



TASK-SHIFTING PSYCHOSOCIAL INTERVENTIONS IN PUBLIC MENTAL HEALTH: A REVIEW OF THE EVIDENCE IN THE SOUTH AFRICAN CONTEXT SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 6 of the 2014/15 South African Health Review.

- With a high prevalence rate in South Africa, mental disorders and their associated psychosocial and physical disabilities contribute substantially to the burden of disease and to health costs. Inadequate public health resources and a chronically overburdened health system result in limited access to psychiatric care.
- Task-shifting (also known as task-sharing) is defined as “involv[ing] the rational redistribution of tasks among health workforce teams. Specific tasks are moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of the available human resources for health”. As such, less complex diagnoses can be carried by non-specialist health workers (NSHW) thus releasing resources to deal with the cases that require specialist expertise and management. This translates into more cost-effective ways of delivering health services to more people, ultimately providing viable strategies for reducing the large mental health treatment gap.
- While it is the aim of task-shifting to reduce costs and increase resources, the recommendations put forward by the World Health Organization (WHO) caution strongly against relying solely on these approaches to deal with health workforce constraints, and emphasise that these should be implemented in conjunction with strategies aimed at increasing the number of health workers.
- The call to develop equitable mental health services in South Africa, a country with profound economic disparities, is one that researchers are clearly taking seriously. This research has contributed to informing the development of a national mental health policy framework that is consistent with the WHO recommendations, and that promises to provide invaluable legislative support for innovative approaches to making services more accessible. Task-shifting as a viable strategy for closing the treatment gap is a burgeoning yet increasingly urgent area of enquiry.
- Although the body of research on task-shifting approaches to psychosocial interventions is increasing, no review of the data on task-shifted interventions to address mental disorders in South African public mental health setting has been conducted to date. Some efforts have been made to test task-shifted interventions, and the results provide preliminary support for the adaptation of manualised, evidence-based programmes to South African contexts. Greater emphasis is

now needed on studies that measure the costs and sustainability of such interventions, and identify optimal methods for implementation and scale-up.

- The successful delivery of psychosocial interventions is in many respects dependent on the quality of the relationship between the provider and the patient or service user. This is not explored in any of the available studies. If a psychosocial intervention is only as reliable and effective as the person delivering it, understanding which qualities and competencies make people adequate or appropriate mental health care providers must be accorded greater centrality in the research. Task-shifting is a response to the mandate to deliver equitable healthcare services, which must extend to the quality of the service and not simply its accessibility.
- More attention should be given to the delineation of human resource cadres and the duties or tasks that can be expected of each category. Some consensus regarding characteristics, skill sets and levels of education for each category would be useful for the conceptualisation of interventions and the competencies required of providers, and the training and supervision that providers receive should be more clearly described. It may be of value to develop and use a compulsory standardised basic counselling skills course for non-specialist health workers. In this way, the command of certain skill sets can be assumed. Clearer descriptions of the means to ensure fidelity to the intervention are also recommended.
- A better understanding of what comprises effective, supportive and fidelity-ensuring supervision is needed. Supervision should not only be used as a monitoring and protocol-adherence tool. Ensuring that providers are emotionally contained and supported in their work will indirectly prevent protocol drift. Reporting supervision content and procedures, as well as by whom supervision is delivered, will answer key questions about the role that specialists might need to play in an integrated service.
- There is an urgent need to consider the development of viable and sustainable models of integrated mental health care services that can be accommodated by a

developing public health system that is already overburdened. Such development must incorporate: careful consideration of the roles, responsibilities and scopes of practice of each cadre of health worker involved in the delivery of task-shifting interventions, careful delineation of the roles that specialists might play within such models requires further attention, and determining which category of specialist is most appropriate to deliver supervision of particular interventions (or other cadres) will be important.

- A review of the financing policy to support the mental health care policy focus on developing district- and primary-level mental health services is required. It is perhaps only within the context of a clearly defined model – where roles and competencies are well articulated – that we can begin to talk of task-sharing rather than task-shifting; and to think of more collaborative and holistic approaches to addressing the mental health needs of the population. The concept of task-sharing might then be extended to intersectoral collaborations between government departments such as Health and Education.

SOURCE:

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