

SBIRT SCALE UP in KZN

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DIRECTORATE STRUCTURE/ PILLARS

COMMUNITY MENTAL HEALTHY

PHC Services
Community based
organizations
Child and adolescent
services

HOSPITAL SERVICES

Service platforms at hospitals
Infrastructure
Equipment
Referral pathways

SUBSTANCE ABUSE SERVICES

Community based substance model
Detoxification services
Community based organizations (DSD)



CHALLENGES WITH SUBSTANCE ABUSE PROGRAM

- Program resides with both DSD and DoH
- Treatment naivety
- Non-compliance of the few private detox and treatment centres
- Proper statistics and indicators not formulated as yet measuring outcomes
- Lack of community support for users



ROLE of DoH

- Prevention and management of harm caused by substance abuse are the priority and core competency of the Department of Health. The following are primary areas of focus:
- Provide public education and raising awareness on the harm associated with substance abuse.
- The Department of Health will take responsibility for the medical component of the treatment programme including the provision of detoxification services within DOH facilities.
- Provide treatment, management and psycho-social rehabilitation for substance abuse that occurs with mental illness.
- Provide for early detection: screening and brief interventions for substance abuse at primary health care.



FUTURE PLANS: CAPACITY DEVELOPMENT; POLICY DEVELOPMENTthen

- > DoH is building capacity among its workforce to address substance abuse related problems in an evidence-based manner
- Providing training in Brief Interventions (Screening tools, Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and appropriate referral) for identified health professionals (Doctors, Nurses, Social Workers) in PHC, secondary and tertiary level hospitals.
- Increasing capacity for prevention, identification and development of appropriate interventions for individuals and families affected by FASD.
- Need to develop a policy for special populations IDUs; Pregnant woman; HIV; TB patients.
- Improve TB; HIV prevention and adherence amongst substance abusers.
- Medical doctors and pharmacists will receive further training to do detect patients who are abusing over-the counter and prescription medications.
- Implementation of the **Guidelines for management of substance abuse in the workplace**purchase breathalyzers and drug testing kits



.....then ATTC.....SBIRT

- The Mental Health Directorate had several engagements with Dr. Goodman Sibeko who was trained as a medical doctor and now serves as a Senior Lecturer at the University of Cape Town and a Columbia University Global Scholar. His work has focused on interventions using peers, caregivers and non-specialist workers in the management of severe mental illness, and he has a developing research portfolio focused on task shifting models for the treatment of addiction and HIV. He serves as Co-Director of the South Africa HIV ATTC.
- The provincial Mental Health Directorate has partnered with ATTC (Addictions Technology and Transfer Centre & UCT in strengthening community based mental health and substance abuse service development in the interest of re-engineering primary mental health for the province. This initiative is in keeping with one of the catalytic objectives of the National Drug Master Plan and National Mental Health Framework and Strategic Planning 2013-2020 "Re-engineering of primary mental health services".
- ATTC training and technical assistance with training manuals; professional and non-professional groups on basic mental health
- The mental health programme had expected to train 140 people per quarter on mental health and substance abuse.
- Regional trainings commenced with the support of RTC in the department. we have since trained 9 districts (UMgungundlovu, UGu and Harry Gwala; Amajuba; uThukela; uMzinyathi; King Cetswayo; Jozini; eThekweni)
- There were two trainings being run concurrently; (1) SBIRT and Motivational Interviewing for professional category, including doctors, clinical psychologists, social workers and nurses for three days (2) Community Mental Health Training for lay workers run for four days



IMPLEMENTATION PROFESSIONAL STAFF

Date	Districts	Venue	Target groups	Nos. attended
31 July 2018	Briefing meeting for MH coordinators	K- RITH	Provincial and District coordinators	9
4-6 September 2018	UMgungundlovu; Harry Gwala;Ugu	RTC- PMB	District trainers; Mental health and substance abuse coordinators; Social workers; psychologists; nurses; MOs	32
23-25 October 2018	uThukela; Amajuba; Umzinyathi	Ladysmith Hospital	District trainers; Mental health and substance abuse coordinators; Social workers; psychologists; nurses; MOs	34
30 October-1 November 2018	King Cetswayo District	Umhlathuze	District trainers; Mental health and substance abuse coordinators; Social workers; psychologists; nurses; MOs	19
20-22 November 2018	Ethekweni district	Public works- Mayville/ KZN CHN hospital	District trainers; Mental health and substance abuse coordinators; Social workers; psychologists; nurses; MOs	24

IMPLEMENTATION NON PROFESSIONALS

Date	Districts	Venue	Target groups	Nos. attended
17 -20/09/ 2018	Ugu	Murchison Hospital		31 participants
3-6/09/2018	UMgungundlovu	Northdale Hospital		35 participants
22 -25/10/2018	- Amajuba	Newcastle Hospital		42 participants
5 - 8/11/2018	Umkhanyakude	Home Affairs Boardroom Jozini		(23 participants

- Cadres trained included security officers, lay counsellors, community care givers and family members of people with mental disabilities.
- In each district the target was 35 participants.
- Content of training covered,
- definition
- types of common disorders
- treatment
- legal issues (MHCA)
- basic management of aggressive and violent behaviours
- referral systems



AREAS NOT COVERED FROM ORIGINAL PLANS

- Due to RTC budget constraints illembe; Zululand and Umkanyakhude districts are still to be completed in the new financial year.
- DUAL DIAGNOSIS Exchange programme with Stikland Hospital and ATTC for 1 week- 3 psychiatrists from KZN (return flights and accomodation)
- Re-training of Medical Officers on management of substance abuse and detoxification.

CHALLENGES

- Lack of catering
- Few Mos and Psychologists
- Lack of resource directories



WAY FORWARD

- Mentoring
- MENTORING and
- MENTORING
- Data Collection
- Monitoring and Evaluation

MORE TRAINING

SIYABONGA ATTC

