

## RE: MENTAL HEALTH CARE AMENDMENT BILL (B39-2012)

Unfortunately at the time of giving my views regarding the abovementioned topic I had not yet managed to get hold of the copy of the bill but as it is related to the Mental Health Act 2002, I felt I can have an input based on the previous act.

I have worked at the Community Mental Health Services in the Eastern Cape for the past 23 years. There are two different areas where mental health care users are taken care of, either in the Psychiatric hospitals OR in the Community (around their homes). In my opinion the Mental Health Act serves the interests of the hospitals and less for the communities. I think the World Health Organization supports DEINSTITUTIONALIZATION.

I have observed with concern that after the government started to talk about the Integration of Mental Health Care Services into Primary Health Care, there has been a communication breakdown between the psychiatric hospitals and the community services in caring for the mental health care users. That link between these two areas of working hand in hand for the quality care of mental health care users is no longer there. Nowadays there is a revolving door syndrome where mental health care users are admitted-discharged-admitted-discharged-admitted and so on. This is due to the absence of Community Psychiatric Services.

### COMMUNITY PSYCHIATRIC SERVICES

These have been the services delivering Primary, Secondary and Tertiary prevention of mental illness. The goal of the Community Psychiatric services is to prevent mental illness and promote mental health through health education talks in the community, at schools, in churches and so on. This is primary prevention of mental illness where dedicated mental health practitioners work hard to make sure that people are well informed about common causes of mental illness and try to avoid those or seek help as soon as possible they are noticed.

Secondary prevention of mental illness involves making sure that the mental health care users remain in the community and continue taking their treatment as prescribed so as to avoid relapse. The dedicated mental health practitioners are there to make sure that they trace the mental health care users who default treatment through conducting home visits and bring them back for treatment. Besides medication, they also consider conducting individual and group therapies to mental health care users and also their families.

Tertiary prevention of mental illness is nothing else but rehabilitation of the mental health care users. One of the important strategies is to increase the number of protective workshops to occupy the mental health care users.

**The integration of mental health into primary health care seems to have taken away all this quality care by dedicated mental health nurses towards our mental health care users.**

## **MENTAL HEALTH CARE ACT**

More than 80% of the information here revolves around procedures of admitting mental health care users into the psychiatric institutions. The Community Psychiatric Services are totally working

against unnecessary admission of mental health care users into the psychiatric institutions. This increases the stigma attached to mental illness. We have good, short acting treatment which can keep the mental health care users within their communities so as to avoid admission into psychiatric institutions. The poor interpretation of integration of mental health **SERVICES** into Primary Health Care by people who think it's the integration of mental health **STAFF** into Primary Health Care, has really led to the poor care given to the mental health care users within the community.

## THE EASTERN CAPE PROVINCE

This is a province dominated by Xhosa people who have their norms, values, cultures and beliefs. They have their own way of interpreting mental illness and also their own way of treating mental illness which mostly involves "traditional healers". Our people are underserved due to the absence of dedicated mental health care nurses who can give a continuous support to both the patients and their families.

## CONCLUSION.

As I think, people who will be involved in this bill are the experts in the field of mental health hence I would love to request them to consider motivating the bringing back of the Community Psychiatric Services with dedicated mental health care nurses who will work in the community and directly attached to the psychiatric hospitals. The Eastern Cape Province cannot fully operate for the benefit of the mental health care users without the community psychiatric services. The number of mental health care users roaming around the streets and wandering aimlessly has much increased because there is no follow up care of our patients since the community psychiatric

services have been disbanded. There is also an increase in the readmission of patients into the psychiatric institutions.

**IN MY OPINION, LET US BRING BACK THE COMMUNITY PSYCHIATRIC SERVICES AS THEY PROVIDE A HOLISTIC APPROACH IN CARING FOR THE MENTAL HEALTH CARE USERS IN THE COMMUNITY.**

Hoping that I am not out of topic and thanking you in advance for taking into consideration my concern.

Regards

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