A new psychiatric hospital is being built in Port Elizabeth. The hospital is envisaged to have 40 male beds in the admission ward, 40 male beds in the acute ward, 16 beds for the treatment of substance abuse problems, 40 beds for male sub-acute patients, 36 beds for female sub-acute patients and 20 beds for female acute patients. It will also have 10 beds for forensic observation, 16 beds for psychogeriatric patients, 16 beds for adolescents and 16 beds for voluntary patients. The hospital will also have outpatient and outreach facilities covering the western region of the Eastern Cape.

The question arose as to how this hospital should be staffed based on national norms and standards. It should also be in line with the international norms and standards. An attempt was made to access such information, but it was found that this information does not currently exist.

First, the type of staff needed for the hospital needed to be defined. According to Alers, Hendricks and Beetge, the following requirements are recommended for appointing occupational therapists (OTs):

- a generic job description should be in place;
- the therapists should be allocated to a specific unit; Performance Management and Development System (PMDS) contracts will stipulate specific actions.
- minimum qualification of a bachelor’s degree
- a Master’s degree or previous experience in the field for the specialist unit is recommended, although not essential (preferably a post graduate qualification or experience in substance use, geriatrics, frail care and adolescence). It might, however, be difficult to find OTs with a Master’s degree in adolescence (universities will thus have to be contacted to find out who has done this)
- experience in psychiatry

**STAFFING REQUIREMENTS**

**ACCORDING TO ALERS (personal communication, 2014):**

1 OT in each Specialist Unit (5 OTs) – senior OTs, with Masters Degrees

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1 Vivyan Alers, author of Occupational Therapy in Psychiatry and mental Health –see reference at the end of this document  
2 Liezel Hendricks, occupational therapist, Gauteng Provincial Government.  
3 Helen Beetge, occupational therapist, Gauteng Provincial Government.
2 OTs in the acute and sub-acute units – junior OTs

1 OT for the Outpatient Department, 1 OT for the Outreach Program – 1 senior (OPD), 1 junior (outreach)

1 Head of Department – assistant director OT

RECOMMENDATIONS FROM VAN DER REYDEN⁴:

9 OTs and 8 OTTs (ratio of 1 OT to 30 patients).

CURRENT STAFFING AT OTHER PSYCHIATRIC HOSPITALS IN SOUTH AFRICA

<table>
<thead>
<tr>
<th>Number</th>
<th>Tara</th>
<th>Weskoppies³</th>
<th>Stikland</th>
<th>Sterkfontein²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>141</td>
<td>550</td>
<td>350</td>
<td>620</td>
</tr>
<tr>
<td>OTs</td>
<td>4</td>
<td>13</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Community service OTs</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Managers</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>OTTs</td>
<td>0</td>
<td>10</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Ratio OT: patient</td>
<td>1 : 20.1</td>
<td>1 : 36.67</td>
<td>1 : 38.89</td>
<td>1 : 45</td>
</tr>
<tr>
<td>Ratio OTT:patient</td>
<td>?</td>
<td>1 : 55</td>
<td>1 : 70</td>
<td>1 : 65</td>
</tr>
</tbody>
</table>

Weskoppies Hospital:

- Recommend 1 OT for 30 patients in acute (5.9 OTs for the new Elizabeth Donkin Hospital [EDH]) and sub-acute, and 1 OT for 10 patients in specialist wards (7.4 OTs for the new EDH), i.e. a total of 13.3 OTs for the new EDH excluding OTs for outpatients and outreach services.

Stikand Hospital:

⁴ Dain van der Reyden, retired Occupational Therapy lecturer, University of Kwazulu-Natal, and previous chairperson of the South African Association of Occupational Therapists and the Health Professions Council of South Africa Professional Board for Occupational Therapy and Medical Orthotics / Prosthetics.
• Recommend 1 OT in each specialist unit, 2 OTs in acute and sub-acute units, and 5 OTTs in acute and sub-acute units, i.e. a total of 7 OTs and 5 OTTs for the new EDH, excluding OTs for outpatients and outreach services.

Sterkfontein hospital

• Recommend 1 OT to 20 patients, and 1 OTT to 40 patients.

THUS:

The minimum ratio (without outpatient or outreach services) based on the standards applied at other hospitals is:

1. Occupational therapists (OTs):
   88.6 patients to 1 OT - Sterkfontein’s ratio (they have, however, applied for 10 new posts, which will decrease the ratio to 1:29.5)
   Thus, 2.82 OTs for the new EDH (based on the CURRENT ratio at Sterkfontein)

2. Occupational therapy technicians (OTTs):
   88.6 patients to 1 OTT – Sterkfontein’s ratio (they have, however, applied for 6 new posts, which will decrease the ratio to 1:47.7)
   Thus, 2.82 OTTs for the new EDH (based on the CURRENT ratio at Sterkfontein)

Best ratio according to other hospital’s standards (without outpatient or outreach services):
20.1 patients to 1 OT – Tara’s ratio
Thus, 12.4 OTs for the new EDH

55 patients to 1 OTT – Weskoppies ratio
Thus, 4.5 OTTs for the new EDH

Average ratio according to other hospital’s standards (without outpatient or outreach services):
44.9 patients to 1 OT (thus, 5.6 OTs for the new EDH)

69 patients to 1 OTT (thus, 3.6 OTTs for the new EDH)

Average ratio according to advice from other hospitals:
10.9 OTs for the new EDH (excluding outreach services and outpatient department)

5.6 OTTs for the new EDH (excluding outreach services and outpatient department)

GROUP THERAPY FOR PATIENTS WITH PSYCHIATRIC DISORDERS

According to Gupta (2005):

Group therapy has been successful with as few as three members and as many as 15, but most therapists consider 8-10 the optimal size.
It has been proposed that the new hospital that is currently being built should have a bed capacity of 250, and using 15 patients in a group as what was suggested by Gupta, the maximum ratio is 16.67 OTs(250/15) - rounding off to accommodate the ideal of 1 OT to 10 pts = 17 OTs.

**OCCUPATIONAL THERAPY PUBLIC SECTOR HEALTH SERVICES: STAFFING NORMS** (Gauteng Health Occupational Therapy on behalf of the National Occupational Therapy Forum, 2000):

Basic staffing norms are indicated in this document. Two sets of staffing norms were developed, namely for hospital services and for community services. Hospital services staffing ratios were broken up according to the type of patient being seen.

According to the document, for acute psychiatry, the ratio of OT to patient should be 1:30 and the ratio of OT to OTT should be 1:1.

With a bed capacity of 250 (250/30), the required number of OTs is 8.3 (rounding to 9 OTs), and therefore also 9 OTTs.

**RATIO ACCORDING TO BURGER** \(^5\), The sub-acute units should be seen as medium term and due to their level of intervention, should be staffed as per the ratios for acute units, namely:

OT in acute 1:30

OTT in acute 1:50

With a bed capacity of 235, there should be 7.8 OTs (250/30; rounded up to 8 OTs).

In the adolescent unit, the ratio should be 1:15.

Adding 1 OT for the adolescent unit brings the total number of OTs required to 9.

There should be no OTTs in the adolescent or forensic units, as their level of training and therapeutic skills is not adequate.

Thus, for 225 beds (250 beds - 15 adolescent beds - 10 forensic beds), there should be 4.5 OTTs (225/50). This would be rounded up to 5 OTTs.

\(^5\) Elma Burger, deputy director of specialised services, Gauteng Department of Health
RATIO ACCORDING TO THE HPCSA POLICY GUIDELINE FOR TRAINING, PRACTICE AND SUPERVISION

OCCUPATIONAL THERAPY AUXILIARY AND TECHNICIAN CATEGORIES (HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY AND MEDICAL ORTHOTICS/PROSTHETICS, 2004):

- **Acute / Remedial** 1 OT : 1 OTA/OTT
  These programmes are typical for short-stay patients in psychiatric or general hospitals or short-stay psychiatric units at general hospitals, or community centres. Aims of treatment are reviewed and intervention adjusted, often on a daily basis. Treatment is aimed at the alleviation of symptoms, return to optimal health and prevention of disability.

- **Rehabilitation** 1 OT : 5 OTAs/OTTs
  Patients are in the rehabilitation phase of treatment, due to the development of a disability, and aims of treatment and programmes may be planned for between one to three weeks at a time. Routine rehabilitation programmes (protocols) may be implemented.

- **Maintenance** 1 OT : 10 OTAs/OTTs
  Patients are in long-stay institutions or on programmes which are planned for a month or more at a time. The aim of treatment need not be varied often and the person’s condition does not change significantly; the person’s present level of functioning needs to be maintained. The person may no longer be an in-patient of an institution.

- **Promotive** 1 OT/PT/S&HT : 5 OTAs/OTTs
  The programmes may be offered in all settings and are geared at enhancing or improving mental and physical health and general coping skills in persons who are well, and may include health promotion sessions.

- **Preventive** 1 OT/PT/S&HT : 2 OTAs/OTTs
  The programmes are geared towards protection of at risk groups / populations. The aim is to prevent disease or disorder and includes health promotion, improvement of living conditions, nutritional programmes, HIV/AIDS education, substance abuse, education, etc.

The hospital will have acute and rehabilitation programs. For the acute wards there will thus need to be a ratio of 1 OT: 1 OTA and for the sub-acute wards 1 OT: 5 OTTs.
1. **Number of occupational therapists (OTs):**

<table>
<thead>
<tr>
<th></th>
<th>Average Ratio at other hospitals</th>
<th>Recommendations from other hospitals</th>
<th>Recommendation from van der Reyden</th>
<th>Recommendation from Alers</th>
<th>Standard according to OT Forum</th>
<th>Standard according to Gupta</th>
<th>Standard according to Gauteng DOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT</td>
<td>5.6</td>
<td>10.9</td>
<td>9</td>
<td>10</td>
<td>9</td>
<td>17</td>
<td>10</td>
</tr>
</tbody>
</table>

Average number of OTs based on the figures reported in this document: 10.2 (round off to 11)

Add 2 OTs for outpatient / outreach services = 13 OTs in total.

2. **Number of occupational therapy technicians / assistants (OTT/As)**

<table>
<thead>
<tr>
<th></th>
<th>Average Ratio of other hospitals</th>
<th>Recommendations from other hospitals</th>
<th>Recommendation from Dain van der Reyden</th>
<th>Recommendation according to HPCSA – hospital will have max 2 OTs in sub-acute and 8 OTs in other wards if above ratio for OTs is used</th>
<th>Gauteng DOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTT</td>
<td>3.6</td>
<td>5.6</td>
<td>8</td>
<td>8 (other wards) + 10 (sub-acute) = 18</td>
<td>6</td>
</tr>
</tbody>
</table>

Average number of OTTs according to research: 8.2 (rounded up to 9)

**RECOMMENDATIONS BASED ON THE FIGURES CITED IN THIS DOCUMENT:**

1. A total of 12 OTs is required as follows:

   - 1 OT in each Specialist Unit, i.e. a total of 5 OTs. These should be experienced OTs, preferably with Masters Degrees
   - 2 OTs in the acute (male and female) and sub-acute units, i.e. a total of 4 OTs – junior\(^6\) OTs
   - 1 OT for the Outpatient Department – senior OT
   - 1 OT for the Outreach Program – junior OT

\(^6\) Community service OTs or the previous level 7 posts
• 1 Head of Department – assistant director OT

2. A total of 9 OTT/As is required as follows:
   - 2 OTTs in acute units (ratio of 1 OT : 1 OTT according to HPCSA)
     • 4 OTTs in sub-acute units
     • 3 OTTs (Wards 5-9, no OTT with adolescents or forensic)

3. Total occupational therapy staffing:
   • 6 Senior OTs with Masters Degrees (level 8)
   • 5 Production Level Occupational Therapist
   • 1 Assistant Director OT
   • 9 OTTs

References


Health Professions Council of South Africa Professional Board for Occupational Therapy and Medical Orthotics/Prosthetics (2004). *Policy Guideline for Training, Practice and Supervision Occupational Therapy Auxiliary and Technician Categories*. Form 249 (Booklet).

30 May 2014 (revised 15 October 2014)