Development and implementation of mental health policy and law in South Africa: What is the impact of stigma?

Mental Health and Poverty Project

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Ritsuko Kakuma[1,2], Sharon Kleintjes[2], Crick Lund[2], Alan J. Flisher[2,3], Paula Goering[1] and the MHaPP Research Programme Consortium*

[1] Health Systems Research and Consulting Unit, Centre for Addiction and Mental Health, University of Toronto, Canada;
[2] Department of Psychiatry and Mental Health, University of Cape Town, South Africa;
[3] Research Centre for Health Promotion, University of Bergen, Norway

BACKGROUND AND OBJECTIVE

Consistent with other countries, stigma towards individuals with mental health conditions are highly problematic in South Africa. This study aimed to gain a better understanding of the challenges stigma presents for mental health policy development and implementation in South Africa. It is part of the Mental Health and Poverty Project which aims to provide new knowledge on multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health in four African countries (Flisher et al. 2007).

METHODS

64 semi-structured interviews were carried out between August 2006 and March 2007 with national and provincial level stakeholders to assess the impact of stigma on the development and implementation of national policy and legislation for mental health care. The data were analysed using the framework analysis approach (Ritche & Spencer 1997).

RESULTS

"We are more marginalised than the average disability […] it's not easy to gain support if people see that you are physically looking in good shape..." (Mental Health Care User)

"There are some very hidden messages within school environments […] there are many messages that teachers often inadvertently send to learners, that they don't belong there, they are not welcome. " (Dept of Education)

"The stigma will always be there […] If you look at how much resources have been poured into discrimination against HIV positive people, mental health doesn't come anywhere there [...] The policy has changed but the attitudes of people haven't changed." (Statutory Board, Health Professions Council of South Africa).

In the Community:
They are feared, ridiculed, or exploited, neglected, isolated, rejected by family and peers, abused, or excluded from social engagement, and stripped of basic human rights

Within the disability sector:
Mental disabilities are neglected by other disability groups; Individuals with psychosis may be stigmatized by those with neurosis, people with intellectual disability by those with mental and other disabilities

In the schools and the workplace:
Discrimination at schools, unemployment, neglect of supported employment, poor inclusion in reasonable accommodation provisions for disability, impact negatively on socioeconomic status

Within Government Departments:
Mental Health issues receive low priority within Government; a national mental health policy is still to be published, there are barriers to accessing social security provisions such as the disability grant, poor access to housing, and discrimination in health care settings

"…There are mentally ill people within the villages that are so poverty-stricken […] and they're very often just locked up in a hut at the back of the village and very often neglected…" (Statutory Board, Health Professions Council of South Africa)

" [They are] isolated from normal economic activity because they are not seen to be able to contribute positively" (NGO)

"But you hear people talk about how they are afraid to work with a person with a mental illness because you never know if they are just going to flip off." (Dept of Social Development)

…all the mental health input, impact, policy and all that is in the Health Department. That's where it is. The rest of the Departments don't worry about it […] as soon as somebody talks about disability then we think about the lifts and the ramps and the toilets. That's what we think about firstly. Mental disability doesn't feature. (Provincial Director General, Dept of Health)

"Primary Care Practitioners are nervous about treating people with mental illness. […] because they don't know enough. There are prejudices about mental illness." (Academic Researcher in Psychiatry)

In the face of high unemployment…
"I think we've neglected it and I think there's a reason why we've neglected it. You go to any factory in [name of city] and you go to the gate. There's a sign that says "No Vacancy". You come tomorrow morning at 8'o'clock, you'll see 20, 30 men standing out there and they will be able-bodied men, not with disabilities, not with mental disability as well. That's the reason and inside the factory, the boss will say "worker, if you don't work, look out the window. I've got more where you came from". That is for lower paid workers, now I'm dramatizing it and maybe I'm being unfair on the factories, but it's real…you see people at the side of the road looking for work and jobs. So then the disabled and the mentally disabled go right to the back of the queue." (Policy Maker, Provincial Director General)

WHAT CAN BE DONE TO IMPROVE THE SITUATION?

Education & Promotion
- Implement public campaigns, identify and recruit champions/role models, hold workshops and disseminate information packages of various types
- Use / monitor media to ensure balanced and accurate depiction of mental illnesses
- Begin education & awareness at young age, in the schools, and in the workplace

"include mental illness awareness in the school syllabus and to start your foundation with the children" (Social Worker)

"I think if school children could understand it, I think it would make a huge difference for when they reach adulthood. " (Mental Health Care User)

Policy
- Adopt National Mental Health Policy and good national leadership
- Work with other Departments - i.e., Social Development, Education, Police, and Correctional Services, to include mental health into their agendas.
- Develop guidelines to address reasonable accommodation at the workplace
- Provide legislative & financial support for state housing & subsidized housing schemes

Legislation
- Promote MHC Act, 2002 as a stigma reduction strategy
- Use other legislation to prevent discrimination
  - Employment Equity Act
  - Promotion of Equality and the Prevention of Unfair Discrimination Act
  - Correctional Services Act
- Increase training and exposure of health care professionals in managing individuals with mental illnesses as part of destigmatization efforts

MHC User Participation
- Support personal contact with, or exposure to, people with mental illnesses
- Promote community participation and increase knowledge to increase acceptance
- Participate in policy/legislation processes, and strengthening capacity to facilitate the process

"You never have a meeting or you never embark on these promotional kind of launches or whatever, if you don't have the people with disabilities with you and let them, actually, run the show… you empower them to market their own skills and their own abilities […] I mean, it's a life experience that they can share and people respond far better to those kind of information than when I would go there and said, you know, if you feel like this, you should go for help or whatever" (National Policy Maker, Dept of Health).

More research
- Develop a national mental health research agenda
- Strengthen research capacity and knowledge translation and exchange
- Build on existing anti-stigma work

CONCLUSIONS

There is a clear need to focus on stigma-reduction efforts at national and provincial levels in all sectors, with inter-sectoral collaborations being the most efficient and effective approach. In the absence of a National Mental Health Policy, working towards the successful implementation of the MHC Act could be a key strategy to address mental health stigma and discrimination. Active involvement of MHC users and caregivers in policy and legislation processes is important for these efforts to be successful. And greater attention is necessary to increasing mental health research and strengthening capacity in research and knowledge translation, particularly in public mental health. Education, awareness-raising and advocacy work must be targeted at policy makers and professionals to address stigma and discrimination.