

# Chapter 16: Mental Health Conditions



NATIONAL DEPARTMENT OF HEALTH

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AFFORDABLE MEDICINES DIRECTORATE  
ESSENTIAL MEDICINES PROGRAMME

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PRIMARY HEALTHCARE GUIDELINES  
2020-2024 REVIEW CYCLE



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## EVIDENCE

Please access the National Essential Medicines List Committee (NEMLC) report for detailed evidence (including rationale, references and costings) informing decision-making on medicine addition, amendments and deletions:

- Knowledge Hub: <https://knowledgehub.health.gov.za/elibrary/hospital-level-adults-standard-treatment-guidelines-stgs-and-essential-medicines-list-eml>
- NHI webpage: <https://www.health.gov.za/nhi-edp-stgs-eml/>

## DISCLAIMER

This slide set is an implementation tool and should be used alongside the most recently published STG available on the EML Clinical Guide Application. This information does not supersede or replace the STG itself.



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# MEDICINE AMENDMENTS



## DESCRIPTION

### 16.1.2 Aggressive Disruptive Behaviour in Adults

#### MEDICINE/MANAGEMENT

- Benzodiazepines (e.g. Midazolam buccal & IM and Diazepam oral).
- If alcohol use is suspected:
  - Thiamine, oral
  - Haloperidol, IM
- Olanzapine, IM & oro-dispersable

#### DECISION:

- Retained with addition of note regarding onset and duration of action
- Retained
- Deleted (Included on the therapeutic interchange database)
- Added



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# MEDICINE AMENDMENTS



## DESCRIPTION

### 16.1.3 Aggressive Disruptive Behaviour in Children and Adolescents

#### MEDICINE/MANAGEMENT

- Benzodiazepines (e.g. Midazolam IM).
- Haloperidol, IM
  
- Olanzapine, IM or Oro-dispersable

#### DECISION:

- Retained
- Deleted with cross-reference to Paediatric Hospital Level STG for management, if unresponsive to benzodiazepines
- Not added (To discuss with the specialist)



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# MEDICINE AMENDMENTS



## DESCRIPTION

### 16.5.2 Schizophrenia Spectrum Disorders (Schizophrenia)

#### MEDICINE/MANAGEMENT

- Haloperidol, oral
- **If good response/tolerability to haloperidol, or patients' preference:**
  - Flupenthixol decanoate, IM &
  - Zuclopenthixol decanoate, IM
- **If good response but extrapyramidal side-effects:**
  - Anticholinergic, e.g. Orphenadrine, oral

#### DECISION:

- Retained with amendment in dosage range
- Retained, but moved up in the algorithm (with change in level of prescriber)
- Added to align with Adult Hospital Level STG (For side effects refer for medicine review)

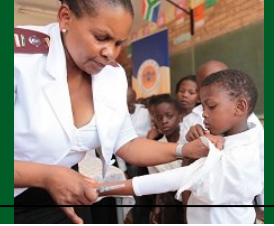


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# MEDICINE AMENDMENTS



## DESCRIPTION

### 16.5.2 Schizophrenia Spectrum Disorders (Schizophrenia) – continued

#### MEDICINE/MANAGEMENT:

- **If poor response:**
  - Risperidone, oral
- **Patients already stabilised on chlorpromazine:**
  - Chlorpromazine, Oral
- **For breakthrough episodes, short-term therapy of:**
  - Risperidone, oral

#### DECISION:

- Retained
- Retained
- Retained –But also refer for medicine review



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# MEDICINE AMENDMENTS



## DESCRIPTION

### 16.9.1 SUBSTANCE USE DISORDERS

#### MEDICINE/MANAGEMENT:

- For acute severe anxiety, irritability, and insomnia:
  - Diazepam, oral

#### DECISION:

- Retained (duration of treatment lowered and aligned with Adult Hospital Level STGs)



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# MEDICINE AMENDMENTS



**DESCRIPTION:** The Primary Health Care (PHC) Mental Health Conditions Chapter, was updated to include “Doctor prescribed”

## **MEDICINE/MANAGEMENT:**

**“Doctor prescribed” for all schedule 5 medicines**

## **DECISION:**

**PHC nurses with section 56(6) permit are prohibited to prescribe schedule 5 medicines.**



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# DESCRIPTION: STG Amendment:



- Nurses with authorisation as provided by Section 56(6) of the Nursing Act 33 of 2005 may initiate and/or maintain treatment with medicines as per the STGs and in accordance with their scope of practice.
- **Precepts of the Mental Health Care Act (MHCA) No. 17 of 2002 include:**
- All people with mental illness and/or intellectual disability must be managed under the Act and its regulations as either Voluntary, Assisted or Involuntary Mental Health Care Users.
- All registered medical practitioners, professional nurses, psychologists, occupational therapists (OTs), social workers, and registered counsellors whose training includes mental health are designated Mental Health Care Practitioners.
- At the PHC level, familiarity with MHCA Forms 01, 02, 04, 05, 07, 11, 13A, 22 and 48. An understanding of the related processes is required by all mental health practitioners.
- Specific obligations of the South African Police Service (SAPS) to protect, apprehend, and assist with transfer, people with mental illness.



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# DESCRIPTION: STG Amendment:

Meaning of selected terminology used in this chapter:



- **Psychoeducation (psychological education)** involves informing a patient and their family or support system about their illness and providing problem-solving, communication, and assertiveness skills training. The goals are to enable understanding, self-care, crisis management, suicide prevention, and relapse prevention. Information on aetiological factors, signs and symptoms, early signs of relapse, treatment options, need for adherence to treatment, and long-term course and outcome should be provided with consideration of the individual and their family's culture, beliefs, and coping mechanisms. Myths and misconceptions regarding the illness and its treatment are identified and managed in a person-centred manner. Advice on managing difficult behaviour and emergency situations is provided, and stigma should be dispelled.
- **Psychoeducation** may require several individual, family, or group sessions, depending on the complexity of the illness and the understanding of the problem by the individual and their family/ support system. Involvement of a registered counsellor, occupational therapist, and/or social worker is advised.



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# DESCRIPTION: STG Amendment:

Meaning of selected terminology used in this chapter:



- **Risk assessment** refers to a clinical judgement of the patient's potential for:
  - suicide or self-harm
  - aggression or violence towards others
  - being assaulted by others
  - high risk impulsive or addictive behaviour for e.g. high-risk sexual intercourse
  - severe self-neglect
  - being exploited
  - reputational damage
  - non-adherence to treatment
  - causing damage to property
  - poor physical health



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# DESCRIPTION: STG Amendment:

Meaning of selected terminology used in this chapter:



- A **risk assessment** is performed by collecting information from the patient and relevant stakeholders, which may include the person's family/support system, healthcare providers (including community health workers, or social workers who have knowledge of the person's home), as well as past clinical and forensic history.
- Close attention must be given to women in the perinatal period, people who care for others (e.g., parents, grandparents, teachers, and health and social care providers), and those with previous high-risk behaviour.
- While the clinical judgement may not always be accurate, it should be justified by the available information. The clinical judgement serves to inform precautionary interventions, e.g., close clinical follow-up after hospital discharge with increased attention by the Ward-Based Outreach Teams (WBOT), referral to social welfare/statutory services, advice regarding a protection order, and/or further psychoeducation.



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# Thank you

<https://knowledgehub.health.gov.za/e-library> or <https://www.health.gov.za/nhi-edp-stgs-eml/>



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