amongst people living with mental illness
  • Care of the community dwelling person with severe mental illness.

Prof Bernard Janse van Rensburg
HOCU Helen Joseph Hospital Psychiatry
• Chair of Departmental Research Committee
• Member of the Council of the SA College of Psychiatrists
• SASOP President 2016-2018
• Research interests:
  • Public mental health;
  • Mental health care systems development
  • Spirituality and psychiatry
Wits School of Public Health

Prof Jane Goudge
Director Centre for Health Policy
• Works in the field of health systems/services research
• Uses pragmatic cluster RCTs to evaluate new models of care/tasking shifting
• Research interests: access to care, universal health coverage, community health workers & integrated chronic care

Dr Sumaya Mall
Senior lecturer in epidemiology and biostatistics
• Research interest in psychiatric epidemiology
• Published in the areas of schizophrenia, PTSD and HIV/mental health
Research Context - Gauteng Province

Burgeoning epidemic of mental illness
- Rapid urbanisation
- In-migration > 580,000 since 2011
- Marked socio-economic inequity
- High levels of HIV and NCDs
- High levels of interpersonal violence

Statistics South Africa www.statssa.gov.za
Recent deinstitutionalisation crisis in Gauteng

During 2016:

• Rapid transfer of mentally ill patients from long-stay hospitals to community residential facilities

• High mortality caused a public outcry and a request by the Minister of Health for an investigation by the Ombudsman for Health into the circumstances of the deaths

• Investigation revealed inhumane conditions at the facilities and poor access to care

Mental health care services in Gauteng province

Illustrated in a deconstructed intervention pyramid
- Patients are largely community dwelling at the base of the pyramid
- Psychiatric services are located mainly in specialised hospitals
- A very limited community based service has been reduced as “integrated primary care” is to manage these patients
- No Community Mental Health Teams have been developed
- Limited general hospital psychiatric services cope with a revolving door syndrome
- Outcomes such as mortality, disability, quality of life and adaptive functioning are not measured
Mental health care services in Gauteng Province
Possible research questions

• To what extent is integrated primary mental health care feasible for people with severe mental illness?
• What are the mental and general health needs of the occupants of community residential homes?
• What access to mental and general health care do they have?
• What is the capacity and knowledge of the carers and managers?
• What staff mix is required at community level? To what extent is task-shifting feasible for this patient population?
• What interventions could improve patient and service outcomes?
• What are the economic implications of the current system? Who carries the costs?
Opportunities for Collaboration

• Senior statistician to assist with rigorous study design
• Methodologists to advise on evaluation of complex interventions and outcome measurements
• Clinical experts in developing community based mental health services