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Chapter 11: Towards universal health coverage for people living with mental illness in South Africa

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- The 2015 Global Burden of Disease Study ranked depression as the 4th and anxiety the 10th leading cause of disease burden due to years lived with disability in South Africa. With the release of the National Health Insurance White Paper in 2017, South Africa confirmed the process of transforming its healthcare system to ensure universal health for all, including people living with mental illness (PLWMI).
- However, with multiple competing health priorities, there is a risk that mental health may not be addressed, particularly for those with serious mental illness (SMI). Additionally, severe functional impairment and psychosocial disability related to SMI limits the individual's ability to access health care, unless specifically catered for by the health system.
- The National Mental Health Policy Framework and Strategic Plan 2013-2020 outlines an action plan in which mental health care is delivered in a variety of settings and at different service levels. For PLWMI, community-based mental health services, general hospital psychiatric units, and psychiatric hospitals are necessary, along with primary health care (PHC) and services from the non-health and non-governmental sectors.
- The public sector mental health system has followed a de-institutionalisation process since the mid-1990s, consistent with global trends in mental health care and local legislation (e.g. the Mental Health Care Act), which stipulates that mental health services be provided in a manner that facilitates community care. However, mental health financing remained institution-based and this resulted in a haphazard process of deinstitutionalisation, with erratic or no development of community-based mental health services, and in some areas, re-institutionalisation.
- The Gauteng Mental Health Marathon Project rapidly closed the last institution beds in the province, illustrating the gross inadequacy of the de-institutionalisation process without concomitant development of community-based mental health services. Between October 2015 and June 2016, 1 442 people with severe psychosocial and other disabilities were transferred out of long-stay medium-care hospitals into either specialised psychiatric hospitals (renovated and staffed for the purpose), a government-run care and rehabilitation centre, or non-governmental residential facilities (NGOs).

- One-hundred-and-nineteen patients (8.3%) died within a year of transfer, and 131 (9.1%) died during the 2016 calendar year. Factors that led to the tragedy were lack of financial protection, an under-estimation of the vulnerability of PLWMI, and a misinterpretation of what constitutes community-based mental health services.
- Given that South Africa has a largely de-institutionalised mental health system, the lack of financial protection for community-based mental health services is inexplicable.
- As evidenced in the Gauteng Mental Health Marathon Project, it is not possible to provide accessible care for community-dwelling PLWMI appropriate to the level of severity of illness without funding. The funding of community-based mental health care should be equal in magnitude to funding of institutional care. However, the financial burden may be borne by multiple stakeholders, and is more cost-effective than institutional care in that it achieves improved mental health coverage, psychosocial functioning, and quality of life among PLWMI.
- Recommendations include: the need for a paradigm shift in the organisation and financing of mental health services so that specialist staffed community-based mental health services become the mainstay of psychiatric care; the development of national guidelines that describe pathways to care for PLWMI, and the need for health indicators to provide quality assurance regarding care outcomes and not only PHC headcounts or hospital-level data. Finally, the authors call for regular community-based clinical audits incorporating user-level outcome measures to prevent another tragedy such as the Gauteng Mental Health Marathon Project.

SOURCE: Robertson LJ, Chiliza B, Janse van Rensburg AB, Talatala M. Towards universal health coverage for people living with mental illness in South Africa. In: Rispel LC and Padarath A, editors. South African Health Review 2018. Durban: Health Systems Trust; 2018.

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