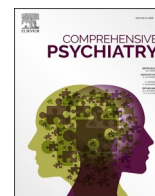




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The rationale for South Africa to prioritise mental health care as a critical aspect of overall health care[☆]

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ABSTRACT

Background: The publication of South Africa's National Mental Health Policy Framework and Strategic Plan 2023–2030 and the proposed National Health Insurance (NHI) make it timely to review that state of mental health services in the country, and to emphasize the importance of prioritising mental health as a pivotal component of holistic healthcare.

Method: We searched the published literature on mental health using Google Scholar, Pubmed, and Bing Chat, focusing on these words: epidemiology of mental health disorders, depression and anxiety disorders, mental health services, mental health facilities, human resources, financing and impact of COVID-19 on mental health in South Africa and beyond. We also searched the grey literature on mental health policy that is publicly available on Google.

Results: We provided information on the epidemiology and economic impact of mental health disorders, the availability of mental health services, enabling policies, human resources, financing, and the infrastructure for mental health service delivery in South Africa. We detail the high lifetime prevalence rates of common mental disorders, as well as the profound impact of socioeconomic determinants such as poverty, unemployment, and trauma on mental health disorders. We note the exacerbating effect of the COVID-19 pandemic, and emphasize the pressing need for a robust mental health care system.

Conclusion: In addition to outlining the challenges, such as limited mental health service availability, a shortage of mental health professionals, and financial constraints, the review proposes potential solutions, including task-sharing, telehealth, and increasing the production of mental health professionals. The paper underscores the necessity of crafting a comprehensive NHI package of mental health services tailored to the local context. This envisioned package would focus on evidence-based interventions, early identification, and community-based care. By prioritising mental health and addressing its multifaceted challenges, South Africa can aspire to render accessible and equitable mental health services for all its citizens within the framework of the National Health Insurance.

1. Introduction

The state of mental health post-COVID-19 remains a significant concern globally. The World Health Organization (WHO) suggests that rates of common mental health disorders such as anxiety and depression increased by 26% and 28%, respectively, in the first year of the

pandemic [1]. This increase is reported to have added to the nearly one billion people already living with mental illness worldwide [2].

South Africa, like many low-and-middle-income countries, has a high burden of mental health disorders [3]. Several factors contribute to the high burden of mental health disorders in South Africa. These include childhood trauma, poverty, unemployment, HIV/AIDS, and a

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history of political and social upheaval [4]. In addition, the country also has a high prevalence of trauma, including exposure to violence and abuse, which can contribute to developing mental health disorders [5].

In the South African context, there are limited mental health care providers, which may contribute to many people remaining undiagnosed [6,7,8,9]. Furthermore, the primary and community-based mental health care system is underfunded and under-resourced. These constraints contribute to individuals being unable to access the care they need.

Therefore, the country needs to address these challenges and invest in mental health care to improve the overall mental health and well-being of the population. This paper emphasises prioritising mental health as a crucial component of overall healthcare. This emphasis is timely given the recent publication of the National Mental Health Policy Framework and Strategic Plan 2023–2030, and the ongoing development of the National Health Insurance (NHI) package of services, which should explicitly incorporate mental health.

We also present a brief overview of mental health services in South Africa, including the epidemiology of mental health disorders, the availability of services, enabling policies, human resources, financing, and infrastructure for service provision. This provides a foundation for including a package of mental health services in the NHI.

2. Epidemiology of mental health disorders

Mental health disorders are a global problem, with estimates of 322 million suffering from depression and 264 million having an anxiety disorder [10]. Moreover, mental health disorders are a leading cause of disability as well as the overall disease burden worldwide [10].

Nationally representative surveys on the prevalence of mental health disorders in South Africa are rare. For an extended period, the only sources of data were the Stress and Health Survey [11] and smaller surveys conducted with specific populations or programmatic data from treatment centres.

A recent Wits University study using symptom scales found that more than a quarter of South Africans reported moderate to severe symptoms of probable depression, ranging from 14.7% to 38.8%. Probable depression was more frequently reported among the retired and those older than 65, widowed, divorced or separated, or living in metropolitan areas. The rates were highest in the Northern Cape, Eastern Cape, Western Cape, Gauteng and Mpumalanga [12].

The Stress and Health Survey was a nationally representative survey conducted between 2002 and 2004, using a structured diagnostic instrument to determine the prevalence of mental disorders. The survey found that anxiety disorders had a high lifetime prevalence of 15.8%, followed by mood disorders at 9.8% and substance use disorders at 13.4%. The overall prevalence of any mental health disorder was 30.3%. The survey also revealed that the median age of onset was 37 years for mood disorders, 32 for anxiety disorders, and 21 for substance use disorders [13].

The World Mental Health Survey found that South Africa's lifetime prevalence of mental illness of 15.8% was lower than Columbia (25.3%), France (22.3%), New Zealand 24.6%), and the United States of America (31%). However, it was higher than the People's Republic of China (4.8%), Nigeria (6.5%), Japan (6.9%), and Italy (11%) [3].

Several factors contribute to our country's high burden of mental health disorders. These include poverty, financial stress, unemployment, increasing inequalities, HIV/AIDS, and political and social upheaval history. The country also has a high prevalence of trauma, including exposure to violence and abuse, serious motor vehicle accidents and crime, which can contribute to developing mental health disorders [4]. Exposure to trauma includes witnessing such incidents and is particularly associated with post-traumatic stress disorder (PTSD) [14].

The COVID-19 pandemic has also significantly impacted mental health globally [2] and in South Africa. Emerging data suggest an increase in rates of mental health disorders due to the pandemic [5,4]. The

prevalence and predictors of long-term mental health disorders due to COVID-19 are unclear. Nevertheless, meta-analytic data of existing data indicate cause for concern. [15] Therefore, the country needs to address these challenges and invest in mental health care as part of NHI development, as emphasized by the South African Socio-Behavioural Ministerial Advisory Committee on COVID-19 [16].

2.1. The economic argument for improving mental health services

Improving mental health services and, thereby, mental well-being is not only a health issue but also an economic one. It is estimated that the lost economic output caused by untreated common mental disorders such as depression and anxiety cost the global economy **US\$ 1 trillion annually** due to lower productivity at work, absenteeism (estimated at 10 billion lost worker days), foregone tax receipts, and increased welfare payments. Every US\$ 1 invested in treatment for depression and anxiety leads to a return of US\$ 4 through better health outcomes [17]. The economic impact of common mental health disorders on the economy exceeds that of cardiovascular disease, chronic respiratory disease, cancer and diabetes [18]. A recent investment case conducted to assess potential returns on mental health investment showed that the cost to the South African economy far outweighs the cost of investing in mental health. This study estimated the annual loss due to mental health disorders at ZAR 161 billion [19].

3. Mental health policy

Mental health policy in South Africa is guided by the Mental Health Care Act No. 17 of 2002, which aims to promote and protect the rights of individuals with mental health disorders and to improve the availability and quality of mental health care in the country. The Act establishes a framework for delivering mental health care services. It sets out the rights of individuals with mental health disorders, including the right to access appropriate care and treatment, privacy and confidentiality, and freedom from discrimination and abuse. It also establishes a system for the certification and involuntary treatment of individuals with mental health disorders and sets out the roles and responsibilities of various stakeholders, including healthcare providers, law enforcement agencies, and community-based organisations.

In addition to the Mental Health Care Act, the South African government has developed other policies and programs to address the population's mental health needs. These include the Mental Health and Substance Abuse Programme. The COVID-19 pandemic has also prompted the development of additional policies and initiatives to address the mental health impacts of the pandemic. These include the National COVID-19 Mental Health Response Plan, which outlines the key strategies and interventions for addressing mental health challenges during the pandemic and establishing a National Telepsychology Service.

The Department of Health has recently unveiled the National Mental Health Policy Framework and Strategic Plan for 2023 to 2030, marking a further improvement over the 2013 policy [20]. This new Strategic Plan recognizes the need to boost budgetary resources for mental health care, with a commitment to integrate mental healthcare into primary and community care settings. The emphasis is on addressing co-morbidity, reducing stigma, and enhancing accessibility through task sharing and increased production of healthcare professionals.

Key aspects of the Strategic Plan include

- shifting from hospital-based care to primary and community-level care
- promoting coordination between government and private sector facilities and
- allocating budgets to out-of-hospital care.

The Strategic Plan also acknowledges the urgency of tackling youth

suicide and substance abuse and involves people with lived experience in planning processes. There is a commitment to increase the budget for mental health services, with an expanded indicator set in the District Health Information System (DHIS) for tracking mental health services.

The Strategic Plan outlines specific actions, including scaling up community mental health services, strengthening district mental health services, improving mental health delivery in general hospitals, and redefining the role of psychiatric hospitals. A critical move is rescheduling psychotropic drugs to be prescribed by primary care qualified nurses and clinical associates, enhancing pharmacotherapy in primary care clinics.

Mental health promotion and prevention take centre stage, integrating mental health into general healthcare and embedding initiatives in various sectors. Suicide prevention programs, micro and community-level interventions, and collaboration with non-health sectors are outlined. The Strategic Plan also addresses the poverty-mental health link and coordinates with other departments for forensic mental health services.

Advocacy, human rights, and services for special populations involve collaboration with stakeholders and public education efforts to combat discriminatory attitudes. Quality improvement efforts align with broader health initiatives, ensuring safe and effective mental health services, accrediting facilities, and establishing a monitoring and evaluation system.

Capacity-building efforts include mental health training for health-care staff, task-shifting, and sensitizing key policy and management staff. Notably, the Strategic Plan commits to providing permanent posts for Registered Counsellors in primary care settings where they are not currently established.

An additional policy development integrates mental health care into HIV, TB, and STI programs, designating people living with HIV (PLHIV) with mental health concerns as a priority population. This strategic move leverages substantial resources from donor and government investments in HIV/TB/STI programs to support mental health objectives. The 2023-2028 National Strategic Plan for HIV/TB/STIs also emphasises mental health in response to HIV/TB/STIs [21].

The South African government has created a legislative and enabling policy environment necessary to care for patients with mental disorders and manage mental health services. What are the barriers to implementing these sound Acts and policies to improve the population's mental health? We discuss several such barriers next.

4. Availability of health services

As previously indicated the availability of mental health care services is limited. The mental health care system remains underfunded and under-resourced. This can make it difficult for individuals to access the care they need, as demonstrated by the finding in the SASH study that estimated that only 28% of adults with a severe or moderately severe disorder received treatment compared to 24.4% of mild cases [22]. According to recent evidence, the situation has worsened in South Africa, with a treatment gap of almost 92% for mental disorders, epilepsy, and intellectual disability [23].

4.1. Human resources

Human resources for mental health services are a significant challenge in South Africa. The country has a shortage of mental health professionals. This further contributes to the lack of access to needed care. The World Health Organization Global Health Observatory Data Repository reports that South Africa has 1.52 psychiatrists per 100,000 population [24], and most of these are based in the private sector in Gauteng and the Western Cape. Therefore, it is no surprise that only about 50% of public hospitals offering mental health services have a psychiatrist, and about 30% do not have clinical psychologists [4]. However, e-government is changing in the service provision model, with

the Strategic Plan suggesting that in the public sector, there should be a district mental health team in each district (in 2023, there were 14 out of 52 districts with such teams established). This will help in developing skills through clinical mentoring, training and quality improvement and provide limited access to additional specialist care.

Bureaucracy and protectionism also severely limit the ability of the academic sector, both private and public, to rapidly increase the production of much-needed mental healthcare professionals. In essence, there is a large pool of potential psychotherapists. Currently, only 5% of undergraduate students with a major in psychology gain entry to master's degree programmes due to restrictions by the Health Professions Council of South Africa (HPCSA) on the number of master's degree students higher education institutions may enrol. Lifting this cap and allowing the private higher education sector to provide master's degrees could rapidly increase production. Mid-level workers (Registered Counsellors) can also be rapidly increased through one-year bridging programmes. The University of Kwazulu-Natal (KZN) has started a postgraduate programme to increase the production of Registered Counsellors to help meet this need. This model should be expanded to other higher education institutions. Key to these initiatives would be ensuring the lifting of production caps imposed by statutory bodies, allowing private higher education institutions to offer health profession qualifications, and funding additional posts for Registered Counsellors in the public sector.

Given the existence of a central examining body for medical specialities in South Africa (the College of Medicine of South Africa), increased production of psychiatrists in the private sector is feasible. It could bypass the severe shortage of government-funded registrar positions in the public sector. This model of leveraging the private sector to develop specialists and sub-specialists was already recommended by the Academy of Sciences of South Africa in 2018 [25].

There is also a shortage of other mental health professionals, such as social workers and occupational therapists, and a lack of trained mental health nurses. The shortage of mental health professionals is compounded by the fact that many of the available mental health professionals are concentrated in urban areas, leaving rural and underserved areas with limited access to quality mental health care.

The country must invest in developing a more robust mental health workforce to improve the availability and accessibility of quality mental health care for all individuals. Task-sharing with non-specialized mental health workers and collaborative care systems in primary care are evidence-based interventions that should be implemented [21]. The country should also invest in technology developments such as telemedicine; it is feasible to use trained lay counsellors to provide interventions under the supervision of more highly qualified mental health professionals, greatly amplifying their reach.

4.2. Facilities providing mental health services

The categorisation of mental health services per the WHO Optimal Mixed Mental Health Services Model includes long-stay facilities and specialist services, community mental health services, psychiatric services in general hospitals, primary health care services, informal community care centres and self-care. Space precludes a comprehensive list of such services, but examples of service packages that can be contracted in South Africa through the NHI Contracting Unit of Primary Health Care include:

- Primary health care services
- Community-based mental health services
- Services in public general and specialized psychiatric hospitals, care and rehabilitation centres in public, private organisations
- Licensed inpatient services in private hospitals
- Licensed private mental health care practitioners
- South African Police Services
- South African Military Health Services

- Correctional Health Services
- Employee Health and Wellness Programmes in Workplaces
- Basic Education and Higher Education
- NGOs like the South African Federation for Mental Health, the South African Depression and Anxiety Group, and religious organisations.

4.3. Funding for mental health services

The poor funding of mental health services in South Africa is a significant challenge, that can make it difficult for individuals to access the care they need, and negatively impact the quality of available care. The sources of funding for mental health services in South Africa include the government, private insurers, out-of-pocket payments by individuals, donor funding to NGOs, religious institutions, employers, schools, and universities. However, funding from these sources is often insufficient to meet the demand for mental health care, particularly in underserved areas.

The South African government funds mental health services nationally through the National Department of Health, which provides public healthcare services nationwide. However, the provinces decide how much health funds are allocated to mental health services. The government also funds mental health research and the development of mental health policies and programs. In the future, under the National Health Insurance, national funding will go through the Contracting Units of Primary Health Care, a conduit to finance contracted, accredited or certified health providers.

In the 2016/17 financial year, spending for inpatient and outpatient mental health services was R7.8 billion, 4.6% of the national health budget. Per capita expenditure was R168 per capita uninsured. Spending was skewed towards hospital inpatient services at 86% [23]. This has stayed the same in 2023/4 financial year; hospital expenditure was R6,6 billion for psychiatric hospitals (personal communication with the Department of Health). The Department of Health had the foresight to commission a study to estimate the return on investment (ROI) over 15 years from scaling up interventions targeting anxiety, depression, psychosis, bipolar disorder, epilepsy, intellectual disability, behavioural disorders, dementia, and alcohol and drug dependence. Docrat et al. [23] estimated that R223.7 billion would be required with an average of R254 per capita per year, based on the 2019 population levels and currency rates. Spending on these amounts by 2035 would likely have major health impacts, such as an increase in healthy life-years, a reduction of the prevalence of mental illness cases, and averted mortality.

Private insurers also provide some funding for mental health services. However, coverage for mental health care is often limited, and more than 80% of individuals do not have access to medical aid. The Council of Medical Schemes reported that in 2018, the total spent on mental health in the private sector was R3.9 billion, 2.3% of the total health expenditure and a per capita expenditure of R444 per beneficiary [26,27]. The hope is that this level of inequity between the public and private sectors can be addressed with legislative and policy changes envisaged in the National Health Insurance Bill, which will offer contracts in urban and rural areas. The new model of NHI, which cedes responsibility to the Schedule 3 A public entity instead of the government, will be more agile, flexible and evidence-based.

Out-of-pocket payments by individuals are also a significant funding source for mental health services in South Africa. However, many people cannot afford to pay for care out of pocket, particularly those living in poverty or underserved areas. Therefore, it is envisaged that the NHI will aim to provide health care free at the point of service, except for those who bypass the referral path.

4.4. Development of an NHI package of mental health services

With the passage of National Health Insurance Bill in Parliament, pending the President's acceptance of the Bill into law, and taking into

account the epidemiology of mental disorders in South Africa, a rights-based framework for comprehensive package of services could include the:

- (a) contracting community mental health clinics as part of Contracting Unit of Primary Health Care (CUP) to provide accessible services linked with community-based care;
- (b) introducing routine mental health screening in primary care settings to identify individuals at risk and establish early interventions;
- (c) integrating mental health services in the primary physical care visit;
- (d) offering tele-health services to increase access;
- (e) ensuring the Benefit Advisory Committee includes counselling, psychotherapy and rehabilitation services and task-shifting to nurses;
- (f) providing secondary and tertiary care services for more complex cases and,
- (g) offering enhanced crisis intervention services, including hotlines and mobile crisis units. Mental health promotion and prevention.

Development of the package of mental health services to be provided under the NHI could include services for common mental disorders including substance use disorders, as outlined by the WHO third edition of the Mental Health Gap Action Programme (mhGAP) guideline. This could be adapted in South Africa by considering the local context, for example, optimizing the utilization of traditional healers, enhancing mental health literacy, and mitigating the harmful effects of stigma [28].

4.5. Challenges and opportunities

The challenges of mental health care providers are not limited to human and financial resources; here, we consider a range of other barriers and potential opportunities for addressing these.

The stigma surrounding mental health is a significant barrier to seeking help and getting treatment. People with mental illness may be discriminated against and maltreated by employers, healthcare providers, and others despite the constitutional imperative to treat everyone with dignity. The COVID-19 pandemic has triggered a greater awareness of mental health, breaking down stigma. This creates a unique opportunity to leverage this awareness to normalize the conversation around mental health.

Mental health services are often poorly integrated with other healthcare services, such as primary and specialist care. This can lead to fragmented care and a lack of coordination between providers. Implementing collaborative systems at the primary care level, with access to more specialized mental health clinicians, may be an important way of ensuring better coordination.

There is a limited range of treatment options available for mental health disorders in the country, particularly in rural areas. This can include a lack of access to medication and other evidence-based treatments. Changing the scheduling of some psychotropic medications, allowing Registered Nurses to prescribe them, and employing Registered Counsellors in primary care facilities can significantly improve this situation.

Mental health services tend to be hospital-based, which can be difficult for people to access, especially in rural areas where care is not accessible for many. Therefore, there is a need for more community-based mental health services that are accessible and culturally appropriate. Equipping outreach workers with screening and diagnostic tools that work on inexpensive mobile devices and training them on basic counselling interventions while linking them to referral networks will bring interventions to communities and allow earlier detection and referral of complex cases.

The quality of mental health care may be variable, with some facilities providing high-quality care and others providing inadequate care.

This can be due to a lack of training and resources for mental health professionals. Increased mental health indicator sets (including those that measure quality of care) will allow targeting interventions to improve the overall quality of care.

Although there are many challenges facing mental health service provision in South Africa, there are also opportunities to improve access, quality, and coordination of care through the National Health Insurance. This may involve increasing funding for mental health services and training of personnel, addressing stigma and discrimination, and implementing evidence-based policies and practices.

5. Conclusion

Having presented challenges, gaps and opportunities facing the mental health response in South Africa, we argue that adopting a whole-of-society approach to address mental health disorders can improve access to mental health for all members of society. This approach can include those who may not otherwise seek help; reduce the stigma associated with mental illness; have better outcomes for individuals and communities, including improving the quality of life and productivity; promote prevention efforts by identifying risk factors; and raise awareness about mental health issues and promote understanding of the impact of mental illness on individuals and society ([29,30]; [31,32]).

Good mental health has benefits for individuals and sustainable development. Improved mental health is associated with decreased absenteeism and presenteeism and, therefore, with increased personal productivity and national growth [33]. Having good mental health reduces the risk of developing chronic diseases and other health conditions, which may lead to lower healthcare costs for both individuals and the government [34].

By promoting good mental health, a nation can create a safer environment for its citizens [35]. Furthermore, good mental health can promote better social cohesion and community participation. This can help strengthen social networks and reduce social isolation [36]—the benefits of good mental health are important not only for individual citizens, but also for a nation's economic growth and development.

While there are undoubtedly challenges to ensuring access to mental health services for all, there are opportunities for progress and improvement. Prioritising mental health as a critical aspect of overall healthcare, creates opportunities for the country to work towards accessible and equitable mental health services for all South Africans, as envisaged in National Health Insurance. Access to mental health interventions is a health issue, a human rights issue, a moral issue, and an economic issue.

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