

Policy brief 3

Challenges of implementing mental health policy and legislation 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.

Challenges of implementing mental health policy and legislation in South Africa



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 SA¹ and 16.5% of South Africans report having suffered from mental disorders in the last year.² 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 status of mental health policy and legislation

Policy: South Africa's first post-apartheid mental health policy guidelines were approved in 1997 in the same year that a chapter on mental health was included in the Department of Health's "White Paper for the transformation of the health system in South Africa". The documents were a major departure from the past, and embraced human rights, community-based mental health care, and the integration of mental health into primary health care. The 1997 policy guidelines were drafted as an overview document, with the intention of having more in-depth consultations with stakeholders with expertise in these areas, to draft more detailed policies for specialized policy issues highlighted by the overview document. No official plan accompanied the policy, but national targets with indicators were set to guide the realization of selected priorities. The guidelines, however, were not formally published and

disseminated within the country and there was low priority given to mental health by provincial leadership and decision-makers responsible for provincial implementation plans, compared to other implementation priorities, despite national acceptance of the policy.

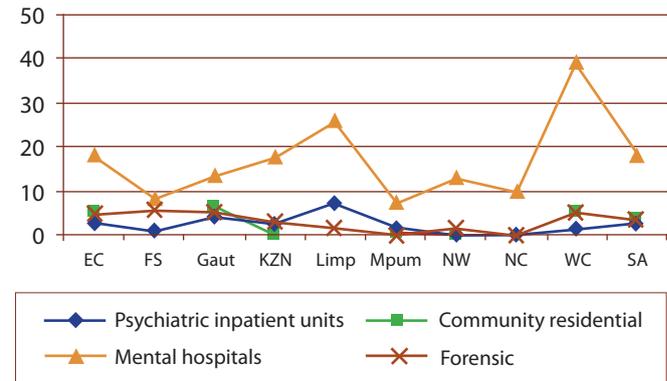
Two provinces have developed their own provincial mental health policies, using the new Mental Health Care Act (2002) as a guide. One province has a separate strategic plan for mental health while a mental health focus was integrated into the broader provincial strategic plans for the remaining 8 provinces. The extent to which mental health is addressed in these integrated health plans is variable.

Legislation: South Africa's 2002 Mental Health Care Act, developed through an extensive consultation process, has obtained strong support from government and other stakeholders, and has been praised for its human rights orientation and promotion of community-based care. The intention of this Act is to promote and protect the rights of people with mental disorders through a number of legal requirements and safeguards that dictate the procedural flow and clinical management of mental health service users. It requires the establishment of Provincial Review Boards that are to function as appropriately skilled and resourced bodies, and able to act independently and autonomously in ensuring the proper implementation of the Act and its regulations.

Implementation of policy and legislation

Variation between provinces in the level of mental health resources and service provision reflect the wide gap between policy and practice. In 2006 only 3 of the 9 provinces were able to report on health expenditure on mental health care: Northern Cape 1%, Mpumalanga 8% and North West 5%.³ Figure 1 shows discrepancies between provinces in terms of mental health bed distributions by facility type, and indicates continued dominance of mental hospitals as a mode of service provision.³ This conflicts with policy to move towards an integration of psychiatric

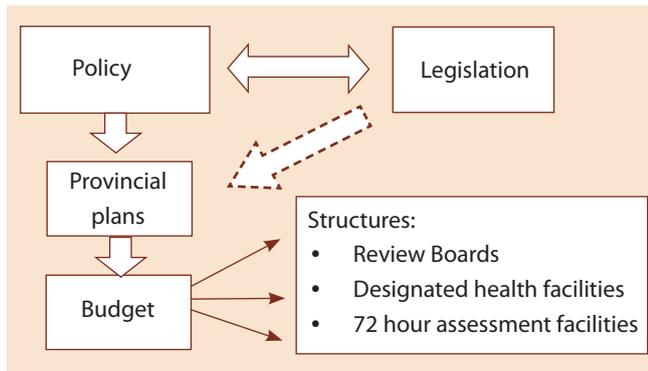
Figure 1: Mental health bed distributions by facility type and province per 100,000 population



services into primary health care, and the establishment of mental health units in general hospitals and community-based services, rather than mental hospitals. The wide variation in resources between (and within) provinces appears to be at least partially symptomatic of the lack of a mandated national mental health policy supported by clear provincial implementation plans and budgets.

In order for the structures set out in the Mental Health Care Act to function consistently across the provinces, there is a need for provincial plans and budgets to fund these structures (see Figure 2). In turn, provincial plans need to be aligned to a national policy that is consistent with the legislation, and based on a

Figure 2: The need for both policy and legislation



thorough process of consultation with a range of stakeholders across sectors.

A major challenge for the future remains the monitoring and evaluation of provincial and district health services by the provincial and district health authorities, as well as elaboration of the role of other sectors in implementation, such as the role of the police and the criminal justice systems in implementing the Act.

Barriers to implementation

- Low priority given to mental health at provincial and national levels.
- Limited bargaining power of provincial mental health coordinators to promote prioritisation and resourcing of mental health services.
- Inadequate mental health policy and slow process of new policy development.
- Limited capacity for policy development in the mental health sector.
- Insufficient political will to implement mental health legislation.
- Confusion at provincial level regarding the authority of policy guidelines as national policy.
- Insufficient use of formal national-provincial communication channels to promote policy guidelines in the absence of a national mental health policy.

- Insufficient lobbying and technical support from the national office for implementation of legislation in the provinces.
- Limited human resources for implementation of policy and legislation because of high turnover of clinical staff and/ or inadequate training in the implementation of policy and legislation.
- Insufficient promotion of advocacy and activism within communities and the mental health and disability movement to lobby for implementation of mental health policy and legislation.

“...in terms of implementation, that is where the biggest gap is. The gap between the wonderful legislation, bill of rights and then the gap that we find when it comes to implementation, the resourcing, the providing, the infrastructure for people to access services. That is either seriously lacking, or is in fact absent.”

Provincial Director General

Recommendations to improve implementation

- Finalise and adopt a new national mental health policy.
- Increase the use of national-provincial communication channels to promote the dissemination of new mental health policy.
- Develop provincial mental health plans that ensure adequate financial provision for the implementation of mental health policy and legislation, including human resources for mental health, improved and better coordinated training of general health staff at primary health care level and provision of posts for counselling psychologists.
- Increase collaboration with sectors other than health to improve implementation efforts.
- Develop the Mental Health Information System (according to WHO guidelines)⁵ with nationally agreed indicators and minimum data set in order to monitor implementation of policy and legislation.
- Increase involvement of consumer, family and other organisations to lobby for implementation at provincial and district levels.

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