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

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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 to 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 (Ritchie & Spencer 1997).

RESULTS

**In the Community:**

They are feared, ridiculed, or exploited, neglected, isolated, rejected by family, 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.

**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. If you go to any factory [name of city] and you go to the gate, there’s a sign that says ‘No Vacancy.’ It’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 why and in the factory, the boss will say ‘worker, if you don’t work, look out the window, I’ve got more people where you come from’.

**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 media to ensure balanced and accurate depiction of mental illnesses
- Begin education & awareness at young age, in the schools, and in the workplace

**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

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. 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.