

PSYCHIATRY IN SA: One Perspective

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Overview

- Some SA and African context
- Barriers to services/research/training
- Overcoming barriers

African Context: General

- >1 billion people, 15% of globe
- Youngest population of all continents
- Low and middle income countries
- Rapid economic growth in many

African Context: Psychiatry

- Relatively few psychiatric services
- 10/90 gap in research
- Important opportunities for growth
- And a special place for psychiatry

WHO Mental Health Atlas: SA

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	4.5
Psychiatric beds in mental hospitals per 10 000 population	4
Psychiatric beds in general hospitals per 10 000 population	0.38
Psychiatric beds in other settings per 10 000 population	0.12
Number of psychiatrists per 100 000 population	1.2
Number of neurosurgeons per 100 000 population	0.3
Number of psychiatric nurses per 100 000 population	7.5
Number of neurologists per 100 000 population	0.3
Number of psychologists per 100 000 population	4
Number of social workers per 100 000 population	20

WHO Mental Health Atlas: SA

- On the one hand: About 53 million people, 650 psychiatrists
- On the other: A training ground for other African countries

SA Stress & Health Study (SASH)

- First nationally representative psychiatric epidemiology study in Africa
- n = 4351, rigorous probability sample design

Disability and Treatment of Psychiatric and Physical Disorders in South Africa

Sharain Suliman, MA, Dan J. Stein, MD, PhD,† Landon Myer, PhD,‡ David R. Williams, PhD,§
and Soraya Seedat, MD, PhD**

- Psychiatric disorders are more disabling than physical disorders
- Psychiatric disorders are 10 times less likely to be diagnosed and treated

Research Capacity in LAMICs

Research capacity for mental health
in low- and middle-income countries:
Results of a mapping project



Global Forum
for Health Research
HELPING CORRECT THE SDG GAP



World Health
Organization

10/90 Gap in MH Research

	1992	2001
Low income	0.87	0.64
Low-middle income	2.57	3.79
Upper-middle income	1.29	1.49
Upper income	95.27	94.08



What's wrong with this picture?

That said, there are many other images ...



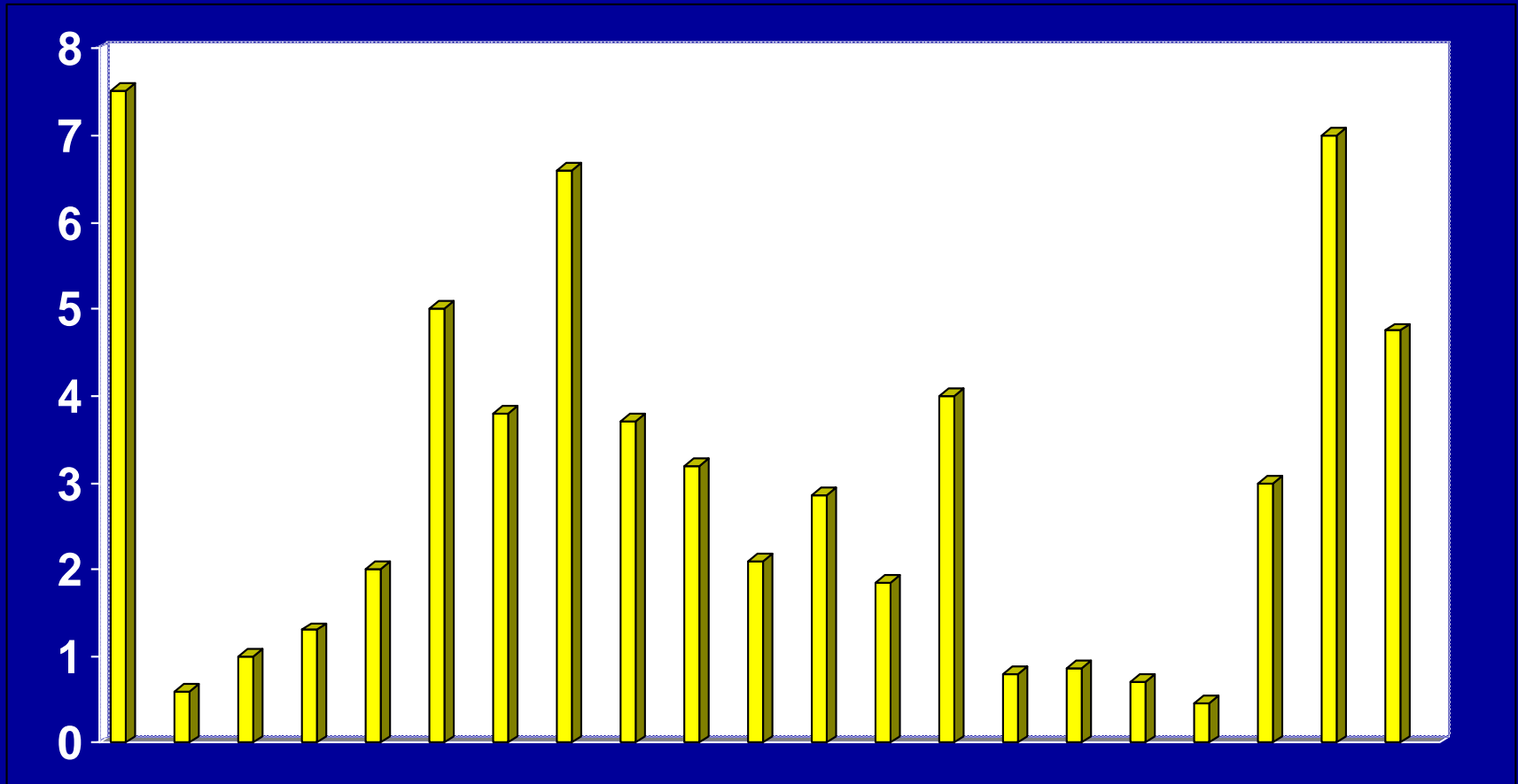
Barriers to Services/Research/Training

- “External/financial” reasons:
 - under-resourcing of health / science
 - under-resourcing of psychiatry
 - no psychopharmaceutical industry

Budgets For Mental Health Services

- Difficult to determine in SA, but likely less than 5% of health budget ...
- In other African countries may be even lower ...

ALLOCATION OF MRC BUDGET PER THRUST



Barriers to Service/Research/Training

- “Internal/knowledge” reasons
 - stigmatization of mental disorders
 - academic isolation during apartheid
 - resources focused on asylums

Outdated Conceptual Models

- Jungian therapy in SA: Well-established
- Cognitive-behavioral therapy in Africa: ?
- Depts of biological psychology in Africa: ?

South African Medical Journal

- Fewer than 5% of articles are in the area of mental health

South African Psychiatric Research

- A significant proportion of SA research is by single authors who publish only once

Few Research-Led Hospitals

- An African story, set in Cape Town ...

Groote Schuur Hospital, UCT



Groote Schuur Hospital, UCT



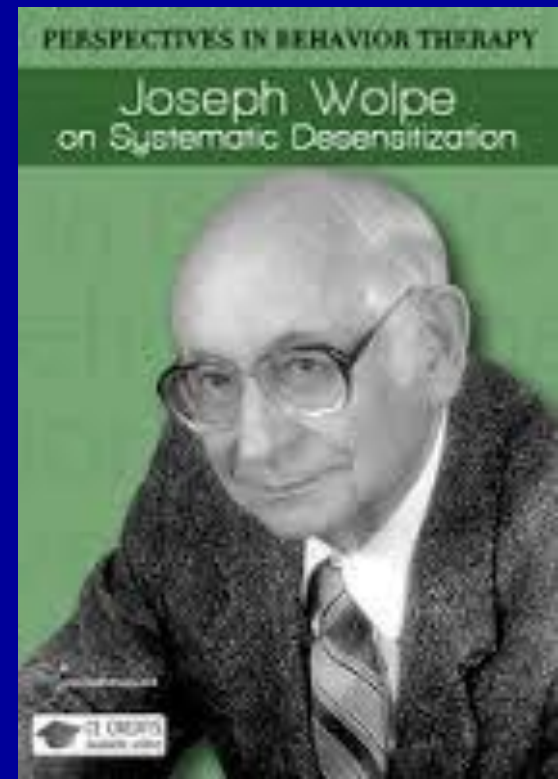
Groote Schuur Hospital

- Bridge to medical school
- Excellent animal facility
- Good basic science



A less well-known translational story

- University of the Witwatersrand
- Excellent animal facility
- Joseph Wolpe works on cat behavior, develops systematic desensitization. Arnold Lazarus coins term “behaviour therapy”.



Psychiatric sub-specialization in Africa - introduction to a series

- Heart transplant could not have taken place without sub-specialties such as cardiac surgery, cardiac anaesthesia
- Given that there are medical and surgical sub-specialties in LAMIC countries, should there not be psychiatric ones?

Can we afford not to have sub-specialists?

- Partly an argument about parity of external resources - No health without mental health
- Partly an argument about internal resources - We have a growing set of medical knowledge
- Partly an argument about cost-efficiency – Psychiatric sub-specialists can improve work at primary, secondary, and tertiary levels

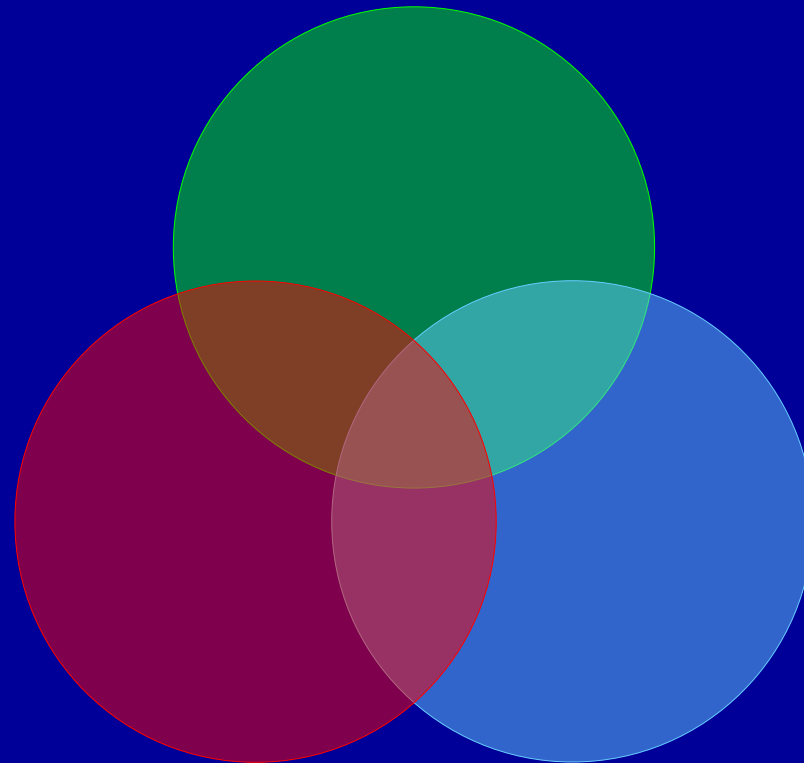
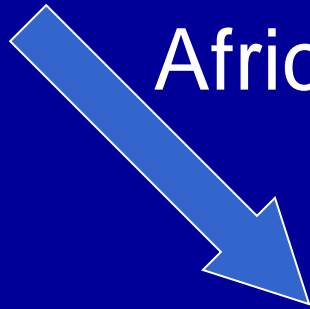
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- Introduction of Neuropsychiatry saw a rise in training, research, services on neuroHIV
- Similar picture for Public Mental Health / Addiction Psychiatry / etc
- But limited funding, and relatively small numbers of sub-specialty trainees

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Clinical Service

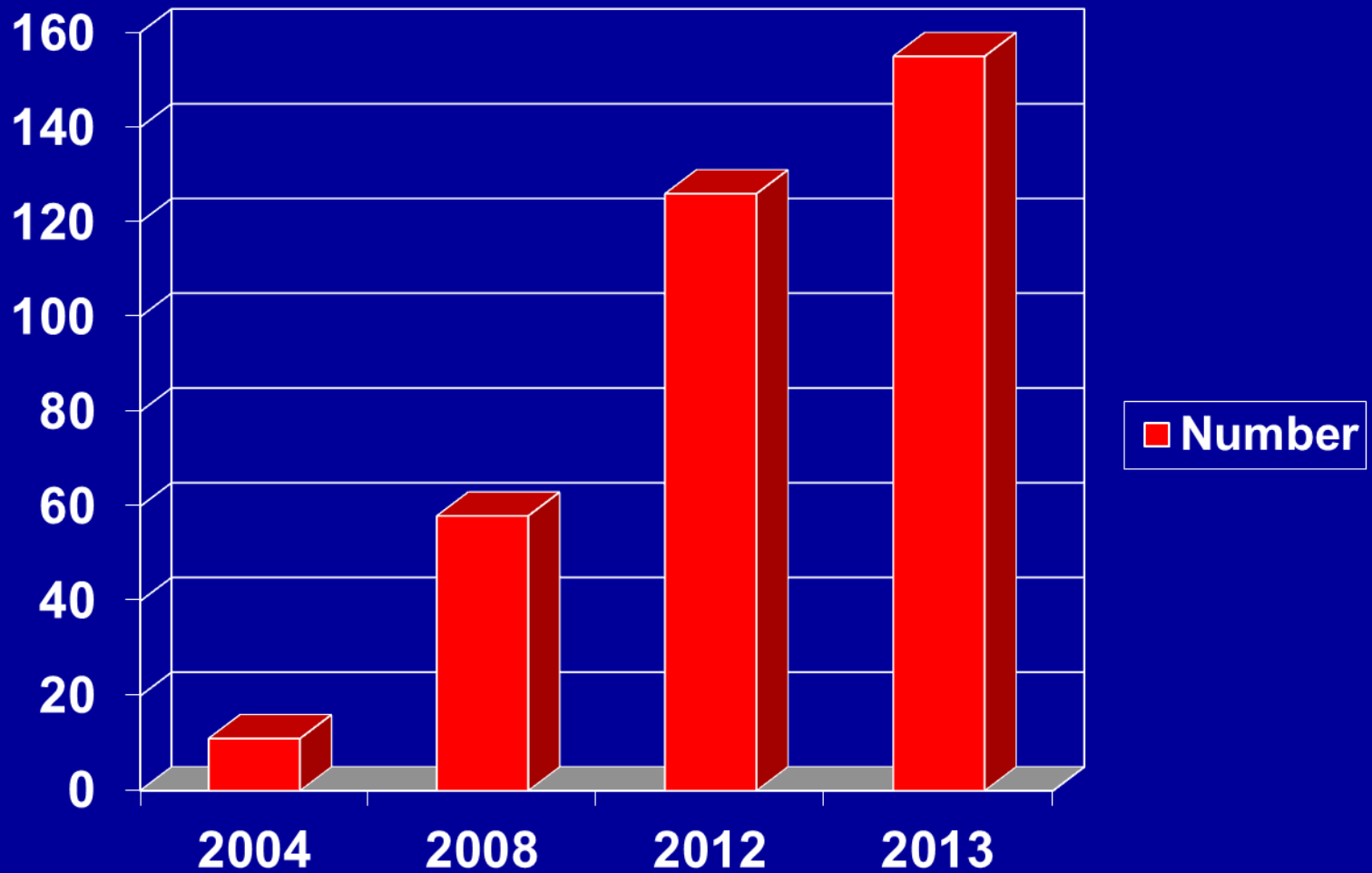
Africa



Education

Research

Research: Outputs



Research: Outputs

- Amongst first studies of animal models of psychiatric disorders in Africa
- Amongst first brain imaging studies of clade C HIV in adults and adolescents
- Amongst first brain imaging studies of infants and children with FAS
- Amongst first neurogenetic studies of mental disorders in African populations

Research: Outputs

- Ongoing HIV work eg psychometrics, neuropsychology, prevention, stigma/adherence, collaborative primary care, psychotherapy, pharmacotherapy
- Ongoing across-Africa collaborative studies eg MH and poverty, PRIME
- Ongoing task-shifting and m-health trials eg AFFIRM
- Ongoing birth cohort study research eg PASS, Gates Foundation

Overcoming Barriers to Services/Research/Training

- Destigmatization of mental disorders
- Involvement of civil society
- Mental Health Policy Framework

Overcoming Barriers to Services/Research/Training

- Link with human rights movement
- Putting on the development agenda
- Collaborating with a range of partners

Overcoming Barriers

Strategy 5. Create national centers for training and research on brain disorders in developing countries. Link these centers with institutions in high-income countries through multicenter research projects, staff exchanges and training, and Internet communication.

Overcoming Barriers

A brain-behaviour initiative for South Africa: the time is right

**Dan J. Stein • Willie Daniels • Robin Emsley •
Brian Harvey • Jonathan Blackburn • Paul Carey •
George Ellis • Nicci Illing • Alan Flisher •
Hanlie Moolman-Smook • Kelvin Mwaba •
Rajkumar Ramesar • Vivienne Russell • Soraya Seedat •
Colin Tredoux • Christopher L. Vaughan •
Bavanisha Vythilingum • James Warwick**



- Bench to bedside and beyond, in a low-middle income context

(Stein et al, 2006)

Overcoming Barriers

Capacity Building in Global Mental Health: Professional Training

Gregory L. Fricchione, MD, Christina P. C. Borba, PhD, MPH, Atalay Alem, MD, PhD, Teshome Shibre, MD, PhD,
Julia R. Carney, BA, and David C. Henderson, MD

Grand Challenges for MNS

- Identify root causes, risk and protective factors
- Advance prevention and implementation of early interventions
- Improve treatments and expand access to care
- Raise awareness of the global burden
- Build human resource capacity
- Transform health-system and policy responses

The pessimist's mug



The glass is half-empty. Deal with it.

Reasons for optimism

THE WIZARD OF ID

Brant Parker & Johnny Hart



Reasons for optimism

