MASOYISE
Health Programme

SANAC PSF-Masoyise HP Mental Health Seminar

The NSP and integrating Mental Health into primary health care.

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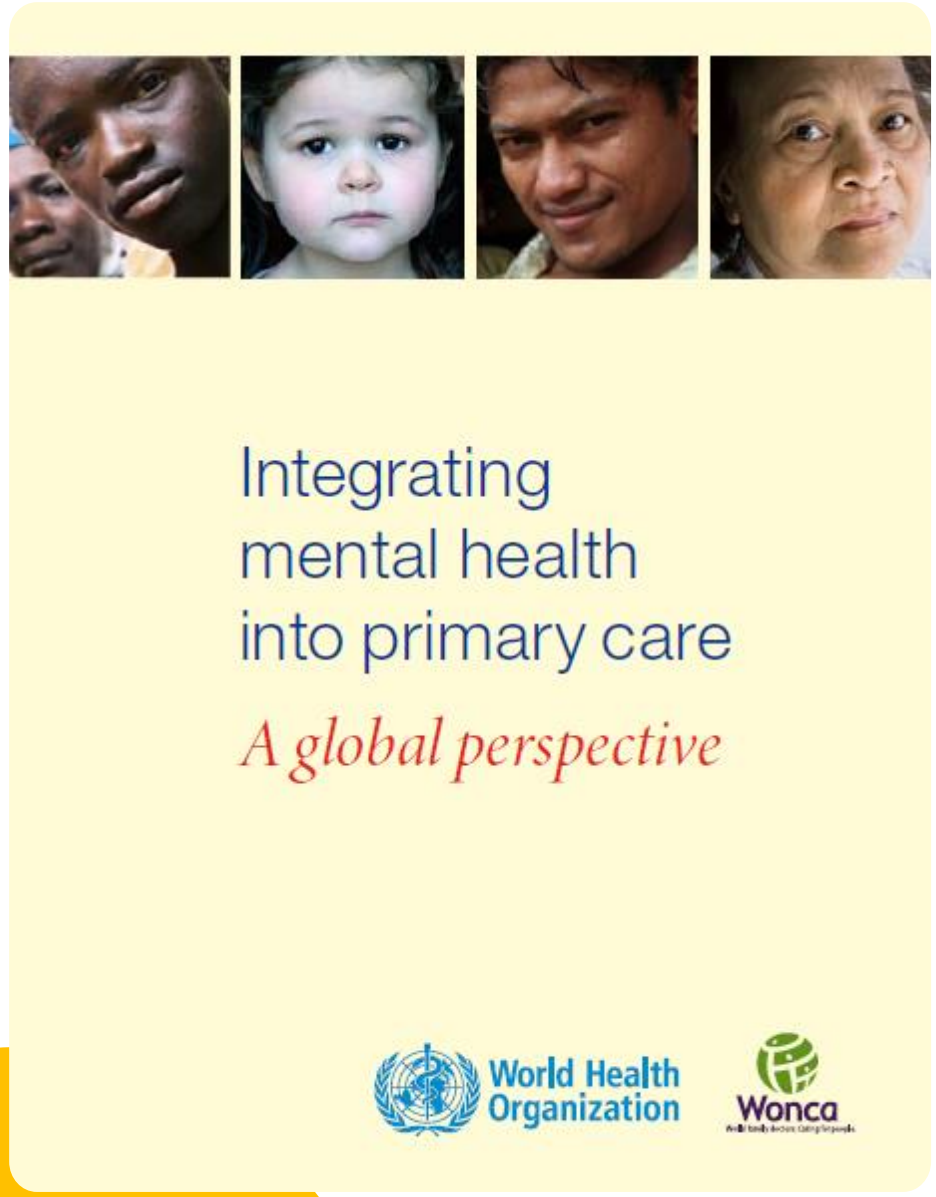
PEPFAR
U.S. President's Emergency Plan for AIDS Relief

FPD

WHO and the integration of mental health in primary care

- The integration of mental health care into primary care has been advocated by WHO since at least 1975 when an expert committee proposed this through a report ‘Organization of mental health services in developing countries”.
- Twenty years later, a large international WHO study on ‘Mental Illness in general health care’ demonstrated the significance (and treatability) of psychological disorders in primary care across cultures and resource settings.



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- 2008

7 good reasons to integrate mental health into primary care according to this report.

- 1**. The burden of mental disorders is great**. Mental disorders are prevalent in all societies. They create a substantial personal burden for affected individuals and their families, and they produce significant economic and social hardships that affect society as a whole.
- 2. **Mental and physical health problems are interwoven.** Many people suffer from both physical and mental health problems. Integrated primary care services help ensure that people are treated in a holistic manner, meeting the mental health needs of people with physical disorders, as well as the physical health needs of people with mental disorders.
- 3**. The treatment gap for mental disorders is enormous**. In all countries, there is a significant gap between the prevalence of mental disorders, on one hand, and the number of people receiving treatment and care, on the other hand. Primary care for mental health helps close this gap.
- 4. **Primary care for mental health enhances access**. When mental health is integrated into primary care, people can access mental health services closer to their homes, thus keeping their families together and maintaining their daily activities.

7 good reasons to integrate mental health into primary care

- 5. **Primary care for mental health promotes respect of human rights**. Mental health services delivered in primary care minimize stigma and discrimination. They also remove the risk of human rights violations that can occur in psychiatric hospitals.

- 6. **Primary care for mental health is affordable and cost effective**. Primary care services for mental health are less expensive than psychiatric hospitals, for patients, communities and governments alike. In addition, patients and families avoid indirect costs associated with seeking specialist care in distant locations. Treatment of common mental disorders is cost effective, and investments by governments can bring important benefits.
- 7. **Primary care for mental health generates good health outcomes.** The majority of people with mental disorders treated in primary care have good outcomes, particularly when linked to a network of services at secondary level and in the community. B

Epidemiology

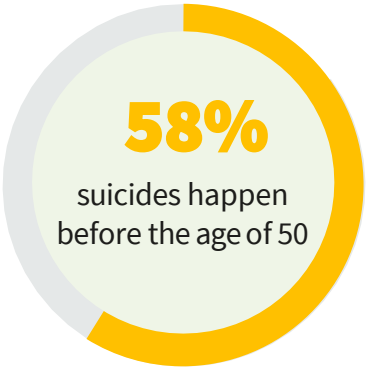
Mental health needs are high.

1 in 8

people live with a mental disorder

1 in 100

deaths are suicides

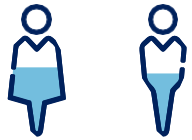


1 in 6

years lived with disability are attributable to mental disorders

Mental disorders account for **129 million** DALYs

or **5.1%** of the global burden



52.4% females **47.6%** males

14% of the world's adolescents

People with severe mental health conditions die

10 to 20 years

earlier than the general population

970 milion
people living with mental disorders

52.4% females

47.6% males

31.0%
Anxiety disorders

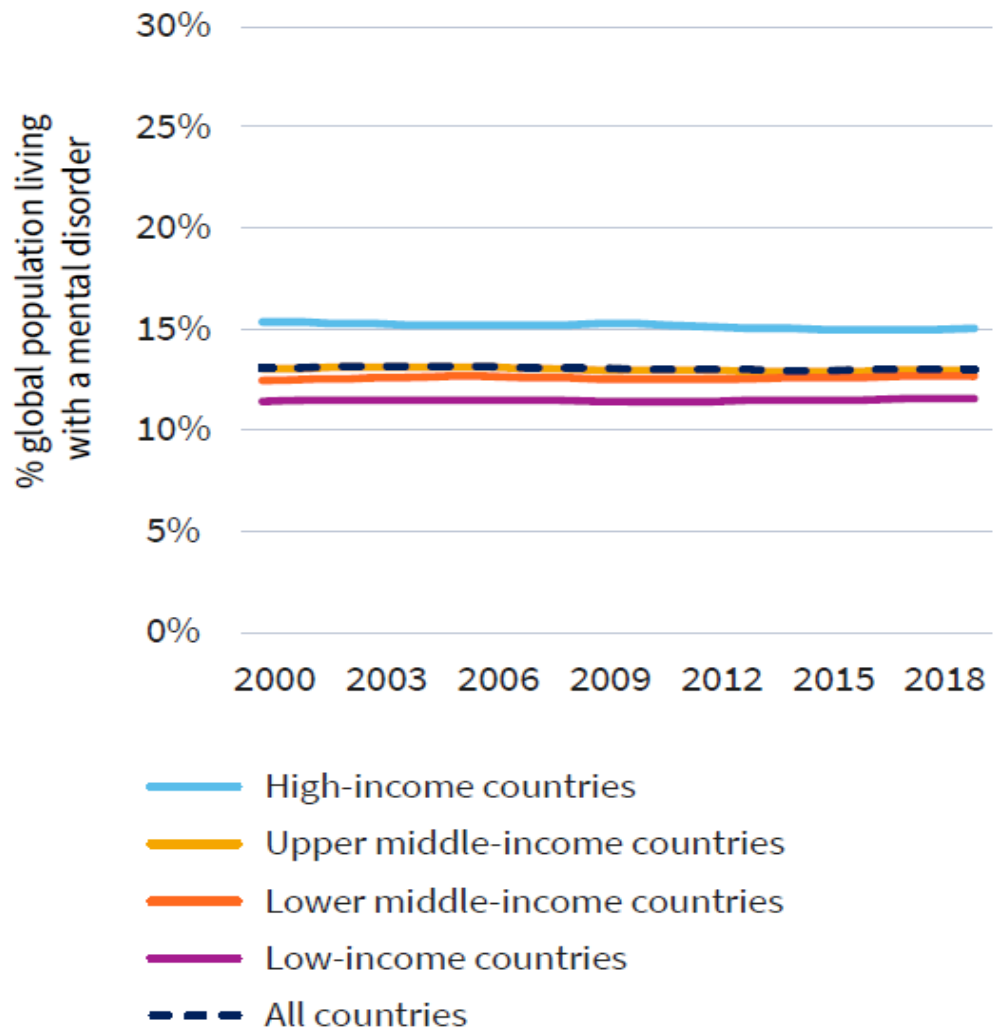
28.9%
Depressive disorders

11.1%
Developmental disorder (idiopathic)

Attention-deficit/hyper-activity disorder **8.8%**

Bipolar disorder **4.1%**
Conduct disorders **4.1%**
Autism spectrum disorders **2.9%**
Schizophrenia **2.5%**
Eating disorders **1.4%**

13% of global population is living with mental disorders



Mental health in South Africa

- In SA mental health disorders are the leading cause of DALYs accounting for:
  - 13.8% of disease burden
  - higher than HIV (11.8%) and
  - musculoskeletal disorders (10.4%).
- Findings from the Global Burden of disease estimates in SA found that:
  - 15.9% of South Africans have experienced a mental or substance use disorder in the previous 12 months.
- A recent systematic review of the prevalence of mental health problems in adolescents living in sub–Saharan Africa reported that the median point prevalence was:
  - 26.9% for depression
  - 29.8% for anxiety
  - 40.8% for emotional and behavioural problems and
  - 21.5% for post-traumatic stress disorder.*

*DoH Policy Framework

10 Principles for integrating mental health into primary care

Policy and plans need to incorporate primary care for mental health. Commitment from the government to integrated mental health care, and a formal policy and legislation that concretizes this commitment, are fundamental to success. Integration can be facilitated not only by mental health policy, but also by general health policy that emphasizes mental health services at primary care level.

Advocacy is required to shift attitudes and behaviour.

Adequate training of primary care workers is required. Pre-service and/ or in-service training of primary care workers on mental health issues is an essential prerequisite for mental health integration.

10 Principles for integrating mental health in primary care

4. Primary care tasks must be limited and doable.

5. Specialist mental health professionals and facilities must be available to support primary care. This support can come from community mental health centres, secondary-level hospitals, or skilled practitioners working specifically within the primary care system. Specialists may range from psychiatric nurses to psychiatrists.

6. Patients must have access to essential psychotropic medications in primary care. Countries need to review and update legislation and regulations to allow primary care workers to prescribe and dispense psychotropic medications, particularly where mental health specialists and physicians are scarce.

10 principles for integrating mental health in primary care

7. Integration is a process, not an event.

8. A mental health service coordinator is crucial. Mental health coordinators are crucial in steering programmes around these challenges and driving forward the integration process.

9. Collaboration with other government non-health sectors, nongovernmental organizations, private sector, village and community health workers, and volunteers is required.

10. Financial and human resources are needed. Although primary care for mental health is cost effective, financial resources are required to establish and maintain a service.

Mental Health Act of 2002 and Mental Health Policy 2013-2020

- Objects of Act.
  - 1) regulate mental health care in a manner that-
    - (i) makes the best possible mental health care, treatment and rehabilitation services available to the population equitably, efficiently and in the best interest of mental health care users within the limits of the available resources;
    - (ii) co-ordinates access to mental health care, treatment and rehabilitation services to various categories of mental health care users; and
      - **integrates the provision of mental health care services into the general health services environment;**
- Objectives of Policy
  - 1) To scale up **decentralized integrated primary mental health services**, which include community-based care, PHC clinic care, and district hospital level care.

National Mental Health Policy Framework and Strategic Plan 2023-2030

- Mental healthcare should be integrated into general healthcare.
- People with mental health conditions should be treated in primary healthcare clinics and in general hospitals in most cases.
- Mental health services should be planned at all levels of the health service.

Mental health will be integrated into all aspects of general healthcare, particularly those identified as priorities within the 10-point plan e.g., TB, **HIV and AIDS** and maternal and child health.

WHO/UNAIDS 2022

- This joint publication by UNAIDS and WHO emphasizes the importance of integrating HIV prevention, testing, treatment and care and mental health services for people living with HIV.

What is meant by integration in this document?

- Health services managed and delivered so people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, coordinated across the different levels and sites of service delivery within and beyond the health sector, and according to their needs throughout the life course. **People may receive all or some elements of one service incorporated into the regular functioning of another service.**

The complex position of mental health within the NSP

- People with mental health disorders/conditions are identified as **a priority population**, but unlike any other key or priority population, mental health is also a thread running through the services needed for all key and (other) priority populations.
- We need to provide mental health care and support to people in each of the key population groups as people in all of these groups are more vulnerable to poor mental health.

  We don't do this because people with mental health conditions are a priority population, but because people in key populations need mental health support – including to reach the UN targets – especially adherence to care.

- As a priority population, people with a mental health condition need to receive special and dedicated prevention and treatment services (for both HIV AND mental health), but at the same time, and in addition, people in the key and other priority populations need to receive mental health support and care.

Objective 1.7 of the NSP: Integrate and standardize delivery and access to mental health services.

Mental health: Data from 2018 indicates that 15.9% of South Africans suffer from a mental health condition or substance-use disorder, the most common of which is depression (3.9%), anxiety disorder (3.8%) and substance-use disorders (2.3%).

Though prevalence is high in the general population, mental health conditions are substantially higher in PLHIV and PWTB. For example, across surveys of PLHIV in sub-Saharan Africa, 24% were found to have depression compared with 3% in the general population.

South African studies have found the prevalence of mental conditions among PLHIV to be as high as 43%.

PLHIV are more likely to have suicidal thoughts and to die by suicide compared with the general population and have a 100-fold higher suicide death rate than the general population.

Adolescent mothers have high rates of mental health conditions, but adolescent mothers with HIV have been found to have even higher rates of mental health conditions.

The prevalence of mental health conditions, including depression and anxiety disorders, among PWTB, is estimated to be between 40% and 70%. Moreover, people with mental health conditions also carry other risk factors for TB, including smoking, poor nutrition, and comorbidities such as diabetes and HIV infection and are less likely to access health services.

Goal 1 - Break down barriers to achieving outcomes for HIV, TB, and STIs

Objective 1.7: Integrate and standardize delivery and access to mental health services

- Mental health conditions are prevalent among South Africans, especially among PLHIV and PWTB.
- Prevalence of mental health conditions, including depression and anxiety disorders, is high among PLHIV and PWTB.
- Mental health conditions are a risk factor for HIV and TB, complicating disease course, treatment, and prevention efforts.
- Expand integrated literacy, detection, and treatment or referral of common mental health and substance-use disorders by primary healthcare outreach teams and health and social care workers.

Goal 1 - Break down barriers to achieving outcomes for HIV, TB, and STIs

Objective 1.7: Integrate and standardize delivery and access to mental health services

- Provide comprehensive psychosocial support services and training to community healthcare workers, social workers, and nurses.
- Scale up community mental health services and community residential care.
- Enable professional nurses to prescribe and dispense medication to treat common mental health conditions.
- Identify persons with mental health conditions vulnerable to HIV, TB, and STIs and ensure they receive appropriate care and support services.
- Priority populations and accountable partners for implementing the actions.

Provide comprehensive psychosocial support services in communities, health facilities, schools, and institutions of higher learning.

This will be achieved through the rolling out of guidelines that integrate mental health into HIV and TB programming, ensuring that HCWs in the HIV and TB programmes can recognise, manage and/or refer people with mental health conditions.

Training professional nurses on mental health, screening for mental health conditions, treatment and support.

Subobjective 1.7.2

- Advocate for policies to allow trained nurses to support and treat persons with common mental health and substance-use disorders, with the support of a doctor.
- This will be achieved through standardising and implementing screening tools for anxiety, depression and harmful alcohol and drug-use in primary healthcare facilities; and training and accrediting nurses to treat common mental health conditions.

Subobjective 1.7.3

- Identify persons with mental health conditions who are vulnerable to HIV, TB and STIs and/or living with comorbid conditions and ensure they receive appropriate care and support services.
- Integrate mental health into PHC clinics and general hospitals as part of the minimum package of care. Improve and plan the delivery of mental health services at all levels of the health service and integrate them into HIV, TB and STI services.

Goal 4 - Fully resource and sustain an efficient NSP-led by revitalised, inclusive and accountable institutions.

Table 10: *Total cost estimates by NSP subprogramme 2023 to 2028 (ZAR millions)*

Goal	NSP sub-programme	2023/24	2025/26	2027/28
Goal 1	Community mobilisation	216	247	275
	Community-led monitoring and advocacy	237	259	282
	Organisational capacity building	135	147	161
	Structural interventions	2 286	3 231	3 556
	Economic empowerment	246	555	630
	Families and parenting	157	252	275
	GBV and gender inequality	250	377	414
	Human rights, stigma and discrimination	107	129	141
	Mental Health	427	585	641
	Nutrition Support	263	287	313

Has most (or even all) of this not been said before and indeed included previously in National policy documents?

- NATIONAL MENTAL HEALTH POLICY FRAMEWORK AND STRATEGIC PLAN 2013-2020

- In the South African context, the relationship between HIV/AIDS and mental illness is particularly pertinent. Research in South Africa shows that, with high prevalence in both, mental illness and HIV coexist in a complex relationship.
- Mental health impacts on and is exacerbated by the HIV/AIDS epidemic, both being mutually reinforcing risk factors. Mental health problems are common in HIV disease, cause considerable morbidity, and are often not detected by physicians.

- Mental health will be integrated into all aspects of general health care, particularly those identified as priorities within the 10 point plan e.g., TB and HIV and AIDS.

- Certain vulnerable groups will be targeted for specific mental health needs. These include women, children, adolescents, the elderly, and those living with HIV and AIDS.

- Introduce routine indicated assessment and management of common mental disorders (depression, anxiety and alcohol use disorders) in priority programmes at PHC level including :
- • TB;
- • HIV&AIDS;

Situation since the mental health policy was adopted

- In the 10 years since this policy was passed, implemented has been limited– including the integration of mental health into general health care including TB and HIV services.

- There has been minimal screening for mental health within HIV and TB (or other health) programmes either in services run directly by government or in NGO funded programmes and services.

- Where screening has been done there has been extremely limited follow up interventions or referral.

- Will the inclusion of persons with mental health conditions in the HIV/TB/STI NSP as a priority population, as well as mental health being central to key population interventions make a bigger impact than the mental health policy has (or that the new policy currently being developed is likely to do)? WHY?

Some obstacles that will need to be overcome first.

The value of mental health, both intrinsic and instrumental, including its value to HIV and TB outcomes, will have to be recognized and embraced.

Sectors and government sections dealing with both HIV/TB and mental health at all levels of the health service will have to embrace the importance of integration and work very closely to achieve mutual goals.

Screening for mental health needs to become routine in health interventions. Screening must be standardized.

Some obstacles that will need to be overcome first. (cont)

- Task shifting and sharing has to become a norm in mental health service provision.
- Prescribing of anti-depressant medication must be decentralized.
- Resources for referral must be greatly increased. (NHI should go some way to improving this but ratios of professional mental health practitioners to population is still woefully low).

Some obstacles that will need to be overcome first. (cont)

- Government, the private sector and PEPFAR partners need to put more resources into mental health.

Will mental health and mental health integration be taken more seriously now that it also comes from the “HIV side” and not just the “mental health side”?

- This is a million dollar question, but I am very hopeful.

- There is a world-wide trend where the importance of mental health is being acknowledge and understood. The Secretary General of the United Nations Antonio Guterres said last year “I welcome a growing recognition that public health-care systems must include and prioritize mental health. I urge Governments to continue along this path by increasing the proportion of their health budgets allocated to mental health”.

But many health budgets are tied into specific programmes such as HIV and it will be incumbent of such programmes to start broadening their programmes to include mental health. This will not be a movement away from HIV but a movement towards better HIV outcomes.

There will also have to be an increase in mental health resources and budgets (especially in some provinces) and a redistribution of where and how mental health is funded.

Thank You!

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