



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DRAFT DISTRICT SOCIAL WORK MENTAL HEALTH AUDIT TOOL

NAME OF DISTRICT DATE..... TIME.....

(Please make a ✓ for applicable or x for not applicable where necessary in the boxes below)

1. Identifying particulars

- 1.1. Name of organisation as it appears on the license: _____
- 1.2. Physical address as it appears on the license: _____
- 1.3. Name of manager and contact details of manager and organization telephone and emails: _____

- 1.4. Nature of service rendered: day care residential care
- 1.5. Category of MHCU: Mental illness Intellectual Disability
- 1.6. MHCU status of admission: Voluntary Assisted

RATING: COMPLIANT: C NON COMPLIANT: NC FULL-TIME:FT

1. STAFFING:	F/T	SESSION	OBSERVATION	RECOMMENDATION	TIME FRAME
1.1. Job description's/personnel files/duty roster as per SW					
Social Worker					
Social Auxiliary Worker					

Lay Counsellor					
Care giver					
Comments					
1.2. Staff development for SW and related professions	C	NC	OBSERVATION	RECOMMENDATION	TIME FRAME
MHCA					
Children's Act					
SACSSP code of conduct					
Comments					
2. RESOURCE LIST :	C	NC	OBSERVATION	RECOMMENDATION	TIME FRAME
available, updated					
SASSA office					
Dept of Home Affairs					
SAPS					
Clinic SW					
Comments					

3.GOVERNANCE:	C	NC	OBSERVATION	RECOMMENDATION	TIME FRAME
Available and updated					
Availability of a Board committee					
Minutes of meetings					
Date of last AGM					
Family Committee					

Comments: this is not a core function of SW , it will remain an observation and noted

4.2. Psychosocial care	C	NC	OBSERVATION	RECOMMENDATION	TIME FRAME
verbal /non-verbal					
User -user interaction					
Staff- user interaction					
Report of aggression					
Climate/Residents/ MHCU			Records available		

Comments					
5. ENVIRONMENT: safety and risks	C	NC	OBSERVATION	RECOMMENDATION	TIME FRAME
Perimeter fence, gates, controlled access					
Sleeping area: separation of ages, gender					
Indoor recreational area					
Outdoor: shaded area, benches, chairs					
Comments : This is a SW assessment and not assessment in terms of Environmental Health specifications					
6. SOCIAL WORK INTERVENTIONS: Facility and/or clinic social worker	C	NC	OBSERVATION	RECOMMENDATION	TIME FRAME
Individual casework					

Admission criteria and MHCA					
Groupwork					
Community work:					
Family liaison					
Rehabilitation programme			Health talks, health calendar events, psychoeducation, interpersonal relationship		
LOA, discharge preparation					
User participation, Rights, responsibilities and advocacy			Consultation with user and caregiver, privacy, confidentiality, access to health and other services		
Comments					
FAMILY CONTACT	C	NC	OBSERVATION	RECOMMENDATION	TIME FRAME
Visitors register, full contact details and relationship to user					
Family contact, frequency of visits or any form of contact					

Systems to address family contact if poor contact is noted					
Comments					
7.RECORDS	C	NC	OBSERVATION	RECOMMENDATION	TIME FRAME
Individual files with MDT records					
ID document/proof of application					
Photo					
SASSA card					
Medical Aid					
Primary caregiver's contact details			Updated details		
Other family contact details			Facility should have updated and more than 1 person's contact details		
Consent form					
Family meetings with the NGO					

Admission to facility forms				
MDT report prior to admission				
Funeral policy				
Curatorship/trust fund arrangements				
Comments				
General findings and recommendations (including biopsychosocial care, treatment, rehabilitation, safety and risk factor)				
Name of District Health Social Worker (print name and SACSSP number): Signature				
Name of Supervisor(print name and SACSSP number):Signature				

Date of audit:

Date of report