



Psychiatric Care in South Africa

"Most people's mental illness is caused by growing up under too much hardship and failure to keep promises by people you trust the most....I think concerning our abilities is that in many things we do to make our future better is to be given enough time and assistance which could help us succeed like other people".

Siyabulela K¹

1. Introduction

Those who suffer from psychiatric or mental disability are among the most marginalized, misunderstood, stigmatized and vulnerable members of our society. This paper seeks to explain what psychiatric or mental disability is; explore the interaction between the sufferer and the broader society; and examine the health and social services available to this vulnerable group.

2. Definitions

Mental illness has always been part of the human condition, a part that is one of the more difficult to understand and to remedy. The more common mental illnesses include: substance abuse²; organic mental disorder associated with drug abuse; acute delusional mood anxiety and personality perception disorders; post traumatic stress disorder due to significant trauma including physical or sexual abuse³; anorexia and bulimia⁴; attempted suicide; as well as the major affective disorders, including clinical depression, and unipolar and bipolar depression⁵. Other conditions include schizophrenia; paranoid delusional disorders; obsessive compulsive disorders; and dementia.

Psychosis, which is characterized by a loss of contact with reality, may be a feature of many of the above illnesses. Manifestation of psychosis varies considerably between individual sufferers and may include delusions, a distorted

perception of reality, hallucinations, inappropriate behaviour and lack of insight into that behaviour. Depression and psychosis may engender extreme and debilitating fatigue and, furthermore, mental illness may be accompanied by chronic pain conditions. The reverse is also the case, in that people with physiological conditions characterized by chronic pain may develop mental illness, especially reactive depression.

3. The Extent of the Problem

The incidence of mental illness is difficult to determine. However, it is estimated that 18% to 25% of senior citizens suffer from anxiety, depression, psychosis or dementia. In South Africa the annual suicide rate equates with the number of people killed in traffic accidents which is frightening given the high number of traffic mortalities.⁶ One in ten people suffer from debilitating anxiety, while one in four will be diagnosed with depression. The World Health Organisation has found that 14% of diseases across the world are psychiatric, which accords with the incidence of heart disease and cancer as a major cause of illness. Furthermore, six of the top ten causes of illness are psychiatric.⁷

Alarming, peri-natal experts say that "in some of the country's sprawling informal settlements, a staggering one in three new mothers experiences post-natal depression — more than three times the number of women who suffer from the

condition in Britain and the US".⁸ This impacts on the quality of nurture new mothers are able to give their infants. Worldwide, there has also been a heightened incidence of mental illness among HIV/AIDS sufferers.

Children and adolescents also suffer from anxiety and depression, and may exhibit behavioural problems such as attention deficient disorder and the difficulties associated with conditions such as autism and epilepsy. Studies indicate that one in 33 children and one in eight adolescents may suffer from depression. Given the high number of orphans due to the HIV/AIDS pandemic, and the devastation of parental loss and the parental responsibilities assumed by older children in child-headed households, these figures may in fact be far higher. Another factor is the consequences of sexual and physical abuse of children and adolescents, which are severe and which may cause post traumatic stress disorder, inappropriate behaviour, social withdrawal, nightmares and enuresis⁹ in younger children.

4. Causes and Care

What causes mental illness is a very difficult question, to which there is no single answer; our understanding of mental illness continues to evolve. There are many possible causes, which may occur singularly or in combination. These include genetic or biological factors including dysfunction in the regulation of neurotransmitters¹⁰ in the brain¹¹; emotional trauma; a difficult psycho-social context; the quality of nurture during childhood, including neglect or abuse; and severe injury and/or trauma.

Post traumatic stress disorder was initially identified as a medical disorder during the First World War among soldiers returning from the trenches, and was termed 'shell shock'. Symptoms included tiredness, irritability, giddiness, lack of concentration and headaches. PTSD is now widely recognised as affecting soldiers, police officers, emergency service staff and a wide range of people who have been exposed to violent or life-threatening situations.

Ten years ago a local expert wrote: "Mental health has over many decades acquired the unwelcome reputation of being a pariah or stepchild of the health services. This was partly because it was narrowly understood as psychiatric illness, an area of concern for only

psychiatrists, psychiatric nurses, patients and their families." However, recent years have seen "mental health care steadily moving out of this quarantine, towards mainstream health care. Also, mental health care has begun to address issues that distress South Africans on a day to day basis, such as crime and HIV/AIDS. This is starting to change perceptions of mental health as an abstract, mysterious set of interventions, to an understanding that this is a component of health that addresses issues of general psychological well being and problems of day-to-day living".¹²

It was a great step forward in the field of psychiatry for mental illness to be understood and treated as a disability. This change in vocabulary has done much to undermine the stigma long associated with mental illness, and as a result terms such as 'mad', 'lunatic', 'imbeciles', 'idiots', and 'psychos' are less used in our social parlance.

5. Environmental Factors

The giants of social theory, Karl Marx and Emile Durkheim, variously drew attention to the dynamic interaction between the individual and the society in which that individual lives. Their work pointed to a contextual approach. Marx's early writings introduced the notion of 'alienation': he argued that people were alienated from themselves and prevented from realising their full potential because of exploitative working conditions, violent crime and poor living conditions which engendered hopelessness and weariness. These feelings would today be understood as depression.

Emile Durkheim's¹³ seminal work on suicide, in which he introduced his concept of 'anomie', described the social instability resulting from a breakdown of traditional standards and values. This, he argued, resulted in personal unrest and alienation, as well as the uncertainty that comes from a lack of purpose or ideals. The increase in the suicide rate was a consequence of this sense of 'anomie'. Both Marx and Durkheim were writing during the Industrial Revolution – a time of tremendous social upheaval. But the conditions of which they wrote still prevail in present day South Africa; conditions which prevent people from realizing their full potential and which engender a sense of hopelessness and weariness highlighted by unemployment¹⁴ and poor living conditions. All these factors

undermine the well-being of people and can lead to severe depression. As a result, “[m]ental well-being is denied to people with mental illnesses, or people who live in poverty, or in fear of crime, sexual abuse or victimisation. Social well-being is denied to people who do not have access to health care services, water, sufficient food or jobs”.¹⁵

The work of Marx and Durkheim pointed to understanding the role of socio-economic factors in the well-being of people and opened the way for the modern study of epidemiology.

6. Conventions and Legislation

The World Health Organization defines health as ‘a state of complete physical, mental and social well-being’.¹⁶ The balance between these three factors is essential. The 75th Plenary of the General Assembly of the United Nations adopted and issued a document entitled ‘Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care’ on 17th December 1991. The document provided guidelines and laid down provisions to promote the rights of mentally disabled persons in health care. There are specific provisions on informed consent, confidentiality, standards of care and treatment, and the rights available to inmates of mental disability institutions. Principle 1(4) specifically prohibits discrimination on the grounds of mental disability.¹⁷

The African Charter on Human and People’s Rights (adopted in June 1981 and ratified by South Africa in 1996) asserts that ‘every individual shall have the right to enjoy the best attainable state of physical and mental health and that States Parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.’¹⁸

The United Nations Convention on the Rights of People with Disabilities pertains to those whose mental health is compromised. The Convention recognizes ‘the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world’.¹⁹ Furthermore, the Convention reaffirms ‘the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons

with disabilities to be guaranteed their full enjoyment without discrimination’.²⁰

7. South African Legislation

The Mental Health Care Act 17 of 2002 (MHCA) replaced the Mental Health Act 18 of 1973. The new Act adopts a human rights based approach and provides for the treatment, rehabilitation and care of people with mental illness.²¹

In terms of the Act, mental health status ‘refers to the level of mental well-being of an individual as affected by physical, social and psychological factors which may result in a psychiatric diagnosis. A mental illness is a mental health related illness in terms of accepted diagnostic criteria made by a mental health care practitioner who is authorised to make such diagnosis’.²²

The purposes of the Act are to ‘provide for the care, treatment and rehabilitation of persons who are mentally ill; to set out different procedures to be followed in the admission of such persons; to establish Review Boards in respect of every health establishment; to determine their powers and functions; [and] to provide for the care and administration of the property of mentally ill persons.’²³ However, while the Mental Health Act clearly promotes the rights of those with mental disabilities, the implementation thereof is subject to the availability of resources. “Due to ‘limited resources’ practitioners however often work in environments where staff ratios may be fractional of what should be expected and in units of which the physical structure and security is totally inadequate”.²⁴

8. Diagnosis and Treatment

Historically, the treatment of people with mental disability has been harsh and frequently abusive. However, it is now recognized that

“all patients suffering from severe and persistent mental illness require rehabilitation. The goal of psychiatric rehabilitation is to help disabled individuals to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support. The overall philosophy of psychiatric rehabilitation comprises two intervention strategies. The first strategy is individual-centred and aims

at developing the patient's skills in interacting with a stressful environment. The second strategy is ecological and directed towards developing environmental resources to reduce potential stressors. Most disabled persons need a combination of both approaches. The refinement of psychiatric rehabilitation has achieved a point where it should be made readily available for every disabled person".²⁵

People living with mental disabilities are best served by a multi-disciplinary team including psychiatrists,²⁶ psychiatric sisters,²⁷ psychologists, occupational therapists and social workers, with the latter acting as case managers. Other helpful interventions include stress management, assertiveness training and parenting classes. Patients with disorders or conditions that have organic and biochemical components may require psychopharmacological treatment, the duration of which depends on the severity of the condition and the patient's response to treatment. Many of those with mental disability may require lifelong medication.

9. Social Services and Grants

While the disability grant is available to people with mental disability, it requires quite a high degree of social functioning to access this grant. The first port of call for most South Africans is the local clinic, and the clinic would need to make the referral to a hospital where the patient would be allocated to a psychiatrist. The psychiatrist would then make a diagnosis and complete the relevant form, thus enabling the patient to access the grant. This process is dependent on the clinic sister or nurse having some understanding of mental illness and depression, and making the correct diagnosis and referral. The doctor would also have a treatment plan for the patient which would include the necessary medication.

At a recent parliamentary briefing, the Department of Women, Children and People with Disabilities reported that all government departments had been directed to comply with a ruling that 2% of people employed in the public service were to be persons with disability.²⁸ In 2012 and 2013 the department will be focusing on the acceleration of the economic empowerment of women and people with

disability. The Department has also planned to capture data relating to people with disability and to feed this information to other departments, the jobs fund, and the expanded public works programme.

10. Mental Illness and Crime

A mental defect or illness may make it impossible for a person to understand the wrongfulness of his or her acts or, even if he understands them, to distinguish between right from wrong. Defendants who are 'criminally insane' cannot be convicted of a crime, since criminal conduct involves the conscious intent to do wrong — a choice that the 'criminally insane' cannot meaningfully make. Defendants who are considered to be mentally unstable are referred to a state-funded psychiatric facility for a period of observation and evaluation. They are placed in a ward where they do not present a threat to themselves or anybody else. If the outcome of the period of evaluation is that the subject is mentally ill, and as such unable to discern right from wrong, he or she would be committed to a mental health care institution so as to protect society from further harm.

11. Conclusion

To conclude where we began, with the words of Siyabulela K: "It is my basic human right to be treated with dignity by health professionals and service providers who focus on my strengths and potential rather than my diagnosis, impairments and activity limitations. I also have the right to freedom from stigmatisation by the community, a more efficient health system, cultural inclusion and access to supported employment or meaningful, productive daily occupation. Until these are readily available we cannot speak of significant social change. Psychiatric illness can be minimised by creating opportunities for disabled people to become agents of their own histories and masters of their own destiny in the mainstream of society".²⁹ Those who have mental disabilities deserve – and are entitled to – so much more than our pity.

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Researcher

(Endnotes overleaf)

¹ Siyabulela, K and Duncan, M, 'Psychiatric disability and social change: an insider perspective', in 'Disability and Social Change: A South African Agenda', Watermeyer, B; Swartz, L; Schneider, M and Priestley, M (EDS)

² This includes alcohol

³ At the PPC on Women, Children and People with Disability on 17th April it was noted that while crime in general is decreasing, gender based violence is increasing.

⁴ Eating Disorders

⁵ The latter was previously called 'manic depression' and it is characterized by intense moods swings. The condition, like most other psychiatric conditions is unpredictable.

⁶ Men are more likely to commit suicide than women.

⁷ Hassim, A; Heywood, M and Berger (Eds) 'Health and Democracy: A guide to human rights, health law and policy in post-apartheid South Africa'. Siber Ink, 2007

⁸ 'Depression rampant among the poor', The Times 8th February 2009

⁹ Bed wetting

¹⁰ Neurotransmitters are chemical substances involved in transmission of impulses between nerve cells in the brain- the more common lack is the substance called serotonin

¹¹ It was adopted by the General Assembly as Resolution 46/119 of 17 December 1991.

¹² Masilela, Thulani, 'Mental Health in South Africa', Health Systems Newsletter 2000

¹³ Frenchman Emile Durkheim is regarded as the father of Sociology

¹⁴ At present 42% of young people below the age of 30 are unemployed.

¹⁵ Hassim, A; Heywood, M and Berger (Eds) 'Health and Democracy: A guide to human rights, health law and policy in post-apartheid South Africa'. Siber Ink, 2007

¹⁶ World Health Organization (WHO) is an international organization focussing on the right to health. The research conducted by this organization provide important indicators for the incidence, diagnosis and treatment on all health related conditions.

¹⁷ It was adopted by the General Assembly as Resolution 46/119 of 17 December 1991.

¹⁸ Article 16 of the African Charter on Human and People's Rights

¹⁹ The UN Convention on the Rights of People with Disabilities, was adopted 13th December 2006 and entered into force 3rd May 2008. It is the first human rights charter of the 21st century

²⁰ As in Footnote 13 above

²¹ Hassim, A; Heywood, M and Berger (Eds) 'Health and Democracy: A guide to human rights, health law and policy in post-apartheid South Africa'. Siber Ink, 2007

²² Mental Health Act No 17 of 2002

²³ Preamble to the Mental Health Act, 2002

²⁴ Jansen Van Rensburg, AB, 'A framework for current public mental health care practice in South Africa.' African Journal of Psychiatry, 2007, Nov 10(4):205-9.

²⁵ Rössler, W, 'Psychiatric rehabilitation today: an overview', World Psychiatry Journal 2006 Oct 5 (3):151-157

²⁶ Only psychiatrists can prescribe medication.

²⁷ Psychiatric sisters play an important role in primary and community based mental health care.

²⁸ At a briefing of the PPC on Women, Children and People with Disability on 17th April 2012 it was confirmed that at present 0.9% of those employed at the present time are disabled. This includes all areas of disability.

²⁹ Siyabulela, K and Duncan, M, 'Psychiatric disability and social change: an insider perspective', in 'Disability and Social Change: A South African Agenda', Watermeyer, B; Swartz, L; Schneider, M and Priestley, M (EDS)

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