Mental Health – The Neglected Pandemic

"MENTAL HEALTH IS EVERY EMPLOYEE'S HUMAN RIGHT". (WMHD)

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PRETORIA

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UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

1922 2022

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Mental health in SA is at shocking levels but people are not seeking help

14 November 2022 - Wits University

A new study reveals that South Africans suffer higher rates of probable depression and anxiety than other countries.

However, only a quarter of those receive treatment. Complex factors are contributors.

Mental health woes are endemic in South Africa, with adverse childhood experiences, socio-economic status, geographic location, age, marital status and education levels impacting the prevalence of mental illness.

A new paper by the Wits/Medical Research Council Developmental Pathways for Health Research Unit (DPHRU) titled, *The prevalence of probable depression and probable anxiety, and the associations with adverse childhood experiences and socio-demographics: A National Survey in South Africa*, showed that more than a quarter of South Africans suffer from probable depression with higher levels in certain provinces.

The study was published in the journal Frontiers in Public Health.

But….What is Health?

"A state of complete physical, ==mental==, and social well-being and not merely the absence of disease or infirmity."
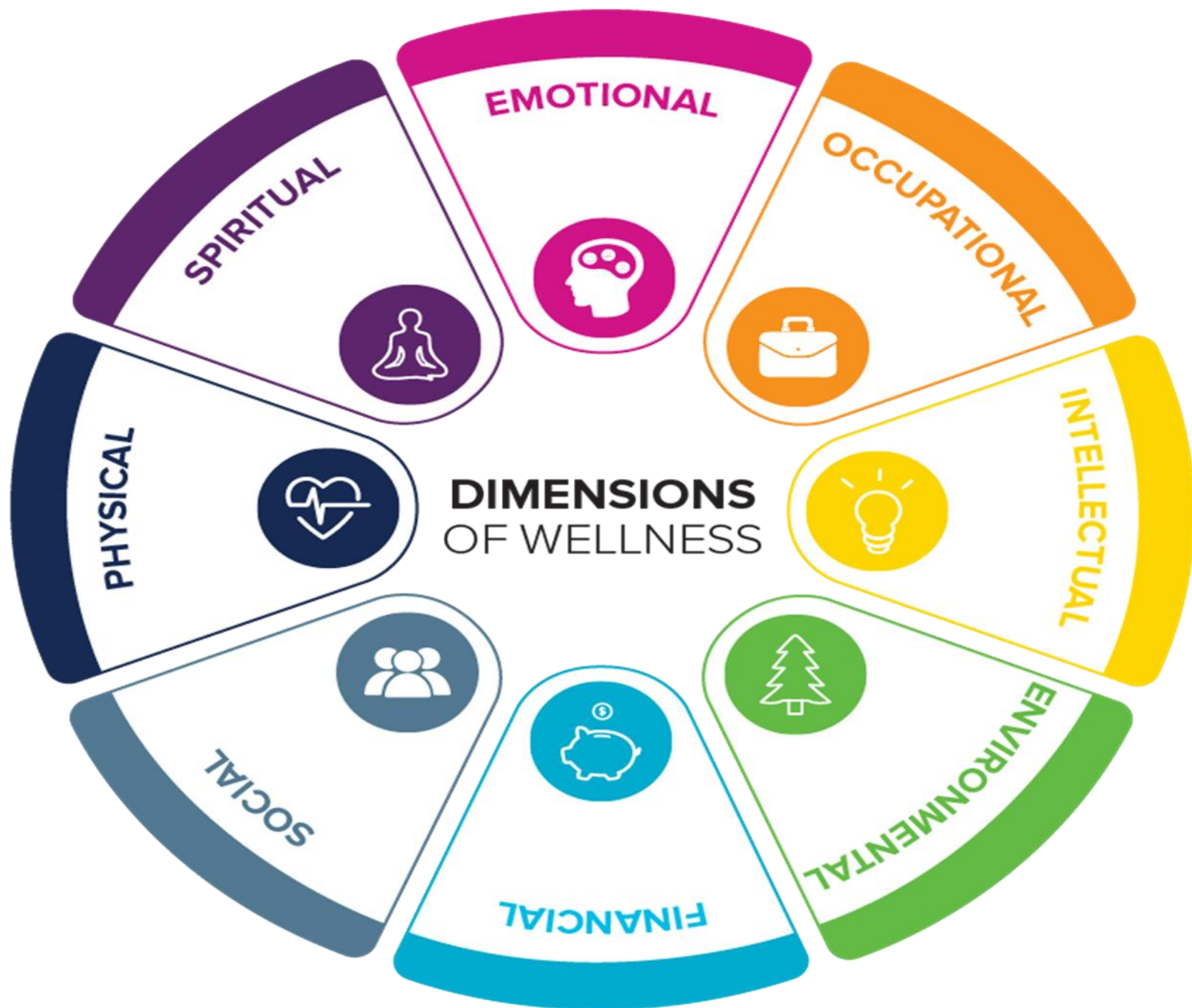…..WHO

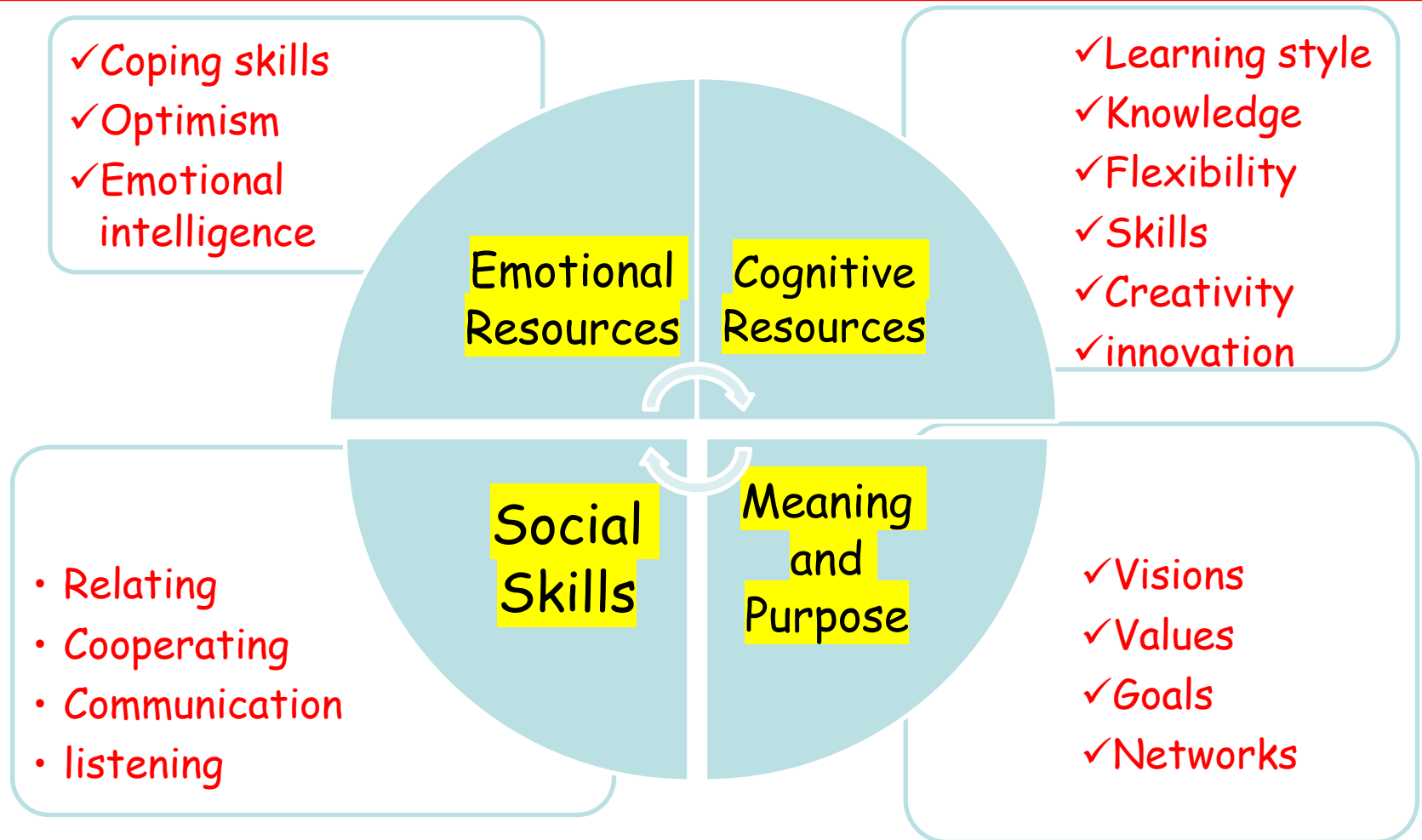The World Health Organization (WHO) conceptualizes mental health as ..

"A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

DIMENSIONS OF WELLNESS

EMOTIONAL

OCCUPATIONAL

INTELLECTUAL

ENVIRONMENTAL

FINANCIAL

SOCIAL

PHYSICAL

SPIRITUAL

Dimensions of Mental Health and well being

✓Coping skills
✓Optimism
✓Emotional intelligence

✓Learning style
✓Knowledge
✓Flexibility
✓Skills
✓Creativity
✓innovation

Emotional Resources

Cognitive Resources

Social Skills

Meaning and Purpose

• Relating
• Cooperating
• Communication
• listening

✓Visions
✓Values
✓Goals
✓Networks

Estimating the true global burden of mental illness

➢ The true global burden of mental illness
  ✓ 32·4% (YLDs). ⬆ 21.2%
  ✓ 13·0% (DALYs). ⬆ 7·1% of DALYs

Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. Lancet Psychiatry. 2016 Feb;3(2):171-8. doi: 10.1016/S2215-0366(15)00505-2. PMID: 26851330.

The terrain of NCDs and Mental health

5 Major NCDs

CVD 31%

Cancer 16%

CRD 7%

Diabetes 3%

MND 16%
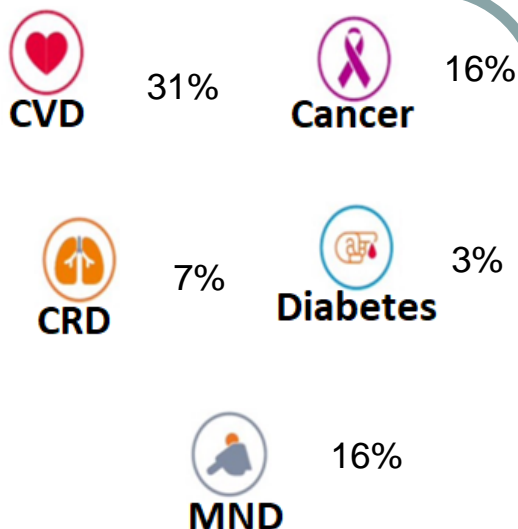
5X5

Other NCDs 15%
Trauma 9%

5 Major Shared RFs

unhealthy diet

tobacco use

harmful use of alcohol

physical inactivty

air pollution

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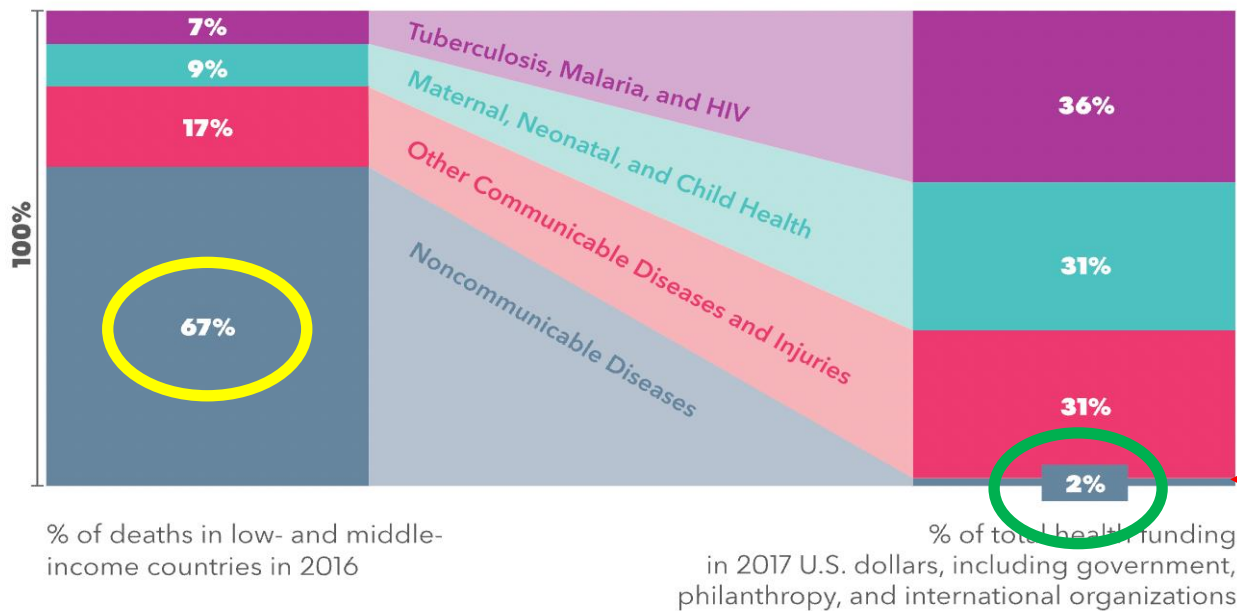# Cause of mortality in South Africa by disease grouping (1997 – 2018)
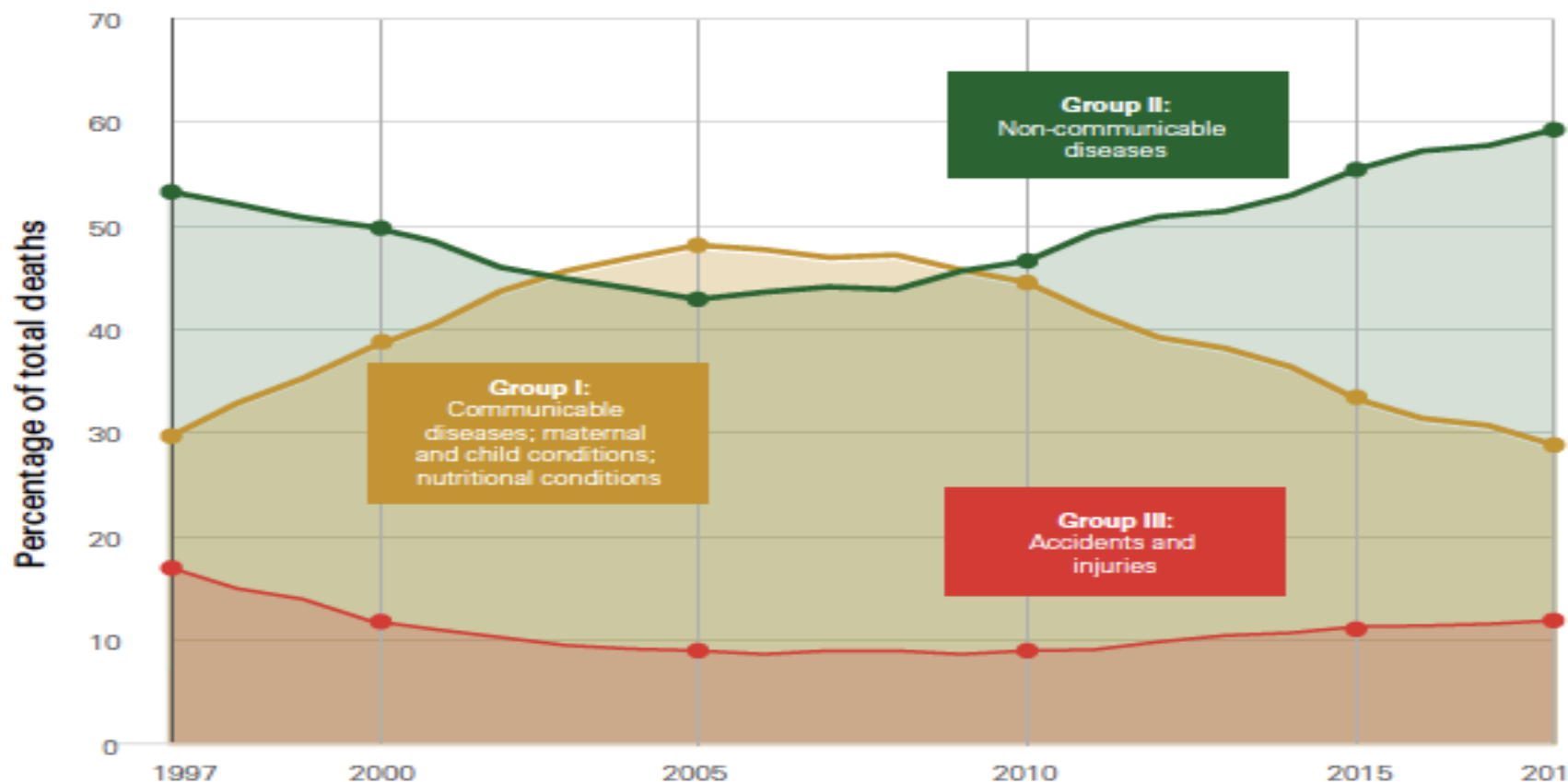
Interaction NCDs and Mental Health

♦ Mental health conditions affect, and are in turn affected by, major NCDs

- They can be a precursor to, or a consequence of, chronic conditions such as cardiovascular disease (CVD), diabetes or cancer

- Risk factors for these major NCDs, such as sedentary behaviour and harmful use of alcohol, are also risk factors for mental disorders and strongly link the two.

- They are chronic, in that they persist over time and require ongoing monitoring and management, frequently over the life-course;

- They share common determinants, some may arise from a combination of biological, behavioural and environmental factors;

- Substantial commonalities exist in their consequences, with all leading to significant levels of disability, which in turn diminish socioeconomic opportunities

- mental disorders and other chronic diseases often co-occur.

- They share Policy inertia!!

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Stove pipped financing and priorities

Noncommunicable diseases account for 67% of deaths in low- and middle-income countries, but only 2% of global health funding addresses them

% of deaths in low- and middle-income countries in 2016	% of total health funding in 2017 U.S. dollars, including government, philanthropy, and international organizations
7%	36%
9%	31%
17%	31%
67%	2%

Tuberculosis, Malaria, and HIV

Maternal, Neonatal, and Child Health

Other Communicable Diseases and Injuries

Noncommunicable Diseases

Source: IHME University of Washington, Financing Global Health 2017: Funding Universal Health Coverage and the Unfinished HIV/AIDS Agenda, Seattle, WA: IHME, 2018

42 % of this NCD funding flowed through NGOs & Foundations

Bloomberg Philanthropies report; 2019

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State of play-AFRO

♦ MNS Conditions combined are 5.5% of the Disease Burden for AFRO

♦ The most common mental health conditions in the African Region are

– Depression (prevalence of 3.8%)

– Anxiety disorders (3.3%)

– Alcohol use disorders (1.3%).

♦ Depression and anxiety make up to 30% of general outpatient clinic consultations.

♦ The treatment gap (between those who need care and those who receive it) for mental health conditions in the African Region is estimated to be over 85%.

To address this situation, at WHO we are working with countries to integrate mental health into primary health care and rollout the MhGap training

♦ Wang et al (2017) Prevalence of depression and depressive symptoms among outpatients: a systemic review and meta-analysis BMJ Open 2017; 7(8)e017173; Ngoma et al (2003) Common mental disorders among those attending primary health clinics and traditional healers in urban Tanzania Br J Psychiatry (2003) 183: 349-55

♦ Evans-Lacko (2018) Socio-economic variations in the mental health treatment gap for people with anxiety, mood, and substance use disorders: results from the WHO World Mental Health (WMH) Surveys Psychol Med 2018 48(9):1560-1571

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Ranking of age-standardised DALY rates for all neurological disorders 2016*

Rank	Global	East Asia	Southeast Asia	Oceania	Central Asia	Central Europe	Eastern Europe	High-income Asia Pacific	Australasia	Western Europe	Southern Latin America	High-income North America	Caribbean	Andean Latin America	Central Latin America	Tropical Latin America	North Africa and Middle East	South Asia	Central sub-Saharan Africa	Eastern sub-Saharan Africa	Southern sub-Saharan Africa	Western sub-Saharan Africa
Stroke	1	1	1	1	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1
Migraine	2	3	3	3	2	2	2	2	1	1	2	2	2	2	2	3	2	2	4	3	3	3
Alzheimer's disease and other dementias	3	2	2	2	4	3	3	3	3	3	3	3	3	3	3	2	3	4	3	4	4	4
Meningitis	4	11	5	4	9	12	10	14	13	13	11	13	4	9	10	8	5	3	2	2	5	2
Epilepsy	5	5	4	5	3	7	8	6	7	6	5	6	5	4	4	4	4	6	5	5	2	5
Spinal cord injury	6	7	8	9	7	6	5	4	4	4	4	4	9	8	9	9	6	9	6	7	10	9
Traumatic brain injury	7	6	6	7	5	4	4	7	8	8	9	8	7	7	6	7	9	7	7	8	6	7
Brain and other CNS cancer	8	4	9	10	6	5	6	8	5	5	6	5	8	6	7	5	8	10	9	11	9	10
Tension-type headache	9	8	10	8	10	8	7	5	6	7	7	7	6	5	5	6	7	8	8	9	7	6
Encephalitis	10	9	7	6	8	13	11	11	14	14	12	14	11	10	11	12	10	5	10	10	11	8
Parkinson's disease	11	10	11	12	12	9	9	10	9	10	8	9	12	11	12	11	12	13	13	13	12	13
Other neurological disorders	12	12	12	11	11	10	12	9	10	9	10	10	10	12	8	10	11	12	12	12	8	12
Tetanus	13	15	13	14	15	15	15	15	15	15	15	15	13	15	15	15	14	11	11	6	15	11
Multiple sclerosis	14	14	15	15	13	11	13	13	12	11	13	11	15	14	14	14	13	14	14	14	13	15
Motor neuron diseases	15	13	14	13	14	14	14	12	11	12	14	12	14	13	13	13	15	15	15	15	14	14

Rank legend: 1, 5, 10, 15

*GBD Lancet Neurol 2019; 18: 459–80

AFRO

1st is Stroke

2nd is Meningitis

3rd Migraine and Headache

4th is Epilepsy

Alzheimer's is 5th in AFRO

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Suicide Rates (2019)

WHO Region- males	Age-std. rate
AFR	18.0
EUR	17.1
AMR	14.2
SEAR	12.3
WPR	9.6
EMR	9.1

WHO Region-females	Age-std. rate
SEAR	8.1
AFR	5.2
WPR	4.8
EUR	4.3
AMR	4.1
EMR	3.5

WHO Region- both sexes	Age-std. rate
AFR	11.2
EUR	10.5
SEAR	10.2
AMR	9.0
WPR	7.2
EMR	6.4

African Region is
- No. 1 for Males,
- Number 2 for females
- Number 1 for both sexes combined.
- Lesotho is number 1 for suicide in females.

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Suicide Rates - Unpackaged

| Leading 10 countries- both sexes	Age-std. rate
Lesotho	87.5
Guyana	40.9
Eswatini	40.5
Kiribati	30.6
Micronesia (Federated States of)	29.0
Suriname	25.9
Zimbabwe	23.6
South Africa	23.5
Mozambique	23.2
Central African Republic	23.0

- 6 of the top ten countries globally are from the African Region.

*

- Southern Africa is over-represented, which may be due to availability of data.

Alcohol per capita consumption (recorded) 2010 and 2019

Legend: ■ 2010 ■ 2019 ● %change (2010 to 2019)
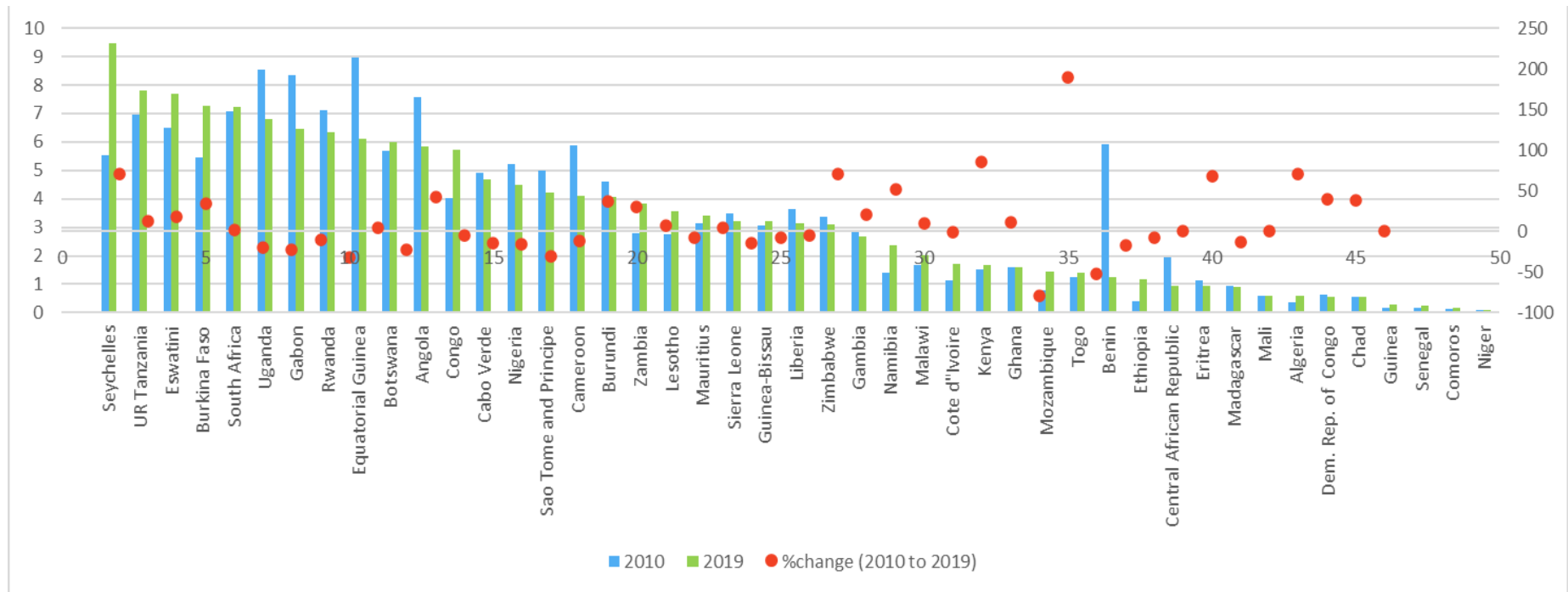
HEAVY EPISODIC DRINKING AMONG DRINKERS 15-19 YEARS OLD IN THE AFRICAN REGION
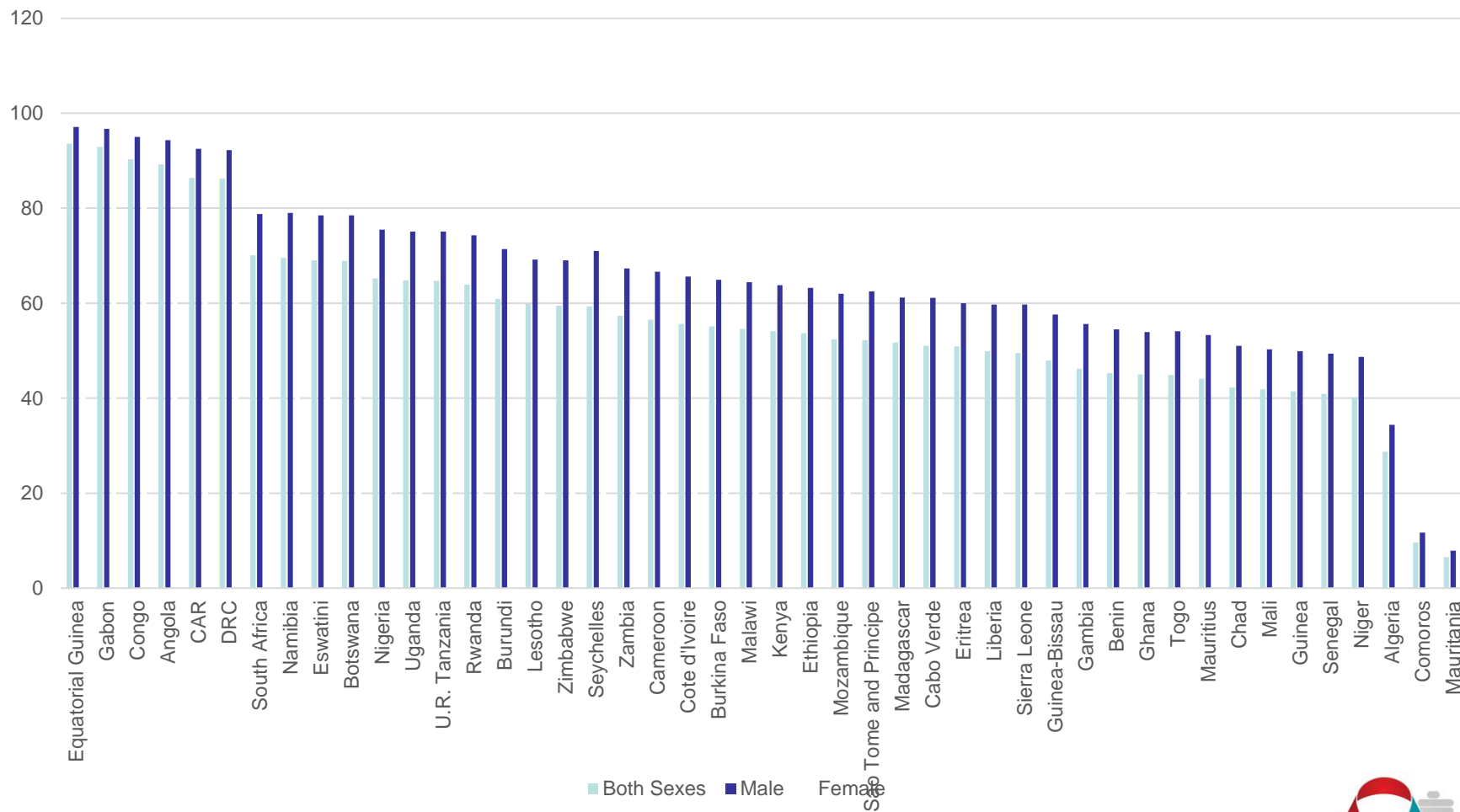
Government Mental Health Expenditure

	Median government expenditure on mental health per capita (US$)			Mental health expenditure as percentage of GGHE-D* per capita
	2014 (N=40)	2017 (N=80)	2020 (N=67)	2020 (N=67)
Global	**	2.50	7.49	2.13%
WHO region				
AFR	**	0.10 (n=10)	0.46 (n=8)	2.10%
AMR	**	11.80 (n=18)	7.81 (n=14)	1.80%
EMR	**	2.00 (n =4)	12.08 (n=4)	1.30%
EUR	**	21.70 (n =31)	46.49 (n=22)	3.60%
SEAR	**	0.10 (n =5)	0.10 (n=7)	0.50%
WPR	**	1.10 (n=12)	5.81 (n=12)	1.60%

Mental Health Workforce Density
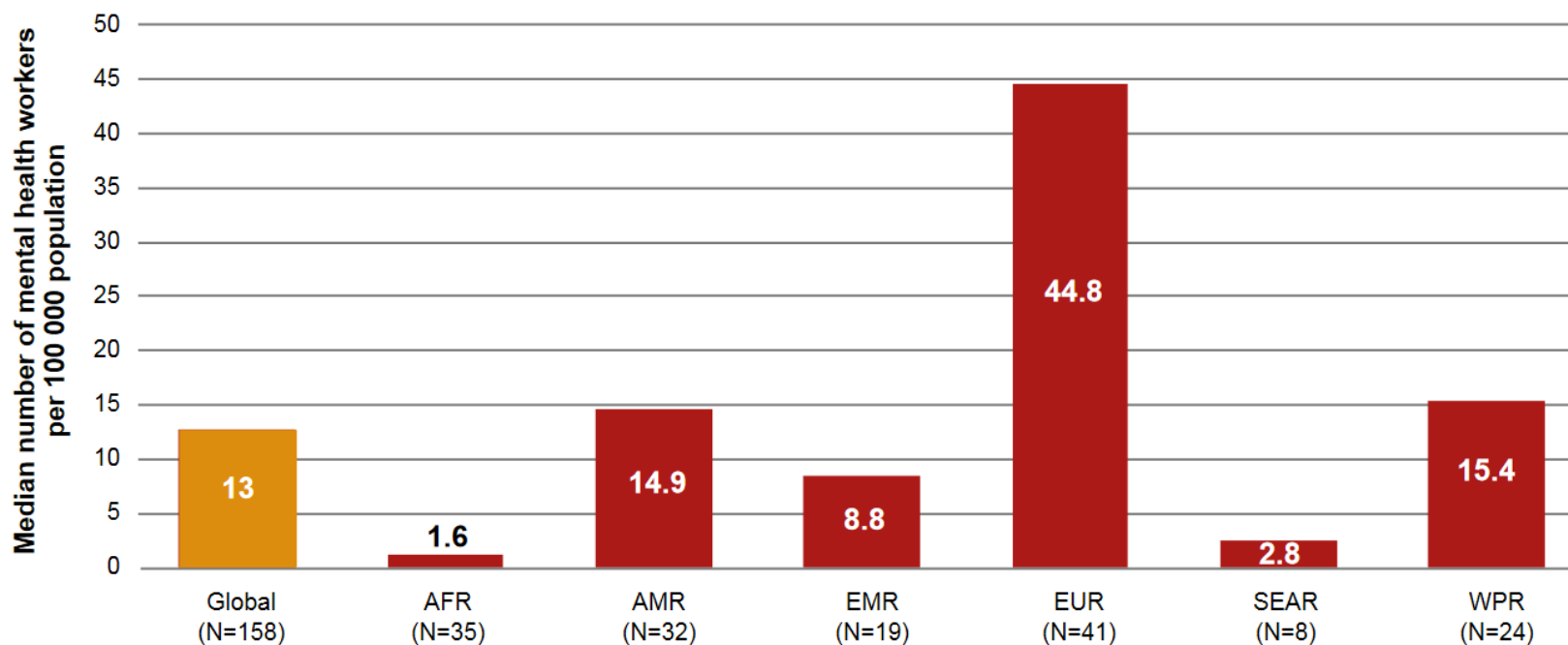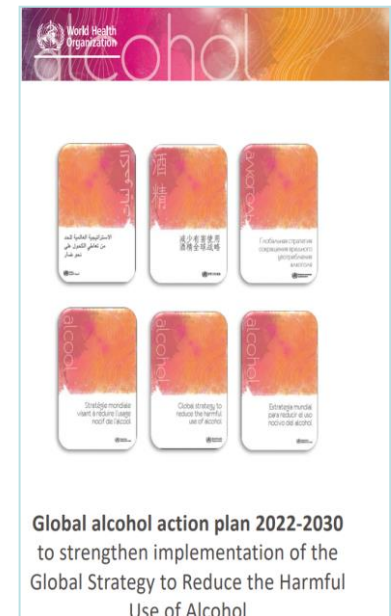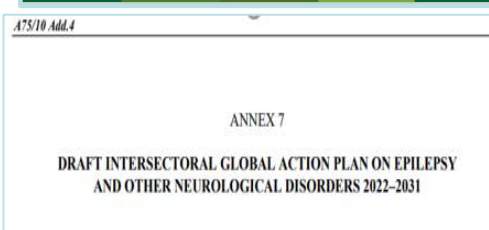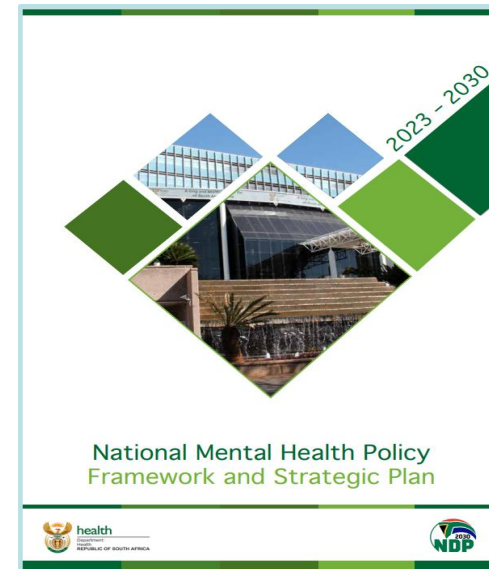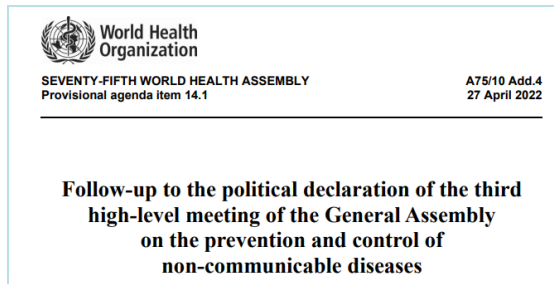
Mental Health Workforce Mix
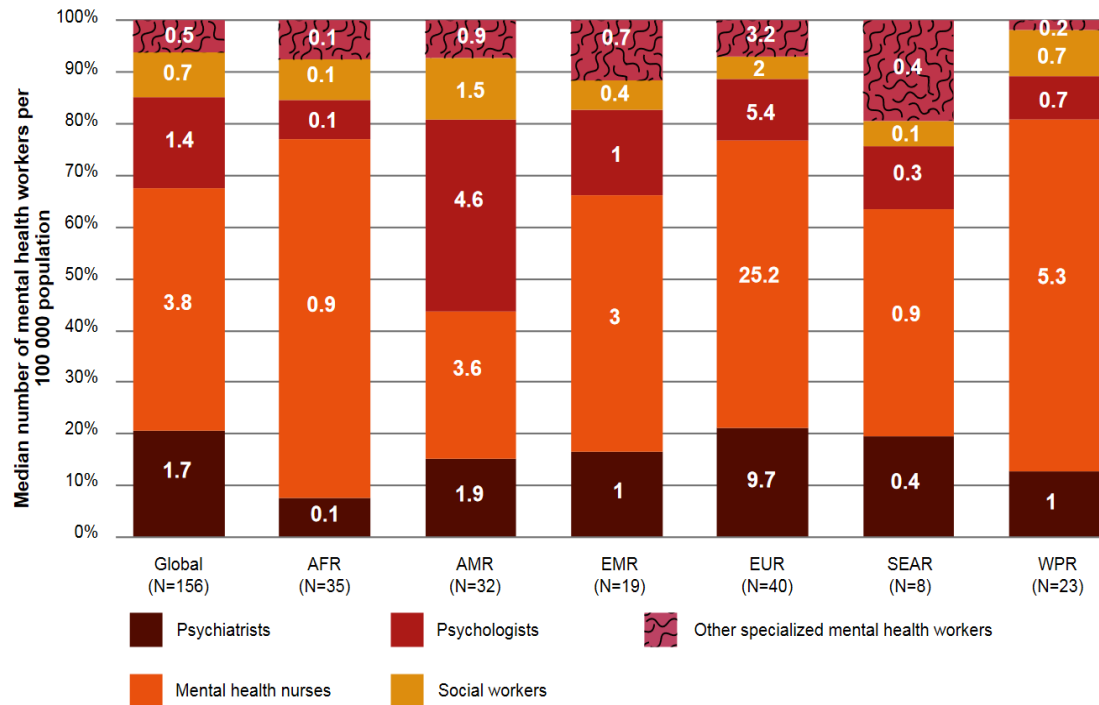
- Mental Health workforce is lowest for the African Region.
- Poor mix of the cadres within.
- Challenge of geographical distribution and inequity persists,
- Majority are in the urban areas

Action plans for mental health, brain health and substance use

♦ Mental health

♦ Substance use

2013-2030

COMPREHENSIVE MENTAL HEALTH ACTION PLAN

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2023 – 2030

National Mental Health Policy
Framework and Strategic Plan

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

NDP 2030

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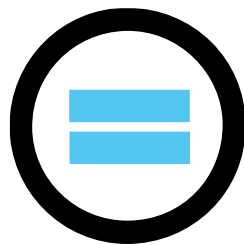THE SOUTH AFRICAN NATIONAL AIDS COUNCIL
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KEY PRINCIPLES
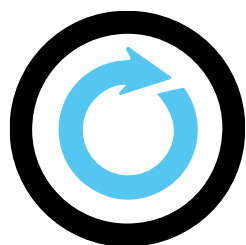
Universal health coverage

People with mental disorders should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health.

Human rights focus

Mental health strategies, actions and interventions must be compliant with the Convention on the Rights of Persons with Disabilities and other human rights instruments.
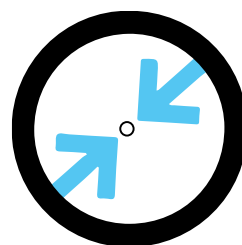
Evidence-based practice

Mental health strategies and interventions need to be based on scientific evidence and/or best practice, taking cultural considerations into account.
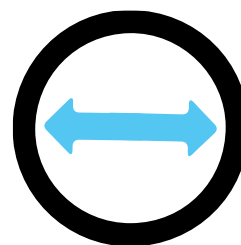
Life course approach

Policies, plans and services for mental health need to account for health and social needs at all stages of the life course..
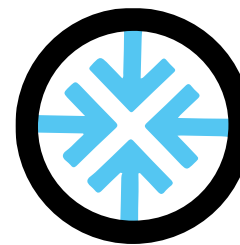
Multisectoral approach

A comprehensive and coordinated response for mental health requires partnership with multiple public sectors as well as the private sector.
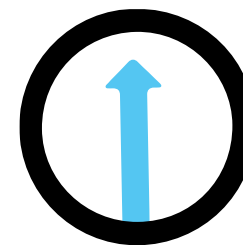
Empowerment of persons at risk

People with mental disorders and psychosocial disabilities should be empowered and involved in mental health advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.

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CORE OBJECTIVES

1. Strengthen effective leadership & governance for mental health

2. Provide comprehensive, integrated mental health & social care services in community-based settings

3. Implement strategies for promotion and prevention

4. Strengthen information systems, evidence and research

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UPDATED MH TARGETS

1. Effective leadership and governance

○ 80% of countries will have developed or ==updated== their policy or plan for mental health in line with international and regional human rights instruments.

○ 80% of countries will have developed or ==updated their law== for mental health in line with international and regional human rights instruments.

2. Comprehensive, integrated services in community-based settings

○ ==Service coverage== for mental health conditions will have increased by at least half.

○ 80% of countries will have doubled number of ==community-based mental health facilities.==

○ 80% of countries will have ==integrated mental health== into primary health care.

3. Strategies for promotion and prevention

○ 80% of countries will have at least two functioning ==national, multisectoral mental health promotion and prevention programmes.==

○ The rate of ==suicide== will be reduced by one-third.

○ 80% of countries will have a system in place for mental health and psychosocial preparedness for emergencies and/or disasters.

4. Information systems, evidence and research

○ 80% of countries will be ==routinely collecting and reporting== at least a core set of mental health indicators every two years through their national health and social information systems.

○ The output of global research on mental health will have doubled.

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INDICATORS….state of play in South Africa

Service uptake

Proportion of persons with psychosis or depression who have used services over the past 12 months.

National mental health law & policy

Existence of a national policy or plan for mental health and a national law covering mental health that is being implemented and in line with international human rights instruments.

Suicide prevention

Suicide mortality rate (per 100 000 population).

Research

Number of published articles on mental health research.

Promotion and prevention

Functioning programmes of multisectoral mental health promotion and prevention in existence.

Information systems

Core set of identified and agreed mental health indicators routinely collected and reported every two years.

Community-based mental health services

Number of community-based mental health facilities. Existence of a system in place for integration of mental health into primary health care.

Mental health during emergencies/disasters

Existence of a system in place for mental health and psychosocial preparedness for emergencies/disasters.

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ACTIONS

1. **Effective leadership and governance**

- *Policy and law*
- *Resource planning*
- *Stakeholder collaboration*
- *Strengthening & empowerment of people with mental disorders & psychosocial disabilities*

2. **Comprehensive, integrated services in community-based settings**

- *Service reorganization & expanded coverage*
- *Integrated and responsive care*
- *Mental health in humanitarian emergencies*
- *Resource planning*

  Address disparities

3. **Strategies for promotion and prevention**

- *Mental health promotion and prevention*
- *Suicide prevention*

4. **Information systems, evidence and research**

- *Information systems*
- *Evidence and research*

ACTIONS

♦ **FOR INTERNATIONAL/NATIONAL PARTNERS**

1. **Effective leadership and governance**

- *Mainstream interventions*
- *Prioritize people with mental health disorders*
- *Ensure inclusion of mental health within health policies and plans*
- *Encourage effective policy exchange*
- *Support mental health groups*

2. **Comprehensive, integrated services in community-based settings**

- *Use funds for service delivery*
- *Support implementation of programmes during humanitarian emergencies*

3. **Strategies for promotion and prevention**

- *Raise awareness*
- *Advocate for rights of persons with mental disorders*
- *Include mental health within the disability agenda*
- *Address stigma and discrimination*
- *Promote mental health programmes*

4. **Information systems, evidence and research**

- *Set up surveillance/information systems*
- *Support research*

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MH Integration;
silos and missing linkages

Anxiety

Balance it out

That missing Link...or Trigger!!
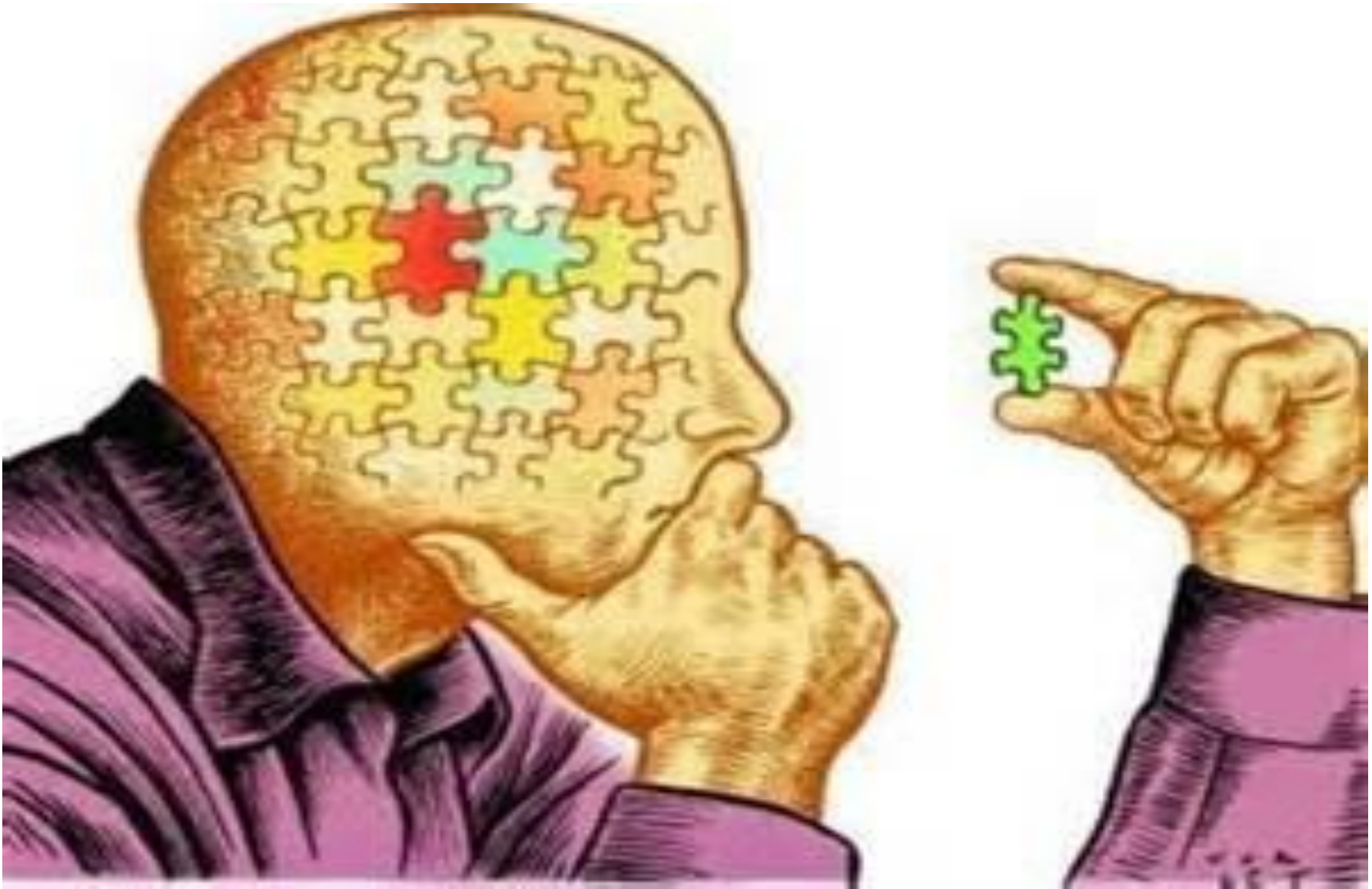
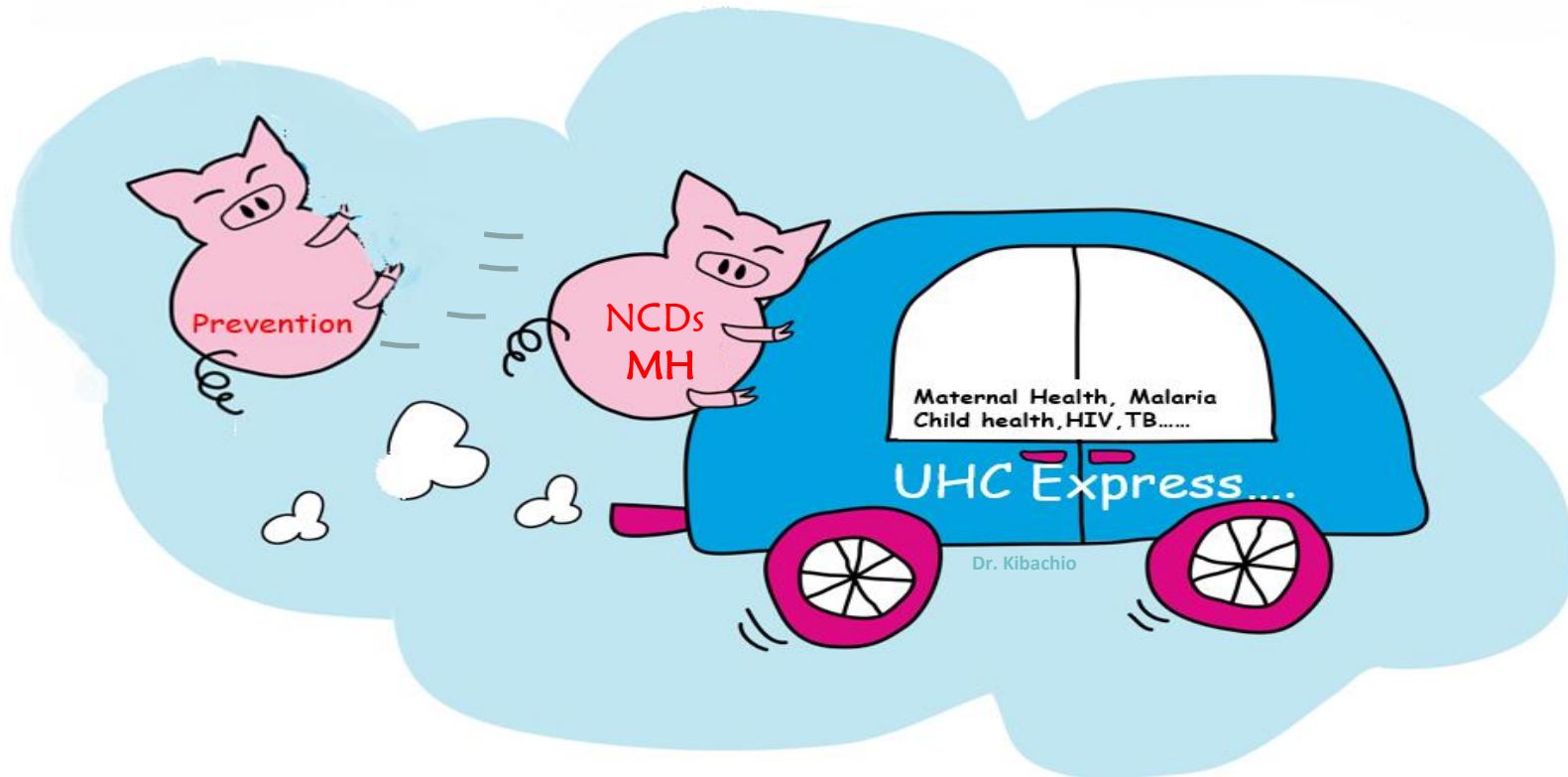# Building Back Better

UHC that includes Mental Health

"Access to ~~health~~ is not only a precondition for, but also an outcome of, and an indicator of sustainable development"

United Nations Conference on Sustainable Development
Rio de Janeiro, Brazil, 20–22 June 2012

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BBB mental Health systems post COVID 19

1 Positioned Mental health high on the development & Health agenda

2 Include essential MH services in PHC- WHO MhGAP

3 Expand benefit packages for UHC to include MH

4 Responsive Mental Health policies, strategies and laws operationalized

5 Meaningful involvement of Mental Health Champions in MH policy and Practice

6 Digital technology to scale up screening, early diagnosis, and self-care for MH

7 Include MH care in pandemics/ humanitarian emergencies plans

8 Quality, affordable mental health care is integrated in relevant programs

9 Meaningful and effective MH partnerships that contribute to SDG 3

0 Strengthen MH data and surveillance for policy and planning

Dare to transform
Integrated people-centred health services

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Targeted Integrated people centered approach

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