

Current state of mental health in South Africa: Time for provincial governments to walk the walk, not just talk the talk

In April 2012, the Minister of Health Dr Aaron Motsoaledi convened the first national mental health summit. It was an historic event for South Africa, attended by over 400 mental health stakeholders from around the country. The summit was the culmination of an extensive consultation and research process, which included over 4,000 stakeholders in provincial summits, and a national mental health situational analysis.¹ The “Ekurhuleni Declaration”, formulated on that day gave new government commitment to the neglected area of mental health, and led to the adoption of a new National Mental Health Policy Framework and Strategic Plan (2013-2020), in July 2013.²

Our new mental health policy makes provision for the development of district mental health services, with a strong emphasis on the delivery of mental health care through primary care and community-based services. It provides for the establishment of district mental health teams, which have specific terms of reference, including conducting district level situation analyses, developing a district mental healthcare plan, and coordinating the resources that are available in a district, including public sector, private sector

and non-governmental organization (NGO) services. The policy also speaks about the links between poverty and mental illness, and sets out bold plans for the inclusion of many sectors in mental health, including social development, police, education, housing, economic development and transport – to promote the mental health of all South Africans, particularly those living in poverty. Strikingly, the policy and strategic plan also has very specific targets, timelines and indicators.

Fast forward to March 2017, and we see that very few of these targets have been met. The main implementing partners for this policy, the provincial Departments of Health, have largely failed to deliver on the targets they have signed up for. In fact, we have witnessed the unfolding of a tragedy in Gauteng during 2016, where the provincial Department of Health took a decision to close the 2,000 bed Life Esidimeni facility, and discharge people with severe mental illness into unlicensed NGO facilities, many of which were registered on the same day – all in the name of saving on the Gauteng Department of Health budget. In this case, instead of the province investing in mental health care, as it should have

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if it was implementing the national policy, it was disinvesting in mental healthcare. The result, as made public in the Ombud's report published in January 2017, was the death of over 100 patients. If the provisions of the national mental health policy were being correctly implemented, this tragedy would never have happened.

Thankfully, certain provinces are making some progress. The North West province has been working with researchers and NGOs in the Programme for Improving Mental health care (PRIME), to establish a district demonstration site in the Dr Kenneth Kaunda district – a model for how district mental health care plans can be implemented and scaled up across the country.³ This is now being taken up by other districts in Mpumalanga (Gert Sibande district), KwaZulu-Natal (Amajuba district) and the Western Cape (Eden district). The Western Cape Department of Health has also made some headway with developing a provincial mental health strategic plan document, and scaling up substance abuse counseling services in Emergency Centres, as well as appointing District psychiatrists, in keeping with the provisions of the mental health policy.

Now is the time to call our Provincial MECs for Health to account: are they delivering on the targets that they have signed up for in the national mental health policy? Are appropriate budgets being allocated for the development of primary mental health care, and community-based mental health care? And are links being made with other sectors to promote the mental health of all South Africans, especially those living in poverty? Mental health is a means of broad-based social and economic development – we know from research that improving mental health improves productivity, participation in economies and conveys economic benefits for

individuals and households.⁴ But mental health is not just a means of social and economic development – a just and more equitable society should be one in which the mental health and wellbeing of its citizens is a goal. It is time for all South Africans to pull together to promote mental health and wellbeing for all.

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