



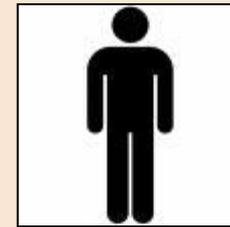
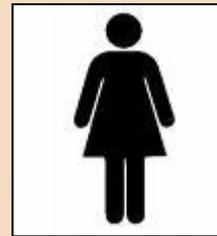
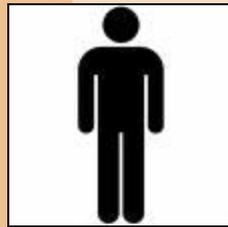
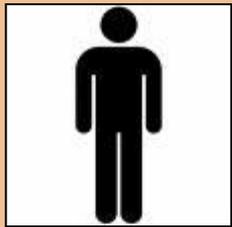
Mental Health and Poverty Project

**Achieving the Millennium Development
Goals:
*Addressing mental health***

**Ms. Sarah Skeen & Dr. Crick Lund
Mental Health and Poverty Project
University of Cape Town**



Why mental health?



Burden of Disease: South Africa

- 1 in 6 South Africans present with depression, anxiety or substance use disorders



Why mental health?



Burden of Disease: South Africa

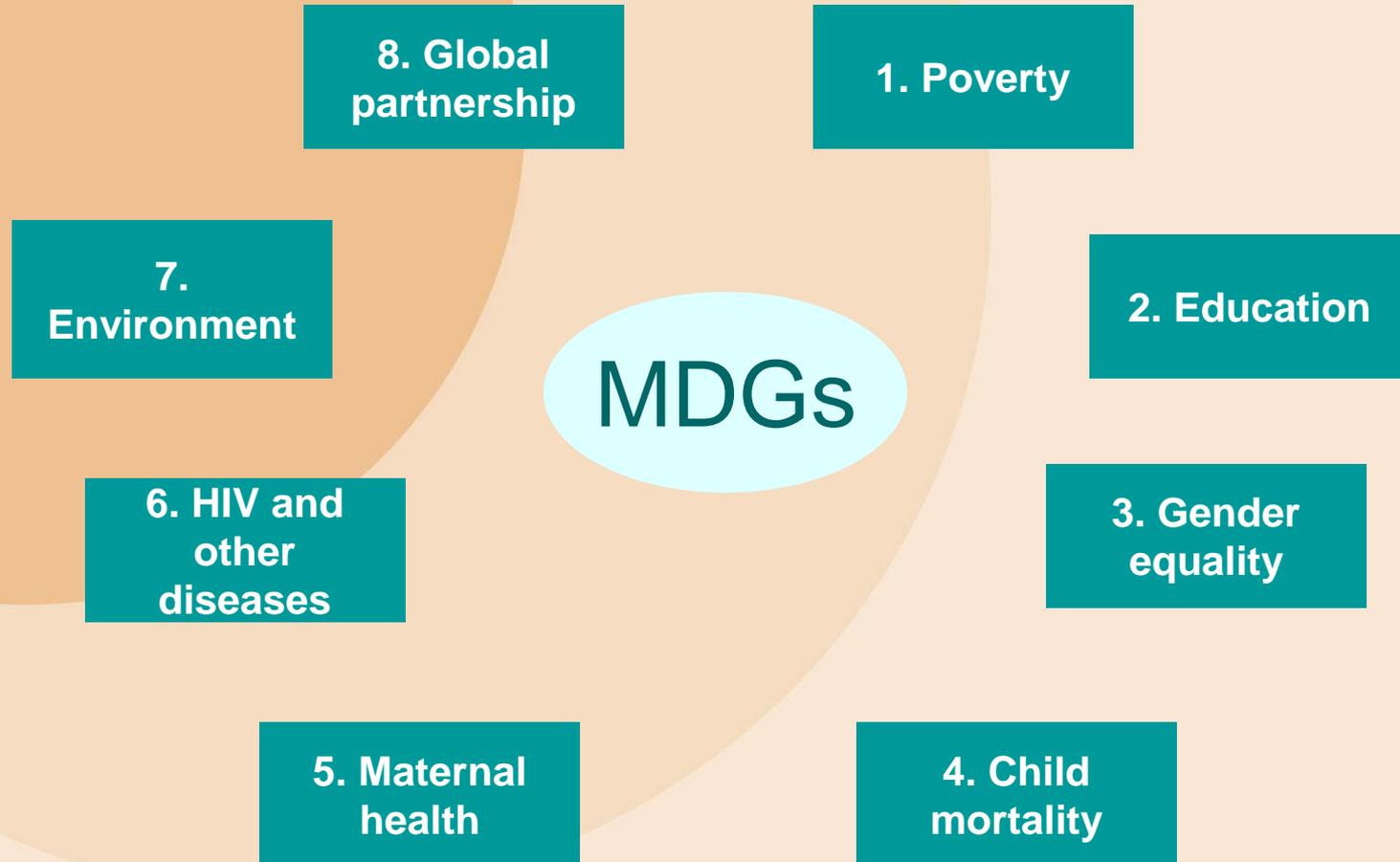


Why mental health? Global burden.

- Neuropsychiatric conditions account for 13% of the total Disability Adjusted Life Years (DALYs) lost due to all diseases and injuries in the world and are estimated to increase to 15% by the year 2020.
- Five of the ten leading causes of disability and premature death worldwide are psychiatric conditions.
- Mental disorders represent not only an immense psychological, social and economic burden to society, but also increase the risk of physical illnesses



Mental health and the MDGs





Increased health expenditure
Loss of employment
Reduced Productivity
Social drift

Mental ill-health

**Poverty
(multiple
deprivation)**

Social exclusion
High stressors
Reduced access to social
capital/safety net
Malnutrition
Obstetric risks
Violence and trauma



What are we doing about it?

What is the current situation?

No. of people experiencing poverty has slightly decreased in the face of significant economic growth.
People with disabilities are disproportionately poor in South Africa.
Mental disorders may be more prevalent in conditions of inequality

What is SA's policy perspective?

- Mental health policy guidelines (1997)
- Child and adolescent mental health policy guidelines (2008)
- Towards an Anti-Poverty Strategy for South Africa



What needs to be done?

- **Relationship between poverty and mental health needs to be highlighted for policy makers**
- **New mental health policy should integrate poverty alleviation strategies**
- **Poverty alleviation programmes should target people with mental health disorders**
- **Mental health impact of poverty alleviation assessed.**



- **Class repetition**
- **Poor performance**
- **Premature school leaving**

Mental ill-health

Mental health

Educational failure

Increasing levels of education

- **Improving social status**
- **Increasing earning power**
- **Optimal brain development providing protection**



What are we doing about it?

What is the current situation?

- 17% of children and adolescents in the WCape have a mental disorder.
- 288 000 disabled children not in school.
- Children with physical disability far more likely to receive rehabilitative services.
- Very few school-based mental health prevention programmes in place.

What is SA's policy perspective?

- Mental Health Policy Guidelines
- Child and Adolescent Mental Health Guidelines
- Children's Act
- Curriculum Development policy
- ABET



What needs to be done?

- **Inclusive education initiatives need to take mental and psychiatric disorders into account.**
- **Higher priority given to learners with mental health conditions.**
- **Data about enrolment of children and adults with mental health concerns in education programmes**

**5.
Maternal
Health
(mental
health)**

- Poor nutrition, stunting
- Early cessation of breastfeeding
- Diarrhoeal disease
- Incompletion of immunisation regimes

**4.
Child
mortality**

- Women consistently present with higher rates of anxiety and depression in LMICs.
- Poverty impact potentially greater
- Depressed women have higher rates of disability and are less likely to care for their own needs.
- Violence (in the form of self-harm or of harm inflicted by others) during pregnancy or after childbirth has been under-recognized as a contributing factor to maternal mortality



What are we doing about it?

**What are the
current statistics?**

- 1 in 3 Khayelitsha women present with postnatal depression.
- 41% of women in KZN of pregnant women depressed
- FAS rates reveal high level of substance use during pregnancy: 1 in 10 children in the Northern Cape with FAS features.

**What needs to be
done?**

- Improvement of women's economic and social base.
 - Employment and social assistance
 - Elimination of gender-based violence.
- Provision of mental health care at women's health services e.g. Perinatal Mental Health Project

MDG 6: HIV and other diseases



Increased vulnerability:

- Risk taking behaviour
- Substance use

Mental ill-health

HIV

Development of disorder

- Confirmation of status
- Disclosure
- Caregiving
- Loss of family member



What are we doing about it?

**What are the
current statistics?**

**43% of people with HIV across
provinces presented with a mental
disorder.**

**What needs to be
done?**

- **Making HIV interventions accessible to people with disabilities**
- **Mainstreaming provision of psychological care and support services to people living with HIV and their families**
- **Accessible services to support child and adult victims of sexual violence.**
- **Integration of mental health care into
PHC**



Mental ill-health

Environmental sustainability

- **Extreme weather events/disasters**
- **Long term climate change**

- Slumdwellers:**
- **Housing related**
 - **Exposure to toxins**



What are we doing about it?

What are the current statistics?

No information available... yet.

What is SA's policy perspective?

Environmental policies focus on environmental health issues. No national mental health emergency plan.

What needs to be done?

Investigate impact of environmental changes (good and bad) on mental health.



Recommendations for achieving mental health aspects of the MDGs

1. Increase priority of mental health
 - Tackling stigma against a poorly understood and invisible set of health problems
 - Using the evidence of cost-effective interventions to persuade policy makers to scale up services
2. Develop national mental health policy and strategic plans
 - Broad consultation process
 - Based on sound local data
 - Include a development perspective



Recommendations (cont)

3. Strengthen implementation of the Mental Health Care Act 2002
 - MHCA consistent with international human rights standards
 - But insufficient budget allocations and priorities at provincial and district level to implement
4. Build intersectoral collaboration for mental health and development
 - Ensure that intersectoral forums address mental health
 - Mental health is everyone's issue: health, education, housing, social development, criminal justice, correctional services, labour



Recommendations (cont)

5. Develop monitoring and evaluation mechanisms
 - MHaPP situation analysis found little routine quality data regarding:
 - Mental health service provision and budgets
 - Mental health needs in South Africa
 - Current initiatives
 - Pilot MHIS project in N Cape and KZN
 - Demographic and Health Survey to include mental health for the first time in 2009
 - Future needs: routine service delivery and population monitoring data for mental health, across sectors



Recommendations (cont)

6. Establish a National Mental Health Commission

- Goals:
 - Promoting and protecting human rights for the mentally ill
 - Ensuring that mental health, well-being, social capital and human capital are included in economic development policies and programmes
- Representing a range of govt and civil society sectors



Conclusion

- Development needs to include vulnerable and hard-to-reach populations
- Mental health is a long over-looked priority
 - Means to obtaining development
 - A goal of development
- Mental health aspects of the MDGs must be addressed as an essential aspect of achieving economic and social rights