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South African Society of Psychiatrists (SASOP)

BETTER PROTECTION OF MENTAL HEALTH PATIENTS' HUMAN RIGHTS NEEDED

One in three South Africans will experience mental illness in their lifetime. Although evidence-based interventions have been developed, close to 91% of people with mental illness in South Africa don't receive treatment.

Poor access to quality mental

health care may be related to reduced attention on mental health care, ignorance, stigma, shortages of psychiatric medicines, scarcity of practitioners and facilities. This creates a real potential, if not reality of multiple violations of

people with mental disabilities, psychiatric patients' human rights.

In Human Rights Month 2022, with the deaths and human rights abuses of public sector mental health patients in the Life Esidimeni tragedy five years

ago still fresh in the national memory, the South African Society of Psychiatrists (SASOP) has called on the government to act decisively to prevent further violations of human rights of mental health patients. Human rights not only include the right to life, but also to equality (meaning easy access to quality health care) and human dignity to name just a few.

Dr Kagisho Maaroganye, SASOP board member and public sector psychiatry national convenor, said that with over 70% of South Africans reliant on the public healthcare system, government should step up “as the ultimate protector of its citizens’ human rights and thus the foremost defender of our patients’ rights”.

“Good mental health is also a universal human right, and South Africa signed and ratified the United Nations Convention on the Rights of People with Disabilities (CRPD), but we are failing to implement the provisions of the convention, to use its reporting function for critical analysis of our situation, and to effectively use the mechanisms that we do have to protect the rights of people with mental disabilities.

“We call on government to dissect all the points where the human rights of our patients are likely to be violated – in their homes, within the wider community and while admitted to hospital – and take active steps to prevent these violations,” he said.

In addition to improving the national budget allocation for mental illness management and prevention, practical steps recommended by SASOP as a start to remedying the situation would involve government making more use of psychiatrists and technical experts on bodies tasked with assisting and advising on the rights of mental health patients, Dr Maaroganye said.

Mental Health Review boards, intended to be an independent

local ombud ensuring that mental health patients’ rights are not violated in the first place, should have greater professional capacity, SASOP argues.

“If the board is just made up of community representatives and advocates, that may not be enough to address violations of patients’ rights. As SASOP we are calling for the inclusion of independent psychiatrists, retired or in private practice, into all district and provincial review boards. When a violation is identified, such a professional would be able to expertly and objectively review the processes that led to the violation and proposed solutions. They can then make informed recommendations on the most appropriate remedy to protect other patients,” Dr Maaroganye said.

In addition, he said, government should make greater use of the technical expertise available in the mental health professions rather than relying on non-specialist administrators, managers and general medical practitioners.

“For example, in Gauteng and KwaZulu-Natal, the mental health technical advisory team consists of psychiatrists, psychologists and occupational therapists who advise the government on how to improve mental health services in the province. We’re calling for other provinces to have a similar, well-functioning specialist and technical team.

“It’s the technical experts, not the managers and administrators alone, that we need to figure out how to get us out of the current mental healthcare quagmire,” he added.

Mental illness comes with social and economic costs, as a leading cause of disability, reduced life expectancy and greater risk of suicide. Psychiatric disorders have overtaken musculo-skeletal conditions (i.e. physical disabilities) as the leading cause of medical disability claims in

South Africa.

Dr Maaroganye said that the human rights of people with mental health disorders were violated by lack of access to appropriate care and treatment, with which “is under-resourced in general and even more so in mental health care”.

He said that inadequate budget allocations on public sector mental health care, as well as significantly increased spending at tertiary rather than community level, were felt in shortages of medicine, especially at the community level where the majority of patients receive treatment.

“The cost of chronic underspending is felt in rising suicide rates, the inability of mental illness sufferers to work and earn an income due to lack of treatment, and the burnout experienced by mental health practitioners.

“Psychiatrists are being forced to discharge patients earlier than advisable, because there are not enough beds to accommodate patients long enough for their condition to improve optimally. The serious, countrywide lack of child and adolescent clinics and wards is a contributing factor to teenagers and young people turning to substance abuse to alleviate their mental distress,” he said.

Dr Maaroganye said lack of treatment for mental health conditions contribute to the epidemic of violence against women and children.

“With the low rate of access to treatment, the vast majority of people with common mental health disorders such as anxiety or depression suffer in silence. Tragically, the end of the suffering is often violent, either through suicide, violence against the sufferer or violence by the sufferer against others, including homicide and gender-based violence.

“In the meantime, people with mental illness face discrimination in the workplace and in job and

business opportunities; and their displays of disorganised or unusual behaviours and speech patterns damage their reputation and standing in society," continued Dr Maaroganye.

In addition, he said, the speech and social interaction impairments of mental health patients meant they were often

unable to speak for themselves and enforce their human rights, "Facing barriers of stigma, prejudice and ignorance that hamper them from seeking professional care, they are at risk of their families losing hope and turning to unconventional treatment methods such as prolonged restraint.

"A society without human rights is a society without dignity, no matter how rich it may be. A society where large parts of its citizens are mentally unwell is still poorer and unjust even if everyone else is physically fit."

References available upon request

BIPOLAR AWARENESS DAY

THURSDAY 26 MAY



46 MILLION
people worldwide are living with
Bipolar Disorder

What Is Bipolar Disorder?

Bipolar disorder is a brain disorder that causes changes in a person's mood, energy, and ability to function. People with bipolar disorder experience intense emotional states that typically occur during distinct periods of days to weeks, called mood episodes. These mood episodes normally involve manic/hypomanic (abnormally happy or irritable mood) or depressive (sad mood). People with bipolar disorder generally have periods of neutral mood as well. When treated, people with bipolar disorder can lead full and productive lives.³



This breaks down to a slightly uneven split of 48% male 52% female



Bipolar I is seen more in men than women

Bipolar II is seen less often in men than women



DIFFERENT TYPES OF BIPOLAR DISORDER

Bipolar I: At least one episode of mania that affects functioning.

Bipolar II: At least one episode of hypomania (a briefer and less severe form of mania) plus at least one episode of major depression.

Rapid cycling: At least four episodes of mania, hypomania, depressive or mixed episodes in any 12-month period.



77% of bipolar-I participants said living with the disorder made them feel isolated or alone²



81% reported feeling like no one understands what they go through²

Bipolar Awareness Day's ultimate goal is to inspire a global shift in thinking that will eliminate social stigma and promote acceptance.

1. Lam, A. (n.d.). Bipolar disorder in men and women: what's the difference? International Bipolar Foundation. Retrieved March 23, 2022, from <https://ibpf.org/articles/bipolar-disorder-in-men-and-women-whats-the-difference/>

2. World Bipolar Day - International Bipolar Foundation. (2016). <https://ibpf.org/learn/programs/world-bipolar-day/>

3. Parekh, R. (2017). What Are Bipolar Disorders? Psychiatry.org; American Psychiatric Association. <https://www.psychiatry.org/patients-families/bipolar-disorders/what-are-bipolar-disorders>

<https://ibpf.org/>