

PUBLIC FACILITIES

Makhura must drive mental health overhaul

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The World Happiness Report 2018, in which SA was rated 105th out of 156 countries, says mental health is the biggest single factor affecting happiness in any country.

Yet only a quarter of mentally ill people in advanced countries get treatment for their conditions and fewer receive help in poorer countries.

The ratio of professionals to patients in SA's public mental health facilities is 1195 per 100,000. Of these, 0.28 per 100,000 are psychiatrists, 0.45 other medical doctors (not specialised in psychiatry), 10.08 nurses, 0.32 psychologists, 0.40 social workers, 0.13 occupational therapists and 0.28 other health or mental health workers.

In other words, there is one psychiatrist per 400,000 people and one psychologist per 300,000 people.

The Department of Health's National Mental Health Policy Framework of 2013 estimates that 16.5% of the country's adult population experience a 12-month prevalence of an anxiety, mood, impulse or substance abuse disorder. If SA's adult population is

35 million people, that means about 6-million people have a mental health problem.

One psychiatrist per 400,000 people translates into 88 psychiatrists serving 6-million people at public mental health facilities. There are 116 psychologists serving 6-million people at public

facilities. The framework makes no reference to private mental health facilities or personnel.

The framework says that "mental health care continues to be underfunded and under-resourced, despite the fact that neuropsychiatric disorders are ranked third in their contribution to the burden of disease in SA. Only 5% of the national health budget goes to mental health treatment.

This constitutes a mental health emergency and a violation of the human rights of the mentally disabled. A human disaster like the Life Esidimeni tragedy was bound to happen.

The Gauteng department of health's annual report for 2016-17 says it planned to screen 50% of clients for mental health but only 23.8% was achieved. It has plans to review its mental health strategy in the new financial year. There is no evidence of a mental health strategy on the department's website.

The only strategic plan listed on the website is that of the Gauteng AIDS Council.

There is scant reference to psychiatric hospitals on the website, but the "urgent" refurbishment of the old kitchen at Sterkfontein Psychiatric Hospital is listed as part of compliance with "the executive decision to accommodate psychiatric patients previously treated at the Life Esidimeni facilities".

The policy framework notes that "mental health services continue to labour under the legacy of colonial mental health systems, with heavy reliance on psychiatric hospitals".

First on the framework's list is that "community mental health services, including community residential care, will be scaled up, before further downscaling of psychiatric hospitals can proceed".

While former deputy chief justice Dikgang Moseneke prepares his judgment on the Life Esidimeni arbitration, it is apparent that the mental health component of the Gauteng health department is underwater. Gauteng Premier David Makhura has said he accepts responsibility for the Esidimeni disaster.

While that is commendable, he has not yet spelled out what

he is going to do to atone for it. He was one of the few ANC leaders who stood up to corruption and state capture, and it is therefore not appropriate that he resign.

However, he needs to make a visible commitment to improving mental health services as a priority.

Policy frameworks are tick-box affairs that satisfy the World Health Organisation.

Makhura could establish a Gauteng mental health commission to advise him on tackling mental health needs, education and services. It could, as a matter of urgency, consider providing additional posts for clinical, counselling and educational psychologists at all public hospitals, mental institutions, schools, social services and clinics.

The commission could also support the creation of posts for registered counsellors at all public hospitals, mental institutions, schools, social services and clinics to extend mental health services. This would require the training of psychologists and registered counsellors to conduct therapy.

It could engage universities in Gauteng and the Health Practitioners Council of SA to increase the numbers of psychology students admitted



Tragic turn: Former deputy chief justice Dikgang Moseneke shows his exasperation during the arbitration hearing between the state and families of Life Esidimeni victims. / Alon Skuy

to clinical and counselling master's programmes and to provide a path for psychology honours graduates to become registered counsellors.

The commission should assess the work of mental health non-governmental organisations in Gauteng to find ways to supplement their financial resources to continue their work more effectively. It should pay attention to the special needs of rural clinics.

It could introduce interpersonal skills training for health officials to enhance their performance when engaging with mental health stakeholders. It could also explore ways that schools and educational psychologists can play a more effective role in supporting mental health services in Gauteng.

And the commission could explore how infant mental health in the first 1,000 days of

life can be more effectively integrated into Gauteng's public health services. It should examine how to counter the taboos, denial and stereotypes about mental health that are prevalent in the government, families and communities.

Makhura would have to champion the implementation of the advice the commission gives him. It cannot be farmed off to bureaucrats. He must atone.