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DOES MENTAL HEALTH MATTER, SOUTH AFRICA?

The right to health care is a basic human right guaranteed by Section 27 of the South African Constitution. According to the Constitution, the State must 'respect, protect, promote' and fulfil this right.

South Africa remains a vastly unequal society and public health care bears a heavy burden. PHC services are plagued by medication stock-outs; are largely under-resourced; lack suitable infrastructure and up-to-date technology. Lengthy waiting times, over-crowding, and under-staffing, adversely affect the ability to deliver adequate health care to those most in need. There is a serious gap between 'standard suggested treatment guidelines' and what is actually happening in treatment and many district facilities don't meet basic requirements.

In 2018, the SAHRC's National Investigative Hearing on the Status of Mental Health Care in South Africa, reported that South Africa's shortage of skills, training and resources in the health sector negatively impacted on the rights of additionally vulnerable groups

such as mentally ill patients. "Poor treatment, abuse and neglect of patients result, not only in a denial of their rights to access health, but also violate their right to be treated with dignity."

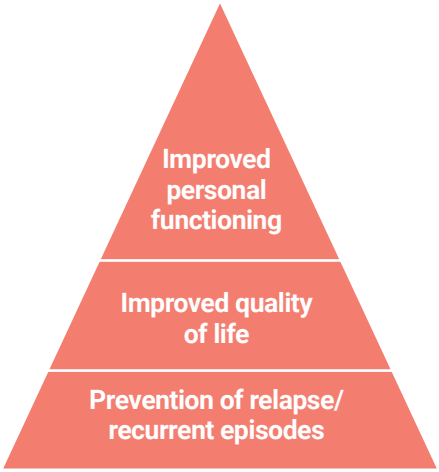
Mental health remains unintegrated and misunderstood across the health care sector. For many South Africans, including healthcare professionals, 'all' mental health patients look like aggressive Schizophrenics. The nuances, subtleties and everyday suffering from illnesses like depression, anxiety and PTSD often go untreated as a mental health problem or are labelled as 'stress'. Community education, support, and training across all sectors is crucial.

MENTAL HEALTH VS MENTAL ILLNESS

A place to start is an understanding of what mental health is. "According to WHO, mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" says Prof Yusuf Moosa. Mental illness results when health condition alters this state of wellbeing. Currently, there is an inherent constraint within communities for preventative mental health care. However, through good psychoeducation, the public can learn how to positively impact their own mental wellness, and identify the risk factors and enhance the protective factors within their family and community settings.

COMMUNITY PSYCHIATRIC CARE

Many mental health systems as well as our thinking about mental health care need reform. In South Africa, policy has reformed but that reform needs to be implemented. Interestingly, females tend to access clinics, whereas males tend to more frequently access hospitals. "There must be a de-centralising of mental health services from traditional hospital-based (institutional) care into community-based and the integrating of mental health services into primary care," says Prof Moosa. This is a particular challenge for poor and vulnerable communities which lack even basic services.



The goals of community psychiatric care

"The ultimate goal of community psychiatric care, which we don't have in South Africa, is to improve quality of life and functioning," says Prof Lesley Robertson. In South Africa, psychiatric nurses conduct the first interview and evaluation of patients. The Brief Psychiatric Rating Scale (BPRS) is a tool designed to be used in a clinical setting to measure psychiatric symptoms. Nurses tend to rate depression more severely than doctors – which instinctively seems more accurate. "It is not about whether the symptom is there or not there," says Prof Robertson. "Rather how frequent the symptom is, how much distress it causes." The manual for its use may be downloaded at https://www.researchgate.net/publication/284654397_Brief_Psychiatric_Rating_Scale_Expanded_version_40_Scales_anchor_points_and_administration_manual

THE NUMBERS

A SASOP survey done in October 2020 revealed that there are with 783 active psychiatrists (all members of SASOP). Of these, 39% are over age 50. Only 26% of these psychiatrists work in the public sector compared with 74% in the private sector. "The overall ratio of psychiatrists is 1,07 per 100 000 but in the public sector, there's an average of 0.33 psychiatrists per 100 000 people in SA," says Prof Rita Thom. In Mpumalanga, there are no psychiatrists.

PHC Sector Beds per 100 000 Population	
Generalised Hospital	2.8
Specialised Hospital	18.0
Community-Based Residential	3.6
TOTAL	**24.4**

Private Sector Beds per Province		
	Beds	Insured population
Limpopo	0	936 408
North-West	0	657 411
Mpumalanga	58	748 866
Eastern Cape	111	1 077 440
Kwa-Zulu Natal	230	1 835 070
Gauteng	981	2 478 102
Free State	210	468 624
Western Cape	531	1 120 919
Northern Cape	104	206 846
TOTAL	**2 225**	**9 539 576**

THE REVOLVING DOOR

According to research conducted by Drs Docrat and Besada, as well as a SASOP survey in October 2020 led by Prof Rita Thom, South Africa's shortage of mental health professionals and resources is exacerbated by the uneven distribution between the public and private sector.

Our hospital stays and re-admission rates are far higher than they should be. "We have a readmission of approximately 25% within 3 months," says Dr Sumaiyah Docrat. "This accounts for about 18% of mental health expenditure." Prof Rita Thom's survey found that readmission rates are too high in both the public and private sector. This clearly shows that community-based mental wellness is lacking. South African mental health care users spend an average 100 days in hospital. "There is no community care and nowhere to be discharged to."

Prof Rita Thom's survey found that in 2017 the average length of stay:

- District Hospitals: 8.6 days
- Regional Hospital: 28.6 days
- Tertiary Hospital: 54.8 days
- Specialised Psychiatric Hospital: 151.1 days

THE ECONOMIC BURDEN ON HOUSEHOLDS

Even in the private sector, insured mental health patients have no financial protection and face many out-of-pocket expenses. As part of the International Emerald Household Survey it was found that in the uninsured public sector there is high level of economic instability in families with a mental health diagnosis. The cost of mental health care is high and is compounded by the loss of earning potential when someone is ill. These families open more shop accounts, take on extra work, and ask for more loans. To 'save money', these households:

- Reduce quantity and quality of food
- Reduce healthcare in general
- Withdraw children from schools

MENTAL HEALTH CARE SPENDING

Despite good policies, mental health care remains marginalised. South Africa's 2016/2017 health expenditure was within the WHO's recommended constraints but disproportionately spent. Over 80% of healthcare spending is on in-patient care. "A big concern going forward is that we cannot de-institutionalise care if there is no funding for anything outside of a hospital," says Dr Docrat.

Mental health services remain separate and unintegrated. One example of this is ante-natal screening. Every ante-natal patient should be screened for depression. Despite nurses being trained to do this, it is not happening. The cost of inaction is far more severe than the cost of mental health care action. According to the WHO, $1 spent is a $4 return on investment.

THE NHI SERVICE BENEFIT FRAMEWORK

The NHI Service Benefit Framework has the potential to provide universal health care but in its current form it doesn't meet even basic needs and it totally ignores mental health. Currently, proposed guidelines make zero provision for specialist care and is reinforcing institutionalised care.

Mental health is included as one of the Sustainable Development Goals, yet there are no explicit targets for sectors to deliver services. In addition, South Africa has signed the UN Convention on the Rights of People with Disabilities but our systems and policies don' reflect it.

WHERE TO NOW?

Across districts, we need to map out all services that are available – PHC, private health care, mental health, counselling, support groups and to make them accessible to all citizens. It is crucial to understand the link between physical and mental health. Psychoeducation, early screening and identification needs to be done across all sectors – from teachers to community organizations, police, banks, families and individuals. "We need a paradigm shift from institutionalised and hospital care to community health, inclusion and rehabilitation," says Prof Moosa. Communities need to be empowered across the country – trained, supported and licensed.

PHC services as well as existing mental health care services are lacking. Secondary level psychiatric care as it does exist must continue as it is the only option available. South Africa's health care system certainly operates too much in silos and there is too much focus on specialist care. Realistically, there won't be a sudden increase in the number of psychiatrists or psychiatric beds for in-patient care. We are trying to do a lot with very little financial or human resource support. South Africa must shift the approach to mental wellness and mental health care.