

Reintegrating Forensic Mental Health Service Users into Communities in the Western Cape, South Africa

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Abstract : The death of more than 140 psychiatric patients who were unethically deinstitutionalized from the Life Esidimeni hospital Johannesburg, in 2016, shined a light on South Africa's failing public mental healthcare system. Compounded by insufficient research evidence on African deinstitutionalization, this necessitates inquiries into deinstitutionalized mental healthcare, reintegration and community-based mental healthcare within the South African context. This study employed a quantitative research approach which utilized a cross-sectional research design, to investigate experiences with the reintegration of institutionalized forensic mental health service users into communities in the Western Cape, South Africa. A convenience sample of 100 mental health care workers from different occupational and organizational backgrounds in the Western Cape was purposively selected using the Western Cape Health Directorate as a sampling frame. A self-administered questionnaire (SAQ) was used as the data collection instrument. The results of the study indicate that criminogenic factors such as substance use, history of violent behaviour, criminal history and disruptive social behaviour complicate the reintegration of forensic mental health service users into communities. The current extent of reintegration of forensic mental health service users was found to be 'poor' (46%; n= 46); and financial difficulties, criminogenic factors and limited Community-Based Care (CBC) facilities were identified as key barriers to the reintegration process. 56% of all job applications for forensic mental health service users were unsuccessful, and 53% of all applications for their admission into CBC facilities were declined. Although social support (informal) was found to be essential for successful reintegration, institutional support (formal) through assertive community treatment (35%; n= 35) and CBC facilities (21%) and the disability grant (DG=50%) was found to be more important for family coping and reintegration. Moreover, 72% of respondents had positive perceptions about the process of reintegration; no statistically significant relationship was found between years of experience and perceptions about reintegration (P-value = 0.062); and perceptions were not found to be a barrier to reintegration. No statistically significant relationship was found between years of working experience and understanding the legislative framework of deinstitutionalization (P-Value = 0.061). However, using a Chi-square test, a significant relationship (P-value = 0.021) was found between sex and understanding the legal framework involved in the process of reintegration. The study recommends a post-2020 deinstitutionalization agenda that factors-in criminogenic realities associated with forensic mental health service users, and affirms the strengthening of PHC and community based care systems as precedents of successful deinstitutionalization and reintegration of mental health service users.

Keywords : forensic mental health, deinstitutionalization, reintegration, mental health service users

Conference Title : ICSW 2019 : International Conference on Social Work

Conference Location : Zurich, Switzerland

Conference Dates : September 16-17, 2019