PRINT: ISSN 0973-5070 ONLINE: 2456-6772
Ethno Med, 9(3): 435-441 (2015)
DOI: 10.31901/24566322.2015/09.03.18

# Challenges Affecting the Implementation of the Integrated Approach to Mental Healthcare at PHC Clinics

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**KEYWORDS** Integrated Approach. Perception. Primary Healthcare. Professional Nurse. Psychiatric Patient

**ABSTRACT** The implementation of the integrated approach could pose a challenge to nurses. The purpose of the study was to explore and describe the perceptions of the professional nurses on the challenges affecting the implementation of the integrated approach with specific reference to the care of mentally ill patients. A qualitative, exploratory and descriptive design was used. The population comprised of PHC nurses working in the Mutale sub-district PHC facilities of Vhembe District. Probability systematic random sampling and purposive sampling were used to obtain a sample of six PHC clinics and 45 PHC nurses, respectively. Ethical principles were adhered. Focus groups and individual interviews were used. Data was analyzed using Tesch's open coding method. Findings revealed poor management of resources and difficulties in managing psychotic patients to be affecting the implementation of the integrated approach. The study suggests staff development programs. Furthermore, nurses need skills to handle aggressive mentally ill patients.

## INTRODUCTION

Mental disorders are common and often overlooked. Integrating mental health into primary care is important as it promotes holistic care (WHO and Wonca 2008). Mental disorders have been neglected due to misunderstanding about their nature as well as their treatment. Many people think that mental disorders affect the minority group whereas in reality about sixty percent of people using primary care services have mental disorders. Mental Health Surveys conducted have demonstrated a huge gap in the treatment of mental disorders in both developing and developed countries, and such gap is greatest in middle and low-income countries (Wang et al. 2007).

In sub-Saharan Africa, people with mental and substance use disorders are stigmatized, as such it exposes them to economic impoverishment. Ngo et al. (2013) are of the view that mental healthcare should be incorporated into the agenda of non-communicable diseases. The integration could benefit mental healthcare financially as communicable and non-communicable diseases receive more attention in South Africa (SA) due to the severe strain they put on public health services. According to WHO (2007), the public sector caters to eighty percent of South Africans, and as such it struggles to provide quality healthcare to the needy. A recent survey conducted in South Africa demonstrated a high rate of individuals with mental disorders in the prior 12-month period. The most common disorders were substance abuse, depression and agoraphobia (Shilubane et al. 2013; Williams 2008). WHO and Alperstein highlighted the challenges faced by health planners in SA following the establishment of the mental health policy and legislation. The challenges include integration of mental health into general health services and management of the transformation from hospital-based to community-based care. Furthermore, they had to ensure that enough health workers were trained. The Department of Health adopted the primary care approach to achieve its mission of caring and humane society where all South Africans have access to healthcare. "Primary Health Care (PHC) is defined as essential healthcare that is made accessible to individuals and families through their full participation at a least cost that the community and the country can afford" (WHO 2008; Alperstein 2009).

Apart from the effort took by the government there are factors that continue to limit the achievement of PHC in SA today (Kautsky and Tollman n.d.). These factors include shortage of healthcare workers and unequal distribution of resources. The increase in the spread of HIV increased burden to already short staffed health workers and led to the "emergence of the Treat-

ment Action Campaign (TAC), which was involved in debates with the government until the public service was forced to implement several PHC interventions among others the roll-out of free antiretroviral (ARV) medication. This ARV programs led to depletion of PHC services as health personnel from district systems were recruited to the hospital-based ARV clinics". In addition, Dookie and Singh (2012) demonstrated that ineffective community participation and poor intersectoral collaboration were the major challenges facing PHC.

## METHODS

### Design

The study design was qualitative, exploratory and descriptive. Explorative research aims at a phenomenon of interest and pursues the factors affecting or related to the phenomenon (Polit and Beck 2008). In this study, the aim was to explore the challenges affecting the implementation of the PHC integrated approach on the care of mentally ill patients. It is descriptive because the study describes real life situations and identifies relationships (Polit and Beck 2008).

### Sample and Procedure

Probability systematic random sampling was used to obtain a sample of PHC clinics. This approach gave every PHC facility an equal and independent chance of being selected for the study (Polit and Beck 2008). All the clinics (except the health center and two mobile units) under the Mutale sub-district were identified alphabetically and assigned numbers, which were written on the sampling frame. Four clinics were systematically sampled by choosing every fourth clinic from the 16 clinics in the sampling frame. Simple random sampling was carried out to select one mobile unit from the two available. Mobile units were assigned numbers that were thrown into the mug and an independent person selected one number. The health center was purposively selected, as it was the only one in the sub-district. The final sample of the study consisted of one health center, four clinics and one mobile unit.

The population comprised of 45 PHC nurses who were working at the clinics, health centers and mobile units in the Mutale sub-district of Vhembe District, Limpopo Province, South Africa, and were purposively selected. Professional nurses were considered to be key informants as they were expected to assess, diagnose, manage, counsel, prescribe and refer within the professional scope of their practice (Regulation 2598 of the SANC). Focus groups consisting of five to seven participants and in-depth individual interviews for those PHC facilities with fewer than five professional nurses were conducted. The study was approved by the University of Venda ethics committee. All participants gave their informed consent to participate in the study.

### Data Collection and Analysis

Methods that were used in collecting data included in-depth individual interviews, focus groups and field notes. Unstructured interviews were used to provide the opportunity for greater latitude in the answers provided by the participants. Data was collected until data saturation was reached, that is, until no new information was obtained and redundancy started to occur (Burns and Grove 2011).

Respondents were asked the following open-ended questions.

- What are your perceptions as professional nurses on the challenges affecting the implementation of the PHC integrated approach to the care of mentally ill patients?
- What are your suggestions to improve the implementation of an integrated approach to the care of mentally ill patients?

The two central open-ended questions were used, followed by probing questions. Probing questions prolonged the interviews until data became saturated. The use of open-ended questions encouraged the participants to expand upon their experiences and give detailed information. The duration of interviews ranged between 50 and 90 minutes. Data was tape-recorded during the interviews to ensure that no information was lost, and field notes were taken. It was then transcribed verbatim.

The data analysis guide developed by Tesch was used to analyze the data. Analysis was done by getting a sense of the whole, picking out one transcribed interview document, which was the most interesting and highly significant, making a list of topics, clustering together similar topics, abbreviating the topics as codes, looking for the most descriptive wording, making

the final decision, assembling data belonging together that came up with two themes described in Table 1 and recoding existing data (Creswell 1994, 2009).

## OBSERVATIONS AND DISCUSSION

From the data collected, the following themes appeared most frequently, as illustrated in Table 1.

### Poor Management of PHC Resources

The following are sub-themes, which emanated from this theme, namely, poor record keeping of statistics for mentally ill patients, poor communication infrastructure, inadequate time to conduct home visits for mentally ill patients, and lack of valid treatment protocols/standing orders for psychotropic medication. In this theme, the participants perceived the following to be challenges.

It is difficult to maintain accurate records of mentally ill patients. This is attributed to the fact that every PHC nurse is assessing patients in his/her consulting room. *Nurse A said, "Due to shortage of staff we cannot enter names into the register everyday. It is impossible, and this does not affect psychiatric patients only. What about hypertension and diabetes? A clerk should be hired to do the job."* This finding reflects poor recordkeeping regarding the mentally ill patients' statistics while Dor et al. (2002) demonstrated the importance of keeping records of psychiatric patients particularly those patients who were being referred to the hospital from the clinics. On the contrary, overburden of primary care workers, lack of supervision and specialist support after training as well as limited reliable supplies of necessary psychotropic drugs is also a complication in integrating mental healthcare effectively in primary care services (Saraceno et al. 2007; Hanlon et al. 2014; Woldetsadik 2015).

There is lack of transport to conduct home visits, which resulted in nurses seeing no value in doing home visits. This is attributed to the fact that PHC nurses are expected to consult with every patient who visits the clinic presenting different health problems and it is difficult for them to leave the clinic to go out to conduct home visits, as they are short staffed. *Nurse B said: "Anyway it makes no difference because we give health education to all at once. They learn many things like hygiene, hypertension, asthma, HIV/AIDS and STIs. Psychiatric patients enjoy STI topics a lot. Home visits are not so important."* Two studies conducted in primary care settings demonstrated that all participants reported long distance travel and shortage of transport as a hindrance to conducting home visits for mentally ill patients (Maluleke 2002; Gale and Lambert 2006).

Communication infrastructure was perceived as a challenge. The participants indicated that the effectiveness of the implementation of the PHC integrated approach at clinics and health centers would be achieved if there were adequate communication equipment available to contact emergency services such as ambulances and police vehicles. *Nurse K said: "More often than not we use our cell phones to call*

**Table 1: Themes and sub-themes of challenges affecting the implementation of PHC integrated approach**

| *Themes* | *Sub-themes* |
|---|---|
| *1. Poor Management of PHC Resources* | • Poor record keeping of statistics for mentally ill patients<br>• Lack of transport to conduct home visits which makes PHC services unavailable and inaccessible to mentally ill patients<br>• Poor communication infrastructure<br>• Lack of valid treatment protocols/standing orders for psychotropic drugs<br>• Inadequate time to conduct home visits for mentally ill patients<br>• Shortage of staff to consult, assess, diagnose, treat and counsel mentally ill patients<br>• Patients visiting the PHC facility on their own free day and at their own time |
| *2. Managing Difficult Mentally Ill Patients* | • Poor involvement by and collaboration with the South African Police Service (SAPS) to assist in handling violent patients<br>• Patients not willing to queue during consultation<br>• Poor management of both aggressive patients and side effects resulting from psychotropic medication |

*10111, I mean police, what you do if the patient is violent? The family also expects miracles to happen. No compensation for using your airtime, and who cares?" Clasping her shoulders forward, "no one!"* The PHC package (Department of Health 2001) indicates that there should be a telephone or radio, which is always in working order to manage a PHC facility effectively. Setting a principle without properly monitoring its effectiveness may prove to be futile. The respondents were not probed, as to how shortcomings similar to the lack of communication were being reported to the employer. The researchers' finding is also supported by Gale et al (2010), who found that there is limited availability of specific resources and technical assistance to support staff in providing mental health services.

All the PHC facilities lack treatment protocols and standing orders to guide them in the management of difficult cases or acute cases like an aggressive patient. A standard for medicines and supplies in the PHC package for South Africa indicates that, "emergency and routine medication should be provided according to protocol and the Essential Drug List (EDL)". Participants further indicated that the information with regard to treatment for mentally ill patients was not adequately described in the EDL (Department of Health 2003).

Shortage of staff was perceived as hindering the provision of quality care. In contrary, some of the participants felt that with the implementation of the PHC integrated approach their competence in assessing, diagnosing and prescribing treatment was enhanced. *Nurse C said: "At first I was not confident to consult a psychiatric patient. I hated it, particularly when my seniors were off duty. Consulting one particular psych patient changed my attitude towards them. He actually gave me a health talk instead of me giving him".* The patient indicated that nurses are taking 'them' for granted. *"You don't even listen to us you dismiss us by giving pills and say next!"* The nurse further expressed that the patient's utterance gave her homework to reflect and think critically what could attribute to this kind of treatment. On probing, the participant said, *"We nurses must speak the truth: we lack skills to consult these patients."* This finding is supported by Saraceno et al. (2007) who demonstrated that low numbers and limited types of health workers trained and supervised in mental health is a barrier to mental health services in low-income and middle-income countries. Similarly, Marais and Peterson (2015) also found shortage of health professionals and specialists in mental health, high workload, high staff turnover and insufficient budget to appoint more staff as barriers to effectively implementing the integrated approach to healthcare. In some clinics the nurses remained the same despite the increased use of the services by patients.

The PHC integrated approach allows patients to visit the clinic on their own free days. However, it has been perceived to be problematic when patients visit the PHC facility during the night and weekends when other members of staff have taken time off. The situation was perceived to be intolerable when the remaining staff members were not qualified psychiatric nurses. *Nurse D said: "Because of patients' rights and "Batho-pele",* (meaning 'patients first') *patients seem to abuse the services. They come in the evening, drunk, bringing children for immunization late in the afternoon. It is not cost-effective because one cannot open a vaccine for only one child at that time. When you talk they say you have treated them badly and the next day you hear your name announced on radios."* Stigma tied to mental disorders is also an obstacle to care especially in sub-Saharan region. When mentally ill patients visit PHC facilities any day and at any time, the stigma attached to mental illness is reduced because mentally ill patients no longer come on a specific day when the community members can easily label them as "mad people" (Uys and Middleton 2010; Woldetsadik 2015). On the other hand, Mwape et al. (2010) demonstrated that healthcare providers felt they require basic training in order to enhance their knowledge and skills in providing healthcare to people with mental health problems. However, other participants felt that the practice was benefiting the patients.

**Managing Difficult Mentally Ill Patients**

It was observed during the interviews that there was poor collaboration between the clinics and the SAPS, irrespective of the professional nurses' inability to handle aggressive patients at the PHC facility without the assistance of the police. The police service is needed especially with regard to the handling of a patient who is either physically or verbally aggressive. There is a need

for the police service to cooperate, to collaborate in services with the health sector in the community they serve. Multi-sectoral collaboration implies the involvement of various sectors such as education, engineering, water affairs, agriculture and any other sectors in the development activities that affect health. The study carried out by Khoza and Ehlers (2000) revealed that newly qualified nurses working in the community health services were incompetent in coordinating with other community services. Furthermore, Hanlon et al. (2014) and Marais et al. (2015) demonstrated that weak intersectoral coordination was found to be a challenge in integrating mental healthcare in low and middle-income countries.

Participants felt that they were not competent to care for mentally ill patients particularly with regard to assessment, counseling, and prescribing relevant medication. Lack of competency and a feeling of inadequacy were mostly expressed by those PHC nurses who are not qualified in psychiatric nursing. *Nurse S said, "This is unfair to some of us to attend to psych patients, and when you complain you are told to apply for a post at the hospital. I like working at the clinic. Instead of giving us study leave for psychiatric training they tell us this and that. We want to further our studies!"* However, newly qualified professional nurses who were psychiatric nurses also expressed lack of confidence in managing mental illness in the PHC facilities. The study carried out by Khoza and Ehlers (2000) revealed that Senior Professional Nurses perceived managing a violent patient, problem-solving, and crisis intervention to be competencies too difficult to be mastered by newly qualified psychiatric nurses. Furthermore, Mwape et al. (2010) in their study of integrating mental health into primary healthcare demonstrated that health providers felt they require increased training in the identification and management of mental disorders

The majority of participants expressed that there was a lack of staff development programs related to mental illness. The implementation of the PHC integrated approach requires professional nurses who are comprehensively skilled in handling ailments such as general, community, psychiatric problems and midwifery. The finding is supported by the study carried out by Maphorisa et al. (2002), which indicated that community mental health nurses felt that their services were regarded as unimportant or were looked down upon by their supervisors, nursing management and authorities in the ministry and did not have staff development opportunities. Cleary et al. (2011) demonstrated that professional development was valued and resulted in more opportunities being sought. But lack of funding and personal costs were found as significant barrier to continuing professional development, and that nurses requesting financial support often end up self-funding their own training. Similarly, poor pre-service training of generalists in mental healthcare and weak orientation to integrated care were found as barriers to integrated healthcare (Ross et al. 2013; Marais and Peterson 2015).

Another challenge was that of handling mentally ill patients in the absence of multi-disciplinary team (MDT) members, which included a Psychiatrist, Occupational Therapist, Social Worker, Clinical Psychologist and Psychiatric Nurse. In settings where other MDT members were not available, the nurse focuses on the whole range of patterns, such as occupational behavior, psychodynamic behavior and utilization of resources. Occupational Therapists, Clinical Psychologists and Social Workers respectively, normally perform all these patterns that the nurse focuses on. Shortage of specialist health professionals thus impacts the appropriate services that patients receive (Saraceno et al. 2007; Evans et al. 2012; Hanlon et al. 2014).

## CONCLUSION

This is the first study on challenges affecting the implementation of integrated approach to the care of mentally ill patients in Vhembe district, Limpopo. The study increased the researchers' knowledge on diverse challenges affecting the implementation of the PHC integrated approach as perceived by professional nurses. Recommendations may assist in addressing these challenges thereby improving the care given to mentally ill people at the primary care setting.

## RECOMMENDATIONS

The following recommendations related to policymaking, service and future research were made.

### Policy-making

- All PHC nurses who are not qualified in Psychiatric Nursing Science should be given the

opportunity in the form of a study leave to be trained in this nursing discipline. To achieve this, a formal agreement should be reached between the Provincial Department of Health and Welfare and local higher educational institutions to offer formal training and education in the field of Psychiatric Nursing to PHC nurses who are not qualified in this field.

- Treatment protocols and standing orders should be made available to guide PHC nurses in the care of acute cases of mental illness. These standing orders should be continually reviewed to make them valid and prevent medico-legal problems that may arise if outdated standing orders are used.
- There should be transport available at the PHC facilities to conduct regular home visits to mentally ill patients. This transport may be allocated to the sub-district management areas. This could be achieved by clustering PHC facilities with management areas. Other patients suffering from other chronic and terminal conditions such as Diabetes, Hypertension and Asthma could also benefit from this arrangement for home visits.

**Nursing Practice**

- There should be a regular schedule for staff development programs regarding mental illness for all PHC nurses. Among others, staff development programs should cover topics such as the care of mentally ill patients in the PHC facilities, handling of violent patients and issuing of psychotropic medication as well as management of side effects. This should include seminars, workshops and conferences regarding mental illness. This will equip PHC nurses with the psychiatric nursing skills that they should have to render effective and efficient care to mentally ill patients.
- PHC facilities should hold open days like family days, mental health days and arts and culture days. During these days mentally ill patients should be encouraged to participate in the activities to promote acceptance of the patients by the communities. In addition, family involvement in the care of their mentally ill patients is also improved when these days are held regularly as family members are involved in the activities of the day.
- Fellow patients such as those suffering from Diabetes Mellitus, Hypertension and Tuberculosis should be informed about the mentally ill patients who are not willing to queue in order for such patients to be consulted first by the PHC nurses.

**Future Research**

More research on the challenges affecting the implementation of the PHC integrated approach to the care of mentally ill patients is needed and should cover other districts in the province to increase the applicability of the study.

## LIMITATIONS OF THE STUDY

The researchers collected data at the PHC facilities and the environment was likely to influence the responses, more especially when the patients were coming during the time when interviews were already in progress. The study was conducted in one district of Limpopo province, thus the results may not be transferable to other districts.

## ACKNOWLEDGEMENTS

The researchers would like to acknowledge professional nurses who voluntarily participated in the study. A sincere gratitude goes to the Provincial Department of Health for the permission to conduct the study.

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