

NHI won't offer quick fix to SA's mental healthcare crisis

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While the Minister of Health's recent address at the launch of the National Health Insurance (NHI) White Paper again confirmed government's commitment to better healthcare services, and in particular to mental health users, industry experts say much more than just lip service is required to tackle a system that is fraught with challenges.

More than 16.5% of adult South Africans are dealing with some form of mental health disorder, while 30% are likely to suffer from a mental disorder over the course of their lifetime. This is based on the South African Stress and Health study (SASH) – the first and only nationally representative study of mental disorders in the country, which was done back in 2004 – alas, 13 years on, the figures are likely to have risen substantially.

According to Shouqat Mugjenker, Mental Health Portfolio Manager for Pharma Dynamics – a leading provider of central nervous system medication and advocate for mental health in the country – NHI should be implemented with caution.

“In theory, it may sound promising, but the approach needs to be thoroughly interrogated to avoid another Life Esidimeni tragedy, which claimed the lives of more than 100 mentally ill patients earlier this year.

“We also can't wait for NHI to be implemented before taking action as the process will only take full effect in 14 years, and in the same breath, we cannot afford to take a sick system with us. Currently, there really is no mental health system in SA, since inadequate access to treatment services and providers all over the country, has left many families and caregivers of the mentally ill having to fend for themselves.”

Mugjenker says that the existing system is grossly insufficient to handle the demand as it is severely underfunded and under-resourced. Even though the Gauteng provincial government plans to spend R890-m more this year on the mentally ill, other jurisdictions need to follow suit. As things stand, only a fraction of government's national healthcare budget is allocated to mental healthcare.

“Mental illness is on the rise worldwide, with conditions such as depression and anxiety being among the most diagnosed, yet the barriers to receiving effective treatment are nothing short of daunting.

“People with mental illness continue to face prejudice and discrimination by medical schemes that are not obligated to reimburse patients for medications related to depression and anxiety, since these are not included in the list of prescribed minimum benefits (PMBs) for chronic medications.

“As a result, those living with depression and anxiety wait much longer to get treatment than they should. Sufferers can and do function as productive members of society, but can only do so with proper treatment and monitoring. Without the right treatment, sufferers not only risk serious regression and hospitalisation, but they face a greater risk of suicide. An estimated 230 people try to commit suicide in SA daily, while 23 succeed. That statistic alone is cause for concern,” he says.

The issue is further compounded by this year's closure of scores of practices run by psychologists after medical aids refused to pay for services rendered by non-clinical practitioners. This followed the High Court's dismissal last year of the Health Professions Council of SA's amended scope of practice for psychologists in 2011. Before the introduction of the regulations, psychologists could practise in their area of study and other areas in which they had experience, whereas the regulations in its current form limits psychologists to practise solely based on their qualification. The decision is likely to have a detrimental impact on not only educational psychologists, but also the many children that they treat.

Other concerns which Mugjenker has raised, include the lack of trained mental health professionals.

“In 2011, SA had about 1.58 psychosocial providers for every 100 000 people. To put things in perspective, in other developing nations, such as Argentina, there are 13.19 psychosocial providers for every 100 000 people.”

He also cites the heavy reliance on psychiatric hospitals to care for mentally ill patients as a problem since hospitals are often not accessible to those most at risk and don't have adequately trained mental health professionals to deal with these patients, which further highlights the large treatment gap.

“Routine mental health screening should also be integrated at primary care level, especially for people living with a chronic illness and new mothers, who are prone to depression. In fact, it should be introduced into the broader curriculum for all medical students and covered as routine care management for healthcare workers. Expanding and strengthening community-based care is also critical in order to improve access to professional services especially to those living in remote and rural areas, who often need it most.”

“Another major problem is adapting services to the unique needs of different communities and populations. For example, a programme aimed at children or adolescents with serious emotional problems should be approached vastly differently to a model targeting people with mental and substance abuse disorders or the elderly who often experience ‘late-life’ depression. Tailoring programmes to the needs of distinct populations, is essential.

“Furthermore, the National Department of Health should also establish indicators to ensure the provision of quality mental healthcare management and services, which must be monitored and evaluated on a regular basis,” he points out.

High medicine prices too remain a deterrent, but the introduction of the South African Health Products Regulatory Authority (SAHPRA) – which last month officially came into existence and is now in the process of taking over from the Medicine Control Council – should speed up the introduction of new and more affordable generic treatments for mental health disorders. The current price differential between brand name and generic central nervous system medication can be as high as 79%.

Mugjenker says its high time to reform SA's mental healthcare system before it's too late.

“Mental health is a physical disorder just like other infectious and non-communicable diseases which are given priority. Neurological disorders, which include mental health and nervous system disorders, affect around 450 million people, placing it among the leading causes of ill-health worldwide. Untreated mental illness is not just a source of individual morbidity, mortality and immense suffering, but it is also a largely preventable drain on our economy.

According to the SA Federation for Mental Health, employee absenteeism – largely as a result of depression and other associated illnesses – costs the SA economy between R12-bn and R16-bn annually. Medical schemes, government and other health providers must ensure that patients receive the care they deserve,” he concludes.

Through its ‘Let's Talk’ initiative, Pharma Dynamics is committed to promoting mental health as a critical part of overall wellness. The firm advocates for prevention services for all, early identification and intervention for those at risk, integrated services, care and treatment for those who need it, and recovery as the ultimate goal.

Those who suffer from depression or are overwhelmed by feelings of worthlessness, constant fatigue, insomnia, suicidal thoughts, loss of appetite or zest for life, can contact Pharma Dynamics' toll-free helpline on 0800 205 026, which is manned by trained counsellors who are on call from 8am to 8pm, seven days a week.

By- Mews