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REPORTING ON MENTAL HEALTH

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This briefing is an account on the launch of the African Report on World Mental Health, and on the Regional Conference on Mental Health Policy, held in Cape Town, 23-25 October 1995.

1. Introduction.
200 delegates from Africa, Europe and the US attended the first ever Southern African conference on mental health policy. The conference had a dual purpose: (i) the launch of the African Report on World Mental Health; and (ii) a regional conference on mental health policy. The briefing is not intended to be exhaustive but will focus on the highlights of the conference, notably the keynote addresses by the Western Cape MEC for Health and Welfare and the authors on the Report on World Mental Health. Finally the common themes and strategies of the conference and resolutions adopted will be reported.

2. Opening Address.
The conference was opened by Mr Ebrahim Rasool, MEC for Health and Welfare in the Western Cape. In a well received speech he stressed that this was a crucial time for policy-making in South Africa - a window of opportunity which however will not stay open for long. He suggested that mental health workers have to be mental health activists and lobbyists in order to insist that the government prioritises mental health issues. He added that in suggesting policy options mental health workers should talk the language that governments understand - that of economics - that is, mental health workers have to illustrate in monetary terms the implications of their policy proposals. He also emphasised the need to learn from the experiences of other countries, and the need to focus on health outcomes and on non-traditional indicators like infant mortality. Issues like quality of life should also be measured and social sciences as well as health sciences were required for this endeavor.

3. Report on World Mental Health.
A synopsis of the Report on World Mental Health was presented by two of its authors, Dr Arthur Kleinman and Dr Leon Eisenberg. In his presentation, Dr

Kleinman, commented on trends from 1985 into the 21st century. He suggested that there will be an increase in the number of people in the 15-44 age range. In addition, by the year 2025 three quarters of the world's elderly will be living in developing countries. Accompanying these demographic trends will be massive urbanisation and population migration, largely resultant from low intensity conflicts.

He argued that mental health workers had to focus on, inter alia: (i) increasing the quality of mental health care; (ii) increasing training of primary health care workers; (iii) increasing services to children and adolescents; and (iv) increasing primary prevention services. He also noted the areas in which essential mental health research needs to focus: (i) the establishment of mental health data bases; (ii) the need to evaluate services; (iii) research on women's health; (iv) focus on violence especially the relationship between public violence and domestic violence and suicide.

Dr Eisenberg suggested that maternal health was an important determinant of children's mental health. He noted the following as important issues that need to be focused on to ensure good mental health in children: (i) family planning (4 year spacing between children was recommended); (ii) prenatal care (good nutrition, no smoking and drinking of alcohol); (iii) immunization; (iv) good nutrition (iodine and vitamin A); (iv) child safety (especially of preventable injuries in children); (v) home visiting programmes for young mothers who should be given support and assistance as this can reduce child neglect and abuse; and (vi) day care for children in which high school children can participate and be taught parenting skills.

4. Themes and strategies.

a) General issues in policy making.
The following were considered to be general issues in policy-making that needed to be acknowledged.

1. The policy making process is not static and never complete but is a circular, reflective process. Policies are made by those with power and policy making may be thought of being a political process. This implies that any challenge to policy making has to lobby those in power.

2. Policy is formulate both formally by governments and informally by its users. That is while official policy may exist those charged with its implementation may use it very flexibly in practice. In addition, where national or provincial policy does not exist or is unclear those that have to deliver services may create policy.

3. Structures and processes for policy making have been created at national and provincial levels. These structures and processes should be engaged by mental health workers. If the structures and processes in already in place are deficient mental health workers are obliged to collectively challenge and change the structures and policies. This raises the question of whether the necessary organisational structures exist to enable such a challenge. Given that the creation of new organisational structures is difficult and requires resources, it may be wise

to use existing organisations creatively instead of being tempted to create new organisations.

4. Given that policy making is an ongoing activity and that mental health has to continuous fight to obtain resources there is a need for ongoing strategic lobbying.

5. The need to learn from the experiences of other countries but the realisation that the greatest impact may be obtain in local communities is illustrated in the slogan: "Think globally and act locally". In addition, given the great geographic, racial and class differences in access to distribution of resources in many countries of the world, including South Africa, there is a dire need to create mechanisms that will bring greater equity in the access to resources.

6. Given that "good" mental health of individuals and communities results from many factors acting together, there is a need for new mental health definitions and paradigms.

b) Themes and possible strategies in South Africa.
The following summarises some of the themes that were common to many of the presentations and workshops. These themes appear to be common not only to the various parts of South Africa but also to other African countries represented at the conference. The strategies, on the other hand, reflect those that were considered relevant to the South African context. This summary was presented and discussed during the plenary session that closed the conference.

Theme. The need for information sharing among mental health workers.
Strategy. Improved communication between mental health workers through: conferences; newsletters; seminars; in-service training by professional associations, educational institutions, service providers, NGOs.

Theme. The need to put mental health on the national agenda/psyche (both government and the public).
Strategy. Influence media policy to be health promotive; challenge the media to change the nature of advertisements.

Theme. The need for effective and workable intersectoral/multi-sectoral/trans-sectoral collaboration which reflects a broad understanding of mental health.
Strategy. Need mechanisms at each level of governance to bring in all those working on mental health issues. Get the Dept of Health and Education to participate in the National Crime Prevention Programme. Learn lessons from other countries, eg Botswana.

Theme. The need to revise education and training programmes of mental health workers (including: who is trained, where, and in what).
Strategy. Departments of Education, Health, Welfare, and training institutions, universities, and NGOs need to be lobbied.

Theme. The need for effective cooperation and collaboration between indigenous healers and western-trained mental health workers.
Strategy. Professional associations, traditional healers associations, Departments of Education, Welfare, & Health and the SAMDC.

Theme. The need for greater and effective community/user participation at all levels of the mental health care system.
Strategy. Build mechanisms to effect participation into management/advisory structures at all levels of governance.

Theme. The need to prioritise the mental health care needs of certain populations, eg, women, early child care, youth, and the elderly.
Strategy. Target nodal risk factors or symptoms clusters for multiple problems (eg, alcohol abuse which is related to domestic violence, family instability, motor vehicle accidents.

Theme. The need to broaden participation of all mental health care workers in policy making processes.
Strategy. Better communication; stronger organisations which are multi-disciplinary - the provincial mental health forums may be able to play this role.

Theme. The need to strengthen existing family and community resources.
Strategy. This should be the focus of all intervention programmes.

Theme. The need for essential mental health research.
Strategy. There may be a need for the Directorate of Mental Health and its provincial counterparts to co-ordinate research, and with the relevant role players, like NGOs, the MRC, and universities set research priorities.

Theme. The need to integrate and be sensitive to: gender, race, cultural issues.
Strategy. Representation by people who are sensitive to the role of these issues in policy making should be mandatory on all policy making, implementation and evaluation structures.

c) Plenary discussion on themes and strategies.
The following represents a summary of the discussion that took place at the end of the conference. It also embodies decisions on the next steps to be taken by conference delegates, especially the South African delegates.

1. That provincial mental health fora should be used to take forward the issues raised at the conference and that this was the responsibility of each one of the delegates.

2. That the national directorate with support from the "resource rich" provinces should assist under-resourced provinces.

3. That we should hold the directorate of mental health to their offer to host the 1997 African Mental Health Conference (an offer that was made in Harare in 1995) and that we could use this opportunity to assess the progress made in South Africa on mental health policy development.

4. That we may experience resistance to transformation from some quarters and that we should use the provincial mental health fora to deal with these resistances. It was considered important to focus on issues and settings as a strategy to

maximise broad participation in intervention programmes. In addition, the concepts of nodes and clusters may be effectively used to obtain maximal intersectoral collaboration.

5. Any attempt to establish issue-specific community district resource centres, that is, different ones for welfare, health and education should be resist. We should insist on one such resource for all as this may also contribute to greater intersectoral collaboration.

6. We need a definition of mental health that stress the social and developmental aspects of human existence.

7. That a summary of the conference be put together by the conference organisers which can be used to facilitate broader participation in policy making arenas at provincial level. if possible the issues raised at the conference should be used to evaluate progress made in a year or two's time.

8. That the conference organisers must host a press conference in order that the conference proceedings may be made public. The conference organisers were mandated to decide on the logistics of the press conference.

5. Resolutions adopted by delegates at the Conference.
The following resolutions were to be directed to the national director of mental health.

1. "That the recommendations of this conference be put on the agendas of the Mental Health Task Teams of all the provinces in South Africa for operationalisation. Items of urgency would be:
(i) that the Mental Health Task Teams ensure that they comprise active representation of all the relevant ministries (not just Health), NGOs, the private sector and service users;
(ii) that the Task Teams facilitate the formation of associated teams in nodal areas such as child mental health, substance abuse, etc.;
(iii) that transparency and maximal consultation be practiced".

2. "This conference resolves that all relevant ministers and MECs be petitioned to set up, as a matter of extreme urgency, appropriate structures for intersectoral collaboration at national, provincial and district levels".

3. "To formally propose to Provincial Governments that District Service Delivery models are established within the same geographic boundaries".

4. "To acknowledge, promote and reinforce the developmental model of social welfare in addressing the root causes of mental ill- health".

The following resolution is to be directed to all institutions that train/educate mental health workers:

"This conference resolves that because of the great value that authentic traditional African forms of healing have for mental health, all teaching institutions to do with

mental health worker education and training provide appropriate courses to familiarise students with the basis of African traditional healing".

Finally, the following resolution was accepted by the conference:

"It is affirmed by this conference that the traditional African world-view and spirituality is highly promotive of mental health as regards its understanding of ubuntu, the high value it places on family life and its deep love and respect of children and the elderly. It is affirmed that the authentic practice of traditional African forms of healing is vital to mental health in Africa:its holistic approach to healing has much of value for all to learn".

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