

SA Mental Health Conference 2023



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24 – 25 April 2023 • Gauteng, Emperors Palace

Mental Health in South Africa

*Opening Address :Dr Olive Shisana, Hon Professor, UCT
Dept of Psychiatry and Mental Health*

For more information, please contact: Tel: 087 821 1109 Email: info@mentalhealthconference.co.za



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



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Overview of Presentation

1. Introduction
2. Epidemiology of Mental Health in South Africa
3. Availability of Mental Health Services
4. Enabling Mental Health Policy
5. Human Resources, Financing and Infrastructure for service provision
6. Challenges and Opportunities towards ensuring mental health services for all

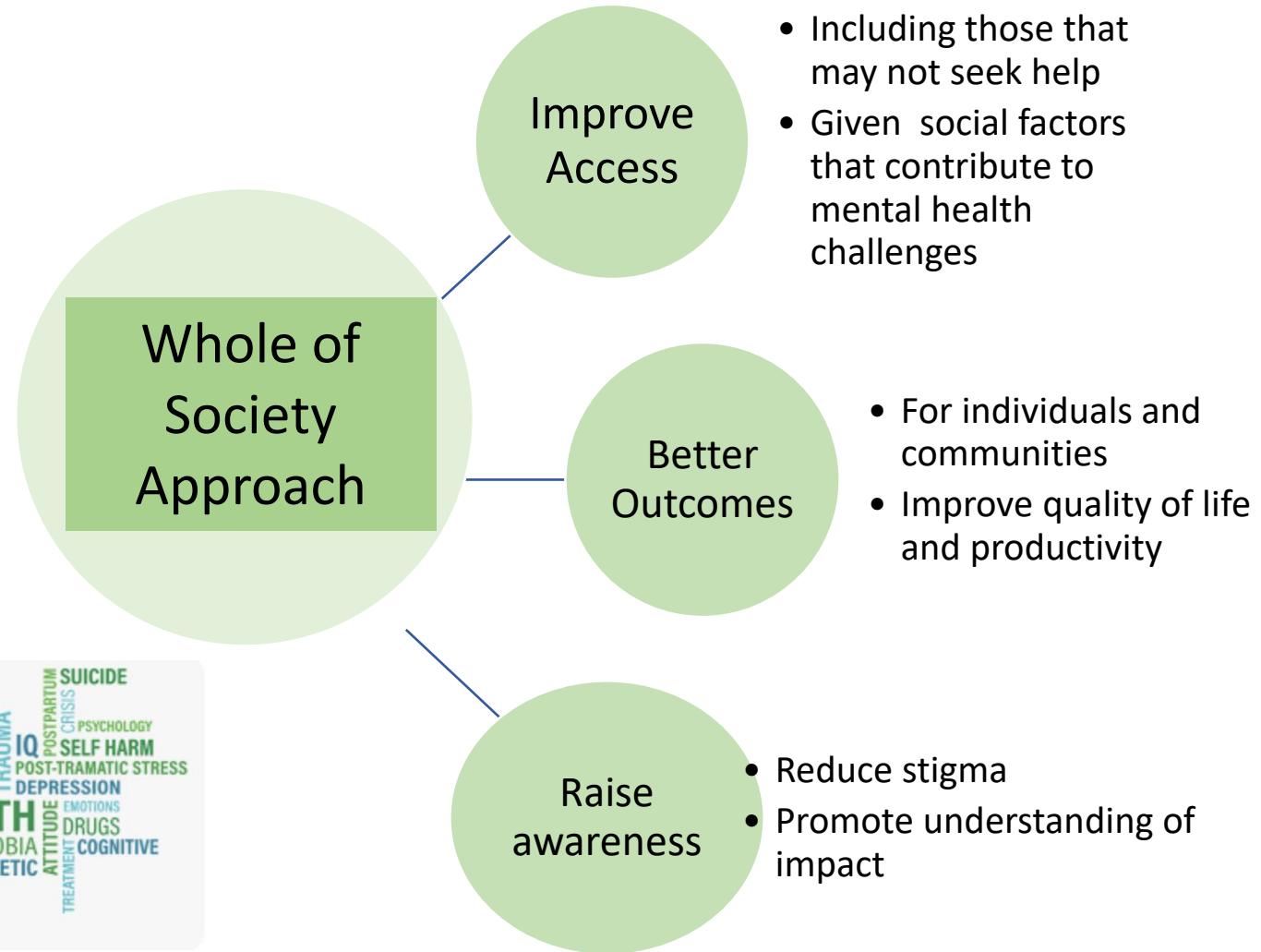
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Context/ Approach



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Lost economic output caused by untreated common mental disorders amount to over 10 billions days of lost work annually equivalent to \$USD1 trillion per year

Impact of positive mental health outcomes

Individual

Productive in personal and professional lives

Reduces risk of developing chronic diseases

Strengthened social networks & reduce social isolation

Society

Lower health costs for individual and state

Improved economic growth and development

Reduced crime rates – create safer environment

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Epidemiology

GLOBAL

- 322 million suffering from depression
- 264 million – anxiety disorder
- Leading cause of disability
- 4th leading cause of disease burden worldwide (*WHO, 2017*)
- Worsened by Covid-19

South Africa

- High prevalence of social anxiety disorder, post traumatic stress disorder, eating disorder and ADHD – between 21.0% - 24.5%
- Estimated 17.8% found to have probable anxiety
- 17% of South Africans suffer from depression, anxiety or substance abuse disorder
- SA-out of 34 countries, ranks as one of the worst (Sapiens Lab, 2022)

Cont'd

- Prevalence of any disorder was 30.3%.
- Anxiety disorders had a high lifetime prevalence -15.8%,
- Mood disorders- 9.8%
- Substance use disorders-13.4%.
- Median age of onset
 - 37 years for mood disorders,
 - 32 years for anxiety disorders,
 - 21 years for substance use (Stein, Seedat, Herman, et al., 2008)

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Mental Health Disorders Among Students

- High prevalence of (range 21-24%)
 - social anxiety disorder,
 - post-traumatic stress disorder,
 - eating disorder, and
 - ADHD
- Prevalence of
 - disruptive disorders 38.7%
 - anxiety disorders 37.1%
 - Students in historically white institutions, GNC and female students particularly vulnerable (Bantjes, Kessler, Lochner, et al (2023)).

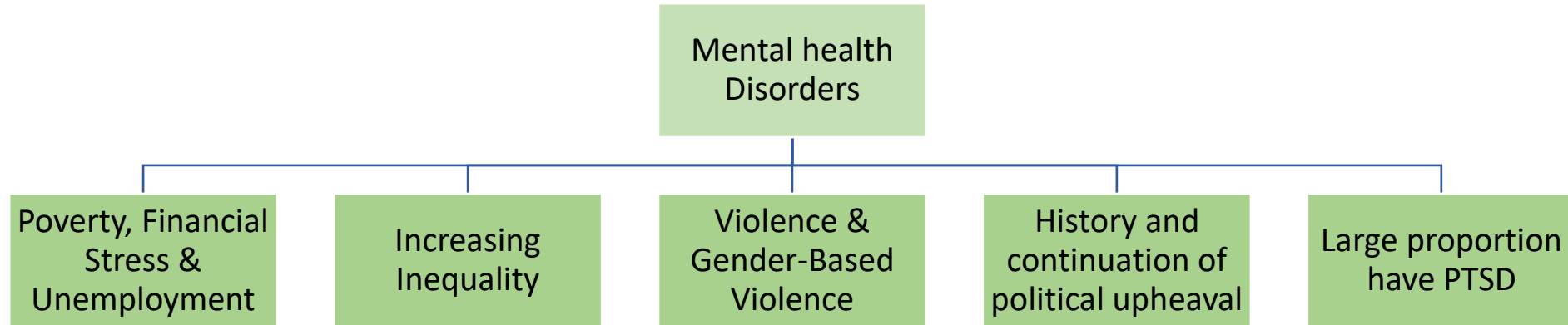
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Factors Contributing to Mental Health Disorders



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Mental Health Legislation

Mental Health Care Act No. 17 of 2002 aims to:

- promote and protect the rights of individuals with mental health conditions and
- improve the availability and quality of mental health care in the country
- Establish a framework for delivering mental health services and sets out the rights of individuals with mental health conditions

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2013 National Mental Health Policy Framework and Strategic Plan Aims

- Increase access
- Integrate MH care into PHC settings
- Promote awareness and reduce the stigma
- Increase full participation in society
- Increase the availability of mental health professionals
- Addressing the political economy of mental

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Human Resources

- 1.52 psychiatrists per 100 000 population (Janse van Rensburg, Kotzé, Moxley, et al., 2022),
- 50% of public hospitals offering mental health services have a psychiatrist, and about 30% have no clinical psychologists (Nguse and Wassenaar(2021),
- Shortage of social workers and occupational therapists, and a lack of trained mental health nurses.
- Mental health professionals are concentrated in urban areas

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Facilities Providing Mental Health Services

Health Care Facilities

- Specialized mental health clinics
- Hospitals mental health departments or units
- Private Practices, eg. psychiatrists, psychologists, and social workers

Community Responses

- Community-based organizations - counselling and support groups
- NGOs - counselling, support groups, and advocacy

Institutional Responses

- Employers, Higher Education Institutions and schools -referral to internal and external mental health professionals. and
- Religious organizations -counselling services and accommodate support groups

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Financial Resources

- In the 2016/17 financial year, spending for inpatient and outpatient services :
 - R7.8 billion, 4.6% of the national health budget.
- Per capita, expenditure:
 - R168 per capita uninsured. Spending skewed towards hospital inpatient services at 86%
- DoH commissioned an ROI study over 15 years from scaling up interventions targeting anxiety, depression, psychosis, bipolar disorder, epilepsy, intellectual disability, behavioural disorders, dementia, and alcohol and drug dependence.
- Approximately R223.7 billion would be required with an average of R254 per capita per year.
- Spending on these amounts by 2015 would likely have major health impacts, such as an increase in million of healthy life-years, a reduction of prevalent mental illness cases, and averted mortality.

Docrat, Besada and Lund (2018)

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Challenges

Lack of infrastructure to support mental health services

Stigma surrounding mental health and discrimination

Mental health services are often not well integrated with other healthcare services leading to fragmentation

Limited range of treatment options e.g., access to medication and other evidence-based treatments.

Hospital-based services often inaccessible

Variable quality of mental health care

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Opportunities

- ✓ Access to quality increasing the number of mental health professionals, training more mental health workers, and increasing funding for mental health services
- ✓ Primary prevention
- ✓ Reduce stigma
- ✓ Improve coordination
- ✓ Assess effectiveness of services and policies
- ✓ Engage communities in the design, implementation, and evaluation of services and policies

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Conclusion

- Provided overview of mental health situation in South Africa
- There are undoubtedly challenges to ensuring access to mental health services for all and there are also opportunities for progress and improvement
- By **continuing to prioritize mental health as a critical aspect of overall healthcare**, we can work together to make mental health services accessible and equitable for all South Africans
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