



Policy brief 2

The prioritisation of mental health as a public health issue in South Africa

Mental Health and Poverty Project

The purpose of the Mental Health and Poverty Project is to develop, implement and evaluate mental health policy in poor countries, in order to provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health.

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Mental health in South Africa

There is growing recognition that mental health is a crucial public health and development issue in South Africa. Neuropsychiatric conditions rank 3rd in their contribution to the burden of disease in South Africa¹ and 16.5% of South Africans report having suffered from mental disorders alone in the last year.² There is also emerging evidence from low- and middle- income countries that mental ill-health is strongly associated with poverty and many aspects of social deprivation associated with poverty.³⁻⁴ The vicious cycle of poverty and mental ill-health is exacerbated in South Africa by the history of violence, exclusion and racial discrimination under apartheid and colonialism.

Current growing trends of economic inequality, poverty and unemployment in South Africa are worrying from a mental health perspective, as national levels of economic inequality have been shown to be associated with higher rates of mental

Box 1: Vicious cycle of poverty and mental ill-health

Mental ill-health leads to:

- Increased health expenditure
- Reduced productivity
- Job loss
- Social drift into poverty⁷

Poverty leads to:

- High levels of stress
- Social exclusion
- Reduced access to social capital
- Malnutrition
- Obstetric risks
- Increased risk of violence
- and hence increased prevalence and worse outcomes for mental disorders.

disorder.⁵ And yet despite the availability of a range of cost-effective clinical, social and economic interventions, mental health requires more attention in policy development and implementation in South Africa. Mental health is not at the forefront of policy development and implementation in the health, education, employment, social development or other key sectors, and there is little coordination of mental health across these sectors.

The Mental Health and Poverty Project (MHaPP)

The Mental Health and Poverty Project, a ground-breaking project funded by the DFID, is examining key barriers to making mental health a priority. The MHaPP aims to provide vital evidence on how comprehensive policies can be put in place in order to break the negative cycle between poverty and mental ill-health and to ensure that the poorest communities have access to mental health care. The MHaPP has examined mental health policy and systems in South Africa, with a view to identifying the key barriers to mental health policy development and implementation, and steps that can be taken to strengthen the mental health system in the country.⁶

Prioritisation at national level: The need for recognised national mental health policy

South Africa's first post-apartheid mental health policy guidelines, *the national health policy guidelines for improved mental health in South Africa*⁷ were approved in 1997. These policy guidelines is meant to be read in conjunction with chapter 12 of the *White Paper for the transformation of the health system in South Africa*⁸ which outlines the country's vision for mental health services at national provincial and district levels. These documents advocate a human rights approach, community-based care, and the integration of mental health into primary health care. Unfortunately the national mental health policy guidelines were not formally published or widely disseminated at the time and is not widely known countrywide. The National Directorate:

"...It's an issue in terms of training and prioritisation of issues...mental health, in the priority list, is actually the last."

Director, mental health NGO

Mental Health and Substance Abuse is in the process of drafting a National Mental Health Care Policy for South Africa. The new policy needs to build on the 1997 policy guidelines, addressing gaps, accounting for changes which have occurred in the past 10 years since its drafting, and undertaking a formal process of publication and dissemination to ensure that the policy is widely known and used as official policy. An evidence-based, widely distributed and nationally accepted mental health policy is an essential tool to lobby for increased recognition and prioritization of mental health on the public health agenda.

Prioritisation at provincial level: The gap between policy and practice

Although all 9 provinces have developed mental health components of their strategic plans for health, the extent to which mental health is addressed is extremely variable. There is wide variation between provinces in the level of mental health resources and service provision. There is a 45-fold difference between provinces in the numbers of psychiatrists in public sector services. Only 3 of the 9 provinces were able to report on health expenditure on mental health care: Northern Cape spends 1%, Mpumalanga 8% and North West 5% of its health budget on mental health care.⁶

Barriers to prioritising mental health

- Insufficient political support and national leadership.
- Lack of a comprehensive national policy framework for mental health.
- Low priority given to mental health by provincial leadership, compared to other health priorities. While mental health is a national policy priority this has not always translated into budgets and services at provincial and district level, where mental health has to compete for resources with other health issues.
- Limited authority of provincial mental health coordinators to influence budgets for mental health resources and service provision. Most coordinators are in junior management positions without adequate access to decision-making opportunities.
- Continued 'invisibility' of mental disorders relative to physical health problems, and of people with mental and intellectual disability relative to people with other disabilities.
- Limited awareness of the impact and burden of mental ill-health, and of available cost effective interventions to treat mental disorders among policy makers and the general public.

- Stigma associated with mental health.
- Insufficient development of activism within communities and the mental health and disability movement to lobby for mental health.

MHaPP recommendations to increase priority of mental health

- Finalise and adopt a new national mental health policy.
- Develop a national mental health information system to monitor policy implementation.
- Ensure adequate financial provision for mental health services in the provinces.
- Develop provincial mental health plans by Provincial Departments of Health, and increase expenditure on mental health care, in keeping with the burden of mental disorders.
- Increase involvement of consumer, family and other organisations working on behalf of people with mental disorders, in order to raise public awareness, prevent stigma, discrimination and human rights violations associated with mental ill-health, and lobby for political support for the prioritisation of mental health on the public agenda.
- Integrate mental health into wider poverty-alleviation and development policies, in order to address the vicious cycle of poverty and mental ill-health.
- Develop a national mental health research agenda through collaboration between researchers and government, to promote uptake of research for policy and practice and to support the generation of funds for this research in the country. This research should include epidemiological research as well as assessment of the implementation of mental health policies at national, provincial and district levels.

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