

MEDIA RELEASE

9 July 2013

Limited beds and resources creates a revolving door for the mentally ill

July is Psychiatric Disability Month

Last year 31-year-old Sizwe Mthambo,* who suffers from schizophrenia, was admitted to a general hospital five times before receiving the care he needed at a specialist hospital. During one of these admissions he was given a chair to sleep on; another time he waited a week before being admitted – simply because there weren't beds available. Mthambo is not alone – he is one of many people in South Africa who are not receiving essential medical treatment for psychiatric illnesses due to dire limitations in public health care.

This July, Psychiatric Disability Awareness Month, pioneering mental health non-profit organisation Cape Mental Health (CMH) and its Cape Consumer Advocacy Body (CCAB), an advocacy group representing people with psychiatric disabilities, are campaigning for better resources to be allocated to public mental health services.

"According to the Mental Health Poverty Study mental illnesses and neuropsychiatric conditions rank third highest in their contribution to the burden of disease in South Africa," says Ingrid Daniels, Director of Cape Mental Health. "Yet, on average, a mere 4% of the annual health budget is put towards mental health services. Funding is simply not adequate to deliver the care that will help people to recover and stay well."

To compound this problem the number of people with mental health problems appears to be on the rise. Depression is cited to become the leading cause of disability globally by 2030. In South Africa substance abuse (in particular tik) and HIV/Aids, which can cause various mental health problems, including depression and dementia, are adding to the mental health burden.

The impact of drugs is well documented. A 2008 study of admissions to psychiatric wards in the Western Cape* found that the majority of people who had been admitted, a whopping 41%, had a substance-induced psychotic disorder. This far outweighed those admitted for schizophrenic disorders (31%) and bipolar mood disorders (12%).

"Even when seriously ill, psychotic or suicidal, many of our service users have had to wait before being admitted to hospital because beds weren't available," said Oscar January, Chairperson of CCAB. Some, like Mthambo, are admitted but find themselves in a chair or on the floor. Annette Jones, who has bipolar mood disorder, recalls spending a night with two other patients locked in a room without toilet facilities at Victoria Hospital.

Various studies confirm that infrastructure and specialist personnel are mostly inadequate for providing the 72-hour emergency management and observation in general hospitals, as required by the Mental Health Care Act. According to the legislation a person in need of emergency psychiatric care (e.g. psychotic or suicidal) should first be admitted to a district hospital for a 72-hour observation period before being admitted to a tertiary psychiatric hospital.

"In the Western Cape we have seen greater pressure on beds because of the increasing number of people experiencing a drug-induced psychosis in addition to those suffering from other psychiatric diagnoses.

"This leads to the so-called 'revolving door'; patients are discharged before they are completely well. They return home where there is extremely limited – if any - community psychiatric services and support. As a result they end up being readmitted to hospital again – just like Mthambo. This is costly and extremely traumatic for the patient and their family," said Daniels.

An estimated one in six* people globally and locally will develop a mental illness or psychiatric disability in their lifetime. Bipolar mood disorders, schizophrenia, depression and anxiety are some of the most common.

Daniels says that Cape Mental Health this year celebrates 100 years of service delivery. "We know that given the right care and support, people with mental illness and psychiatric disability can enjoy meaningful and healthy lives," she says. "Yet a staggering 75% of people who live with mental disorders in South Africa do not receive the care that they need."

In response Cape Mental Health has pioneered several community-based rehabilitation programmes. Its psychosocial rehabilitation day centre for adults with psychiatric disabilities, Fountain House (SA) in Observatory – the only one of its kind in South Africa - reaches about 245 people annually. It is recognised as a best-practice model of transformation, making employment a possibility for people who would once have been written off as 'unemployable'.

Cape Mental Health also facilitates 24 Rainbow Foundation psychosocial support groups that meet weekly throughout the Cape Peninsula. In addition, the organisation's team of 20 social workers reaches over 2,000 people and their families a year. The organisation's pioneering MindMatters school programme is aimed at helping young people develop mentally healthy lifestyles and prevent psychiatric problems.

Daniels says services are limited by inadequate funding. "We are committed to providing the very best mental health care that funding allows. As we head into our second century of work in the Western Cape, we are driven by a mission to reach those where services do not exist, particularly in rural communities, to challenge discriminatory practices and make mental health a reality for all. This can only happen if additional finances are forthcoming from Government and donors."

Currently state subsidies cover less than half CMH's annual budget of more than R24 million. To contribute towards helping to improve mental health services in the Western Cape, email info@cmhs.co.za or donate via EFT – details on www.capementalhealth.co.za. All donations are eligible for a Tax Exempt Certificate.

For more details on Cape Mental Health, visit www.capementalhealth.co.za or contact them on 021 447 9040 / info@cmhs.co.za.

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** not his real name*

Sources / references available on request.

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