

The South African Health Department's contribution to Social Psychiatry

The World Association of Social Psychiatry (WASP), in association with the South African Society of Psychiatrists, recently held the 1st Regional Congress of Social Psychiatry in Africa in Johannesburg, South Africa. This could not have come at a better time for South Africa which was preparing for its third democratic election and taking stock of the past ten years of its democracy. It is our pride indeed to have had the opportunity to add an event of this magnitude and relevance to our celebrations.

On-going research and dialogue has ensured that we have better understanding of the profound relationship between mental, physical and social factors, which together determine our mental and behavioural health. This understanding has brought new hope to the health sector, for both health care providers and users alike.

Scientists have for many years debated the importance of gene versus environment in the development of mental and behavioural disorders. Scientific evidence has confirmed that these are the result of gene plus environment.

South Africa has ample evidence of genetic make-up plus social-environmental factors (e.g. poverty, drastic social change, overcrowding, violence, pollution, lack of social support, homelessness, substance abuse and unemployment, amongst others) interacting with devastating results. Suicides and homicides are known to occur in association with the influence of alcohol and drugs. The recently completed Youth Risk Behaviour Survey conducted by the Department of Health points to unacceptable levels of depression among young people. One wonders to what extent substance abuse contributes to this; as well as poverty, violence and other factors? This emphasizes that the course of mental and behavioural disorders can be influenced by the socio-economic status of the individual. The scourge of HIV and AIDS has brought an added burden into the picture, with its effects being devastating both from a biological and a psychosocial perspective.

Psychiatry has been particularly slow in responding to the psychosocial aetiology of mental and behavioural disorders. The biggest tendency has been that of seeking interventions after the onset of the problem rather than looking at prevention from a broad public health approach. We cannot continue to ignore the role played by the interaction between our genes and the environment around us.

Debates will rage on and inform us about human behaviour. However, evidence already available calls on all of us to reduce the burden of mental and behavioural disorders. Given the multifaceted nature of these disorders, there is a lot each and every one of us can do to ease the burden. The law of synergy points to partnerships within and between sectors as a big part of the solution.

To contribute to the reduction of socio-economic burdens, government departments have organized themselves into clusters. The Department of Health is actively involved in the social sector cluster, which has embarked on activities to reduce burdens associated with social factors. These include a number of programmes and initiatives such as:

- i. The Integrated Nutrition Program and food security, which aims to address the nutritional needs of those in need.
- ii. The Integrated Sustainable Rural Development and Urban Renewal Programmes (ISRDP and URP), which seek to develop infrastructure, and communities, in rural areas while renewing inner city environments to reverse decay.
- iii. Social cohesion and social justice, which seeks to encourage a

culture of volunteerism, mobilise community-based care for the vulnerable, mobilise schools to contribute to the reduction of illiteracy amongst the communities they serve, and encourage food gardening in support of government food security programs.

- iv. Comprehensive social security, which includes issuing of social grants to defined categories of society to alleviate poverty. Recipients for the disability grant have shown a significant increase over the past three years. The expanded public works programmes are intended to benefit the section of the population that is excluded from the formal economy, but is not eligible for any social grant. It also has an enormous potential to alleviate poverty in both rural and urban settings. Ground-work has also started towards a social health insurance, which will ensure that families of all people in formal employment have access to contributory health cover.
- v. Access to essential services, which includes water provision and sanitation, education, population registration, housing and health services. The Department of Health can highlight that last year it added free health care for people with permanent disabilities, including frail elderly people and people with psychiatric disabilities. However, one of the greatest challenges in the provision of equitable health services has been the uneven distribution of our human resources, between, public-private sectors and urban-rural areas. The recent agreement signed within the Health and Welfare Bargaining Council to pay special allowances to health professionals working in rural areas and those with skills in scarce supply in the public sector, was one example to address this imbalance.

The community service program continues to expand but needs support to work properly, since a large proportion of these professionals are serving predominantly rural provinces. Being a democratic country, we have to face the fact that international migration of skills will continue. But to address this challenge, we have pressed for the adoption of the code of conduct for recruitment of health workers within the Commonwealth. The code seeks to ensure that recruitment is transparent and does not harm the health services of the source country. Bilateral discussions on recruitment continue with various countries, and so are the strategies to reduce the price of medicines. We are well advanced in implementing the Comprehensive Plan for Management, Care and Treatment of HIV and AIDS, while continuing to expand the prevention strategies, which are the cornerstone of our intervention.

All these strategies call on government and civil society to join hands in seeking solutions. Core to these strategies is a public health approach; and the Department of Health has risen to this challenge, yet we are still far from workable solutions. It is therefore logical that we cast aside our differences and the stigma that always ensures social barriers, and use the power and knowledge at our disposal for the benefit of all.

Ring out hope for Mental Health!

This editorial is based on a speech that was presented on behalf of the Minister of Health at the opening of the WASP conference.

Dr Edith N. Madela-Mntla,
Deputy Director, Directorate Mental Health and Substance Abuse, Pretoria, South Africa.
e-mail: madeIE@health.gov.za