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Abstract

Key stakeholders from the Departments of Health (DoH), Basic Education (DBE), and Social Development (DSD) and three community-based organizations offering CAMH services in a South African district were consulted to identify possible way of strengthening CAMH services at the district level. In scarce-resource contexts, it is feasible to work collaboratively with key stakeholders across multiple sectors to identify feasible multilevel and multisectoral strategies that can be used to develop a model for improving access to CAMH services within a task-sharing approach.

Introduction

Increasing evidence that many mental disorders in adulthood stem from unaddressed mental health needs in childhood and adolescence has inspired renewed attention to child and adolescent mental health in many low-and-middle income countries. Considering the complexities of delivering quality child and adolescent mental health (CAMH) services particularly in low resource settings, the study sought to explore the current state of CAMH services in a district with the view to developing a district mental health care plan that can potentially improve access and the quality of CAMH services. A multimethod study was conducted towards informing innovative ways in which a South African district can strengthen its health systems response to the complex burden of CAMH.

Objectives

The study sought to explore the state of the available CAMH services in the Amajuba district, identify the challenges of CAMH services, and possible strategies to address the challenges, inform the development of a district mental health care plan, and improve CAMH services.

A scoping review to identify the barriers and facilitators of access to mental health care services for children and adolescents in low- and middle-income countries (LMICs),

A situation analysis to determine the current state of CAMH services, the available resources for CAMH care, the range of services provided and the existing pathways to CAMH care in the Amajuba district

Key informant interviews to explore the experiences of CAMH service users and service providers, their perceptions of the available services and how to strengthen the current CAMH system in the district

A stakeholder's participatory workshop to develop a Theory of Change for CAMH services

Methodology

This study adopted a mixed-methods approach. A scoping review methodology. Data for the situational analysis was collected using both qualitative and quantitative methods. The qualitative component explored the perspectives of 60 participants from the Departments of Health (DoH), Basic Education (DBE), community-based non-profit organisations and caregivers who were purposively selected. An adaptation of the situation analysis tool developed by the PRIME consortium was used in collecting the quantitative data. Lastly, a participatory workshop was held with forty (40) key stakeholders from the different departments (DOH, DBE and DSD) and community-based non-profit organisations who had been initially interviewed.

Results

In the participatory workshop, stakeholders identified context-specific multi-level strategies to address the bottlenecks and strengthen the existing CAMH system in the district, particularly under the leadership and governance, service delivery, and health workforce building blocks.

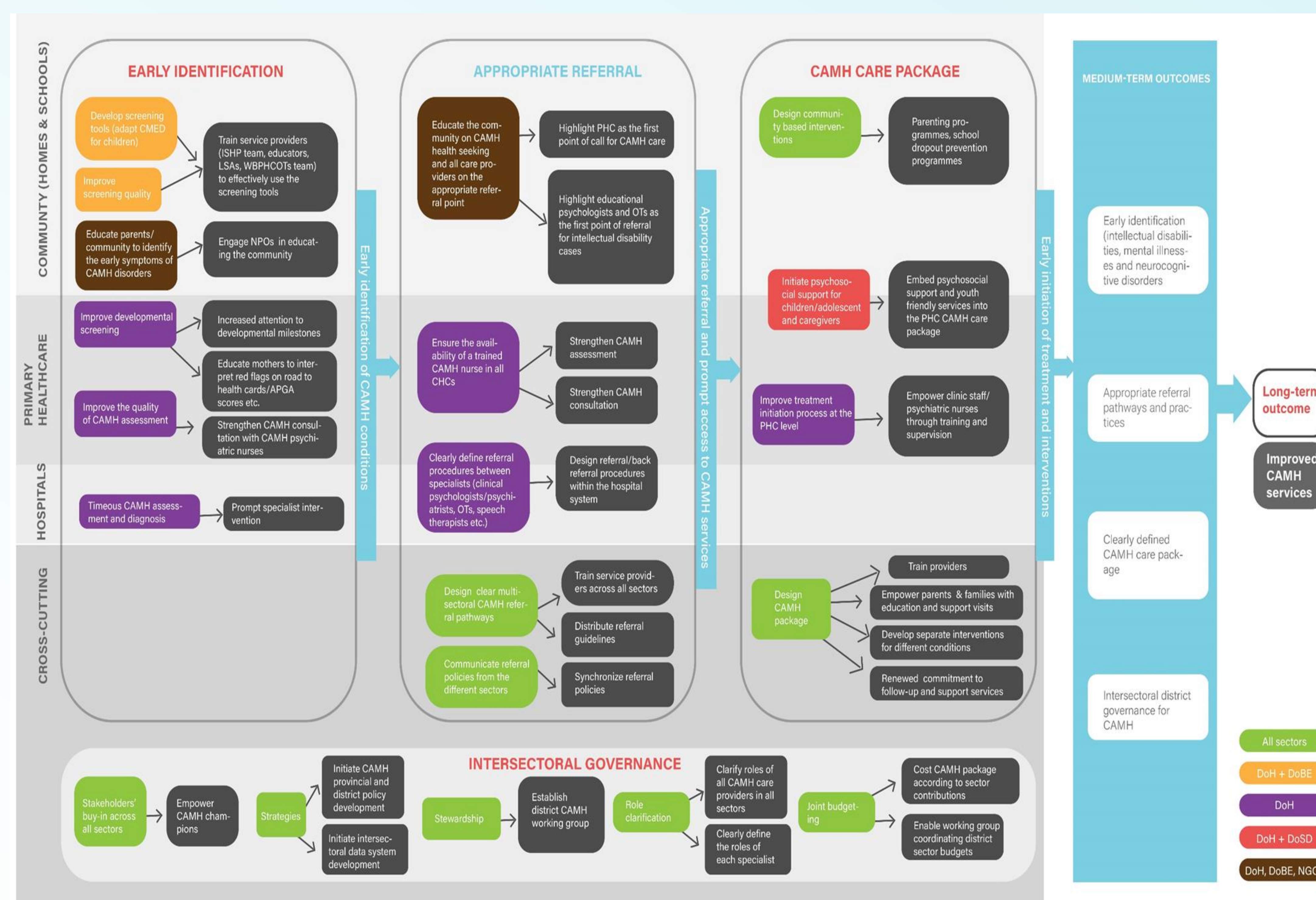


Figure 2. Summary of findings

Results

Six cross-cutting bottlenecks emerged from assessing the district's CAMH system using the World Health Organization (WHO) Health Systems Frameworks' building blocks.

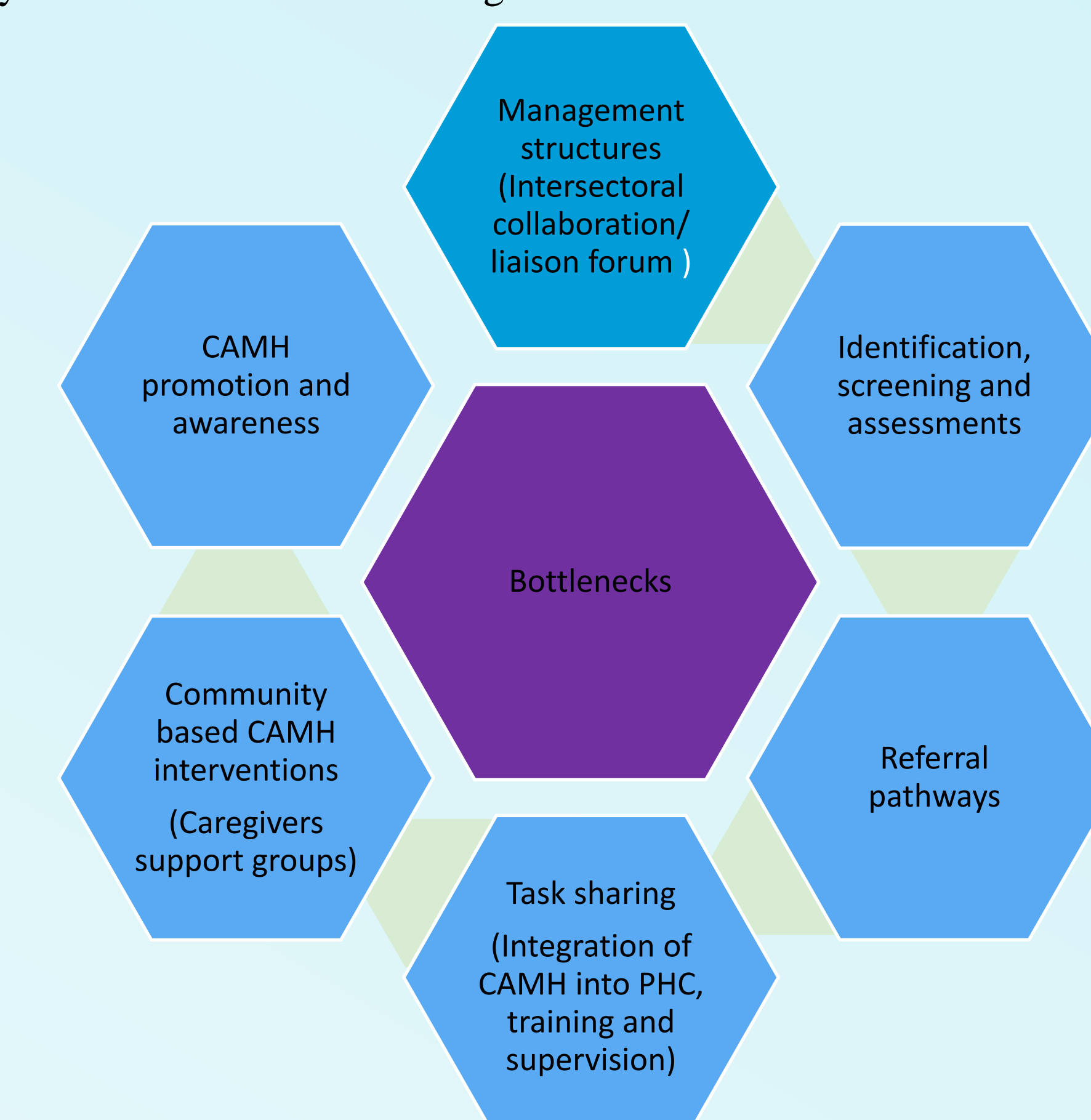


Figure 3. Identified bottlenecks

Conclusion

Using the Amajuba District as a case study, this study provides insight into the challenges associated with CAMH services, which are typical of many low resource settings - particularly in low- and middle-income countries. The study highlighted multilevel strategies that could strengthen the building blocks of CAMH systems in low resource settings. The need to create district CAMH intersectoral coordinating or liaison forums is highlighted as a first step to facilitate joint CAMH service planning and implementation.

References

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Figure 1. Objectives of the study