

Public Health Practice South Africa: Clinical Mental Health

Lucy Guise

Background

South Africa has consistently high levels of reported mental health conditions, especially Anxiety and depression. Ranking joint lowest alongside the UK at 46, on the Annual Mental State of the World Report.

The United Nations have identified the importance for South Africa to implement of a progressive mental health policy reform, however policy reform is still yet to be met.

Only 27% of South Africans reporting severe mental illness ever received treatment, ¾ of sufferers are not accessing any form of mental health care.

Neuropsychiatric conditions rank third in their contribution to the burden of disease in this country, after HIV/AIDS and other infectious diseases. Some 16.5% of South Africans report having suffered from common mental disorders such as depression, anxiety and substance abuse in the last year, 2000.

Variety of factors contribute to the high level of mental illness, social inequalities, social stigma, ignorance at institutional levels and the threat of experiencing violent crime.

Historical Approaches

Mental Health Act 1973

First piece of legislation recognizing mental health.

Focused on patient control and treatment, and the protection and welfare of society. The focus allowed for the disregard of individual rights, established prior to apartheid. Human rights weren't not a priority.

Legislated for minimal supervision to be certified to a mental institution, allowed for manipulation for political means, held against will.

MHA 1973, facilitated disproportionate mental health care based on race, with Black citizens receiving the least care and failed to promote personal autonomy and justice for individuals with mental illness, allowed for mentally ill patients to be stigmatized, disempowered and alienated.

Context: Apartheid, politically less interested in individuals' human rights. Support came from panic after shooting of Prime Minister Verwoerd.

Mental Health Care Act 2002

Shifted system from custodial approach to encouraging community care, stived to make appropriate care, treatment and rehabilitation are provided at all levels of the health service, highlighting that individuals with mental illnesses should be free from discrimination, stigma and abuse.

Strove to emphasize the importance of protecting individuals with mental illnesses.

Failed to bring forward progressive reform, due to infrastructure and human resource constraints, physically could not cater to the act, e.g., provide care for all under the 72-hour provision of patients., failed to train staff.

ridiculed and feared, and may be rejected by family. Preventing others suffering from seeking help.

age ranges. However, variation between provinces has allowed for varying levels of quality of mental health care due to lack of resources and provisions.

UNCRPD recommended legislation is repealed to implement legislation endorsing supported decision making. As the current system remains inaccessible even in provinces using more

References