

Public Health Practice South Africa: Clinical Mental Health

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Background

- South Africa has consistently high levels of reported mental health conditions, especially Anxiety and depression. Ranking joint lowest alongside the UK at 46, on the Annual Mental State of the World Report.
- The United Nations have identified the importance for South Africa to implement of a progressive mental health policy reform, however policy reform is still yet to be met.
- Only 27% of South Africans reporting severe mental illness ever received treatment, ¾ of sufferers are not accessing any form of mental health care.
- Neuropsychiatric conditions rank third in their contribution to the burden of disease in this country, after HIV/AIDS and other infectious diseases. Some 16.5% of South Africans report having suffered from common mental disorders such as depression, anxiety and substance abuse in the last year, 2000.
- Variety of factors contribute to the high level of mental illness, social inequalities, social stigma, ignorance at institutional levels and the threat of experiencing violent crime.

Historical Approaches

Mental Health Act 1973

- First piece of legislation recognizing mental health.
- Focused on patient control and treatment, and the protection and welfare of society. The focus allowed for the disregard of individual rights, established prior to apartheid. Human rights weren't not a priority.
- Legislated for minimal supervision to be certified to a mental institution, allowed for manipulation for political means, held against will.
- MHA 1973, facilitated disproportionate mental health care based on race, with Black citizens receiving the least care and failed to promote personal autonomy and justice for individuals with mental illness, allowed for mentally ill patients to be stigmatized, disempowered and alienated.
- Context: Apartheid, politically less interested in individuals' human rights. Support came from panic after shooting of Prime Minister Verwoerd.

Mental Health Care Act 2002

- Shifted system from custodial approach to encouraging community care, stived to make appropriate care, treatment and rehabilitation are provided at all levels of the health service, highlighting that individuals with mental illnesses should be free from discrimination, stigma and abuse.

- Strove to emphasize the importance of protecting individuals with mental illnesses.
- Failed to bring forward progressive reform, due to infrastructure and human resource constraints, physically could not cater to the act, e.g., provide care for all under the 72-hour provision of patients., failed to train staff.

Statistics

- 30% of South Africans are likely to suffer a mental illness in their lifetimes, depression being the most common ailment. A recent study found that 44.1% and 40.2% of youth (ages 14-24 years) experienced depression and anxiety, respectively. Furthermore, 1 in 4 of these youth reported current suicidal thoughts.
- Lost earnings among adults with severe mental illness during the previous 12 months amounted to R28.8 billion.²⁹ This represented 2.2% of GDP in 2002, and far outweighs the direct spending on mental health care for adults (of approximately R472 million). Costing South Africa more to not treat mental illness than to treat it.
- South Africa ranked 103 out of 149 countries on the happiness index, a measure of population wellbeing derived from six factors: GDP per capita, social support, healthy life expectancy, personal freedom, the good will of others, and trust in government, 2020.
- Major depressive disorder and anxiety increased over the pandemic, with 24% of the population showing depressive disorders.

Policy Landscape

Mental Health Issues including Anxiety and Depression have failed to be a priority on public health policy agenda, common issue across low- and middle-income countries. To understand mental health policy in South Africa, need to assess public narrative and opinion:

Social

- People with mental health conditions often face neglect in the healthcare system, as well as stigma and discrimination. This has resulted in poor health outcomes, isolation and high suicide rates.
- Large class, race and wealth disparities. Healthcare affordability excludes lower income citizens from accessing suitable assistance.

Political

- Despite the evidence mental health is continually neglected in institutional reform.
- Political avoidance of utilizing the term, rather referring to spiritual welfare.
- Development in response to context.

Narrative

- Stigmatizing beliefs reported in South Africa include people with mental illness are bewitched, lazy, mad, insane and weak. Consequently, individuals labelled as mentally ill are

ridiculed and feared, and may be rejected by family. Preventing others suffering from seeking help. Stigma becomes a barrier to accessing basic needs, employment and education

Cultural

- South African culture places a large emphasis on ancestor reverence, and traditional remedies. Estimated 60% of South Africans consult traditional healers, utilizing ancestral spiritual beliefs alongside spiritual and medicinal properties of flora and fauna. This narrative also links to religious narrative, in 2001 79.6% of the population identified as Christian, common for practicing Christians to combine religion with traditional healers' spirituality. The church perpetuates discriminatory attitudes of mental health as “disturbed” and “sick”; others go further to suggest some are “possessed” by demonic powers.
- So far removed from culture that the Zulu language does not have a word for depression.

Damaging public attitudes prevent those in requiring assistance from receiving care, the stigma associated with mental illness is preventing progressive reform and increasing mental illness within society. However, this can be confused with lack of awareness.

Causation

- High levels of stress caused by the threat or crime and violence, 23% of adult population 16-64 have been exposed to violence.
- Poverty, strongly correlates to mental health, making up 55.5% of the population in 2021.
- Work life balance, 53% of South Africans do not take annual leave.
- Low employment rate, 35.3% unemployed, 2021.
- Generational trauma, of complex racial issues and colonization.
- Race, class and wealth disparities.
- Religious and cultural expectations.
- Low awareness and understanding of what mental health is.

Current Policy

- 2013, the South African government adopted the National Mental Health Policy Framework and Strategic Plan to integrate mental health into its health system and to reduce the mental health treatment gap and burden.
- Scale up decentralized integrated primary mental health services, which include community-based care, clinic care and district hospital level care. And developed a monitoring and evaluation system for mental health care.
- South African policy and legislation both advocate for community-based mental health service provision within a human rights framework. Structures are in place at national level and in all nine provinces to implement these provisions. Aiming to implement comprehensive policy addressing all mental disorders including intellectual disability, and all

age ranges. However, variation between provinces has allowed for varying levels of quality of mental health care due to lack of resources and provisions.

- UNCRPD recommended legislation is repealed to implement legislation endorsing supported decision making. As the current system remains inaccessible even in provinces using more than 5% public health expenditure on mental health. Around 90% who require care do not access, the majority who receive care are men and those involuntary. Failure due to a quarter being re-hospitalized within three months of discharge.
- Despite focus of current policy, there remains inequality of access, expense of therapists and counsellors exclude large proportions of the population. Disproportionately affecting Ethnic Minorities and low-income families.
- 2020 development of telemedicine to tackle the mental health gap, expanding access to minorities and lower income households, important given the close relationship between poverty and mental health. However, problems within the healthcare system and the cost of private care still contributes accessibility issues.

Conclusion

- South African Public Health policy regarding mental health lacks efficiency and access. Public health agenda remains relatively underdeveloped keeping inline with basic human rights requirements. Policy has insufficient funding invested to be effective and accessible.
- Policy in South Africa fails due to the decentralization of powers, requires institutional implementation with a regulatory agency and investment into developing mental health care into primary community level care, training mental health nurses.
- South Africa continually fails to implement physical processes, legislation aiming to tackle public attitudes, achieving the minimal needed to stay in line with human rights requirements.
- Despite policy progress accessibility problems remain, hierarchy of those who can afford and access mental health care.
- Lack of political interest prevents effective policy reform and failure to gain space on government agenda.
- Failed to develop further away from mental health provisions just being used to prevent harm to others in society.
- Development of narrative is key to progressing quality of life for the mentally ill, alongside government investment in awareness training, mental health literacy.

Engagement of South Africans in the UK:

- Enhance narrative of the normality and commonality to suffer from mental illness.
- Accessible mental health services.

References

- Draper, C., Lund, C., Kleintjes, S., Funk, M., Omar, M. and Flisher, A., 2009. Mental health policy in South Africa: development process and content. *Health Policy and Planning*, 24(5), pp.342-356.
- Adepoju, P., 2020. Africa turns to telemedicine to close mental health gap. *The Lancet Digital Health*, 2(11), pp.e571-e572.
- Santomauro, D., et al., 2021. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *The Lancet*, 398(10312), pp.1700-1712.
- SA Federation for Mental Health. 2022. *About Us - Mental Health Wellness Advocacy & Promoters - SAFMH*. [online] Available at: <<https://www.safmh.org/introduction-to-safmh/>> [Accessed 29 May 2022].
- Nguse, S. and Wassenaar, D., 2021. Mental health and COVID-19 in South Africa. *South African Journal of Psychology*, 51(2), pp.304-313.
- Lund, C., Kleintjes, S., Kakuma, R. and Flisher, A., 2009. Public sector mental health systems in South Africa: inter-provincial comparisons and policy implications. *Social Psychiatry and Psychiatric Epidemiology*, 45(3), pp.393-404.
- McCrea, N., 2010. An Analysis of South Africa's Mental Health Legislation. *The National Law Review*, 12(158).
- Berg, A., 2003. Ancestor Reverence and Mental Health in South Africa. *Transcultural Psychiatry*, 40(2), pp.194-207.
- Swanepoel, M., 2020. Aspects of the Impact of the United Nations Convention on the Rights of Persons with Disabilities on South African Health Law: Section 1. *Forensic Science International: Mind and Law*, 1, p.100014.