



Mental Health and Poverty Project

Public mental health services in South Africa: inter-provincial comparisons and policy implications

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Presentation at the Public Health Association of South Africa Conference, Cape Town, 2-4 June 2008



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Introduction

- Mental health is increasingly acknowledged as an important public health issue in SA:
 - Neuropsychiatric conditions rank 3rd in burden of disease in SA¹
 - 12-month prevalence:
 - Common mental disorders in adults: 16.5%²
 - All mental disorders in children & adolescents: 17%³
- Yet mental health services are chronically underfunded and low on the priority list

1. Bradshaw et al, 2007
2. Williams et al, 2008
3. Kleintjes et al, 2006



Introduction

- Policy and legislation developments in SA:
 - Mental health policy guidelines (1997)
 - Mental Health Care Act (2002)
- Study aim:
 - To document public sector mental health service provision in South Africa, focusing on the provincial level



Methods

- Survey of public mental health services using WHO-AIMS 2.2
- Included:
 - 9 provincial government health departments
 - 17 Mental health societies of SA Federation for Mental Health
- Excluded:
 - Facilities for learning disabilities
 - Facilities for substance abuse
 - Private sector



Methods

- WHO AIMS includes 6 domains (28 facets, 156 items):
 1. Policy and legislative framework
 2. Mental health services
 3. Mental health in primary care
 4. Human resources
 5. Public education and links with other sectors
 6. Monitoring and research



Methods

- WHO AIMS spreadsheets distributed to:
 - National Directorate of MH and substance abuse
 - 9 provincial mental health coordinators
 - 17 mental health societies of SAFMH
 - HPCSA
 - SA Nursing Council
 - SA Council of Social Service professions
- Followed up with emails, faxes, telephone interviews
- Preliminary findings discussed at national meeting of provincial mental health coordinators, July 2007



Results



1. Policy, structure and plans

- Mental health policy guidelines (1997) – status?
- White paper (1997) – chapter 12: Mental Health
- Mental Health Care Act (2002)
- National mental health authority
 - Provides policy direction
 - Currently prioritising MH Care Act implementation
- Provinces:
 - Directorates or sub-directorates
 - Varying seniority and experience of provincial MH coordinators
 - Only 5/9 provinces have provincial MH plans



2. Financing

- Tax-based, as with DoH
- National budget allocations to mental health unknown
- Only 3/9 provinces could provide data on % allocation of health budget to MH:
 - Mpumalanga: 8%
 - North West: 5%
 - Northern Cape: 1%
- Cost of generic medication on EDL:
 - Antipsychotic (chlorpromazine): 24 cents per day (0.7% of DMW)
 - Antidepressant (amitriptyline): 15 cents per day (0.5% of DMW)



3. Human rights protection

- MH Care Act: Review Boards established in each province
 - Oversee regular inspections of MH facilities
 - Review involuntary admissions and discharges
 - Hear appeals/complaints
- Review of human rights protection in 2005:
 - 52% of mental hospitals
 - 29% of psychiatric inpatient units

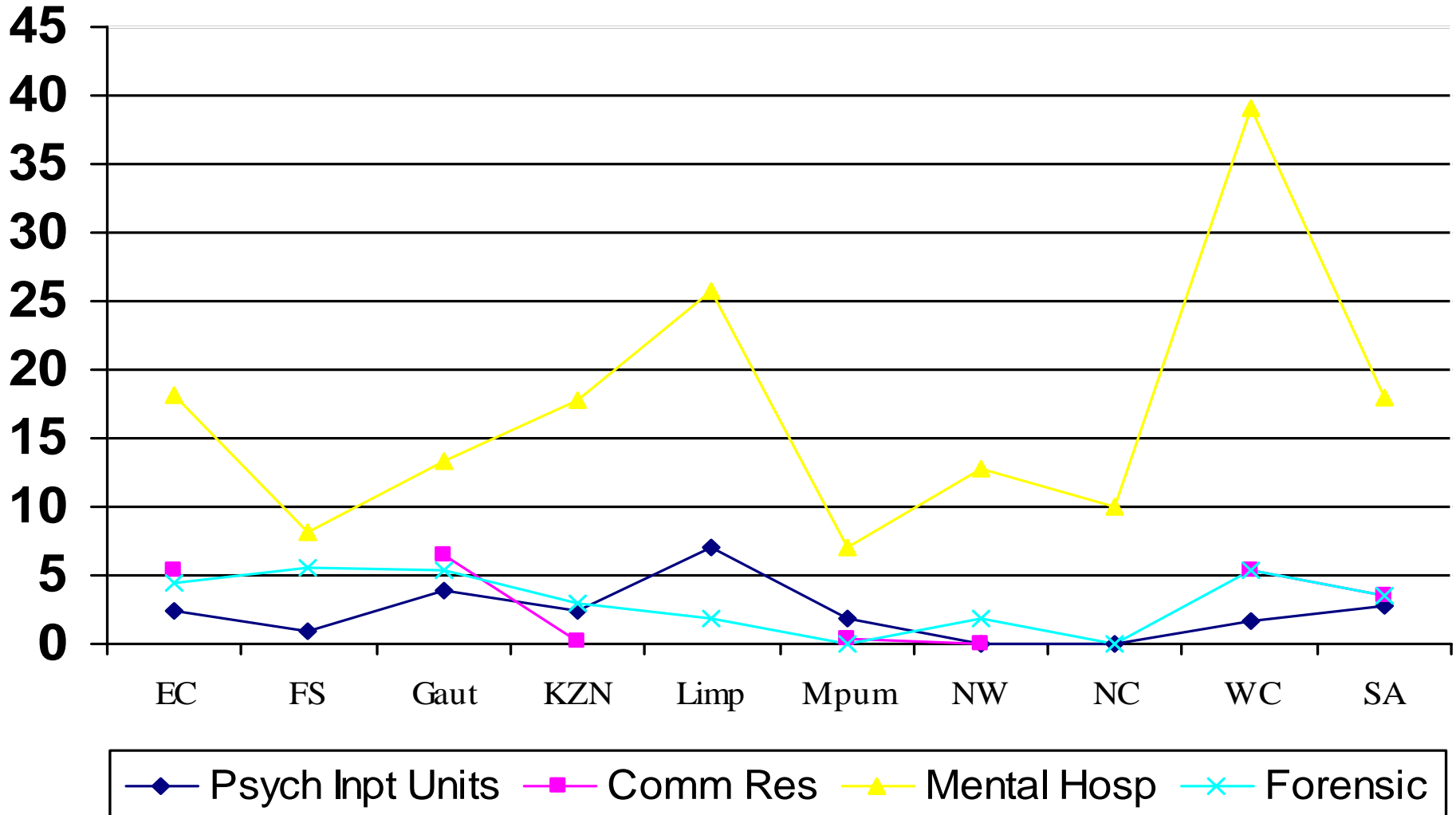


4. Mental health service types

Type	Number	Users (annual per 100,000 pop)	Beds (per 100,000 pop)
Outpatient	3,460	1,660	
Day treatment	80	3.4	
Inpt Units	41	?	2.8
Comm Res Care	63	2.3	3.6
Mental hospitals	23	?	18

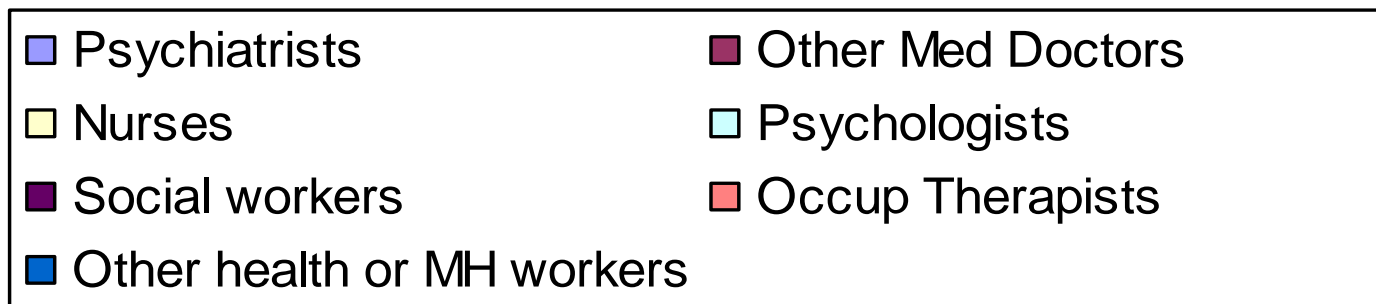
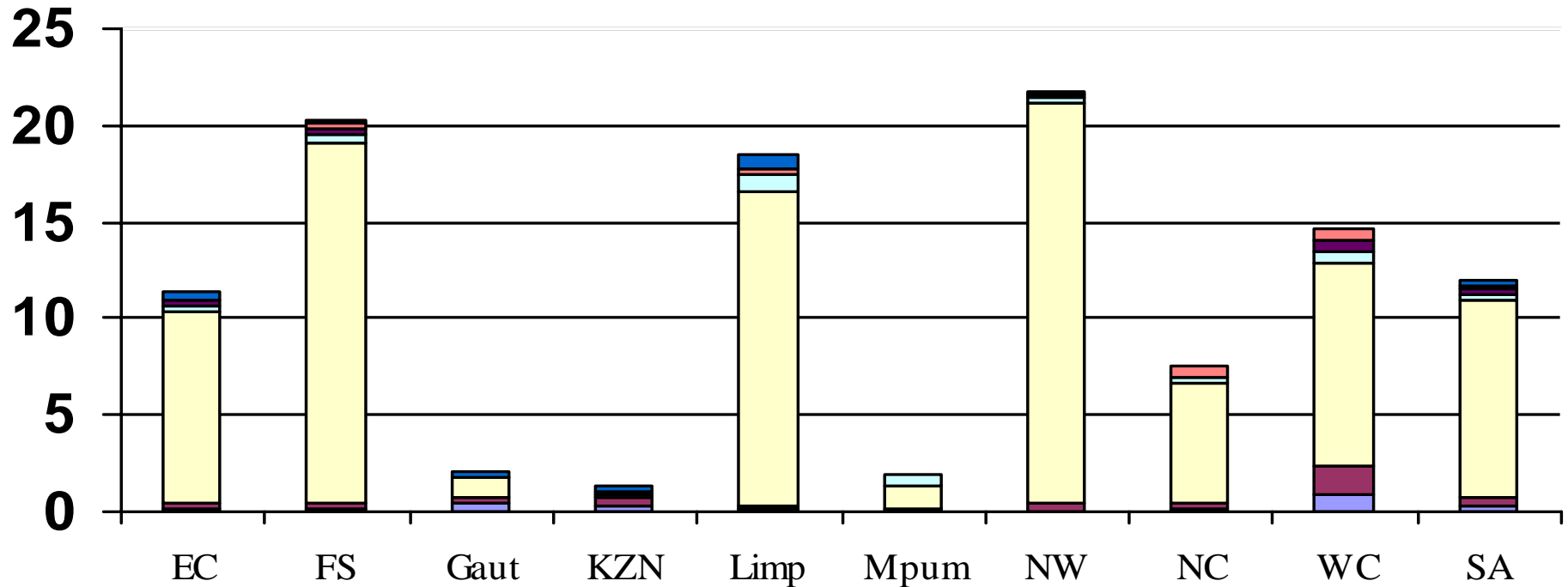


4. Mental health services: bed distributions





4. Mental health services: human resources





4. Mental health services: information systems

Type of Information Compiled	Mental Hospitals	Inpatient Units	Outpatient Facilities
No. of beds	8/9	5/9	NA
No. inpatient admissions or outpatient users treated	8/9	5/9	3/9
No. of days spent or outpatient user contacts	7/9	5/9	3/9
No. of involuntary admissions	7/9	5/9	NA
No. of users restrained	9/9	5/9	NA
Diagnosis	3/9	2/9	1/9



5. % of PHC clinics with mental health assessment and treatment protocols

Province	Doctor-based PHC clinics:	Non-doctor-based PHC clinics:
Eastern Cape	21-50	51-80
Free State	51-80	51-80
Gauteng	0	1-20
KwaZulu-Natal	51-80	21-50
Limpopo	0	81-100
Mpumalanga	0	0
North West	Unknown	51-80
Northern Cape	0	81-100
Western Cape	1-20	81-100



Discussion



Contradictions

- Policy advocates community care, deinstitutionalisation, PHC approach
- MH Care Act consistent with international human rights standards
- Massive inequality between provinces in service resources
- Continued over-reliance on psychiatric institutions
- Striking absence of reliable, routinely collected service data
- Unmet need



Recommendations

- Stronger national leadership
- Development of national policy
- Training and capacity development of provincial mental health planners
- Development of information systems for service monitoring
- Ongoing research:
 - Mental health policy development
 - Evaluation of mental health information systems
 - Integration of mental health into PHC



Acknowledgements

- This research was funded by a grant from the Department for International Development (DfID) UK. The views expressed are those of the authors and not necessarily those of the funders.