Southern African Catholic Bishops' Conference
PARLIAMENTARY LIAISON OFFICE

Briefing Paper 407

June 2016

Mental Well-Being

"Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others."

Article 17 of the UN Charter on the Rights of Persons with Disabilities

1. Introduction[1]

According to the Mental Health Federation of South Africa, more than 17 million people in South Africa experience depression, anxiety, bipolar disorder, schizophrenia or substance abuse. These illnesses round out the top five mental health diagnoses.[2] This means that approximately 30% of South Africans will experience some form of mental illness or disorder during their lifetime – with depression being the most dominant.[3]

Dr Nicola Plastow notes that approximately one in three South Africans will experience one of the following mental health problems in their lifetime: anxiety disorders; mood disorders; impulse control disorders (intermittent explosive disorder); substance use disorders (alcohol abuse, alcohol dependence, substance abuse, substance dependence). And South Africans are much more likely to experience a mental health problem than those living in other African countries such as Nigeria and Kenya.[4] In short, mental health is a matter for serious concern in South Africa, and it is not at all clear that it enjoys the policy and legislative priority that it should.

2. Background

In the early 1800s the word psychiatry was coined by Professor Johann Christian Reil in his seminal paper "On the term of medicine and its branches, especially with regard to the rectification of the topic in psychiatry". The word psychiatry itself derives from the two Greek words 'psyche', meaning soul or mind, and 'iatros', meaning physician.[5] Reil propounded two fundamental principles: firstly, the continuity of the psyche and the soma[6], and secondly, the inseparability of psychiatry and medicine. According to Reil's arguments, the causes of human diseases cannot be distinguished into purely mental, chemical or physical ones, but rather there is an essential interaction among these three domains.

Pejorative terms such as lunatic; maniac; crazy; deranged; insane; mad and insanity have all been used to describe those perceived as 'different' and/or 'deviant'. Such terms have justified appalling treatment of mental health care patients over the centuries. Many have been confined to asylums for long periods and subjected to brutal treatment so as to 'protect' society. These terms have done much to stigmatize mental disability/disorder, while doing little to encourage sufferers and their families to seek the help that they need. "Stigma is a major barrier to recovery for individuals with mental illnesses. It interferes with community living and attainment of resources and goals and damages self-esteem and self-efficacy."[7]

The focus should be on the well-being of the person experiencing difficulties, and on the interventions necessary to restore the psycho-social well-being of the person, thus enabling them to function more effectively in everyday life and lessen the negative impact on the individual sufferer, the family and community, and society at large.

Mental disability is a complex interaction of nature and nurture; environment and inheritance; medication and therapy; resources and lack thereof; ignorance and understanding; neglect

and appropriate diagnosis; hope and despair. While it is arguable that psychiatric disorders are more disabling than physical disorders, psychiatric disorders are ten times less likely to be diagnosed and treated appropriately.[8] These debilitating conditions are largely hidden, but they impact on work performance and productivity, family responsibilities, and social engagement. To make matters worse, these conditions are often accompanied by chronic pain, which is a serious public health issue.[9]

3. Facilities Available

Post-apartheid South Africa's 'Mental Health Policy Framework' has moved away from institutionalised care towards outpatient care. Part of this reorganisation has meant that general hospitals have opened psychiatric wards and clinics have taken on mentally ill patients. There are 22 psychiatric hospitals in South Africa and 36 psychiatric wards in general hospitals.

This translates into a total of 4.5 psychiatric beds per 10 000 population. This can be broken down into 4 per 10 000 in psychiatric hospitals; 0.38 in general hospitals; and 0.12 in other settings. There are 1.2 psychiatrists per 100 000 population.[10] This means that with a population of 53 million people there are approximately 650 psychiatrists. Psychiatric care accounts for between 4% and 5 % of the health budget.[11] There is a desperate need for funds to update residential facilities which are able to offer emergency care; a therapeutic environment; appropriate medication; regular meals; and routine. One of the consequences of the closure of psychiatric residential facilities is that people with mental illness are often among the homeless.

At present there are not enough services for those with intellectual disabilities. As UNICEF notes:

> "Although a shift has been made at policy level from an approach based on the medical/welfare model of disability to one based on the social model (which sees disability as a human rights issue), this is often not reflected in the attitudes and approaches of service providers and society at large. Adults and children with disabilities are frequently viewed by society as objects of pity and deserving (only) of charity".[12]

Increasing dependence on clinics for the dispensing of medication to out-patients can result in 'stock-outs' and consequent interruption of treatment with extremely detrimental consequences for the patient.[13] And the paucity of state funded services and programmes means that the NGO sector is providing much-needed care with few financial resources.

4. Particularly Vulnerable Groups

Children, adolescents and the elderly are particular vulnerable to mental disability. Others may develop disabilities such as Post -Traumatic Stress Disorder (PTSD) as a consequence of a traumatic event or experience of physical and/sexual abuse.

4.1. Children

Catering for the diverse needs of children with different mental health conditions and impairments such cerebral palsy, Down's syndrome and autism is a challenge. Delays in the placement of mentally disabled children into appropriate facilities can lead to frustration and retard progress. Conversely, in an appropriate educational setting learners with mental disabilities are taught many different skills such as sewing, woodwork, metalwork, brickmaking, and baking.[14] As in all matters concerning children the 'best interests of the child'[15] standard is the deciding factor and what is an appropriate placement for one child may not pertain to another.

Furthermore, while nutrition and disability are closely linked, there has been relatively little attention paid to this issue. Lack of enough food security, or a poorly balanced diet lacking certain vitamins such as A and D, and minerals including iodine, may leave infants and children vulnerable to infections or to specific conditions that may result in physical, sensory (deafness, blindness) or intellectual disabilities. Disabled children are also at risk of becoming malnourished. Children who are born with a disability such as cerebral palsy, or children who become disabled may encounter difficulties in chewing and swallowing food and require specially formulated foods and assistance while eating and drinking.

The death of a parent in early childhood is predictive of subsequent mental health care struggles, and can also compromise self-esteem. We live in a country with a very high number of children who have been orphaned and have often lost both parents in the HIV/AIDS pandemic. When speaking of the care of orphaned vulnerable

children one caregiver poignantly observed that "these children live in grief".[16]
Substance abuse during pregnancy can result in Foetal Alcohol Syndrome (FAS) which may result in attention deficit disorders, short attention spans, and other learning and behavioural challenges.[17]

4.2. Adolescents

Adolescence is a time of major physical and psychological development and transition. There is a quest for a sense of identity, of 'myself'. Moodiness, volatility, and testing of boundaries are common. It can be a time of experimentation which is often associated with peer pressure. Gothic outfits, tattoos, and body piercing are ways of 'trying out' different persona. Participation in gangs and other risky behaviour – including substance abuse – is frequent.[18]

It is also a time when teenagers may engage in self-destructive patterns of behaviour. These include eating disorders such as bulimia and anorexia nervosa; and cutting themselves with a sharp instrument. Adolescence is a time of intense emotion and the young person has yet to develop a sense of perspective. The increase in teenage suicide is worrying. Furthermore, schizophrenia usually has its onset in late adolescence and early adulthood.[19]

4.3. Older persons

The elderly, due to their advancing age and infirmity, are vulnerable to mental disorder. It is a time of progressive loss of independence; a weakening of physical and mental faculties; chronic health conditions and severe illness. Depression and anxiety are common. Conditions such as Alzheimer's disease involve a 'loss of self'' and extreme disorientation. Those afflicted may be aggressive and difficult to care for and present many health care challenges. Also, it is a time characterized by the experience of bereavement: the death of spouses; siblings and friends.

5. Isolation

The impact of the socio-economic and psycho-social environment cannot be overlooked. Depression and apathy are particularly common in female single-headed households with young children. The challenges are overwhelming and the sense of isolation extreme.
The sooner sufferers receive proper treatment and support, the more likely they are to recover quickly and to have the capacity to effectively carry out their responsibilities. This in turn has important implications for the nurture of those in their care. The elderly are also affected by a sense of isolation as it becomes increasingly difficult to 'be out and about'.

6. Inappropriate Placements

Lack of diagnosis and inappropriate care may result in some of those with mental disability serving time in prison. NICRO[20], for example, is dealing with the case of a young man convicted of sexual assault who had the mental capacity of a child of four. He has little understanding of having committed a crime. He was not assessed at the time of his trial and has been placed in a facility where he is extremely vulnerable. Having him transferred to a residential facility will involve a long process during which time he will remain in incarceration. This outcome suggests that there has been little involvement by health, educational and social services during his life span thus far. It is a cautionary tale.

There is also a need for continuing evidence-based research into our knowledge and understanding of the complexity of mental health, as well as an application of that knowledge and understanding to improve health care. Such research can result in enhanced treatment.

7. Mental Health Care and Human Rights

The rights of persons with mental disability are easily overlooked due to the endurance of the stigma associated with it. Mental health practitioners need to engage in actions that reduce the stigma and assert social justice. The Cape Mental Health Society has produced a range of media which explain what mental illness is and the treatment and programmes that they provide. Such an approach 'mainstreams' mental disability and encourages people to seek help. Social workers may act as case managers and in so doing ensure coordinated interventions and treatment plans involving service providers and care givers.

The World Health Organization urges that:

> "All people and professionals who have an impact on the lives of people with mental disabilities should receive training on human rights issues. Training needs to be provided to: people with mental disabilities themselves as well as their families – so that they can claim their rights; health and mental health

professionals – so that they understand the rights of their patients and apply these in practice; the police force who are in daily contact with people with mental disabilities; lawyers, magistrates and judges who make important decisions concerning the lives of people with mental disabilities".[21]

The passing of the Mental Health Care Act 17 of 2002 marked a significant step forward in addressing mental health as a major public health issue in South Africa and in protecting the human rights of people with mental illness. The legislation was informed by an extensive local consultation process and is consistent with international human rights standards.[22] The legislation also helps with monitoring mental health care services

8. Conclusion

There is a need for more active cross-pollination between psychiatry and other areas of medicine, surgery, radiology, psychology, genetics, information technology, genetics, epidemiology, molecular biology, physics, education and biomedical engineering.[23] The scope for creativity is vast.

It is clear that addressing the well-being of South African society requires an integrated, holistic and intersectoral approach characterized by dignity, openness, kindness, patience and compassion. The psychosocial rehabilitation of those who suffer mental disabilities is possible and sufferers "can lead productive, meaningful and satisfying lives".[24] It is easy in the course of discussion to overlook the agency of those who experience mental disability and overlook how much they have to teach. Furthermore, many of us are likely to experience some sort of mental disability at some point in our lives and should be able to seek help without the fear of stigma.

Lois Law
Researcher

---

[1] On 24th May CPLO hosted a roundtable discussion focusing on the issue of mental health. The roundtable was addressed by Professor Dan Stein, Head of the Dept of Psychiatry & Mental Health at the University of Cape Town and Director of the Medical Research Council's Unit on Anxiety & Stress Disorders; Dr Nicola Plastow, senior lecturer in Occupational Therapy in the Faculty of Medicine and Health Sciences at Stellenbosch University; as well as Mental Health Care Practitioners Ms Rene Minnies and Ms Chantelle Albertyn from the Cape Town Mental Health Society.

[2] http://www.timeslive.co.za/local/2014/07/07/

[3] South African Stress and Health Study (2009, S Afr Med J)

[4] Presentation by Dr Nicola Plastow 'The Rising Cost of Mental Health Care in South Africa' at CPLO roundtable discussion , 24th May 2016

[5] http://bjp.rcpsych.org/content/193/1/1.full

[6] That is the body as distinct from the psyche

[7] '*The Mark of Madness: Stigma, Serious Mental Illness and Social Work*', Anna Scheyett in Social Work and Mental Health Vol 3, Issue 4, 2005

[8] Presentation by Professor Dan Stein at the roundtable on 24th May 2016

[9] South African Depression and Anxiety Group (SADAG) www.sadag.co.za

[10] Presentation by Professor Dan Stein, 24th May 2016

[11] That is about 9.3 billion rand

[12] http://www.unicef.org/southafrica/SAF_resources_sitandisability.pdf

[13] South African Depression and Anxiety Group (SADAG) www.sadag.co.za

[14] See 3 above

[15] The Children's Act No 38 of 2005

[16] Anecdotal comment

[17] The risky behaviour of one generation has a huge impact on the next.

[18] Foetal Alcohol Syndrome (FAS) which is caused by the heavy consumption of alcohol during pregnancy is common and the defects caused are irreversible

[19] Cape Mental Health Society, Information flyer

[20] National Institute for the Reintegration of Offenders. This issue was raised by their Advocacy Officer Venessa Padyachee at the roundtable discussion

[21] http://www.who.int/mental_health/policy/legislation/en/

[22] "*Psychiatry in Distress: How far has South Africa Progressed in supporting mental health?*", Marelise van der Merve, Daily Maverick, 15th July 2015

[23] https://www.psychologytoday.com/blog/the-clinical-picture/201501/the-problem-asylum

[24] Cape Mental Health Society. Information on Fountain House, one of their many projects assisting in psychosocial rehabilitation.