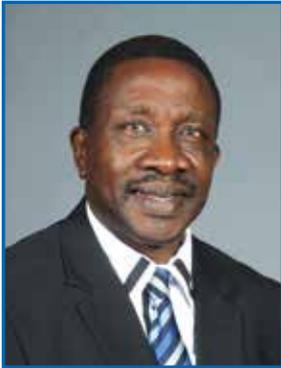


EDITORIAL

Mental Health and Society's Perceptions



The deaths of mentally ill patients transferred from Life Esidimeni health facilities in Gauteng province, South Africa to 27 unlicensed non-governmental organizations (NGOs) is a sober reflection of how we as a society perceive and care for mentally ill people. As of 15 February 2017, the Health ombudsman Professor Malegapuru Makgoba reported

that the death toll of these transferred patients from Life Esidimeni to the 27 unlicensed NGOs was above 100. In a 2003 report, the World Health Organization (WHO) estimated the magnitude and burdens of mental illness globally as follows:¹

- a. As many as 450 million people suffer from a mental or behavioural disorder.
- b. Nearly 1 million people commit suicide every year.
- c. Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder).
- d. One in four families has at least one member with a mental disorder.

The report further explains that family members are often the primary caregivers of people with mental disorders, the extent of the burden of mental disorders on family members was difficult to assess and quantify, and was consequently often ignored. However, it does have a significant impact on the family's quality of life. In addition to the health and social costs, those suffering from mental illnesses are also victims of human rights violations, stigma and discrimination, both inside and outside psychiatric institutions.¹

In 2007, the South African National Department of Health and WHO in a joint report indicated that, "mental illness was very prevalent in South Africa, yet the country lacked many of the necessary resources and policies needed to execute an effective mental health strategy".² The report did not provide information on the prevalence of mental illness. However, it listed a number of contributory factors namely violence, communicable disease, and urbanisation which have increased the prevalence of mental disorders in the country.²

In another South African study, of the 16.5% of people suffering from mental disorders, only 25% had received treatment.³ The

study reported that the very factors that contributed to this high prevalence of mental illness also served to inhibit its treatment. Cortina MA, *et al* in their meta-analysis of ten studies on the prevalence of child mental health problems in sub-Saharan Africa documented that 14.3% of children were identified as having psychopathology. They concluded that one in seven children and adolescents had significant difficulties, with one in ten (9.5%) having a specific psychiatric disorder.⁴ The latter is of serious concern as we don't focus on mental health care in children in most countries in the African subcontinent.

WHO defines mental health as the promotion of well-being, prevention of mental disorders, and treatment as well as the rehabilitation of people affected by mental disorders. However, in most societies, mental illness is associated with stigma, labelling, discrimination, and exclusion of the mentally ill. For the society's perception to change towards the mentally ill, it must be educated that mental illness is treatable, requires empathy and compassion. Managing the mentally ill in highly specialised institutions may have its advantages but there is the need to review the appropriateness of managing the patient at home and community with support from visiting health care practitioners. Community Supported Recovery Services (CSRS) in mental health are gaining attention across the world, delivering greater knowledge and evidence of improved life outcomes for people living with significant mental illness.⁵ In South Africa, deinstitutionalisation of mentally ill patients, needs urgent review with the hope of integrating the mentally ill patients within their families, homes and communities (not in unlicensed NGOs).

Prof. Gboyega A Ogunbanjo

Editor: SAFPJ

References

1. World Health Organization. Investing in Mental Health (2003). http://www.who.int/mental_health/media/investing_mnh.pdf (accessed 25 Feb 2017)
2. Ministry of Health South Africa & World Health Organization (2007). WHO-AIMS Report on Mental Health System in South Africa.
3. Inge, P, Arvin B, Victoria C, Sithembile M, Crick L, Sharon K *et al*. The Mental Health and Poverty Research Programme, C. Planning for district mental health services in South Africa: a situational analysis of a rural district site. *Health Policy & Planning*, 2009; 24(2): 140-141.
4. Cortina MA, Sodha A, Fazel M, *et al*. Prevalence of Child Mental Health Problems in Sub-Saharan Africa: A Systematic Review. *Arch Pediatr Adolesc Med*. 2012; 166(3): 276-281. doi:10.1001/archpediatrics.2011.592
5. Mental Health Council of Australia. Innovative Models of Mental Health Care in Australia and Overseas (2006). https://mhaustralia.org/sites/default/files/imported/component/rsfiles/mental-health-services/Smart_Services.pdf (accessed 25 Feb 2017)