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# ENHANCING THE MENTAL HEALTH WORKFORCE IN SOUTH AFRICA: CHALLENGES, FINDINGS, AND RECOMMENDATIONS

## Introduction

South Africa is currently grappling with a critical shortage of skilled mental health professionals, leading to an unequal distribution of resources, predominantly concentrated in urban areas and private practices. This scarcity severely impacts mental health service delivery, particularly in rural areas where access is limited. Despite mental health policies promoting community-based care, the existing funding and human resource model in the public sector remains predominantly hospital-centric. To overcome these challenges, recent studies have underscored the need for investment in mental health and the adoption of innovative solutions. This article delves into the scope of the problem, recent studies, proposed solutions, and recommendations aimed at bolstering the mental health workforce in South Africa.

## Current Situation and Challenges

A comprehensive study conducted by the South African Society of Psychiatrists (SASOP) in 2020 revealed an alarming disparity in the ratio of psychiatrists per 100,000 people. The public sector had a mere 0.33 psychiatrists per 100,000

uninsured individuals, while the private sector boasted 4.93 psychiatrists per 100,000 insured individuals. Moreover, an ageing workforce, with 39% of psychiatrists over 50 years old, and the emigration of younger psychiatrists present additional challenges for the future. To meet the target of 1.9 psychiatrists per 100,000 population by 2050, substantial efforts are required to address the current shortage.

## Proposed Solutions

South Africa's mental health policy suggests task-shifting or task-sharing as a potential solution

to mitigate the scarcity of skilled human resources. Task-shifting involves delegating certain mental health tasks to non-specialists, such as community health workers and nurses, to improve access to care. Additionally, integrating mental health into primary healthcare is recognised as a long-term strategy for enhancing accessibility. This approach necessitates training generalist healthcare workers in primary mental health care, while specialists' roles evolve to provide consultation on complex patients, guidance and support.

## DISPARITY IN THE RATIO OF PSYCHIATRISTS

**PUBLIC SECTOR**  
UNINSURED INDIVIDUALS

**0.33**

**PRIVATE SECTOR**  
INSURED INDIVIDUALS

**4.93**

PSYCHIATRISTS PER 100,000 POPULATION

PSYCHIATRISTS PER 100,000 POPULATION

**AGEING WORKFORCE**

PSYCHIATRISTS OVER 50 YEARS OLD

**39.0%**

**TARGET PSYCHIATRISTS**

PER 100,000 POPULATION BY 2050

**1.9**

EMIGRATION OF YOUNGER PSYCHIATRISTS PRESENT ADDITIONAL CHALLENGES FOR THE FUTURE

## ASSAf Consensus Study

The Academy of Science of South Africa (ASSAf) commissioned a consensus study, initiated in 2015 and completed in 2019, addressing the need for competence in mental health care among healthcare workers. The study emphasised the multi-sectoral and multi-disciplinary nature of mental health care, highlighting the significance of social determinants, promotion, and prevention interventions. While the study mainly focused on adult mental health services within the public sector, it underscored the need for similar research on child and adolescent mental health services.

### Vision for Mental Health Care and Provider Categories:

South Africa's vision for mental health care revolves around a framework grounded in human rights and community-based care. The aim is to provide services in the least restrictive setting possible, close to individuals' homes, with an emphasis on ambulatory and voluntary care. Striking a balance between outpatient and inpatient services, the vision promotes timely referral back to the district health service. The recovery model and psychosocial rehabilitation services play pivotal roles, while long-term institutional care is reserved for those who cannot be adequately supported in the community.

### To achieve these objectives, various provider categories have been identified who together can provide optimal mental health care in South Africa (within available resources):

1. Community Health Workers (CHWs) and Nurses:
  - CHWs play a crucial role in bridging the gap between communities and mental health services.
  - Nurses, particularly those in primary healthcare, form the backbone of the healthcare system and require ongoing review of their mental health competencies.
2. Medical Professionals:
  - General practitioners, graduates of the Diploma in Mental Health programme, and family physicians can contribute to primary mental health care.

- Specialist and subspecialist psychiatrists offer specialised mental health services.
3. Psychological Services:
    - Behavioural health counsellors, registered counsellors, counselling psychologists, and clinical psychologists cater to different levels of care, from community-based services to specialised services in district health services and hospitals.
    - Ensuring consistent and evidence-based training across academic and training institutions is essential.
  4. Rehabilitation Services:
    - Community rehabilitation workers, occupational therapy assistants, occupational therapy technicians, and occupational therapists are integral to providing rehabilitation services.
    - Current training courses for these roles need to be reviewed and offered to meet the demand.
  5. Social Services:
    - Auxiliary social workers, youth care workers, social workers, and clinical social workers contribute to addressing social determinants of mental health.
    - Establishing stronger connections between the Department of Social Development and the Department of Health is crucial.

### Findings and Recommendations

The consensus study by ASSAf highlighted key findings and made pertinent recommendations to optimise the mental health workforce:

1. Training and Competencies:
  - The training of various provider categories, including CHWs, nurses, medical professionals, psychological service providers, rehabilitation workers, and social workers, requires improvement to equip them with the specific competencies needed for effective mental health care delivery.
  - Emphasis should be placed on evidence-based interventions tailored to the South African context.
2. Barriers to Implementation:
  - Inadequate funding poses a significant challenge, as the current allocation does not align with mental health policies and

strategies.

- Attracting specialists to work in rural and underserved areas remains difficult, necessitating alternative reimbursement mechanisms and incentives.
- Insufficient training programmes and a lack of posts for new proposed categories hinder the expansion of the mental health workforce.
- Remuneration for specialists is often limited to full-time or sessional in-person positions, limiting flexibility and access to their expertise.

### The following recommendations are put forth to address these barriers

1. Funding and Resources:
  - Shift funding from hospitals to community and district-based services, accompanied by bridging finance to support the transition.
  - Explore alternative reimbursement mechanisms to attract specialists to underserved areas.
2. Training and Education:
  - Align training programmes with service needs and ensure ongoing review of curricula to enhance mental health competencies.
  - Foster collaboration between academic institutions, training centres, and district/community-based platforms.
3. Technology and Innovation:
  - Utilise telemedicine and digital platforms to increase access to specialist care in remote areas, minimising geographical barriers.

### Conclusion

Addressing the shortage of skilled mental health professionals in South Africa requires a multi-faceted approach. By implementing evidence-based strategies, promoting inter-sectoral collaboration, and allocating adequate funding in an appropriate manner, it is possible to bridge the gap and ensure access to quality mental health care for all South Africans. Task-shifting, integrating mental health into primary care, and strengthening the training and support of various provider categories are essential steps towards building a robust and equitable mental health workforce.

**References available on request.** 