



# South African Society of Psychiatrists

Unit 16, Northcliff Office Park, 203 Beyers Naude Drive, Northcliff, 2115  
Tel: (+27)(11) 340 9000; Fax: (+27)(11) 782 0270; Email: [info@healthman.co.za](mailto:info@healthman.co.za)  
PO Box 2127, Cresta, 2118  
Registration No.: 2007/012757/08

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## SASOP MEDIA STATEMENT

### RECOVERY PLAN FOR THE GAUTENG DEPARTMENT OF HEALTH

The South African Society of Psychiatry (SASOP) welcomes the announcement on the 26<sup>th</sup> November 2017 by the Gauteng Premier, Mr David Makhura, together with National Minister of Health, the Honorable Dr Aaron Motsoaledi and Gauteng MEC of Health, Dr Gwen Ramakgopa, of the high-level intervention team to coordinate a recovery plan for the Gauteng Department of Health. Especially in view of the SASOP's own calls in February 2017 and again in June 2017, for the complete overhaul of health and mental health care systems in Gauteng, but also in other provinces, such as Eastern Cape, Limpopo, Free State and Kwazulu-Natal. These calls, at the time, was based on Recommendation 16 of the Health Ombud's report into the Life Esidimeni (LE) deaths, which recommended that deinstitutionalization should occur with the integration, strengthening and resourcing of both the primary and specialist multidisciplinary mental health teams in districts and hospitals. <sup>1</sup>

The SASOP's June statement on the state of mental health services in South Africa, based on reports from SASOP's regional Subgroups at our Public Sector Group's annual strategic meeting, attempted to also provide information on the state of affairs in other provinces and not only in Gauteng, as the first phase of completing the move of the surviving LE patients back to safe placements, were still in process. This statement was, however, unusually heavily criticized by the National Minister, both for the accuracy of the information it referred to, as well as for the fact that a

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<sup>1</sup> Office of Health Standard Compliance. Health ombudsperson report into the 'Circumstances surrounding the death of mentally ill patients: Gauteng Province'. <http://ohsc.org.za/wp-content/uploads/2017/09/FINALREPORT.pdf>

*p 55. This investigation has clearly shown that for deinstitutionalisation to be undertaken properly, the primary and specialist multidisciplinary teams that are community based mental health care services must be focused upon, must be resourced and must be developed before the process is started. It will most probably require more financial and human resource investment initially for deinstitutionalisation to take root. Sufficient budget should be allocated for the implementation*



professional body such as SASOP has communicated this information publicly.<sup>2</sup> The Honorable Minister also alluded to the challenges in recruiting and retaining specialists, in this case psychiatrists to, in particular, more rural provinces such as Limpopo Province.

In response to this criticism, the SASOP was subsequently able to meet with the national Ministerial Advisory Committee in August 2017, as well as with the MEC's and Departments of Health of Mpumalanga and Eastern Cape, after requesting meetings with the Minister's office as well as with MECs of Health of five provinces. On these occasions, it was confirmed that the information from the provinces reported on by the SASOP, actually concurred not only with these visited provinces' own assessments, but also with the report on the audit of provincial mental health services, conducted by the National Department of Health itself. Similar information was also released by the provincial departments of health who all made submissions and presentations to the South African Human Rights Commission earlier in November 2017, during its recent national hearing held on the status of mental health in South Africa.

As the collective professional body representing more than 90% of the about 700 psychiatrists and psychiatric registrars in the country, the SASOP has been reporting on mental health care conditions in the rest of the country, in lieu of its incorporated objectives and responsibility to monitor, evaluate and advise on policies related to the delivery of clinical services and the protection of patients' rights; and to promote and uphold the principles of human rights, dignity and ethics in the practice of Psychiatry. While the SASOP understands and uphold the principle of available "internal mechanisms" in terms of which its individual state employed members will attempt to resolve issues and report problems, the SASOP as a national professional organization, is also expected to resort to "external mechanisms" to address issues. It is therefore compelled to provide direct support for health professionals in high-risk situations under the auspices of the professional association; to establish an independent oversight and reporting structure to play a monitoring role, as well as engage publicly to raise awareness in the profession and the public of possible dual-loyalty problems, and to advocate for legal, administrative and social changes that will enable professionals and service providers to respect, protect and fulfil the human rights of their patients.

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<sup>2</sup> Minister Aaron Motsoaledi: Media briefing on matters of National importance in Health. 29 Jun 2017 Statement by Minister of Health, Dr Aaron Motsoaledi on matters of National Importance in Health. <https://www.gov.za/speeches/minister-aaron-motsoaledi-media-briefing-national-health-insurance-white-paper-29-jun-2017>



The SASOP further concurs with the notion that not enough psychiatrists are currently available or trained and that an urgent review of the number of psychiatrists needed in the country should be undertaken. The current estimated about 1 psychiatrist per 100,000 of the South African population, and even less, 0.4 (state sector psychiatrists) per 100,000 according to the WHO Global Health Observatory data, seemed to be grossly inadequate.<sup>3</sup> To train more psychiatrists than the average number of 35 who currently qualify annually in order to achieve a modestly improved ratio of 1.5/100,000, the current training capacity and number of available registrar training posts at the eight medical schools country-wide, may have to be increased drastically.

The SASOP also supports the development of new business models for delivering integrated care by available public and private practitioners in innovative public-private partnership projects where uniform baskets of care have been determined, in the context of realistic and fair remuneration of services rendered on different levels of care.

The SASOP therefore also recently strongly supported and participated in the Gauteng MEC of Health, Dr Gwen Ramakgopa's initiatives to further develop the narrative on mental health care in Gauteng following the LE disaster, through the Gauteng Mental Health Summit held on the 31<sup>st</sup> October 2017. A new declaration was adopted and a renewed pledge was undertaken at this occasion to prioritize mental health care and to put it firmly onto the health agenda, to eradicate the stigma still associated with mental health illness and care, to recognize that mental health is the cornerstone of people's health and also, importantly, to break the silence about mental health issues and about issues in the mental health care delivery system.

## **SASOP Board**

### **Johannesburg**



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<sup>3</sup> WHO. Global Health Observatory (GHO) data. Updated 2015. <http://apps.who.int/gho/data/node.main.MHHR?lang=en>