



SOUTH AFRICAN SOCIETY OF PSYCHIATRY

SASOP MEDIA STATEMENT

APPALLING STATE OF MENTAL HEALTH SERVICES IN SOUTH AFRICA

The critical situation found in state mental health hospitals and the as yet unaddressed issues raised in the Health Ombudsperson's report of February this year, has led to the provincial subgroup members of the South African Society for Psychiatrists (SASOP) Public-Sector Psychiatrists' forum reporting on the state of care in their respective regions.

The result is appalling and acts as a second call from SASOP for an overhaul of the mental health care system in all the provinces.

Limpopo province and the Eastern Cape suffer the most severe lack of resources, says Prof Bernard Janse van Rensburg, president of SASOP.

"Only six public sector psychiatrists serve the whole of Limpopo, mainly from general hospitals. Hayani hospital, a 390-bed mental health specialist hospital, where in 2016, a psychiatric nurse was killed by an inpatient, has currently no psychiatrist.

"Child and adolescent psychiatric care is non-existent in the Eastern Cape and Limpopo province, and in all provinces, psychiatrists have to admit children and adolescents unlawfully into adult psychiatry wards. No province currently has an organised community-based psychiatric service."

The report found Mpumalanga and the Northern Cape has no public-sector psychiatry representation whilst in Kwa-Zulu Natal a massive specialist staffing crisis exists whereby only 20 of the 45 specialist posts are filled.

“With physical beds missing, others not in use due to flooding of wards caused by the non-repair of damaged roofs post a storm in 2015, and no water or food at some hospitals such as Umzimkhulu in Kwa-Zulu Natal as found at so many others across the country, the most fundamental basic human rights of patients are under threat.”

Prof Janse van Rensburg says the Eastern Cape is struggling with a dearth of general hospital beds to accommodate acute psychiatric admissions and in most regions the inability to deal with aggressive behaviour by severely mentally ill people has resulted in long waiting lists for forensic psychiatric services.

Other common themes that emerged were an absence of mental health directorates in five of the nine provinces and that Mental Health Review Boards are generally dysfunctional in all provinces.

“Mental Health Review Boards are key structures provided for by the Mental Health Care Act of 2002, to protect the human rights of those patients whose disability or acute illness renders them unable to stand up for themselves. However, there is a gap in this role, in that such patients living in the community may not be perceived to require such protection.”

“When living in the community, whether with family or at a residential facility, the severely mentally ill need to access physical and psychiatric care at district health services, with timeous hospital admissions when required. The report revealed a significant lack of communication and planning regarding the provision of psychiatric care at all levels of the mental health care system, particularly at district services and in general hospitals.”

SASOP called for a complete overhaul of the mental health care system in February following the release of the report by the Health Ombudsperson.

“The Health Ombud’s report recommended some action to be completed within 45 days, yet 150 days later, it is glaringly apparent that the general poor access to both physical and mental health care at community level remains unaddressed, and no comprehensive remedial strategy has yet been tabled in Gauteng, or elsewhere. Our own report now serves as a second call for action to be taken.”

“While almost all the previous Life Esidimeni patients have been transferred from the NGOs in Gauteng back into hospital, we are still awaiting positive action on other important recommendations made by the Health Ombud. Notably Recommendation 16, referring to the whole mental health system which should include resourced, developed community-based primary and specialist multidisciplinary teams. The reality however is that the health system still does not cater adequately for the thousands of people who continue to live with mental illness within the community.”

Prof Janse van Rensburg says, “The specific needs and highest priorities of each province must be addressed. The failure to provide accessible mental health care will

only entrench the pervasive stigma and discrimination of the mentally ill in South Africa."

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