

Institutional management of the mentally ill in South Africa

The management of the severely mentally ill has changed internationally and nationally owing to advances in psychiatric care, progress in psychosocial rehabilitation, and most importantly deinstitutionalisation. Lucas and Stevenson¹ address the lack of change in standards of care in mental facilities with the introduction of democracy in South Africa. The study they refer to utilises for the discussion patient abuse within one facility.

There have been many changes in psychiatric hospitals in the last few years, including the reduction in beds. A result is an increase in the severity of illness of hospitalised patients. This is also evident in trends reported elsewhere. Factors that relate to improving standards of care and in so doing upholding the rights of mentally ill are complex. They include introduction of norms and standards based on the international standards, review of mental health legislation, implementation of the new Mental Health Care Act, and maintenance and improvement of facilities. All this is, however, highly dependent on the availability of staff and other resources, and unfortunately in this context reference must be made to the effects on both medical and nursing staff of emigration and brain-drain, which continue even in the new democracy. Of significance, both authors admit that their study is an isolated one.

Staff attitude is crucial in management of the mentally ill, and caution is suggested with respect to the dangers of generalisation and sensationalism. Much of discussion is led, and unfortunately it then becomes anecdotal and not really qualitative in nature, and limits the value of studies presented. Concern must be expressed that those professionals who have improved and maintained the standards in their facilities by application of advances and recognising the needs and rights of their vulnerable patients do not receive acknowledgement. It is important that those exemplary facilities that have progressed significantly, and have used all the possible means introduced by the new democracy to improve standards of care of their patients, be appreciated. In many areas facilities have demonstrated high quality assurance on evaluation, consumer bodies have shown patient satisfaction, and good functioning has been confirmed on review of the procedures for dealing with problems.

Assuring standards and introduction of interventions are highly dependent on specific departmental and hospital managements, but also on mental health professionals.

Statutory bodies are already in place to support the maintenance of professional standards by each professional group, and appeal for support is indicated. Failure to report incidents of which staff become aware is an important problem demonstrated by the study and should be addressed immediately it arises. This sort of problem cannot be accepted. Even under old procedures that are being replaced it should have been dealt with, and without delay.

With the introduction of the Mental Health Care Act and the National Health Act various approaches are statutorily available. The Mental Health Care Act No. 17 of 2002 was promulgated on 15 December 2004 and the National Health Act on 2 May 2004. These include provisions for the Mental Health Review Board and the Hospital Facility Boards. In terms of Chapter 13 of the Mental Health Care Act, it has become imperative for all forms of abuse of the mentally ill to be reported and investigated by the Review Board. This must be done by all role players including the public and the user. Patients' rights are supported by this chapter of the Act and enforced by the Review Board and hospital management as well as by individual professionals. It is significant that a chapter on patient rights is included in both new Acts. This should come to the knowledge of patient advocacy groups and professional groups and should be utilised. In the short time that the Mental Health Care Act has been applied there are numerous regions where the review boards are functioning well. This has been a significant factor in improving conditions for the mentally ill in institutions. The Society of Psychiatrists of South Africa has been outspoken and over the years has fought an ongoing 'antistigma' campaign. Lucas and Stevenson's index study clearly involves the most severely mentally ill who are entitled to the highest standards of human rights, personal dignity and prevention of abuse. What should be done to address the factors found in this study? It is obvious that in order to apply a higher standard of care, facilities themselves and the staff resources available must be adequate in numbers and of the highest standard. In both respects they are clearly deficient at present and the situation needs to be addressed as a matter of urgency.

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1. Lucas M, Stevenson D. Institutional victimisation in post-apartheid South Africa. *South African Journal of Psychiatry* 2005; **11**: 90-94 (this issue).