



Family Digest 23

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Women and Mental Health

Mental health is an oft-neglected topic and the impact it has at home, in the work place, and in the broader society is badly underestimated. Mental health can be defined “as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”¹ Cape Mental Health reports that approximately 75% of South Africans who suffer from a mental illness do not receive the proper support, resources and care that they need to recover and return to living a normal and fulfilling life as a functional member of society.² A disproportionate number of women are affected by mental illness compared to men, and women consistently present with higher rates of anxiety and depression, which receive little attention within the South African public health sector.

Various factors impact on the well-being of woman and girls; these include gender disadvantage, poverty, domestic violence, HIV/AIDS, crimes against women and children, as well both pre- and post-partum depression. Other studies have found that there is a high co-occurrence of depression and anxiety disorders such as generalized anxiety disorder, panic disorder, post-traumatic stress disorder and, in some instances, anti-social behaviour. Furthermore, increased anxiety and a history of recent panic attacks have been demonstrated to be predictors of suicide in depressed patients.³ Domestic violence, poor self-esteem, a lack of confidence, and social stigma make it very difficult for women to seek help. The paucity of medical and psycho-social services compounds the sense of isolation and worthlessness. Moreover, it has been found that many women attending clinics with various physical symptoms are often depressed and anxious as well. This can be attributed to the continued escalation of domestic abuse, rape and other violent crimes which compromise the corporal integrity of women and children.

Substance-related disorders caused by the abuse of drugs and alcohol compound mood disorders and compromise mental well-being. Depression amongst incarcerated women is high; many are separated from their children and the care of them is a common source of anxiety, especially among those who had been the primary care-giver. A woman may give birth to a child while in prison, but the infant is allowed to remain with its mother only until the age of two. The eventual separation is traumatic for both mother and child.

Policies and programmatic interventions need to be developed for effecting a comprehensive, multi-sectorial approach to improving the mental health status of women.⁴ The American National Mental Health Association points out that one of the most important things to understand is that mental illness is a chemical condition. “Mental issues need to be treated properly and you need to take the *correct*

medication. The proper diagnoses and treatment can successfully control many mental issues that are common throughout the world.”⁵ Both the physiological and psychological aspects of the condition need to be addressed.

In 2003 it was estimated that the indirect costs of mental illness through lost earnings was R54 121 per adult with major depression and anxiety disorders per annum. This indicates that mental illness has a significant economic impact.⁶

There is a need for mental health to be integrated into general medical services at all levels of care, particularly in the following services: anti-natal and postnatal care; HIV/AIDS; and trauma. Furthermore, general medical staff and community healthcare workers should be trained to deliver basic mental health services including counselling and appropriate referrals. These services should be available in indigenous languages.

“Mental health care management and services need to be made a priority. Mental health care must be de-institutionalized so that community-based care can be set up in a systematic way. This would entail first strengthening and then expanding community-based care. This is in line with ancient African traditions of caring for our own and ensuring no one is left behind”.⁷

The following links provide more information on this important topic.

- <https://www.sacap.edu.za/blog/counselling/mental-health-south-africa/>
- <https://www.timeslive.co.za/news/south-africa/2018-11-05-mental-health-problems-prevalent-among-sas-female-inmates/>
- http://sadag.org/index.php?option=com_content&view=article&id=645:depression-in-black-south-africans&catid=84&Itemid=120
- <https://capechameleon.co.za/mental-health-in-south-africa/>
- <http://www.scielo.org.za/pdf/samj/v108n3/13.pdf>
- http://www.saha.org.za/news/2018/August/the_state_of_mental_health_in_south_africa_a_focus_on_women.htm
- <https://www.forbesafrica.com/woman/2017/09/12/many-suffer-silence-story-mental-illness/>
- <https://www.bizcommunity.com/Article/196/336/166645.html>
- <https://citizen.co.za/news/south-africa/1970583/high-levels-of-depression-amongst-sa-women-linked-to-poverty-health-dept/>
- www.health.uct.ac.za/usr/health/research/groupings/mhapp/resources/SAHRC2.pdf
- <https://theconversation.com/south-africa-isnt-managing-mental-illness-particularly-for-the-poor-50410>

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¹ <http://www.scielo.org.za/pdf/samj/v108n3/13.pdf>

² <https://capechameleon.co.za/mental-health-in-south-africa/>

³ http://sadag.org/index.php?option=com_content&view=article&id=645:depression-in-black-south-africans&catid=84&Itemid=120

⁴ <https://journals.co.za/content/healthr/2006/1/EJC35453>

⁵ <https://www.bizcommunity.com/Article/196/336/166645.html>

⁶ <http://www.scielo.org.za/pdf/samj/v108n3/13.pdf>

⁷ http://www.saha.org.za/news/2018/August/the_state_of_mental_health_in_south_africa_a_focus_on_women.htm