OT in Africa

World Federation of Occupational Therapists Congress 2018 OT in Africa

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1. Introduction

Dedication

When reflecting on this topic I was humbled by the dedication, passion, sacrifice and resilience of the women and men who were instrumental in the development of Occupational Therapy in Africa, and particularly, in South Africa.

This presentation is dedicated to all the OT Pioneers who introduced and established Occupational Therapy (OT) in South Africa 75 years ago (1943); in particular, to their unique contribution in the training, control, service establishment, innovative OT interventions and knowledge base for the OT Profession.

I am personally and professionally indebted to each of these Pioneers; and am equally honoured to represent my fellow South African OTs on this topic.

I am Mandlenkosi, I am an Occupational Therapist

Introduction

Contextual Framework

- Policy Framework and Strategy on Disability and Rehabilitation Service in South Africa values.
- The position statements by the World Federation of Occupational Therapists on global health, diversity and culture.
- The Occupational Therapy Association of South Africa South Position statement on OT in Primary Healthcare.

Traditional Healing and the Concept of Illness in Africa

Challenges in implementing rehabilitation services in South Africa:

- Cultural sensitivity and respect of client value systems and beliefs.
- Delay early identification and interventions, misinterpretation of symptoms and misdiagnosis of client conditions.
- The acceptance of western medical practices and the prevalence of original concepts of illness amongst Africans.
- The formal recognition of Traditional Health Practitioners (THP) under the Traditional Health Practitioners Act No. 22 of 2007.

Beads Symbolic of Ancestral Spirit Connection



Bright coloured shawl with stars/ crosses signifying spiritual healing identity

Cross Symbolic of Christian Belief Connection

(Source: Africa Check, a non-partisan fact-checking organisation. View the original piece on their website).

There are many types of THPs in Africa but generally, there are three common types of indigenous practitioners which fall under the THP umbrella:

- The Herbalist (inyanga) who uses only herbal medicines.
- **The Diviner** (*isangoma*) who uses a combination of communication with the ancestors and traditional medicine.
- The Faith Healer (umthandazi) who mainly utilizes the power of prayer.

The concept of illness in the African Culture makes a distinction between theories of **natural causation**, "just happening" and **supernatural causation** from cosmological forces who work "through ancestors, sorcery or bewitchment". Conditions of supernatural causation is ukufa kwabantu. These comprise:

- *Ukuthakatha* (Sorcery): A practice used to cause or induce a variety of illnesses which range from physical and psychosocial disorders.
- Umeqo (Stepping over a sprinkled powder/ smeared paste): Mainly physical or neurological conditions which range from gangrene, sepsis, elephantiasis, stroke, phantom pain etc.
- Ukudlisa (Ingestion of a "magic poison); and ukuphonsa (Put under a spell).
- Amafufunyana, (evil spirit possession) have been classified as a sort of "hysterical psychosis" or schizophrenia, and the symptoms of *Ukuthwasa* (Becoming a Sangoma): Illness syndrome indicating one's calling to be a healer.

Phantom Pain & Sorcery



(Source: Science Photo Library)

Faith Healing Gift & Psychosis



(Source: The Health Site)

Culture, Religion & Adherence to Treatment



(Julian Angelo. "Difference Between Religion and Culture." DifferenceBetween.net. March 13, 2018 < http://www.differencebetween.net/miscellaneous/religion-miscellaneous/difference-between-religion-and-culture)

Using Research to Inform Practice

The Criminogenic Effects of Imprisonment and Function

- On imprisonment, prisoners relinquish their freedom and autonomy to make own choices and decisions.
- In order to cope, prisoners have to adapt to confined physical environment with accompanying rigidly structured procedures and rules.
- In order to survive, prisoners have to be always vigilant in an often highly threatening social environment.
- Over time offenders begin to adjust to these conditions and become increasingly dependent on prison structures and schedules to function.
- This results in the gradual deterioration of critical components necessary for independent function.

Sakhisizwe Day Centre

- The feedback was used to initiate the development of the
 \$akhisizwe Day Centre (Building the Nation) for Parolees.
- This project was based on the collaborative Parneship between the Parolee Officer, the local Chief (Inkosi), the Area Social Worker and Community Development Committee Representatives and TVET colleges.
- One of the key recommendation from the study was the review of the (unemployable) ex-prisoner support programme to include the family psychosocial support, food security, housing and

OT in Primary Healthcare

- According to the August 2011 WFOT statement on OT, the broad scope of OT training equips Occupational Therapists (OT's) to work in a variety of settings and levels of care, which include health promotion and prevention of disease and disability.
- The OTASA Position Statement 2015 on OT in PHC outlines its support for PHC principles on access, appropriateness, equity and effectiveness of OT services at PHC level (OTASA, 2015).
- The loss of function and productivity from the disabling effects of some communicable diseases such as HIV/AIDS highlights the relevance of OT involvement in health promotion and disease prevention.
- The introduction of the Provider Initiated Counselling and Testing (PICT) to augment the client-initiated Voluntary Counselling and Testing (VST) WHO, 2007) by the World Health Organisation (WHO) mandated all practitioners to be involved in early diagnosis of HIV/AIDS.

Innovative OT Intervention Strategies from OT Practice



(Copyright - eHealth NSW, the Health Administration Corporation (HAC) for and on behalf of the Crown in right of the State of New South Wales).

The Empowerment & Integration of Clients with Chronic Mental Illness into Society

Project Main Aims:

- To develop client work skills for placement in sheltered employment.
- To de-stigmatise mental illness and to raise community awareness on the potential of clients with mental illness.
- To re-integrate clients into community through a positive contribution to disadvantaged children.

(Nerena Ramith- Kuppersamy & OTT Team, Ekuhlengeni Psychiatric Hospital, Durban)

Multiple \$clerosis (MS) Assessment & Treatment Protocol

The Live Life Rehabilitation Project

Main Project Aims

- Empowerment of individuals with knowledge and skills to minimise relapses.
- Treatment of MS residual symptoms.
- Maintenance of individuals' physical and psychosocial levels of function.

(Amanda Marshall, Bsc. Occupational Therapy (UCT); Lindi Bester Speech Therapist), Lindsay Van Der Westhuizen (Social Worker), Samantha James (Physiotherapist), Luchille Oliver (Dietician), Marna Oettle (Dietician)

Mental Healthcare in Rural Settings



(Source: Rural Health Advocacy Project)

Celebrating the Recipient of the Rural Therapist of the Year Award by a Rural Hospital based Occupational Therapist.

Her achievements included:

- The establishment and the strengthening of the provision of mental health care services in rural areas.
- Contribution towards the strengthening of the health-community interface at Manguzi through close working relationship with the community health workers and community support groups.
- Involvement in the implementation of various rehabilitation programs and interventions in the area.

(Project initiated by rural partners: RuDASA, RuReSA and RHAP with PACASA, Section 27, TAC and others & Jabulile Ndlovu -Awardee)

Conclusions & Discussions

Thank You.

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