Policy brief 3

The current state of mental health policy 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.

Improving mental health, Reducing poverty

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The Mental Health and Poverty Project (MHaPP)

There is growing recognition that mental health is a crucial public health and development issue in South Africa (SA). Neuropsychiatric conditions rank 3rd in their contribution to the burden of disease in SA[1] and 16.5% of South Africans report having suffered from mental disorders in the last year.[2]

However, mental health is not given the priority it deserves in SA, and a national mental health policy has not been formally adopted and implemented. The aim of the MHaPP is to examine mental health policy and systems in SA, 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.[3] Current mental health policy in SA was analysed using the WHO-AIMS instrument,[4] the WHO Checklist for Mental Health Policy and Plans[5] and interviews with mental health policy stakeholders in SA.[6]

Current status of mental health policy in South Africa

SA's first post-apartheid mental health policy guidelines, 'National health policy guidelines for improved mental health in SA' were approved in 1997. A chapter on mental health was also included in the Department of Health's 'White Paper for the transformation of the health system in SA' in 1997. The 1997 policy guidelines were drafted as an overview document, with the intention of drafting more detailed policies for specialised policy issues. No official plan accompanied the policy, but national targets with indicators were set to guide the realisation of selected priorities.

The 1997 policy guidelines were approved for implementation at the highest level. However, due to capacity constraints within the national office, they were neither formally published nor widely circulated throughout the country, nor were all the specific policy guidelines completed or followed by the development

of implementation guidelines. Furthermore, current officials in the National Directorate: Mental Health and Substance Abuse maintain that these guidelines did not conform to policy development protocols established since 1999, and do not constitute official policy. Therefore, this Directorate is in the process of drafting new mental health care policy for SA. The most recent draft of this policy is dated April 2006.

Policy analysis

Table 1 compares the process of the 1997 policy guidelines development in SA with WHO recommendations for the development of mental health policy.[7] It is evident that few of these steps have been adhered to in SA, highlighting gaps in the process of mental health policy development. Boxes 1 and 2 summarise the results of the WHO Checklist for Mental Health Policy and Plans, which was completed for the 1997 policy guidelines.

These results highlight an apparent breakdown in communication between the national and provincial levels of government regarding the status of the 1997 policy guidelines. This has led to a lack of clarity on whose responsibility it was to take the lead in implementing these guidelines, resulting in poor and inconsistent implementation among the provinces. These process issues pertain to the WHO Steps 5–7.

Table 1: WHO steps for mental health policy development

WHO steps for development of mental health policy	Steps taken in SA?
1. Assess population's needs	To some extent
2. Gather evidence for effective policy	To some extent
3. Consultation and negotiation	Yes
4. Exchange with other countries	Yes
5. Set out the vision, values, principles and objectives	To some extent
6. Determine areas for action	Not sufficiently
7. Identify major roles and responsibilities of different sectors	No
8. Conduct pilot projects	No

Box 1: Results of the WHO Checklist – Process

Strengths

- High level mandate and approval at national level
- Communication with other low- and middle-income countries
- Budget allocated
- Wide consultation

Weaknesses

- No formal process for dissemination after approval at national level
- No monitoring system put in place
- No accompanying action plan put in place
- Inequalities between provinces in mental health service resources
- Further discussion needed with Department of Housing regarding accommodation of people with mental disability

Implications of findings

The low priority of mental health on SA's public health agenda has in part led to poor dissemination of information and poor communication around the 1997 mental health policy guidelines. This has hindered the development of new policy and has affected the delivery of mental health services in many of the provinces. Neither national nor provincial departments have accepted responsibility for driving the implementation of the 1997 guidelines. It appears that provinces never felt compelled to develop and implement plans because they were not clear on the 'official' status of the 1997 policy guidelines. The findings also suggest that two processes are required; one to drive policy development and another to drive its dissemination and implementation.

Box 2: Results of the WHO Checklist – Content

Strengths

- The policy promotes human rights, social inclusion, community care and integration
- Generally notes the need to redirect allocations and budget for new programmes
- Promotes integration of mental health services into general health services and a community-based approach
- Addresses promotion, prevention and rehabilitation
- Considers a wide range of users
- Key mental health policy issues are consistent with South Africa's mental health law, general health law, disability law and health policy

Weaknesses

- More of an advocacy document than a government policy document
- No realistic vision statement
- Not enough emphasis on evidence-based practice and inter-sectoral collaboration
- Clear objectives for values and associated principles not defined
- Areas for action were not clearly described
- Does not establish a multi-sectoral coordinating body to oversee major decisions
- Does not indicate how funding will be used to promote equitable mental health services, how equitable funding between mental health and physical health will be provided, and how mental health would be part of health insurance
- Does not comprehensively address advocacy, quality improvement, information systems, human resources and training, research and evaluation, and intra- and inter-sectoral collaboration
- Key mental health policy issues are not consistent with South Africa's social welfare and development policies

Recommendations for speeding up the development of new mental health policy

Step 1: Establish a drafting committee.

Step 2: Draft new mental health policy that includes a realistic vision, values and associated principles with clear objectives, and areas for action.

Step 3: Consult widely with stakeholders.

Step 4: Once new policy is approved, ensure that it is thoroughly disseminated and that objectives, roles and responsibilities are clearly articulated.

Step 5: Support provinces in developing a realisable action plan to help implement the policy.

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August 2008

The Mental Health and Poverty Project is led by the University of Cape Town, and the partners include the Human Sciences Research Council, the University of KwaZulu-Natal, the University of Leeds, and the World Health Organization. The MHaPP is funded by the Department for International Development.

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