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Mental health policy in South Africa: development process and content

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Introduction Mental health is increasingly acknowledged as a crucial public health issue in South Africa (SA). However, it is not given the priority it deserves on policy agendas in this and many other low- and middle-income countries. The aim of this analysis is to describe the content of mental health policy and the process of its development in SA.

Methods Quantitative data regarding SA's mental health system were gathered using the World Health Organization (WHO) Assessment Instrument for Mental Health Systems. The WHO Checklist for Mental Health Policy and Plans was completed for SA's 1997 mental health policy guidelines. Semi-structured interviews provided understanding of processes, underlying issues and interactions between key stakeholders in mental health policy development.

Results There is uncertainty at provincial level regarding whether the 1997 policy guidelines should be considered national policy. At national level the guidelines are not recognized as policy, and a new policy is currently being developed. Although the guidelines were developed through wide consultation and had approval through national policy development processes, difficulties were encountered with dissemination and implementation at provincial level. The principles of these policy guidelines conform to international recommendations for mental health care and services but lack clear objectives.

Discussion The process of mental health policy implementation has been hindered by the low priority given to mental health, varying levels of seniority of provincial mental health coordinators, limited staff for policy and planning, varying technical capacity at provincial and national levels, and reluctance by some provincial authorities to accept responsibility for driving implementation.

Conclusion These findings highlight the importance of national leadership in the development of new mental health policy, communication between national and provincial levels, the need for provincial structures to take responsibility for implementation, and capacity building to enable policy makers and planners to develop, monitor and implement policy.

Keywords Mental health, policy analysis, South Africa, Africa

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KEY MESSAGES

- Mental health has a low priority on South Africa's public health agenda, in spite of the burden attributable to mental disorder.
- South Africa's 1997 mental health policy guidelines, despite some strengths in their content, have a number of crucial procedural flaws. Poor dissemination and lack of clarity around the status of these guidelines as official national policy has led to limited uptake at provincial level.
- Mental health policy development in countries with decentralized health systems should emphasize stakeholders' involvement in policy development, thorough dissemination of policy, communication between various levels of the health system once policy is approved, clear articulation of objectives, roles and responsibilities, and technical support to implementers at provincial and district level in order to ensure successful implementation of policy in the long-term.

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Introduction

Mental health is increasingly acknowledged as an important public health issue in South Africa. Neuropsychiatric conditions rank third in their contribution to the burden of disease in this country, after HIV/AIDS and other infectious diseases (Bradshaw *et al*. 2007). Some 16.5% of South Africans report having suffered from common mental disorders such as depression, anxiety and substance abuse in the last year (Williams *et al*. 2007). Furthermore, a review of existing studies concluded that about the same proportion of children and adolescents suffer from mental disorders (Kleintjes *et al*. 2006).

There is emerging evidence from low- and middle-income countries (LMICs) that mental ill-health is strongly associated with poverty and many aspects of social deprivation (Patel 2001; Saraceno *et al*. 2005; Flisher *et al*. 2007; Lund *et al*. 2007). Evidence suggests that a range of interventions are effective in treating and preventing mental disorders in LMICs (World Health Organization 2001; Patel *et al*. 2007).

However, mental health is not given the priority that it deserves in South Africa (Lund *et al*. 2008a) and many other LMICs (Saxena *et al*. 2007a). A key question is why, in spite of the available evidence, does mental health remain so low on the policy agenda? To investigate this question, we employed tools of health policy analysis to examine the process of mental health policy development and the content of resulting policy in South Africa.

Health policy development in general has been described as complex, multi-level, continuous and driven, to varying degrees, by government, the public, including interest groups, and foreign agencies (Walt and Gilson 1994; De Vries and Klazinga 2006; Hyder *et al*. 2007; Kelly 2008). Policy development has been analysed within the context of health sector reform (Walt and Gilson 1994; Lloyd-Sherlock 2005), and specifically post-conflict health sector reform (De Vries and Klazinga 2006; Hamid and Everett 2007).

There are a small number of reports of mental health policy analysis in LMICs (for example, Lee *et al*. 1998; Alarcon and Aguilar-Gaxiola 2000; Gureje and Alem 2000; Lloyd-Sherlock 2005; Stockwell *et al*. 2005; De Vries and Klazinga 2006; Hamid and Everett 2007). The context of mental health sector reform varies between countries, but frequently includes challenges of deinstitutionalization, the low priority status of mental health and the associated lack of resources for mental health care, particularly at primary care level (Alarcon and Aguilar-Gaxiola 2000; Gureje and Alem 2000; World Health Organization 2005a).

A relatively small amount of literature exists on South African health policy in general (Gilson *et al*. 2003; Blum *et al*. 2007), and even less on mental health policy. Previous studies have reviewed mental health service provision in South Africa (Flisher *et al*. 1998; Lund *et al*. 2002; Lund and Flisher 2003; Dawes *et al*. 2004; Thom 2004), and others have addressed policy issues (Foster *et al*. 1997; Freeman and Pillay 1997). However, no studies have attempted to answer questions regarding the processes of policy development for mental health, as well as the content and current status of policy, insofar as it does exist in South Africa.

The aim of this study was to describe the process of mental health policy development and the content of this policy in South Africa. The research was conducted as part of a wider international study of mental health policy development and implementation in four African countries: Ghana, South Africa, Uganda and Zambia (Flisher *et al*. 2007). This study, titled the Mental Health and Poverty Project (MHaPP), sets out to investigate the policy level interventions that are required to break the vicious cycle of poverty and mental ill-health, in order to generate lessons for a range of LMICs.

Methods

The study made use of quantitative and qualitative methodologies. Quantitative methods were employed to assess mental health policy, current mental health service resources (such as budgets, beds and staff) and service utilization. Qualitative methods were employed to provide an understanding of the processes, underlying issues and interactions between key stakeholders in mental health policy development and implementation. Findings were triangulated where possible, using two or more sources of data or research methods.

WHO-AIMS

Quantitative data regarding the mental health system in South Africa were gathered using the World Health Organization's Assessment Instrument for Mental Health Systems (WHO-AIMS) Version 2.2 (World Health Organization 2005b). The WHO-AIMS comprises six domains covering key components

needed to strengthen mental health systems (Saxena *et al.* 2007b). The instrument was developed following the publication of the *World Health Report 2001* (World Health Organization 2001), which focused on mental health, and provided a set of recommendations. These recommendations address essential aspects of mental health system development in resource-poor settings. For each recommendation (domain of interest), items were generated and grouped together in a number of facets (sub-domains). Of the six domains, the domain on Policy and Legislative Framework is particularly relevant to this paper.

The WHO-AIMS spreadsheets were distributed to the Directorate: Mental Health and Substance Abuse in the national Department of Health, and the provincial Mental Health Coordinators in the nine provincial Departments of Health. Preliminary findings were presented at a national meeting of Provincial Mental Health Coordinators. These findings were discussed in detail, and provincial coordinators had the opportunity to double-check the data that they had submitted. A draft version of a subsequent report was also sent to the Provincial Mental Health Coordinators and the National Directorate: Mental Health and Substance Abuse for review.

WHO Mental Health Policy Checklist

The WHO Checklist for Mental Health Policy and Plans (World Health Organization 2007) was designed to assess the content and the process of developing mental health policy and plans according to a number of criteria. The checklist contains a range of questions that require respondents to evaluate whether certain processes have been followed, and whether various content issues have been addressed and appropriate actions included in the policy.

A primary methodological question was which policy documents should be used for the application of the checklist. South Africa's first post-apartheid mental health policy was approved in 1997. This policy took the form of a document titled 'National health policy guidelines for improved mental health in South Africa' (Department of Health 1997a). Policy guidelines may be distinguished from policy in that the former provide a broad overview of the main issues to be addressed by a policy, and do not provide more specific targets for implementation. In the South African context at the time, with the recent delineation of boundaries for nine new provinces and the establishment of provincial governments, there was expectation that provinces would take responsibility for more specific policies and implementation plans in the health sector. In short, national policy guidelines were developed to inform provincial policy development.

In the same year, a chapter on mental health was also included in the Department of Health's 'White Paper for the transformation of the health system in South Africa' (Department of Health 1997b). These policy documents were associated with a range of major political reforms that followed the installation of the first democratically elected government in South Africa in 1994.

The 1997 mental health policy guidelines document were developed under the leadership of the national Director for Mental Health in the Department of Health, with the encouragement of the Minister of Health. The policy guidelines were informed by the provisions of the White Paper, desk research into existing mental health policies in selected countries, consultation with stakeholders in South Africa, as well as visits to other countries (Chile, Cuba and Zimbabwe) to understand their mental health policies and services.

The following individuals were contacted to request completion of the policy and plan checklist: Chief Director Policy and Planning, National Department of Health; Cluster Manager/Chief Director for Non-communicable Diseases, National Department of Health; National Director: Mental Health and Substance Abuse; and Former National Director: Mental Health and Substance Abuse. However, due to a lack of agreement by these respondents regarding the status of the mental health policy document, the WHO Checklist for Mental Health Policy and Plans was completed for the 1997 policy guidelines document by the Cape Town MHaPP team (CL, SK and AJF). Since the checklist comprises standardized response options, it was believed that completion of this checklist by the MHaPP team, as opposed to Department of Health representatives, was sufficiently objective for the purpose of this research. The completed checklist was reviewed by the former National Director: Mental Health and Substance Abuse. All comments were integrated into one draft document, and circulated to the WHO review team (MF) for final comments. Although the 1997 policy guidelines were the focus of this analysis, it is acknowledged that these policy guidelines were developed in the context of other important policies relating to mental health mentioned in the Results section, as well as mental health legislation.

Semi-structured interviews

The semi-structured interviews (SSIs) included questions and probes developed through a consultative process, involving South African academic, government and international partners. The broad areas to be addressed were informed by the overall objectives of the study and the particular stakeholder to be interviewed. The generic areas that relate to this component of the research are:

- The general policy-making process in South Africa;
- The process of mental health policy development;
- The role of various stakeholders in mental health policy development; and
- The content of the current mental health policy.

The semi-structured interviews were tailored according to the specific individual being interviewed (see Annex 1 for examples of interview guides). The following generic areas were covered:

- Major development challenges facing South Africa;
- Key challenges facing the health system;
- Perceptions of mental health;
- Mental health needs and priorities in South Africa;
- The role of stigma in mental health;
- The role of government in addressing mental health needs;
- General policy-making process in South Africa;
- Process of mental health policy and legislation development;
- Role of various stakeholders in mental health policy and legislation development;

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- Content of the current mental health policy and legislation;
- Implementation of mental health policy and legislation at the national and provincial levels;
- The research agenda for mental health.

The sampling of respondents for the SSIs was purposive and based on the principle of maximum variation, in order to provide as wide a range of perspectives as possible on mental health policy development and implementation in South Africa. At the national and provincial level, a total of 64 stakeholders were interviewed. As respondents were widely dispersed throughout the country, 59 of these interviews were conducted telephonically, and the remainder were conducted face-to-face.

Stakeholders included policy makers and programme managers at the provincial and national government level, as well as government representatives from sectors such as education, social development and justice. Representatives from civil society and external organizations were included such as media representatives, academics, service users, faith-based leaders, traditional healers, and representatives from non-governmental organizations.

Interviews were recorded and transcribed verbatim. Transcripts were then analysed using NVivo 7 qualitative data analysis software. A framework analysis approach was adopted (Ritchie and Spencer 1994), using the *a priori* themes mentioned earlier. Transcripts were multi-coded on the basis of these themes, with additional themes added to the coding framework as determined by the data.

In addition to the SSIs, and the WHO-AIMS and WHO Checklist, background literature relevant to mental health policy development and implementation in South Africa was compiled and reviewed to provide a theoretical and contextual understanding of the key issues for this study. For example, the recommended WHO steps for development of mental health policy (World Health Organization 2005a) were compared with the process of mental health policy development in South Africa. Ethical approval to conduct the study was obtained from the Research Ethics Committee of the Faculty of Health Sciences, University of Cape Town (Ref: 314/2005) and the Research Ethics Committee of the National Department of Health.

Results

Process of mental health policy development in South Africa

Stages of general health policy development in the Department of Health

The stages of general health policy development form an important context for policy processes related specifically to mental health. A senior health policy maker in the Department of Health outlined the current process for health policy development followed in the Department. Both this process (Figure 1) and the approval process within the Department of Health (Figure 2) are consultative and lengthy. Timeframes and achievement of provincial targets are dependent on the availability of resources at the national and provincial levels.

Process of mental health policy development

Consultation processes for the mental health policy guidelines preceded the transition to the 'new' South Africa in 1994. During this time there were many consultative meetings among mental health stakeholders, and within the African National Congress (Freeman and Pillay 1997). The recommendations of the WHO were also highly influential. At the time of their development, the guidelines were progressive in the context of the newly democratic South Africa. They marked a major

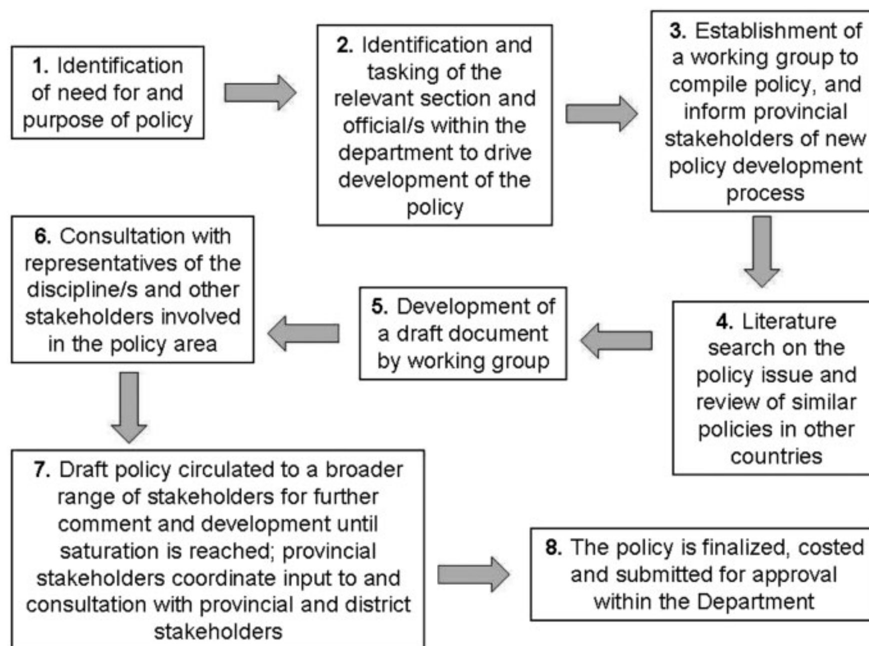

Figure 1 Health policy development process

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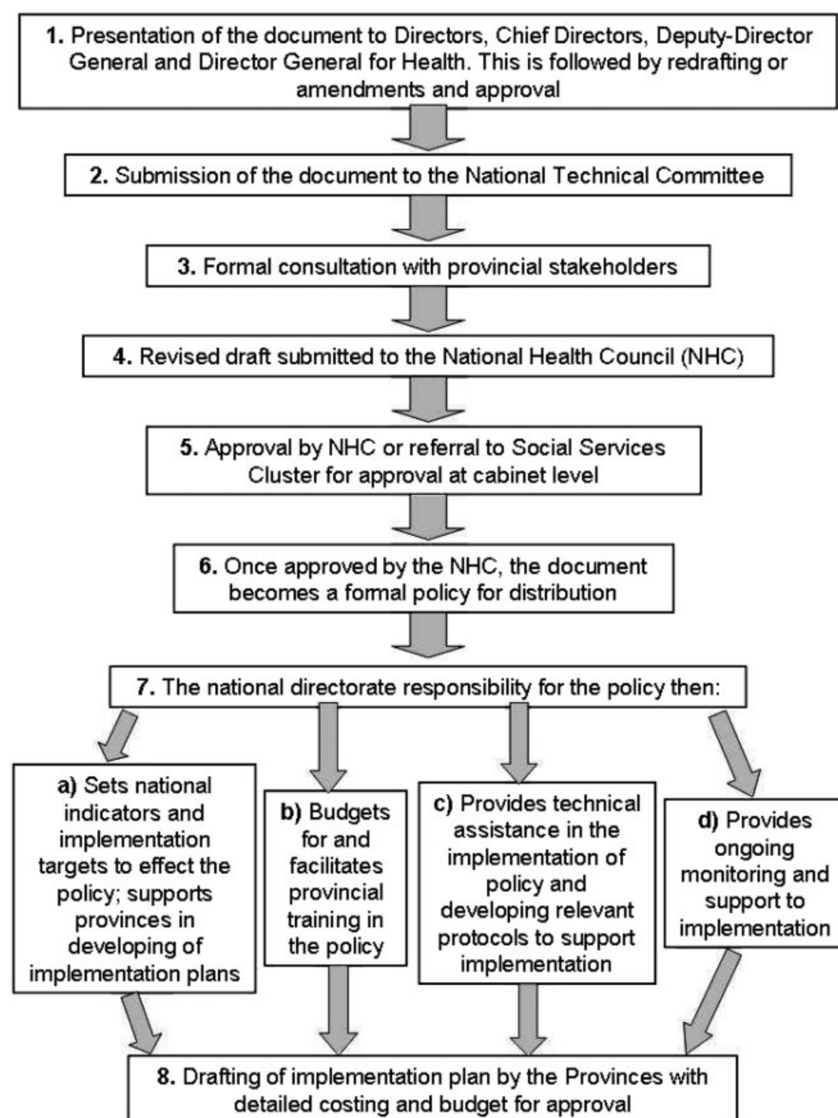

Figure 2 Health policy approval process

departure from previous apartheid policy which had been paternalistic, inequitable and led to the establishment and maintenance of large custodial psychiatric institutions which were racially segregated.

It is evident that not all of the steps now recommended for development of mental health policy by WHO (World Health Organization 2005) were adhered to in the development of the 1997 policy guidelines (Table 1). However, it should be noted that these WHO recommendations were not available at the time of the development of the 1997 policy guidelines.

The 1997 policy guidelines were drafted as an overview document, with the intention of having more in-depth consultations with stakeholders with expertise in specific areas in order to draft more detailed policies for specific issues highlighted by the overview document. Examples of these are the Child and Adolescent Mental Health Policy Guidelines (Department of Health 2003), and the Psycho-social Rehabilitation Policy Guidelines and the Substance Abuse Policy Guidelines (both of which remain in draft form). The 1997 mental health policy guidelines are therefore most accurately read in conjunction with these policy guidelines and the 1997 White Paper on the transformation of the health system (Department of Health 1997b).

> *''I: You thought that it would be a good idea to have a guideline and then specific policy? R: A guideline and then more specific policy. Yes . . . and it was meant to be a sort of a cumulative process; as we needed, we would sort of develop more and more until there was a full package.''* (Policy maker, Department of Health)

The policy guidelines were presented at a meeting of the Health Minister, the heads of health departments at provincial and national levels, and the nine provincial Members of Executive Councils (MECs) in 1997. This forum was named 'MINMEC' (now called the National Health Council). Approval of the

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Table 1 World Health Organization steps for development of mental health policy taken in South Africa

WHO steps for development of mental health policy	Steps taken in SA?
1. Assess population's needs	To some extent
2. Gather evidence for effective policy	To some extent
3. Consultation and negotiation	Yes
4. Exchange with other countries	Yes
5. Set out the vision, values, principles and objectives	To some extent
6. Determine areas for action	Not sufficiently
7. Identify major roles and responsibilities of different sectors	No
8. Conduct pilot projects	No

policy guidelines was granted by MINMEC in 1997, which was required in order for the document to be regarded as policy. As the policy guidelines were approved by MINMEC following consultation with the provinces, and provinces are the level of government responsible for the implementation of policy, there were expectations from national mental health officials at that time that provinces would take up the role of disseminating the policy guidelines, developing implementation guidelines and monitoring implementation.

Respondents currently employed in the national Department of Health were of the opinion that the 1997 mental health policy guidelines document did not constitute formal policy as it did not follow more recently adopted policy development protocols and was not published for dissemination. They were therefore of the opinion that it was inappropriate to complete the WHO checklist for the 1997 policy guidelines.

However, semi-structured interviews with other stakeholders, such as provincial mental health coordinators, revealed that the 1997 policy guidelines had been used by some provincial mental health programme managers to initiate work in key areas of the mental health programme within the provinces. The guidelines had also been used at national level, to initiate the development of norms and standards for mental health services. The policy guidelines document has therefore had an important impact on the mental health policy and service environment in South Africa, in spite of uncertainty about its status.

The guidelines were not formally published nor widely disseminated in the country by the national office for mental health. Instead attention was given to (a) monitoring provincial implementation of the guidelines at quarterly meetings, and (b) providing support to provinces, for example through provincial visits by the then national director.

Respondents reported that there was no national strategic plan for implementation of the policy guidelines, as it was anticipated that provinces (as the agents responsible for health service delivery) would develop their own strategic plans, using the policy guidelines document.

> ''*R: What we did was that we developed like a guideline for service delivery. Not the policies, but service delivery guidelines, like your levels of care services and so forth. We've been . . . those are the guidelines, but explained within line of what is needed from National. I: So you've really looked at the appropriate role for the province, which is implementation guidelines . . . R: Yes.*'' (Provincial programme manager for mental health)

The national Directorate did develop an operational plan for its own activities, which included oversight of the provinces in relation to selected priorities such as integrated mental health care and deinstitutionalization. Although all provinces have subsequently developed a mental health component within their overall strategic plan for health, the extent to which mental health is addressed in these plans is variable, as is the allocation of budget resources. For example, only three provinces were able to indicate what proportion of the health budget was allocated to mental health, and these allocations varied substantially from 1% (Northern Cape), to 5% (North West), to 8% (Mpumalanga). The number of psychiatrists working in the public sector per 100 000 population varies 45-fold between provinces, from 1 psychiatrist per 111 111 in the Western Cape to 1 per 5 000 000 in the North West province. Furthermore, monitoring of mental health service delivery across provinces is inconsistent, with only five of the nine provinces indicating that there is a formal minimum data set for monitoring mental health services.

Structures for dissemination of national mental health policy to provincial plans and services appear to have influenced some of these difficulties. Although there are provincial mental health coordinators in each province, they are relatively junior within provincial hierarchies, normally functioning at a Deputy Director or, in certain instances, a Director level. It is therefore very difficult for these individuals to influence budget allocations to mental health within provincial Department of Health management structures, as one respondent attested:

> ''*. . . that was the situation because of the Director's post not being filled, because in the provinces the post levels were quite . . . low-level post . . . in the hierarchy, so they don't have often the opportunity to also perhaps; it's not that they are not willing, but . . . the opportunities were just not there.*'' (National policy maker, Department of Health)

Furthermore, the semi-structured interviews revealed limited knowledge of the 1997 policy guidelines amongst respondents. Current provincial mental health coordinators who were in their posts in 1997 remembered receiving the 1997 policy guidelines at a quarterly interprovincial mental health meeting with the national Directorate for Mental Health. Although they used this document to guide their work in developing mental health services in their provinces, none were sure that the document had been officially approved as national policy.

> ''*And then we've used the policy from the National. We were in process, actually we are in process of developing but because the National isn't, as you know, the National's one isn't . . . isn't approved with . . . I: Sorry, are you referring to the policy document that was developed by X (former Director of Mental Health and Substance Abuse) in 1997? R: That's right. I: Ok, so you've been using that? R: We've been using that and we've being using the White Paper . . .*'' (Provincial programme manager for mental health)

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In addition to this lack of clarity regarding provincial and national roles, capacity constraints within the national office and at provincial level were believed by interviewees to have been important barriers to disseminating and implementing the policy guidelines, and in the delays in completing outstanding specific policy guidelines. For example, following the adoption of the policy guidelines by MINMEC in 1997, the national Directorate focused its attention on the reform of the mental health legislation, as the White paper for the transformation of the health system (Department of Health 1997b) specifies the 'review and evaluation of legislation relating to mental health and substance abuse to safeguard the human rights of all service users'. With the support of the National Minister of Health, work on new mental health legislation commenced shortly after the completion of the policy guidelines. Respondents maintained that with limited staff numbers in the Directorate, it was not possible to give detailed attention to both the legislation reform and provincial strategic planning and implementation. The legislation was regarded by the national Directorate and other stakeholders as a key instrument of policy implementation, since legal provisions carry obvious consequences for non-implementation. The Mental Health Care Act (2002) was promulgated in late 2004. This Act was developed through an extensive consultation process, and has been praised for its human rights orientation and promotion of community-based care. In the absence of formally recognised national policy, two provinces (Free State and North West) had proceeded to develop their own provincial mental health policies, using the new Mental Health Care Act (2002) as a guide.

The results of the WHO Mental Health Policy Checklist (World Health Organization 2007) relating to the process of developing and implementing these policy guidelines are briefly outlined in Table 2. A key weakness identified was the absence of the development of a formal dissemination process.

Respondents to the semi-structured interviews suggested that support should be provided to stakeholders unfamiliar with the policy development process, to equip them to engage meaningfully with the policy consultation process. Furthermore, respondents suggested that the capacity of the national and provincial directorates needs to be strengthened and maintained in order for them to carry out their policy development and implementation mandates.

> ''*...we need to try and translate the existing policies, make sure that people who implement them know what they are and what they say...Then I think the second thing is to look at what are the constraining factors in the interface between the national framework, provincial and local government...and then target those things that have a high impact...But the third thing...is missed opportunities at local government level. Because the focus has been at the top and mid-level, I think we left it too long to focus on local government.*'' (National policy maker, Department of Health)

> ''*To be a programme manager, especially in mental health, it requires a number of things. Number one, you must have a technical capacity in mental health—you need to be understanding issues around mental illness, and...mental health and mental illness. And with some of us, while we were in the clinical, practising, you know—when you are in a clinic and you're practising, that you are very much conversant with it. And immediately you move towards management, some of the clinical aspects really get lost; you have got to now lead. But then, when...you are taking people from a clinical environment and they are not necessarily translating into management, into managers; that's what we're seeing. Really, taking the good people from that clinical area doesn't translate and then that means they must be given management skills...In the first place, programme management—they are supposed to develop policies, develop programmes, and whatever. You know, policies you may get here and there, but even then, it's a skill that is necessary.*'' (Provincial programme manager for mental health)

Table 2 Results of the WHO Mental Health Policy Checklist for the 1997 mental health policy guidelines – Process

Strengths	Weaknesses
• High level mandate and approval at national level. • Communication with other low- and middle-income countries regarding mental health policies and experiences. • Relatively large budget allocated. • Wide consultation.	• No formal process for dissemination after approval at national level. • No monitoring system put in place. • No accompanying action plan put in place. • Poor spending in provinces in spite of adequate budget. • Further discussion needed with Department of Housing regarding accommodation of persons with mental disability.

Content of mental health policy in South Africa

Content of 1997 mental health policy guidelines

In the 1997 policy guidelines document, the following key policy principles are outlined. These conform to international recommendations for mental health care and services (World Health Organization 2001; World Health Organization 2005):

1. Intersectoral collaboration between government departments, non-government and community-based organizations for the planning of mental health services.
2. Integration of mental health care into general health services where possible.
3. Accessibility and availability of mental health services regardless of race, sex or geographical location.
4. Treatment of mental health care users in their communities or near to their homes and families.
5. Balance between mental health and other health services in terms of allocations of human and financial resources.
6. Emphasis on the promotion of mental health and prevention of mental illness.
7. Development of special programmes for 'at risk' groups.
8. Development of partnerships with private mental health professionals and traditional healers to increase the 'service net'.
9. Thorough and appropriate training and ongoing supervision to facilitate the decentralization and integration of mental health care.

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Table 3 Results of the WHO Mental Health Policy Checklist for the 1997 mental health policy guidelines – Content

Strengths	Weaknesses
• Values and associated principles promote human rights, social inclusion, community care, and integration. • Generally notes the need to redirect allocations and budget for new programmes. • Promotes integration of mental health services into general health services and a community-based approach. • Addresses promotion, prevention and rehabilitation. • Considers a wide range of users. • Key mental health policy issues are consistent with South Africa's mental health law, general health law, disability law and health policy.	• Document is written more as an advocacy document ('should') than a government policy document ('will'). • No realistic vision statement. • Not enough emphasis on evidence-based practice and intersectoral collaboration within values and associated principles. • Clear objectives for values and associated principles not defined. • Areas for action were not clearly described to indicate main policy directions and what will be achieved. • Does not specify need to establish a multisectoral coordinating body to oversee major decisions in mental health. • Does not indicate how funding will be used to promote equitable mental health services, how equitable funding between mental health and physical health will be provided, and how mental health would be part of health insurance. • Does not comprehensively address advocacy, quality improvement, information systems, human resources and training, research and evaluation, and intra- and inter-sectoral collaboration. • Key mental health policy issues are not consistent with South Africa's social welfare and development policies, and do not sufficiently emphasize the poverty-mental health link.

10. Specialist mental health personnel that provide vertical support to integrated mental health care, particularly the provision of special programmes.
11. Partnerships with training institutions, including the education of students, in the process of changing models of mental health care.
12. Involvement of communities and mental health service users and their families in the planning and evaluation of services.

Key priority areas for intervention were also identified:

1. Mental health care for severe psychiatric morbidity.
2. People in crisis and/or having psychological problems which inhibit their personal, social or economic functioning.
3. Services for children.
4. Prevention of mental ill-health.
5. Research, evaluation and information.

The results of the WHO Mental Health Policy Checklist relating to the content of these policy guidelines are briefly outlined in Table 3. A key finding of this Checklist was that although the policy guidelines conform to international recommendations for mental health care and services, the guidelines lack clear objectives.

In addition to the checklist assessment, interviewed respondents supported the development of one overarching national mental health policy to provide a comprehensive understanding of the range and scope of work to be addressed in mental health. According to these respondents, the policy should include the mental health of children and adolescents, gender issues related to mental health, intellectual disability, HIV/AIDS and poverty. Respondents stated that more targeted policies could be developed to address these areas as necessary. It was also strongly recommended that the draft policies on psychosocial rehabilitation and substance abuse should be completed, as these are key policies that relate to mental health.

Links with other relevant policies

Apart from formal mental health policy documents, respondents in SSIs pointed out that there are a number of other policies that have an important bearing on mental health in South Africa, three of which are outlined below. Further review of these documents revealed that the content of these policy documents is broadly consistent with the 1997 mental health policy guidelines, and should also inform the development of the new mental health policy.

1. *White paper for the transformation of the health system of South Africa (1997)*

   Chapter 12 is dedicated to mental health, and sets out responsibilities for mental health policy development and implementation within the health sector in South Africa through national, provincial, district and community structures.

2. *Integrated National Disability Strategy White Paper (1997)*

   This requires every government department to develop a policy which guides that sector to address disability issues in their work. Advocacy for inclusion and technical support to effect provisions which address citizens with mental disability in departmental disability plans is needed.

3. *UN Convention on Rights of Persons with Disabilities (2007)*

   Ratified on 30 November 2007 by South Africa, this convention entered into force on 3 May 2008. Amongst the issues covered by the Convention's articles is the assertion of people with disabilities' rights to education, health, work, adequate living conditions, freedom of movement, freedom from exploitation, equal recognition before the law, and recognition of their capacity to make decisions for themselves. Ratification obligates South Africa to develop and carry out policies, laws and administrative measures for securing the rights recognized in the Convention, and to abolish laws, regulations, customs and practices that constitute

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discrimination (Article 4) (http://www.un.org/disabilities, accessed 8 May 2008)

Currently the national Directorate: Mental Health and Substance Abuse is in the process of drafting a new National Mental Health Care Policy for South Africa. The policy under development is regarded as the first national mental health policy for the country by the current national mental health officials and is seen to be an important tool to support the implementation of the Mental Health Care Act (2002) which has been placed on the official list of Health Department priorities for the period 2005–09. The first draft of the new policy was compiled through a desktop activity within the Department of Health, and circulated for input to mental health stakeholders in the country in April 2006. The content of the new policy is broadly consistent with the 1997 policy guidelines. The only major difference so far appears to relate to the process of its development and approval, namely that the new policy will attempt to comply with the protocol requirements subsequently developed for national health policy. This implies that it would carry an authority not previously attributed to the policy guidelines.

A second round of consultations with provincial coordinators has concluded and the feedback from these consultations is being incorporated into the April 2006 draft document under the leadership of the new national Director, appointed in late 2007 to this post, which had been vacant for almost 4 years. This first revision of the April 2006 draft will be followed by broader consultation with stakeholders. According to the Department of Health, timeframes would shortly be set for these activities (Personal communication, representative from national Directorate: Mental Health, November 2007), but the envisaged consultation process is still to take place at the time of writing (October 2008). More recently, the Department of Health noted that the new policy will build on the excellent work of the 1997 policy guidelines, addressing gaps, accounting for changes which have occurred in the past 10 years since its drafting, and undertaking a formal process of publication and dissemination to ensure that the policy is widely known and used as official policy (Personal communication, representative from national Directorate: Mental Health, September 2008).

Discussion

The findings of this study show that the process of developing the 1997 mental health policy guidelines did not depart significantly from the process of health policy development in South Africa, up until the point of approval (step 6 in Figure 2) but failed to achieve steps 7 and 8, namely dissemination and implementation of the policy. For dissemination and implementation to occur, a national level policy needs to be clearly communicated to the heads of provinces and districts as well as the key stakeholders within provinces and districts. A great deal of advocacy needs to occur in order to make sure the policy is accepted and adopted at these levels. The national level policy then needs to be translated into a strategic plan appropriate to the local context for which it will be implemented, in South Africa's case by the provincial and district level health services. This is a process that requires further consultation and detailed planning with provincial and district level stakeholders. A number of factors can explain why these important steps were not taken.

Firstly, there appear to have been varying opinions regarding the status of the policy guidelines. Conflicting opinions, mentioned earlier in the methods section regarding which policy to analyse, further indicate a lack of consensus regarding the status of the 1997 policy guidelines. This uncertainty could have led to a lack of clarity on whose responsibility it was to take leadership for the implementation of these guidelines, which in turn may have hindered the development of action plans, resulting in poor and inconsistent implementation amongst the provinces.

Secondly, at that time a significant amount of energy was directed towards the drafting of a new mental health legislation (subsequently adopted in 2004 as the Mental Health Care Act, 2002). From interviews there appears to have been a perception among policy makers and implementers that the need for policy implementation was going to be met by the new law.

Thirdly, there seems to have been a failure on the part of provincial Health Departments to take up the responsibility of implementing the national mental health policy guidelines. This was reflected in the varying ways in which the policy guidelines were taken up by provinces, and perhaps to some extent, the varying levels of mental health service provision between provinces. Ongoing monitoring was also not adhered to by provincial services, therefore making it difficult to assess the success of the implementation of the 1997 policy guidelines. The lack of adherence to procedural processes for policy implementation as well as the lack of human resources within the national Directorate may have influenced the lack of appropriate support in implementation of the policy, as well as the slow progress in the finalization of specific policy guidelines driven by the national office. The varying levels of seniority of provincial mental health coordinators, the varying budget levels allocated to mental health by provinces, and inconsistent monitoring mechanisms all appear to reflect the poor uptake of the national policy guidelines by the provinces.

Fourthly, at the time that the 1997 policy guidelines were being developed, policy development processes were themselves in the process of development in South Africa. A key political change after the instalment of Thabo Mbeki as president in 1999 was an explicit shift from policy development in the post-apartheid period (1994–99), to policy implementation. Hailed in the popular press as 'Mr Delivery', Thabo Mbeki rapidly set about streamlining cabinet, to establish a Social Cluster (including Ministries of Health, Education, Social Development and Housing), and shifting executive decision-making to this Social Cluster, with increasing requirements of provinces to be accountable to more centralized decision-making structures. This was a departure from the emphasis on provincial autonomy and authority that had been central to the governance structures hammered out during the negotiated transition from apartheid to the democratic dispensation. It should, however, be noted that during the Mbeki era an emphasis on implementation did not necessarily translate into actual

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implementation, and this related to a lack of capacity to implement and a lack of resources as mentioned earlier.

As part of the change of policy development processes, the role of provinces in the implementation of mental health policy has undergone an important but subtle transition from having an obligation to develop policy in areas of shared jurisdiction, such as health (under the terms of the new South African constitution), to focusing more on the implementation of policy, through the development and implementation of plans, particularly during the Mbeki era (Booysen and Erasmus 2001). Thus, as all policy development processes were modified following the election of Thabo Mbeki in 1999, the status of the mental health policy guidelines *vis à vis* other policy became uncertain, and its dissemination and implementation therefore limited.

Finally, underpinning the previous three factors, although formally identified as a priority health programme, in practice the lower priority given to mental health relative to other health priorities appears to have contributed to many of the above difficulties. Of other health priorities, HIV/AIDS in particular is an issue which receives a great deal of both government and public attention in comparison to mental health. If mental health had been more of a priority of the national Department of Health, then the lack of an officially recognized mental health policy, as well as the uneven distribution of mental health resources between provinces (Lund *et al*. 2008b), would have been detected and steps taken to address the issue.

Furthermore, if mental health had been adequately prioritized, further appointments would have been made at the national Directorate, to assist the monitoring of the policy guidelines' implementation at the provincial level. As indicated in the results, the Directorate simply did not have the staff to closely monitor provincial implementation plans and develop the new mental health legislation. In addition, following the resignation of the former national Director of Mental Health and Substance Abuse in 2003, the Director's post was held by people in acting roles until 2007, when the current Director was officially appointed, which further hampered policy dissemination and implementation work.

Similarly at provincial level, if adequate priority was given to mental health, provincial mental health coordinators would be relatively senior within provincial health management structures, and would be given the appropriate training and monitoring tools to ensure implementation of mental health policy that is proportionate to the burden of mental disorders. These difficulties are related to other issues such as resources made available to mental health service delivery within provincial health budgets, including resources to establish adequate monitoring mechanisms.

While there are clearly limitations in the process of policy development, the content of the 1997 mental health policy guidelines appears less controversial. Key principles recommended for mental health care and services by international best practice are addressed (World Health Organization 2007), and these align with general health, disability and mental health legislation as well as general health policy in South Africa. The weaknesses in content identified by the WHO Checklist speak to the procedural weaknesses mentioned earlier, but also relate to areas not sufficiently covered in the policy guidelines and alignment with South Africa's social welfare and development policies.

The findings of this study confirm findings from other research related to mental health policy development in Africa (Gureje and Alem 2000), namely the low prioritization of mental health in African countries, the inadequacy of mental health policies, programmes and action plans, and the need to consider social and health factors impacting on mental health.

In the context of the paucity of literature on mental health policy analysis, these findings provide insight into the development of policies around low priority health issues such as mental health. It is clear that the low priority of mental health on South Africa's public health agenda, along with poor dissemination of and communication around policy, has slowed down the process of mental health policy and system reform. These factors have resulted in the 1997 policy guidelines becoming 'stuck' in a decentralized health system with neither national nor provincial departments accepting responsibility for driving the implementation of this policy, and both assigning responsibility to the other. Even though policy guidelines were developed at a national level and provinces were expected to take up these policies, it would appear that provinces did not feel compelled to develop and implement plans because they were not clear on the status of the policy guidelines as national policy. Of crucial importance is the need to have clear, formal and authoritative directions concerning implementation of the policy from the national to provincial level.

The current findings of the analysis of the 1997 guidelines reinforce arguments for the strengthening of policy development and implementation processes for mental health on the national health policy agenda, and the speeding up of the development of the new mental health policy. The results indicate the need for mental health policy development in South Africa to include consultation with additional stakeholders including Departments of Social Welfare, Housing, Justice, Education, and Correctional Services, as well as consumers. To facilitate this there is a need for capacity development at both the provincial and national level for the development of plans and programmes from policy.

A broader consultation process will assist with the inclusion of areas not addressed in the previous policy, namely evidence-based practice, poverty reduction and development issues. Its values and principles should promote human rights and social inclusion, prevention of mental illness and promotion of mental health. Awareness raising, public education, advocacy, destigmatization, deinstitutionalization, community care, integration and equity with physical health care should also be addressed. Areas for action of this new policy should spell out strategies to promote a balance in the allocation of human and financial resources, the role and involvement of community structures, partnership with private and traditional practitioners, dedicated service providers, incorporation of training institutions as partners, capacity development, quality improvement and information systems. A crucial area for action is to address the issue of poverty for people with mental illness, promoting their inclusion in mainstream

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development projects and strategies. This is an area for action which is often overlooked in national policies dealing with mental health.

Conclusion

Mental health policy development in countries with decentralized health systems should emphasize thorough dissemination of policy, communication between various levels of the health system once policy has been approved, and a clear articulation of objectives, roles and responsibilities in order to ensure successful implementation of policy in the long-term. Provinces (or equivalent state or local authorities) should continue to be encouraged and equipped to develop action plans that detail strategies, activities, timeframes and budgets. These will be crucial for advancing mental health policy implementation, monitoring and evaluation of policy. Future research, with the assistance of an adequate monitoring system, should focus on the continuous evaluation of the process of new mental health policy development, and the content of this new policy and its subsequent implementation.

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Annex 1 Examples of semi-structured interview guides

1. Semi-structured interview guide for national policy makers of other government sectors

1. Can you briefly introduce yourself; tell me about your background and interest in mental health? (Prompt: *Note down the sector which the respondent represents, e.g. education, social services, etc*.)

   A. I would like to start with general background questions.

2. What are main social and development priorities in this country? (Prompt: *For example: poverty alleviation, health service coverage, universal education, etc*.)
3. How do these development and social priorities impact on your department?
4. What is the focus of the work of your department? (Prompt: *For example: health, prison services, social welfare, women affairs, etc*.)
5. What legislation and policies of your department have an impact on health?
   (Prompt: *For example: policies in education, interior, prisons, social welfare, women affairs and others*)

   B. Now I would like to ask you questions about mental health.

6. How does the general public in this country view mental illness? (Prompt: *Are there any differences between different groups, e.g. rural farmers vs urban workers?*)
   - Is there a need for change with regard to public opinion about mental health? If yes, what can be done?

   How do you view mental illness?
7. What initiatives are needed to address stigma and discrimination toward people with mental health problems? (Prompt: *E.g. anti-stigma campaigns, support for user advocacy/organization, inclusion in government activities, etc*)
8. How important is mental health for the government compared with other health conditions? Why is that? (Prompt: *For example, HIV/AIDs, TB and malaria*)
9. How important do you feel other sector's policies and programmes are for mental health? (*For example, education, social welfare, prisons, youth and sports, women affairs, etc*.)
10. Does the work of your department involve issues related to mental health? What is this work? (Prompt: *For example, in education whether they have any school mental health programmes, etc*.)
11. *(If it does involve issues related to mental health)* What particular groups or individuals does your department deal with on mental health issues? (Prompt: *specific gender, social and age groups, e.g. men, women, children, adolescents, prisoners, etc*.)
12. Are you satisfied by the services that are provided by your department in relation to mental health? Could they be improved?
    (Prompt: *Services could include school mental health, care of victims, the elderly and children under the care of social services, care of prisoners with mental health problems, the drug addicts, etc*.)

    C. Now I would like to ask you about mental health laws and policies and about how they are developed in this country

13. Can you tell me what you know about mental health laws and policies in this country?
14. How do current mental health laws and policies relate to the work of your department? *(Does the law and policy require specific activity of your department?)*
15. How consistent is mental health law and policy with the policy of your department?
16. Do you feel the laws and policies relating to mental health are adequate? How could they be improved?
17. Has your department been involved in mental health policy development? What is the role of your department in the process of policy development for mental health? (Prompt: *Give examples*). Are you satisfied with this level of involvement? If no, how could this be improved?
18. How does your department collaborate with the department of health over policies related to mental health? (Prompt: *How did you get involved? Task force, working groups, consultation? Are you satisfied with this?*)
19. Does your department have access to sufficient information and support on mental health issues to be able to integrate mental health into your own policies? (Prompt: *What is needed? E.g. staff, resources*)
20. Are there any individuals or organizations who are not involved in the development of mental health laws and/or policies, but you think should be?
    - Why are they not involved?
    - Can you suggest practical ways in which they could be better involved?
21. *If not covered above:* Should mental health care users be consulted in the development of mental health laws and policy? If yes, who should bring them on board? (Probe: *the government, NGOs, their own organizations*) In which way should they be involved?
22. Should support be provided to people with mental health problems to influence policies which impact on mental health? Who should provide this support? (Prompt: *What is done already? What is still needed?*)
23. How well do the mental health policies and laws address the needs of people living in poverty? How can the situation be improved?
24. Are there mental health policy issues affecting children and adolescents which should be included in mental health laws and policies of your department?
25. Are there mental health policy issues affecting boys and men, and girls and women which should be included in mental health laws and policies and the policies of your department? What are these? *(Explore gender-related issues)*
26. Are you satisfied with the way mental health policies and laws are developed? How could this be improved, for example with the new mental health policy which the National Department is in the process of drafting? *(Probe for consultation processes)*

    D. Now I would like to ask about how mental health laws and policies are implemented.

27. Are mental health policies and laws well implemented in the country? (Prompt: *Please give examples)*
28. Who are the important individuals or organizations involved in implementing mental health laws in the country? *(List individuals or organizations mentioned)*
29. Are there any individuals or organizations who are not involved in implementing mental health laws this country, but you think should be? Who?
    - Why are they not involved?
    - Can you think of practical ways in which they could be better involved?

    Should users be involved? How?

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30. What are the key challenges for your department in implementing existing mental health laws and policies? (Prompt: *Possible challenges could include: resource constraints, lack of capacity, inadequate trained personnel, lack of clarity of the policy, etc*.)
31. What are the most important reasons why mental health laws and policies are not implemented effectively within your department? What can be done to overcome these problems?
    (Prompt: *Only ask if implementation is not happening effectively*)
32. Is there an implementation agency in your department? (Prompt: *Examples are tribunals, review boards, or visiting committees which are functional*)
33. What tools and procedures are in place for the implementation of mental health laws in your department? (Prompt: *Written regulations, professional codes of conduct, educational materials for different stakeholders?*)

F. Finally I would like to ask you for some more general comments.

34. Are there any other comments you would like to make about mental health and the mental health policies, and in particular, the role of different people and government sectors or organizations in the policy making and implementation process?
35. Do you have any reports or documents that we might find useful for this research, for example, any government instructions/statements, annual reports and so on? (Prompt: *Only collect if the reports are new to the project*)
36. Do you know of any meetings or other events in the near future that you think would be useful for us to attend?
37. Can you suggest other individuals who we need to interview?

For department of Social Development

a) Number of people who received social welfare benefits because of disability due to mental disorder in the previous calendar year (2005)
b) Total number of people who received social welfare benefits because of disability in the previous calendar year (2005)
c) What is the monthly benefit (in Rands) given to people who qualify for a social welfare benefit because of their mental disorder?
d) What are the criteria that are used to decide who qualifies for a disability grant due to a mental disability? (list the criteria):
e) What is the review process for assessing whether someone qualifies for a disability grant because of their mental disorder? (describe this briefly):

2. Semi-structured interview guide for programme managers at provincial level

1. Can you briefly introduce yourself, tell me about your background and your interest in mental health?

A. I would like to ask you some general background questions.

2. What are the main social and development priorities in the province?
   (Prompt: *If health is not mentioned, ask what the position of health is*)
3. What economic, political and social factors do you think affect health care delivery in this province?
4. Can you explain to me how health services are organized at the provincial level?
   (Prompt: *If not mentioned point to the difference between health and health care system*)
5. What are the key challenges that face the health system in the province?

B. Now I would like to ask you some questions about mental health.

6. How important is mental health in the province compared with other health conditions? Why is that?
   (Prompt: *For example - funding patterns; media coverage; mutual links with poverty*)
7. How does the general public in this country view mental illness? Is there a need for change in public opinion? How can this be achieved?
   (Prompt: *Are there any differences between different groups, e.g. rural farmers vs urban workers?*)
   - How do you view mental illness?
8. What key initiatives are needed to address stigma and discrimination toward people with mental health problems?
   (Prompt: *E.g. anti-stigma campaigns, support for user advocacy/organization, inclusion in government activities, etc*.)
9. How important is mental health for the government compared with other health conditions? Why is that? (Prompt: *For example, HIV/AIDS, TB and malaria*)
10. How important do you feel other sector's policies and programmes are for mental health? (*For example, education, social welfare, prisons, youth and sports, women affairs, etc*.)

C. Now I would like to ask you some questions about how mental health policies in this province.

11. Can you tell me about any policies in the province outside of health that have an influence on mental health?
    For each policy mentioned:
    - How does that policy affect mental health?
    (Probe: *For example - education, social welfare, prisons, and women affairs. Where can these policies be obtained?)*
12. Is there a provincial mental health policy?
    If yes: Is it different from the national mental health policy?
    How does it differ from/relate to the national mental health policy?
    (Prompt: *Where is it set out? Which documents? When was it developed? Request copy of policy*)
13. *(If there is a provincial mental health policy)*
    How was the policy developed?
    (Probe: *Stages of policy development, participatory nature, use of evidence)*
14. *(If there is a provincial mental health policy)*
    Who was involved in the process of developing the mental health policy?
    (Probe: *How are they involved?*
    At what stages of policy development are they involved - policy setting, policy development, or policy implementation? How could their involvement be improved? What barriers were experienced, and how were they overcome?)
15. *(If there is no provincial mental health policy)*
    What have been the barriers to developing a provincial mental health policy? What are the key areas which the policy will cover? What process will be followed to develop the policy?

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16. What sort of input, if any, does the province have in the development of national mental health policy? Have you provided input to the Mental Health Policy document drafted by the National Directorate for Mental Health?
    (Probe: *Forms of participation, individuals or provincial organizations that participated. What stages of development were they involved in - policy setting, policy development, or policy implementation?*)
17. Do you feel the existing mental health policies and laws are adequate? How can they be improved? (Prompt: *Ask if there are gaps*)
18. How well do the mental health policies and laws address the wider needs of people living in poverty? How can the situation be improved?
19. Are there policy issues affecting children and adolescents which should be included in mental health laws and policies?
20. Are there policy issues affecting boys and men, and girls and women which should be included in mental health laws and policies? What are these?
    (Prompt: *Explore gender-related issues*)
21. Are there any individuals or organizations who are not involved in the development of mental health laws and/or policies, but you think should be?
    - Why are they not involved?

    Can you suggest practical ways in which they could be better involved?
22. *If not covered above:* Should mental health care users be consulted in the development of mental health laws and policy? If yes, who should bring them on board? (Probe: *the government, NGOs, their own organizations*) In which way should they be involved?
23. Should support be provided to people with mental health problems to influence policies which impact on mental health? If yes, who should provide this support?
    (Probe: *What is done already? What is still needed?)*

D. Now I would like to ask you about how mental health policies and laws are implemented.

24. What process is followed to implement mental health policies in the province? Do you think it is effective?
25. What are the key challenges that face the provincial health department in implementing mental health policies?
26. Is mental health policy well implemented in the province? (*Probe for examples - Which are? Which are not? Why?*)
27. What are the most important reasons why mental health policies are not be implemented effectively?
    What can we do to overcome these problems?
    (Prompt: *Only ask if implementation is not happening effectively*)
28. How are mental health policies translated into plans and budgets at the provincial level? Is this effective?
    (*Probe for examples*)
29. Who are the important organizations or individuals involved in implementing mental health policies in the province? (Prompt: *List individuals and organizations*)
30. Are there individuals or organizations who are not involved in the implementation of mental health laws and policies, but you think should be?
    - Why are they not involved?
    - Can you think of any practical ways in which they could be better involved?
    - Should users be involved? How?

E. Finally I would like to ask you for some general comments about mental health policy and law.

31. Are there any other comments you would like to make about the mental health policies in your province and at national level, and in particular, the role of programme managers in the policy making process?
32. Do you have any reports or documents that we might find useful for this research, for example, any statements of policy and objectives, annual reports and so on?
    (Prompt: *Only collect if the reports are new to the project*.)
33. Do you know of any meetings or other events in the near future that you think would be useful for us to attend?
34. Can you suggest other individuals who we need to interview?

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