COUNTRY PROFILE

SOUTH AFRICA

Analysis for mental health campaigning and advocacy

Key Informant Interviews conducted with: Marguerite Schneider (University of Cape Town), Mental Health Care User (Cape Mental Health)

THE PURPOSE

of these profiles is to inform effective mental health advocacy by identifying and documenting national priorities for mental health campaigning efforts. This country profile is the culmination of desk research and consultations with experts in South Africa. Based on the PESTLE[1] framework of analysis, covering Political, Economic, Social, Technological, Legal and Environmental factors, it seeks to outline issues relevant to mental health, identifying resource gaps, challenges, opportunities and priorities of people affected, leading to recommendations for key actors working in mental health campaigning and advocacy in South Africa. The development of country profiles was implemented through a partnership between the Speak Your Mind Campaign and the Mental Health Innovation Network.

1 Perera R. The PESTLE analysis. Nerdynaut; Sept 19 2017.

Photo: The gardens of the Union Buildings. Pretoria, South Africa from. LINK

Political Factors

Institutional Framework: South Africa has an updated 2013-2020 Policy Framework/ Strategic Plan for Mental Health, the first ever officially endorsed mental health policy. The policy guidelines recommend the scale up of decentralized and integrated Primary Mental Health Services, including community-based, PHC clinic and district hospital level care; promoting mental health in SA by improving public attitudes, literacy, empowering local communities, protecting human rights of people with mental illness, tackle pernicious cycle of poverty and mental ill-health, stronger M&E system for mental health care and ensure planning and provision is evidence-based. There is no current national mental health policy for after 2020 but the document will stay active in guiding the planning of mental health services, financing, advocacy and human rights until a new set of guidelines is developed.

Despite the launching of this comprehensive policy framework, South Africa's mental health system still suffers from public neglect, fragmentation and poor coordination of services, lack of specialized workforce and the continued prioritization of institutional care over community-based approaches. There has also been criticism over the lack of implementation for the Strategic Plan e.g. the lack of any Suicide Prevention guidelines despite its rising incidence in the country (suicide rates vary between 11.5-20 per 100,000 of the population[2]) and being one of the primary recommendations in the policy document.

2 Schlebusch L. Suicide prevention: A proposed national strategy for South Africa. African Journal of Psychiatry. 2012;15(6):436-40.

Health System: In 1994, South Africa went through a democratization of its political system, along with the concept of universal primary health care. This change led to a programme of ongoing decentralization and integration with the result that the public health sector is managed by provincial health departments and operated at the primary, secondary and tertiary level across 9 provinces. All public health services and planning is coordinated through the National Department of Health[3]. Around 84% of the population is served by the public health sector and a national health insurance system which is still in the process of implementation. The process of de-institutionalisation in South Africa started since the 1990's and involved the de-hospitalization of mental health care users, focusing efforts on the management of people at the level of primary care[4]. However, consistently long stays for inpatient care in South Africa as well as persistent rates of readmission are both contributory factors preventing the country from successfully progressing towards more equitable, more cost-effective care at the community-level[6].

Economic Factors

Healthcare spending breakdown: South Africa's total health expenditure comprises 8.8% of the GDP[5] and national spending only accounts for 40% of the total amount[6,7]. Mental health services in South Africa are covered under the National Insurance Scheme (2017) being implemented by the government as part of a move towards Universal Health Coverage Act and promote equality in the delivery of health. About 84% of the population is served by the country's large public health sector, but there is pressure on the state to expand healthcare access given that only 40% of the health budget is funded by the state. The UHC package of care in primary health care includes access to mental health services and treatment at the district and sub-district levels.

Mental Health care: Public mental health spending as a proportion of the health budget is reportedly 4.6% or USD 12.4 per capita (for mental health inpatient and outpatient care) with a range of 2.1% to 7.7% of mental health spending by provincial health budgets[6]. Only three out of nine provinces reportedly issue 5% or more of their health spending on mental health services, with a large majority channeled towards inpatient care (86% of mental health spending). Poor information systems to measure the true burden of mental health conditions also contributes to ineffective allocation of resources towards the sector[6]. It is also challenging to reliably estimate the spending towards building more efficient care pathways and systems for mental health in community-based settings across the country.

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3 Malakoane B et al. Public health system challenges in the Free State, South Africa: a situation appraisal to inform health system strengthening. BMC Health Services Research. 2020 Dec 1;20(1):58.

4 Petersen I. et al, Mental Health and Poverty Research Programme Consortium. Planning for district mental health services in South Africa: a situational analysis of a rural district site. Health Policy and Planning. 2009 Mar 1;24(2):140-50.

5 World Health Organization. South Africa Health Profile. LINK

6 Institute of Health Metrics and Evaluation: South Africa Profile, 2017. LINK

7 Docrat S et al. Mental health system costs, resources and constraints in South Africa: a national survey. Health policy and planning. 2019 Nov 1;34(9):706-19.

## BREAKDOWN OF MENTAL HEALTH SERVICES AND RESOURCES[8]

MENTAL HOSPITAL	64
COMMUNITY-BASED PSYCHIATRIC INPATIENT UNITS	Not reported
GENERAL HOSPITAL PSYCHIATRIC INPATIENT UNITS	40
RESIDENTIAL CARE FACILITIES	Not reported
MENTAL HEALTH PROFESSIONALS (RATE PER 100,000 OF THE POPULATION)	Psychiatrists: 1.52 (0.31 in the public sector) Child Psychiatrists: 0.08 (0.02 in the public sector) Psychologists: 0.97 (public sector) Social workers: 1.83 (public sector) Mental health nurses: Not reported Occupational therapists: Not reported

Social Factors

SOUTH AFRICA HAS A POPULATION OF 55.7 MILLION AND IS CURRENTLY STRUGGLING WITH A SIGNIFICANTLY HIGH BURDEN OF MENTAL HEALTH CONDITIONS.

an approximate **30%** of the population having experienced a common mental health disorder in their lifetime[9].

5th — Depressive disorders

9th — Anxiety disorders

causes of **disability** in the country[3].

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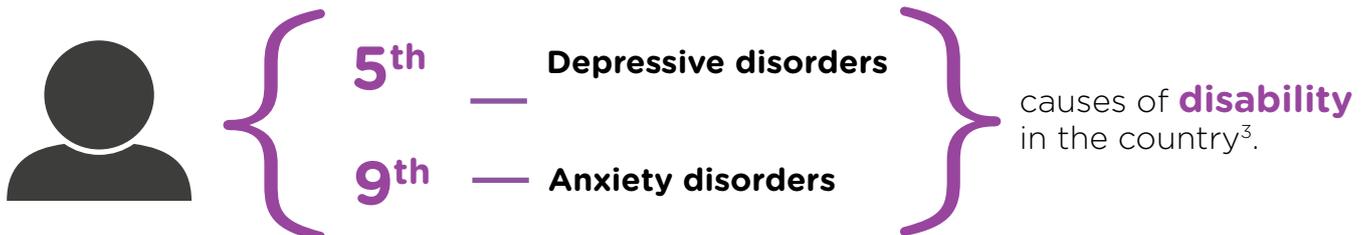
8 World Health Organization. Mental Health Atlas, South Africa Country Profile, 2017. LINK
9 Petersen I, et al. Integrating mental health into chronic care in South Africa: the development of a district mental healthcare plan. The British Journal of Psychiatry. 2016 Jan;208(s56):s29-39.

Risk factors: Stigma and misinformation regarding mental health conditions also contributes to the treatment gap i.e. 75% people with a mental health disorder never receive treatment[5]. Research also suggests a high level of co-morbid mental health disorder among people living with HIV, which is particularly relevant given that HIV is the leading cause of mortality and premature death in South Africa[4]. The comorbidity of mental disorders and chronic health conditions like HIV and TB (both of which are particularly prevalent in the country) has adverse implications for the prognosis of both conditions, affecting interpersonal relationships, quality of life and adherence to treatment[10]. While there are social care grant applications available for mental health care users, these are not sufficient for individuals to make ends meet, and are subject to withdrawal of funds if the individuals are seen to be recovering from their psychosocial disability (Mental Health Care User Interview). This calls into question the lack of understanding by officials officiating social welfare grants regarding the chronic nature of psychosocial disabilities and the need for more long-term and holistic support (Marguerite Schneider Interview).

According to a local expert and lived experience advocate, vocational and employment opportunities are especially challenging to navigate for mental health care users. While interviewing for jobs, individuals are legally obliged to disclose their mental health conditions, however this can often lead to a rejection as employers are not obliged to give a reason for doing so and can escape legal action due to discrimination [Mental Health Care User Interview].

> **"[The] South African government's approach to mental health as a whole appears to be one of pure ignorance. It seems as though the government is purposefully shutting its eyes to the silent mental health crisis of the country, which has been brewing since before the country's fairly young democracy. Not providing the necessary resources soon, could very well lead to a psychological pandemic".**
>
> Mental Health Care User, Cape Mental Health

Technological Factors

Information Systems: South Africa uses the District Health Information System to analyse and report progress on health indicators for the purpose of decentralised planning, decision making and health service management. Data is entered on paper at health facilities and then routinely collected to be entered on the DHIS software. A recent study looking into provincial estimates of mental health spending at the level of health facilities found that there were some inconsistencies in the accurate reporting being provided by health facilities, calling for stronger accountability mechanisms for health management M&E across the country[6].

Media: As a way to counter misinformation around mental health spread by media, advocacy groups in South Africa have made progress towards guidelines for responsible reporting on mental health. The SADAG also hosts annual Mental Health Journalism Awards to encourage journalists from print, broadcast and online mediums to cover realistic stories on mental health[11].

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10 Tomlinson M, et al. Integrating mental health into South Africa's health system: current status and way forward. South African Health Review. 2016 Jan 1;2016(1):153-63.
11 South African Depression and Anxiety Group. Mental Health Journalism Awards. LINK

Legal Factors

Mental Health Legislation: The government implemented a 2002 Mental Health Care Act[12], however there is no current national mental health policy. This 2002 Act aimed at the integration of mental health into primary care, however this has not been fully put into practice and there is a heavy reliance on psychiatric hospitals. As a result, two provinces (Free State and North West) have developed their own provincial mental health policies, using the 2002 Mental Health Care Act as a guide[13].

Challenges: While a key recommendation in the Mental Health Care Act was around the development of mechanisms to oversee involuntary admission and practices, a large number of forced treatment and detention (9838 admissions in 2017[3]) still take place at many mental health care facilities. While the Mental Health Care Act led to the establishment of Mental Health Review Boards (the Review Boards allow for appeal and review of involuntary care, in order to protect users from inappropriate involuntary care), they have been found to be ill-equipped to deal with the number of appeals against involuntary treatment coming through[14].

Life Esidimeni Scandal: These structural inequalities were also evidenced in the recent Life Esidemini crisis that forced policy makers to acknowledge how irresponsibly mental health care was managed in facilities. The tragedy involved the discharge of over 1400 patients (between Oct 2015 to June 2016) due to a termination of a care contract at psychiatric facilities in Gauteng province. The poorly processed deinstitu-tionalisation meant that patients were sent to informal mental health organisations and carers without introducing necessary measures for the continued care of those who required long-term support. Many NGOs where patients were transferred for care did not have the capacity or specialised care required for the patients. A total of 144 people lost their lives as a result. The tragedy highlighted how people with mental illnesses are mistreated in the country's facilities, their liberties and rights violated and calls for stronger accountability measures and implementation of laws to defend these rights and safeguard people with mental health conditions from neglect and abuse[15]. A review of the crisis in the Ombud report claimed that the Gauteng Mental Health Review Board in charge of the operation was found to be 'moribund, ineffective and without authority and without independence'.

"[The] Life Esidimeni crisis put a spotlight on the care the government thinks we deserve"

Mental Health Care User, Cape Mental Health

Environmental Factors

History of human rights violations: South Africa continues to experience significant differences in the quality of mental health care between white and black populations. Historically, health facilities had been separated by race and while improvements have been made to healthcare provisions in poor regions since apartheid ended, the inequality remains and is visible in the stark healthcare outcomes between populations in the country[16].

12 Republic of South Africa. Mental Health Care Act 17 of 2002. LINK

13 World Health Organization. WHO-AIMS Report on Mental Health System in South Africa, 2007. LINK

14 Bateman C. Dismal use of legal safety net for mental health patients. SAMJ: South African Medical Journal. 2012 Feb;102(2):68-70.

15 Robertson LJ, Makgoba MW. Quality assurance in mental health: A case study of the Life Esidimeni tragedy. South African Journal of Psychiatry. 2018;24(1):1.

16 Coovadia H, Jewkes R, Barron P, Sanders D, McIntyre D. The health and health system of South Africa: historical roots of current public health challenges. The Lancet. 2009 Sep 5;374(9692):817-34.

COVID-19 Response: In March, 2020 the South African Government issued a lockdown to prevent the spread of the COVID-19 pandemic. An online survey conducted by SADAG highlighted how the lockdown had a negative impact on the mental health of the population, with nearly 65% of the respondents reporting feeling stressed during the lockdown despite being in support of the restrictions.

LOCALLY-LED AND EVIDENCE INFORMED RECOMMENDATIONS FOR MENTAL HEALTH CAMPAIGNING IN SOUTH AFRICA

1 **Improved representation of mental health care users at policy level**

a. Pushing for the development of a ministerial task team and advisory panel to track progress on mental health indicators by the 2013-2020 Policy Framework for Mental Health, but this advisory body lacks the representation of people with lived experience of mental health disorders. User-led advocacy groups need to be consulted in the evaluation of the existing guidelines as well as in the upcoming revisions and changes required in the upcoming framework.

2 **Calling for stronger implementation of constitutional rights for Mental health care users in South Africa**

a. Mental health care users do not have the right to participate in elections within South Africa. This goes against their constitutional rights as South African citizens and the Mental Health Care Act 17 of 2002. The state has a responsibility to review and align this position as outlined in the country's own human rights framework and in global recommendations made by the UNCRPD to respect the individual autonomy of mental health care users, including the right to make political decisions.

b. Advocate and disseminate the key finding of the South African Human Rights Commission - "Broader conversations about law reform of instruments such as the Mental Health Care Act and the Electoral Act are required. Particularly in light of their potential contravention of the UNCRPD and in light of ongoing debates regarding matters such as legal capacity".

c. Focusing on inclusion and the importance of highlighting Southern-led advocacy in the region by empowering people with lived experience to share their stories.

3 **Strengthening South Africa's Mental Health Review Boards**

a. Local investigations have found that Mental Health Review Boards have not been as involved in psychiatric units within general hospitals (where a large proportion of involuntary detentions take place), and report a lack of appeals from many units[17]. This suggests that these governing bodies, that have been put into place to protect patients from inappropriate detention are not being upheld according to the recommendations made by the Mental Health Act.

b. As a structure its terms of reference must be clearly defined and strengthened in line with the National Health Act and the Mental Health Care Act 2002 and its independence and authority re-established.

4 **Increased investment in mental health care systems**

a. Irregular and weak monitoring systems for mental health are one of the contributors to resource misallocation in South Africa. National and provincial governments need to invest in the development of information systems with patient registers and a database by which to make evidence-based decisions, monitor and evaluate health care delivery.

17 Ramlall S. The Mental Health Care Act No 17–South Africa. Trials and triumphs: 2002-2012. African journal of psychiatry. 2012;15(6):407-10.