

Mental health a serious issue in South Africa

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File: Photo Mental disorders can be life threatening

By Staff reporter 🕒 Jul 21, 2017

Physical illnesses are seen as being more serious, with higher mortality rates than mental illnesses, they get preference in terms of resources and spending. There is, however, a growing realisation that mental disorders take an enormous toll on society, hence a slow shift towards investment in resources for the treatment of mental disorder is underway.

This is according to Sandy Lewis, Head of Psychological Services at Akeso Psychiatric Clinics. She believes the Life Esidimeni saga and tragic death of over 100 mentally ill patients last year was “an example of the lack of thought and care that can go into the placement of the mentally disordered, and the disastrous consequences this can have.” Investigations into, reports on and recommendations to improve the State mental health system following the tragic Esidimeni event confirm that, to this day, many mental health patients in the country who have to rely on State facilities are still subjected to appalling facilities with sub-standard care due to limited resources.

In the private psychiatric healthcare sector, on the other hand, the costs associated with mental healthcare increase annually. This is as a result of increases in both the burden of disease and access to care, with consequent higher levels of utilisation, Akeso Clinic Group CEO, Allan Sweidan, explains.

The issue of quality also come into play, he adds. “The conundrum is that every healthcare system is looking for the highest quality of care at the lowest cost. Within psychiatry, nobody has yet comprehensively defined what outcomes should determine quality, and no system has yet defined what costs should be incurred in the achievement of desired outcomes.

“Where psychiatry currently lags is the comprehensive effort to capture data that would measure the treatment pathways best designed to achieve high levels of quality. The industry has yet to agree on what constitutes quality, compared to more precise disciplines where quality and outcomes are immediately measurable (as in some areas of ophthalmology) and, in this regard, psychiatry still has a long way to go,” Sweidan argues.

Prevalence

Statistics reveal just how dire South Africa’s mental health problem is: It is estimated that approximately 1/3 of South Africans suffer from some form of mental disorder, according to a SASH (SA Stress and Health) study conducted in 2003/4, and ratified in 2014 by professors Dan Stein and Soraya Seedat in the Departments of Psychiatry at the University of Cape Town and the University of Stellenbosch respectively.

“Given that these figures exclude children and adolescents as well as a number of other key disorders (bipolar disorder, attention deficiency hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD), Stein and Seedat believe that the prevalence of mental disorders is probably higher in SA than 1/3 of the population,” Lewis points out.

The stark reality is that more than 17-million people in South Africa are dealing with anxiety disorders such as agoraphobia, panic disorder and post-traumatic stress disorder, mood disorders (a major depressive episode, for example), as well as alcohol and drug use, says Sweidan. Neuropsychiatric disorders are ranked third in their contribution to the overall diseases burden in South Africa according to the National Mental Health Policy Framework and Strategic Plan 2013 - 2020 published by the National Department of Health of SA.

Statistics from a global study presented at a recent mental health summit in Johannesburg revealed that mental disorders have increased by 22.7%. In South Africa, 30% of people report life-long psychiatric disorders, while 1 in 3 will be affected by a mental illness in their lifetime. According to the World Health Organization (WHO) reports, 25% of the total world population suffers from mental or neurological disorder at some point in their lives. (+IOL)

Mental health vs mental disorder

Contrary to the WHO's definition of health, namely “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community,” mental disorder, on the other hand, “refers to a wide range of conditions that affect mood, thinking and behaviour and interrupt functioning such that an individual can no longer cope with the normal stresses of life, love, play, work productively and make a contribution to the community,” Lewis explains.

DSM - Diagnostic and Statistical Manual of Mental Disorders is the standard classification of mental disorders used by mental health professionals for diagnostic purposes in South Africa and globally.

Life threatening

Mental disorders can be life threatening, Lewis confirms. “The most deadly of the disorders with the highest mortality rates are the eating disorders. This is followed by schizophrenia, with up to 50% of patients attempting suicide during the course of their illness.

“It is important to note, however, that all mental disorders are potentially fatal. Any disorder that has suicide as its potential outcome can be considered to be a terminal illness. We are working hard to change the narrative around suicide to understand it as the terminal phase of a very serious illness rather than an act of either cowardice or criminality. A failure of the brain is just the same as a failure of the heart or liver or lungs.

“Recent exposure in the press to a case of cardiomyopathy (“broken heart” syndrome) shows the close relationship between severe stress and trauma and physical illness that can prove to be fatal. A case in point is the recent death of SABC journalist Suna Venter. After a year of unrelenting trauma she died of heart failure,” Lewis points out

Stigma

Much of the stigma around mental disorders arises from the belief that people can “pull themselves together” to recover from a mental disorder.

“This is a judgment and not based on any scientific fact. It adds an extra layer of isolation and pain to an already suffering individual,” Lewis stresses.

Treatment

“It is very important to stress that mental disorders are not reflections of a weak character and cannot be treated with a change of attitude or by will alone,” says Lewis.

In general, once a mental disorder emerges, the best route is both through medical intervention and therapy/counselling, she advises. “This requires consultation with a psychiatrist (a medically trained doctor who specialises in the treatment of mental disorders through psychotropic medicines or other means) and either a psychologist or other type of therapist who can help the individual to gain insight, build skills and make life and relationship changes to mitigate the effects of the illness.

“Despite the fact that mental disorders are chronic in nature and cannot be cured, they can be successfully treated in that the symptoms can be controlled to such an extent that a state of mental health can be resumed,” Lewis stresses.

Preventing relapse

Knowledge, awareness and self-care are all imperative to prevent or minimise the onset of mental disorders and relapses, she adds.

“Knowledge refers to family history and predisposing factors; awareness refers to changes in functioning, mood, energy, feelings and thought patterns and self-care refers to the ability to change circumstances where there is excessive stress, understand limits, set boundaries and exercise self-compassion,” Lewis explains.

Vital to maintain treatment programme

The most important factor in maintaining health is sticking to the treatment programme as agreed between the patient and his/her practitioners, Lewis emphasises.

“One of the biggest mistakes people make when they feel better, is to stop the medication and give up the lifestyle changes that enabled the shift to health in the first place. One must always remember that mental disorders are chronic, and vigilance to the complete treatment programme must be maintained over time,” she concludes.