

Mental healthcare in decline

South Africans' right to proper treatment is under threat and holds long-term implications

COMMENT
Zane Wilson

Depression is predicted to be the second-leading disabling health condition in the world by 2020, yet mental health treatment is often inaccessible or unaffordable.

With the recent global recession, poor households have sunk deeper into poverty and many more South Africans are finding themselves steeped in financial woes.

One in five South Africans suffer from a mental disorder, but only 15.9% of them receive treatment.

According to many experts, South Africa has some of the best mental healthcare legislation in the world. But mental health is the Cinderella condition of especially the public healthcare system — it is sidestepped and certainly not a priority of the department of health. Psychiatric patients all too often are talked about in whispers in dark corridors or they are left, alone and scared, with their questions unanswered in emergency rooms and general wards.

The Mental Health Care Act (2002) is a piece of ground-breaking legislation that is unfortunately not covering much ground in the “real world”. Patients are falling through the cracks in a healthcare system that is underfunded and under-resourced. Attempted-suicide patients are regularly not admitted. Instead, they are sent home after a stomach pump — without therapy, a follow-up appointment, safe medication or care. It is with this in mind that the South African Depression and Anxiety Group has been instrumental in developing more than 200 sup-



Taking its toll: Unemployment has contributed to South Africans' stress levels. Photo: Oupa Nkosi

port groups countrywide in some of the most remote areas to assist patients with their right to care and treatment.

It is common for such patients to be sent to hospital pharmacies only to be told there is no stock. They then either have to change medication or wait until the right pills are available. This is not the way to treat people who scrape together money to get to hospital, only to spend a whole day there being shuffled from department to department.

Society tends to regard depression as a “female” illness and the lack of treatment across the health sector as a “rural” problem. Neither is true. Five times as many men commit suicide as women. This means that 82% of the suicides in South Africa are

committed by men, yet the subject of male depression is still largely taboo and not a topic that men are likely to chat about casually at a braai, or share with their colleagues.

The current trends of retrenchment, unemployment and restricted medical benefits mean access to private healthcare treatment is no longer an option for an increasing number of South African men. The obvious stresses that accompany unemployment — daily worries about paying bills, putting food on the table, relationship failures and a drop in social status — can wear even the strongest person down.

To compound the issue, dealing with health problems is much harder for those with less money. There are fewer treatment options, longer

times spent in waiting rooms, as well as the stigma of visiting a clinic or government hospital for help. For people who suddenly find themselves without jobs, family, money or medical aid, the harsh realities of life can be too hard to bear.

Numerous South African studies have linked family problems and interpersonal conflicts with suicidal behaviour and conditions such as mood disorders and substance abuse. Men often show their stress by working too hard, drinking or having extramarital affairs. They display aggression rather than depression.

Mental health diagnosis and recovery can be challenging. Ensuring that patients maintain treatment regimes so they can recover and stay well is often a long process and

one that needs support, supervision and access to professional care. Yet, despite psychiatric conditions being ranked third in the contribution to the burden of disease, mental health issues are often “invisible” compared with physical health problems.

Although more South Africans suffer from a mental illness than any other chronic disease, fear, discrimination, misinformation, inadequate treatment services, unequal access to care and the lack of support systems for people with mental illnesses all contribute to patients' low rate of compliance with treatment as well as recovery. The mental health rights of patients are severely compromised.

Non-governmental organisations (NGOs) are mostly carrying the load for the mental and emotional well-being of South Africans. However, without sufficient funding or support, it cannot continue for much longer. Mental illness costs individuals, companies and communities billions of rands every year because of absenteeism and loss of employment, medical bills, worsening of chronic illnesses and hospital visits, abuse and imprisonment. South Africa can no longer afford to be insensitive about mental healthcare and nor can we afford to keep mental illness hidden.

Educating the youth in schools is imperative if we intend to achieve change in our future leaders. With 21.4% of youths in South Africa attempting suicide, this is where NGOs can be an integral part of the government's efforts.

Never has there been a more important time for society as a whole to send a clear message that mental health matters, and for the government to make it a priority. It is time we are judged by how we treat the most vulnerable members of our society.

Zane Wilson is the founder of the South African Depression and Anxiety Group