

# Is mental health in South Africa moving forward?

Tejil Morar,<sup>1</sup> Jozef Erasmus Breedt,<sup>2</sup> Nokuthula Mdaka,<sup>3</sup> Kagisho Maaroganaye<sup>4</sup> and Lesley Robertson<sup>5</sup>

<sup>1</sup>Psychiatrist, Department of Psychiatry, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa. Email: tejl.morar@wits.ac.za

<sup>2</sup>Psychiatric Registrar, Department of Psychiatry, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

<sup>3</sup>Psychiatrist, Department of Psychiatry, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

<sup>4</sup>Psychiatrist, Department of Psychiatry, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

<sup>5</sup>Psychiatrist, Department of Psychiatry, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

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A landmark South African Mental Health Conference took place in April 2023, marking the first national collaborative conference between government and mental health professionals. The theme was Join the Movement, and a 'whole of society' approach was emphasised, imploring various sectors to collaborate in relieving the country's burden of mental illness. Challenges in mental health were raised and possible solutions presented. This article discusses the conference, aspects of psychiatric care in South Africa, South Africa's health system issues and the importance of moving forward measurably.

For the first time in South African history, government collaborated with mental health professionals to host a conference dedicated to mental health. This landmark South African Mental Health Conference (SAMHC) was held in Johannesburg in April 2023.<sup>1</sup> It signified a milestone in acknowledging the magnitude of mental illness, its impact in South Africa and the need for action, similar to the role of the first South Africa AIDS Conference 11 years ago. The true litmus test in determining the success of the SAMHC venture will lie in how much change will be implemented. But how do we measure this change? And who can be held accountable for it?

The SAMHC comes at an important time in South Africa as common mental illnesses are estimated to have increased three- to seven-fold since the onset of the coronavirus disease 2019 (COVID-19).<sup>1</sup> In the recent Mental State of the World Report released by Sapien Labs, South Africa ranked second lowest on the Mental Health Quotient and highest in terms of the percentage of those stressed/distressed out of 64 countries.<sup>2</sup>

Factors contributing to the causation and exacerbation of mental illness in South Africa include poverty, unemployment, inequality, violence, gender-based violence and political upheaval (both in the past and currently).<sup>3</sup> Between 2000 and 2022 the unemployment rate in the country rose from 20.3 to 29.8%.<sup>4</sup> A multi-sectoral approach to the aetiology and impact of mental illness in South Africa is needed, requiring participation of the South African Department of Social Development and South African Department of Justice and Constitutional Development, among others.

## Access to health services

The most recent national prevalence study, the South Africa Stress and Health (SASH) study, was conducted almost 20 years ago, in 2004.<sup>5</sup> The lifetime prevalence of any mental disorder was found to be 30.3%, with anxiety disorders being the most prevalent, at 15.8%. Substance use disorders were next, at 13.3%, followed by mood disorders at 9.8%.<sup>5</sup> Although the SASH study found a treatment gap of 75%, a national costing study conducted in 2016–2017 found a treatment gap of 91% among those who cannot afford private healthcare.<sup>6</sup> Current epidemiological data are sorely needed if adequate services are to be planned, also noting that socioeconomic factors have worsened for many since 2004.

Problematic access to healthcare services occurs at both a systemic level and an individual level.<sup>7</sup> At the systemic level, possible solutions include: (a) stratifying plans and policies in a sequential order, (b) determining costs of implementation, (c) indicating responsible persons and timelines for plans, (d) setting up monitoring teams for each step of the entire implementation programme, (e) training and retraining healthcare managers and health authorities in mental health-related matters, as these managers are the persons to turn strategy into action by providing resources for the action and monitoring it, and finally (f) providing feedback to higher authorities on the success or failure of the strategy. On an individual level, internalised and externalised stigma play a major role, and this was correctly highlighted numerous times during the SAMHC.<sup>8</sup>

## The current health system

South Africa currently employs a two-tier health system: a government-funded public sector and private funders.<sup>9</sup> 84% of the population use the government-funded public sector and 16% access private care using private funding mechanisms. National Health Insurance (NHI) seeks to unify the health system through pooling of private and public funds.<sup>7</sup> The recently passed NHI Bill was put forward during the conference as a possible solution to inadequate access to healthcare services experienced by most of the South African population.<sup>1</sup> However, the South African Medical Association (SAMA) has expressed major concerns regarding NHI.<sup>8</sup> Issues such as contracting units for primary healthcare and benefit packages and reimbursement models have not been finalised.<sup>10</sup>

Life Esidimeni, a private healthcare provider, provides long-term psychiatric facilities to patients

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