



## Mental health policy or legislation: which comes first? Lessons from South Africa.

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### Mental Health and Poverty Project

<http://www.psychiatry.uct.ac.za/mhapp>

#### Background

In the post-apartheid era, South Africa has seen the introduction of new policies and legislation for mental health. Policies and legislation fulfil different functions in enabling governments to address the mental health of populations:

- Policies provide statements of governments' values, principles and objectives regarding a particular issue, and crucially, provide a basis for resource allocation to services when linked to strategic plans and budgets (WHO, 2005a).
- Legislation on the other hand provides the regulatory framework for implementation and enforcement of government policy (WHO, 2005b).

However, little is known regarding the relationship between policy and legislation, and their roles in influencing the delivery of mental health care in South Africa. This study aimed to explore the relative importance of policy and legislation in shaping mental health service delivery in South Africa.

#### Results

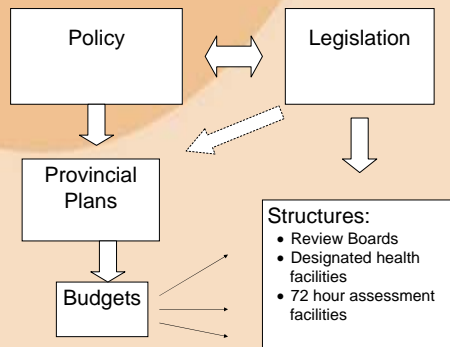
There is currently no officially acknowledged mental health policy in South Africa. Two policy documents were identified as having informed provincial service development:

- The "National health policy guidelines for improved mental health in South Africa" (Department of Health, 1997a)
- "White paper for the transformation of the health system" (Department of Health, 1997b).

The Mental Health Care Act (2002) was developed through a wide consultation process, and is recognised as complying with international standards for protection of the human rights of people with mental illness. At provincial level, legislation is driving service reform, for example through requirements to establish 72 hour assessment facilities in District hospitals. However, in the absence of clear national policy, and only 5 of the 9 provinces having provincial mental health plans, the effect on service delivery across provinces has been uneven. This is illustrated in the differences in bed and staff population ratios between provinces (Figure 1 and Figure 2). Bed/population ratios also illustrate a continued emphasis on mental hospitals as a locus of inpatient care: 56% of beds are located in these settings, a trend which is contrary to the Mental Health Care Act and policy documents which emphasise the need for community-based care. At provincial and district level, there are varying attitudes and capacities for mental health service planning and budgeting, which exacerbate the uneven development of services at these levels. There is also a dearth of reliable routinely collected data for service monitoring, evident in missing staff data (Figure 2).

Respondents stated that provincial plans and budgets need to fund the structures set out in the Mental Health Care Act (such as Review Boards and inpatient units in general hospitals), in order for the Act to function consistently across the provinces. In turn, provincial plans need to be aligned to a national policy that is based on a thorough process of consultation with a range of stakeholders across sectors. Consistency between policy and legislation is crucial to give a clear message to provincial and district health planners. In the absence of national policy, many provinces are using the legislation to inform their planning (as illustrated by the arrow with the dotted lines, Figure 3), but without sufficient directives to inform the allocation of resources for services at provincial and district level.

Figure 3. The need for both mental health policy and legislation in South Africa



#### Methods

Quantitative data regarding the mental health system in South Africa were gathered using the World Health Organization's Assessment Instrument for Mental Health Systems (WHO-AIMS) Version 2.2. The instrument was distributed to all public sector provincial mental health services, the South African Federation for Mental Health and the statutory councils.

Qualitative data were collected using semi-structured interviews with 64 mental health stakeholders from a variety of sectors at national and provincial level. Respondents included politicians, public sector policy makers and planners (Health, Education, Social Development, Housing, Labour, Justice and Constitutional Development, South African Police Service and Correctional Services) health and NGO programme managers, mental health care users, interest groups, religious leaders and representatives from development agencies, professional associations, unions, universities and other research institutions. Interviews were recorded with the permission of respondents and transcribed verbatim. The transcripts were then analysed with NVivo 7 qualitative data analysis software using a framework analysis.

The World Health Organisation (WHO) Legislation Checklist and WHO Policy and Plan Checklist were used to assess the content of mental health legislation and policy, as well as the process of their development.

Figure 1. Bed/population ratios per 100,000 population in South Africa

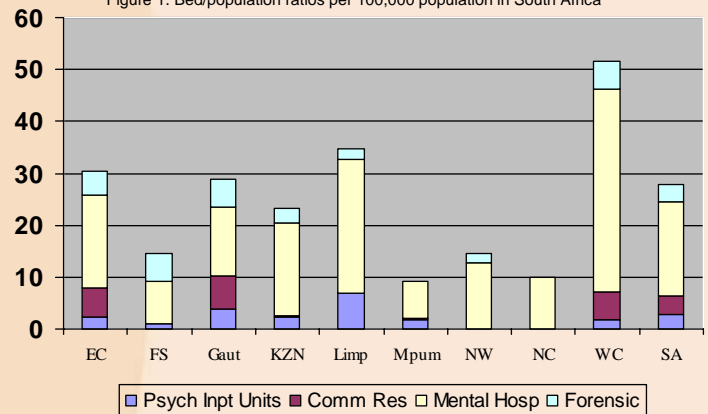
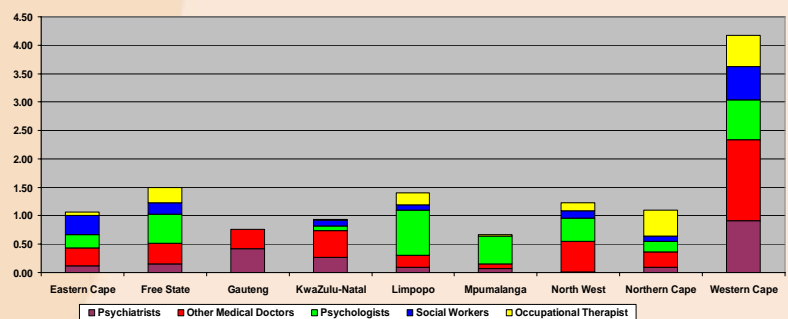


Figure 2. Staff/population ratios per 100,000 population in South Africa



**Conclusion and Recommendations:** At this relatively early stage of legislative implementation, prioritisation of the Mental Health Care Act at national and provincial level has not been accompanied by the resources required for successful implementation (Burns, 2008; Lund et al, 2007). 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. In turn, provincial plans need to be aligned to a national policy that is consistent with the legislation, and based on a thorough process of consultation with a range of stakeholders across sectors. There is therefore an urgent need to develop and adopt a national mental health policy to guide provincial and district planning, budget allocations and service development, and support the implementation of the Mental Health Care Act. Both policy and legislation are important for the delivery of evidence-based mental health care that protects the human rights of service users. It is important to note that uneven resource allocation between provinces may be attributable to other factors such as historical legacies, stigma, lack of mental health awareness among health planners and difficulties in attracting mental health staff to remote rural areas.

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