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UNBUNDLING THE MENTAL HEALTH ACT

To begin with what is the Mental Health Care Act 17 of 2002? It's a 10 chaptered Act that provides guidance for the care, treatment and rehabilitation of persons who are mentally ill. It sets out different procedures to be followed in the admission of such persons. It ensures establishment of Review Boards in respect of every health establishment to determine their powers and functions. It provides for the care and administration of the property of mentally ill persons. It also repeals certain laws; and to provide for matters connected therewith.

PSYCHIATRIC HOSPITALS MAY ADMIT, CARE FOR, TREAT AND REHABILITATE

1. Voluntary mental health care users in special programmes
2. Assisted mental health care users
3. Involuntary mental health care users
4. State patients
5. Mentally ill prisoners
6. Persons referred by court for psychiatric observation in terms of the Criminal Procedure Act
7. Persons admitted for a long period as part of their care, treatment and rehabilitation

CARE AND REHABILITATION CENTERS MAY

1. Conduct assessments of intellectual abilities
2. Provide care, treatment and

rehabilitation services to persons with severe or profound intellectual disabilities, including assisted and involuntary mental health care users.

Persons providing care, treatment and rehabilitation services must provide such services in a manner that facilitates community care of mental health care users.

Mental Health Care Act 17 of 2002 has been around since 2002 replacing what used to be called Mental Health Act. 18 years later the act is not fully understood nor implemented in RSA as there is insufficient training to relevant stakeholders on this act.

The common problem issues identified: -

- Insufficient resources to fully cater for care, treatment and rehabilitation on Mental Health Care Users
- Insufficient knowledge of the act by the public at large
- Insufficient knowledge of the act, stigma, discrimination, reluctance to help and lack of resources of the South African Police service members;
- Insufficient knowledge of the act, timeous and correct filling out and processing of relevant forms under this act by health care professionals
- Inconsistencies in the appointment of review boards

As much as the act is promoting de-institutionalisation of Mental Health Care Users there are social issues impacting it. The same Mental Health Care Users that are supposed to be re-integrated back into society are sometimes rejected by the families and the communities.

HOW TO IMPROVE THE ACT?

The improvement of the act also relies on involving all stakeholders at all levels, even at grass root level. There are issues on involuntary admissions currently looked into by activists thus when such amendments or improvements are made they are to be well informed.

The down referral of Mental Health Care Users from all levels of care needs to be clearly stated and implemented. The resources for such referrals also need to be strengthened or re-established.

The Mental Health Care Act has good intentions to deal with stigma and discrimination and integrate our Mental Health Care users, however it's not always practical as realistically our Mental Health Care users are sometimes a danger to self and others. There needs to be serious engagements of all relevant stakeholders.

There should be clear guidance on handling inpatient issues of various sexual orientations, especially as the judgement is usually impaired.

TRAINING ON HOW TO IMPLEMENT IT?

It's unfortunately evident that currently there is insufficient training on the implementation as there are still gaps.

It's evident on observation on the entire process there are gaps of insufficient training on the Mental Health Care Act and Mental Health Care Act Forms at various levels.

In our institution we conduct in-service training for staff and have been doing community talks, i.e., local radio stations. We have an up and coming outreach programme to the surrounding district hospitals, as specialised services level have identified gaps on transfer of the Mental Health Care users for further management and treatment at our level. Such initiatives should also be done for all institutions and continuously.

HOW AND WHY DOCTORS SHOULD TAKE/CONSIDER THE ACT?

Doctors are usually the first health professionals to assess and enter the Mental Health Care users under the act. Such health professionals should also bear in mind the highlights of the Mental Health Care Act i.e:

- De-institutionalisation,
- Establish the Review Board,
- Promotion of patients' rights
- Intervention by members of SAPS. It's imperative doctors understand how the act works and the required forms i.e. if the Mental Health Care user has been brought by the South African Police Service to ensure that the relevant form is submitted.
- Admit under correct status & process forms accordingly - i.e. voluntary, assisted or involuntary

- admission
- 72-Hour assessment and subsequent provision of further involuntary care, treatment and rehabilitation. The observation of timeframes, filling, processing and submission of relevant forms is also critical as admission of such patients without necessary forms is deemed illegal.
- Submit periodic review and annual reports on health care users
- Leave of absence and conditional/un-conditional discharge
- Appointment of administrator for care and administration of property of mentally ill person or person with severe or profound intellectual disability

THERE ARE ALSO RIGHTS & DUTIES RELATING TO MHCU TO BE TAKEN INTO CONSIDERATION SUCH AS:

- ✓ Respect, human dignity and privacy
- ✓ Consent to care, treatment and rehabilitation services and admission to health establishments
- ✓ Unfair discrimination
- ✓ To be protected from exploitation & abuse
- ✓ Privacy to their information
- ✓ Limitation on intimate adult relationships
- ✓ Right to representation
- ✓ Discharge reports
- ✓ Knowledge of rights

It's important doctors and other health practitioners teach people that health isn't like an on/off switch as there are different degrees of health. For example, some people have good health and have no problems

going about their lives. Some people experience serious health problems, and their poor health has a very negative impact on their life. Some people have serious health problems that last for a long time, and others have serious health problems that resolve very quickly. Many people fall somewhere in the middle—they're generally in good health, though the occasional problem may come up. Mental health is the same way. Just as someone who feels unwell may not have a serious illness, people may have poor mental health without a mental illness. We all have days where we feel a bit down, stressed out or overwhelmed by something that's happening in our lives. An important part of good mental health is the ability to look at problems or concerns realistically. Good mental health isn't about feeling happy and confident 100% of time and ignoring any problems. It's about living and coping well despite problems.

Just as it's possible to have poor mental health but no mental illness, it's entirely possible to have good mental health even with a diagnosis of a mental illness because mental illnesses (like other health problems) are often episodic, meaning there are times (episodes) of ill health and times of better or good health. With the right support and tools, anyone can live well—however they define well—and find meaning, contribute to their communities, and work towards their goals.

As the World Health Organisation says "There's No Health without Mental Health", the mental health issues are paramount and must be handled as such. ^{MHM}

References available upon request

SADAG Office

Suicide Crisis Helpline

Dr Reddy's Mental Health Helpline

24 Hour Cipla Mental Health Helpline

Pharmadynamics Trauma Helpline

Adcock Depression & Anxiety Helpline

ADHD Helpline

24 Hour Substance Abuse Helpline

011 234 4837

0800 567 567

0800 21 22 23

0800 456 789

0800 20 50 26

0800 70 80 90

0800 55 44 33

0800 12 13 14



Website: www.sadag.org



The South African Depression and Anxiety Group



TheSADAG