

ABSTRACT

Collaborative care (CC) is a strategy that restructures the roles of health care providers, and sectors outside of health care provision, to encourage a team-based approach to the management of mental illness. CC models involve, amongst others, non-governmental organisations, community health workers, and traditional healers, and, therefore, have been proposed as a strategy to make mental health care (MHC) more accessible and culturally appropriate. Despite the strong recognition of the need for CC models in policies and research initiatives promoting such accessible care, research on a CC strategy for mental health in South Africa is scarce. Failed attempts towards CC, such as the Life Esidimeni tragedy, have highlighted the urgent need to generate more evidence about this approach and improve collaboration.

The aim of this study was to systematically review the available literature to produce a summary of CC in the context of mental health in South Africa. This study further aimed to identify strategies to facilitate the implementation of CC models on micro- (community) and macro- (national) levels, and to make recommendations for future collaborative efforts.

This study was conducted in accordance with PRISMA guidelines. South African studies published in English between 2002 and April 2018 were considered for inclusion. Sixteen studies with heterogeneous study designs were included in this review. Using the Critical Appraisal Skills Programme tool, all included studies were found to be of high quality. Included studies were summarised and analysed using a thematic synthesis approach.

Six dominant themes and 25 subthemes were identified. The dominant themes included: (1) The context of CC in South Africa, (2) barriers to the implementation of CC models, (3) detrimental outcomes of CC, (4) facilitative factors in the implementation of CC models, (5) proposed strategies to improve the implementation of CC models, and (6) beneficial outcomes of CC.

From this review it is evident that CC models hold promise for closing the mental health treatment gap and providing culturally appropriate MHC in South Africa. However, despite progress made, several challenges remain in the implementation of collaborative policies. Considering the specific barriers highlighted in this review, four main strategies to improve the implementation of CC models in South Africa were identified. These included (1) redirecting resources and improving infrastructure, (2) formalising roles and relationships and improving leadership, (3) improving communication and supervisory structures, and (4)

improving training and education. This review offers valuable recommendations for South African MHC policy that might also be useful for other resource-constrained countries.

Keywords: *collaborative care, explanatory models, integrated care, mental health care, task-sharing, team-based approach*