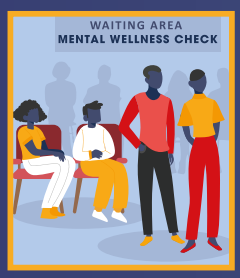
ARTICLES AT A GLANCE

SOUTH AFRICAN HEALTH REVIEW 2024
STRENGTHENING MENTAL HEALTH CARE



HEALTH SYSTEMS TRUST

Information presented in this *Review* is based on best available data derived from numerous sources. Discrepancies between different sources reflect the current quality of data. All data should thus be interpreted carefully and with recognition of potential inaccuracy.

The views expressed in this *Review* are those of the individual authors and do not represent the views of their respective organisations / institutions or Health Systems Trust.

The full publication is available on the HST website
https://www.hst.org.za/publications/Pages/SAHR2024.aspx

Health Systems Trust
1 Maryvale Road
Westville 3630
Durban
South Africa

Email: sahr@hst.org.za
Website: www.hst.org.za/sahr
Tel: +27 (0)31 266 9090
Fax: +27 (0)31 266 9199

ISSN 1025-1715
October 2025

Suggested citation, for example:

Janse van Rensburg A, Brooke-Sumner C. How people centred is South Africa's mental health system? An integrative review of research from 2011 to 2024. In: Padarath A, Zingela Z, Bhana A, et al., eds. *S Afr Health Rev, 2024*. Health Systems Trust, 2025; 2-29.
https://www.hst.org.za/publications/Pages/SAHR2024.aspx

Typesetting by Scholastica and Ink Design Publishing Solutions

Published by Health Systems Trust

Introduction

This special edition of the *South African Health Review*, which focuses on strengthening mental health care in South Africa, comes at a pivotal time: with the new 2023–2030 National Mental Health Policy Framework and Strategic Plan (NMHPFSP), the phased roll-out of National Health Insurance (NHI), and a growing national recognition of the human cost of inadequate mental health care.

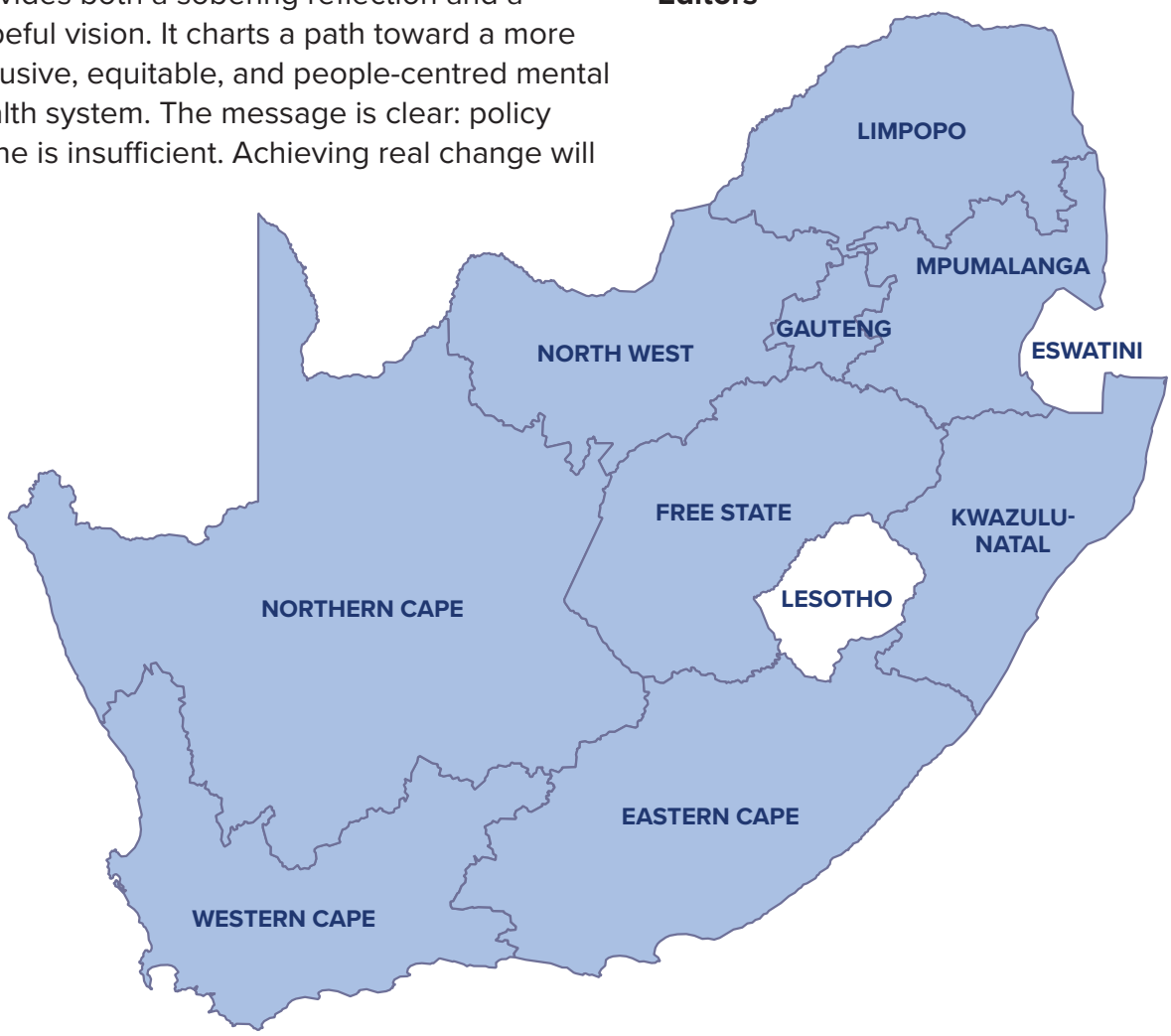
The papers featured engage critically with the current state of mental health in South Africa. Through multidisciplinary perspectives, contributors reflect on systemic challenges, highlight innovative responses, and explore actionable pathways to bridge the gap between policy and implementation. Together, they call for a bold re-imagining of mental health care, one that places the dignity, rights, and lived experiences of individuals at its core.

This edition of the *South African Health Review* provides both a sobering reflection and a hopeful vision. It charts a path toward a more inclusive, equitable, and people-centred mental health system. The message is clear: policy alone is insufficient. Achieving real change will require sustained investment in the resources and systems needed to support strategy and policy implementation, collaborative leadership, monitoring and evaluation, and a radical shift in mindset to one that centres lived experience, values community, and sees mental health care as foundational to justice and wellbeing.

South Africa stands at a critical juncture. As the country advances towards universal health coverage, the opportunity is ripe to reframe mental health not as a peripheral concern, but as central to human development and national progress. This *Review* offers a roadmap grounded in evidence, informed by practice, and inspired by possibility.

Ashnie Padarath, Zukiswa Zingela, Arvin Bhana, Andrew Gray, Sharon Kleintjes, Tholene Sodi, Inge Petersen, Mvuyiso Talatal and Salome Maswime.

Editors



01

REVIEW

How people-centred is South Africa's mental health system? An integrative review of research from 2011 to 2024

André Janse van Rensburg,
Carrie Brooke-Sumner

> "Despite laudable advances in research on the development of health system innovations across hospital, Primary Health Care and community levels, much in terms of system reform has remained strikingly stagnant."

Aim

This paper presents a current review of South Africa's mental healthcare research and system progress, by: (1) mapping out the type, scope and focus of research studies that have been undertaken, and (2) drawing conclusions from those studies on the progress made towards reforms in developing a people-centred mental health system.

Results

A total of 126 papers published over a period of 13 years were included for final analysis. While progress emerged in the re-orientation of the model of care, and in co-ordinating services, substantial gaps remain in terms of strengthening governance and accountability, as well as in empowering and engaging people. Creating an enabling environment was exemplified by the introduction of two cycles of the National Mental Health Policy Framework and Strategic Plan, although implementation of the policy remains suboptimal.

Conclusion

The review mirrors findings from an earlier review, and key barriers remain in terms of insufficient resources and governance structures to adequately support community-based, people-centred services; the under-detection of common mental conditions; limited culturally congruent services; stigma; and a lack of intersectoral collaboration.

Recommendations

- Rigorous intervention, economic and implementation research, particularly on the community level of care.
- Prioritise the development and support of participatory, intersectoral and inclusive leadership to catalyse mental health system reform.

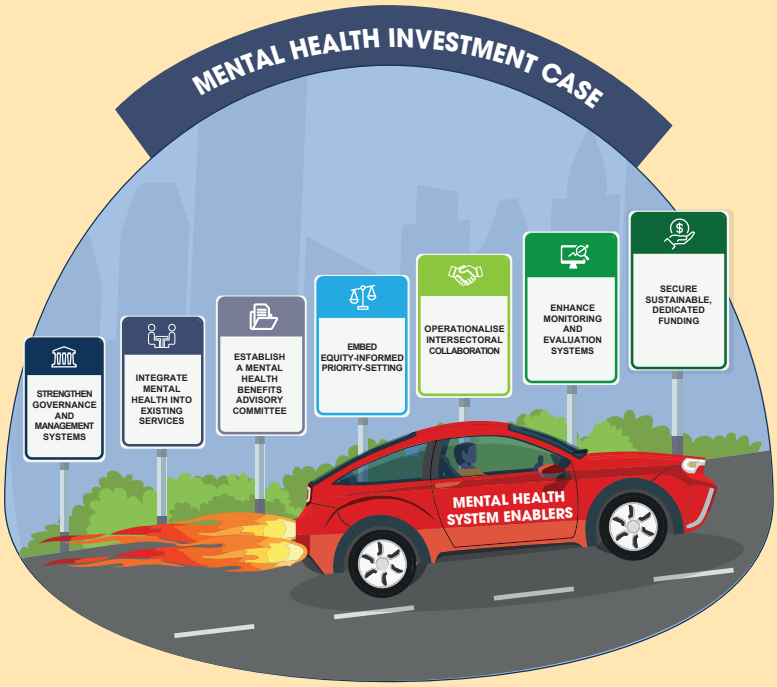
02

RESEARCH

Fiscal realities and future directions: insights and innovations from South Africa's Mental Health Investment Case

Donela Besada, Sumaiyah Docrat, Mark Blecher, Crick Lund

"The Mental Health Investment Case provides an evidence-informed roadmap for strengthening mental health systems in South Africa. It expands the investment case by incorporating efficiency, equity, and rights-based arguments."



Aim

This paper presents the South African Mental Health Investment Case (MHIC), which aims to inform policy and financing decisions, particularly within the National Health Insurance (NHI) framework, by estimating the costs, implementation requirements, and potential returns of scaling-up mental health services.

Findings

Modelling indicates that scaling-up cost-effective interventions, particularly for common mental disorders, can significantly increase coverage, yield high returns and reduce treatment costs over time. Stakeholders highlighted implementation barriers, including: fragmented governance, lack of dedicated financing, and weak intersectoral collaboration.

Conclusion

The findings support the development of tailored implementation guidelines, prioritised benefit entitlements under NHI, and dedicated budgeting mechanisms such as conditional grants.

Recommendations

- Translate the MHIC into a costed, sequenced implementation plan.
- Integrate mental health into existing service-delivery platforms.
- Establish a mental health benefits advisory committee under NHI.
- Secure and ring-fence mental health funding.

03

GOOD PRACTICE

Developing a dashboard for surveillance of mental health admissions in the Western Cape Province of South Africa

Timothy Mountford, Alexa Heekes, Hannah Hussey

> “A mental health admissions dashboard is transforming data visualisation and empowering stakeholders to monitor trends, optimise care, and drive evidence-based decision-making in South Africa’s public health system.”

Aim

This paper aims to better inform resource allocation and assess capacity shortfalls for building capacity and strengthening mental health services by utilising available electronic health records to develop a dashboard for monitoring mental health-related admissions in the Western Cape.

Findings

With admission data from 26 284 mental health-related admissions to 40 Western Cape hospitals during 2023, the dashboard allows for province-level surveillance, filterable to individual facilities. Additional pages display detailed metrics for specialist facilities, specific population groups, self-harm, and substance abuse.

Conclusion

The dashboard has received positive feedback from facility managers and features regularly in provincial health surveillance meetings. Intersectional collaboration with mental health service providers has been maintained to facilitate dashboard updates and expansions for areas of need.

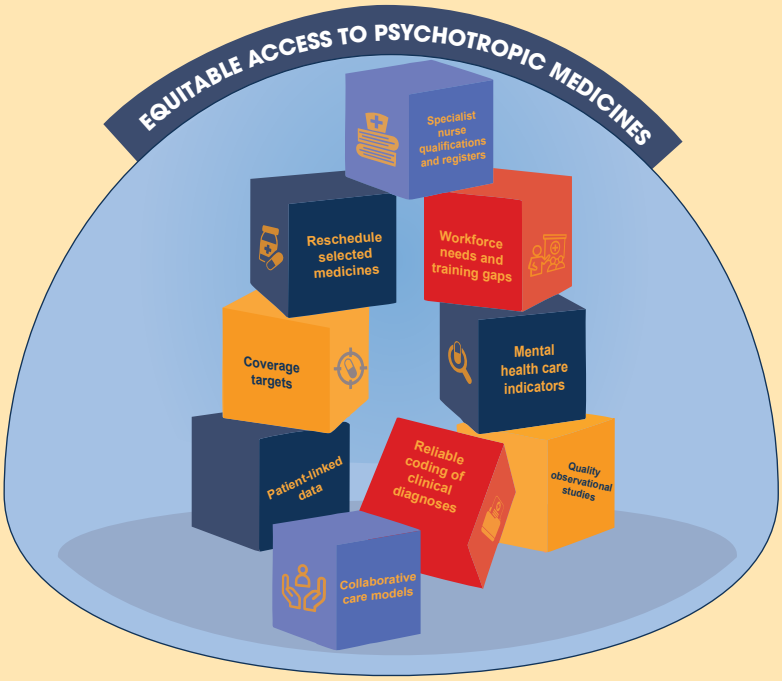
Recommendations

- Future interventions leverage the value added by the expertise of a multidisciplinary team.
- Researchers and health service providers should begin developing tools based on the most complete available data, then gradually expand capabilities as the environment develops.

Access to and use of psychotropic medicines in the South African public sector

Lesley Robertson, Karen Cohen, Marc Blockman, Janine Jugathpal, Ruth Lancaster, Andy Gray

> "The National Essential Medicines List includes a range of psychotropic medicines at all service levels. Procurement data indicate inequitable access to care between provinces and inadequate mental health coverage nationwide."



Aim

This paper reflects on the accessibility and use of psychotropic medicines in the resource-constrained South African public health sector.

Results

The application of evidence-based medicine review processes has supported access to essential psychotropic medicines for a range of mental disorders at all service levels. The Standard Treatment Guidelines recommend that medicines be used in conjunction with psychosocial interventions, and provide guidance on monitoring of chronic treatment for people with severe mental illness at primary care level. Procurement data indicate inequitable access to care between provinces and inadequate mental health coverage nationwide. Access may be limited by prescriber restrictions.

Conclusion

Medicines accessibility may be constrained by affordability, supply chain challenges, restrictive legislation, prescriber availability, and pragmatic implementation.

Recommendations

- Outcomes-based routine monitoring should be implemented to inform quality-improvement efforts.
- Workforce needs and training gaps should be clarified.
- Urgent attention should be paid to current legislative restrictions on mental health service provision.

South Africa's mental health human resources dilemma: from shortage to solution

Gustaaf G. Wolvaardt, Dan J. Stein, Alexandra E. Mumbauer

> "Lifting restrictions on private sector training of mental health professionals, optimising task-shifting, and embracing technological solutions are urgently required to address South Africa's mental health human resources crisis."

Aim

This paper investigates the critical shortage of mental health human resources in South Africa. It assesses the current state of mental health human resources and proposes evidence-based recommendations aligned with national and international policy developments.

Findings

The South African healthcare system's mental health sector faces significant challenges, including a severe shortage of specialised mental healthcare providers. The ratio of psychiatrists and psychologists to the population is critically low, especially in rural areas.

Conclusion

Implementation of recent policy reforms, such as the National Mental Health Policy Framework and Strategic Plan 2023–2030, is hindered by insufficient human resources. Urgent action is required to address South Africa's mental health human resources crisis.

Recommendations

The paper proposes ten priority actions, including declaring mental health a national emergency, reforming workforce regulation and production, strengthening healthcare worker support, leveraging technology through equitable service models, and ensuring well-resourced, monitored provincial implementation.

06

GOOD PRACTICE

Improving access to mental health care at community-based level: the role of rehabilitation care workers

Fatima Peters, Ruwayda Hull, Shireen Damonse, Theresa Lorenzo, Nicole Davids

> “Emerging evidence shows how rehabilitation care workers can improve access to mental health services, bridge care gaps, and strengthen community-based rehabilitation through task-shifting and recovery-orientated programmes”

Aim

This paper explores the role of rehabilitation care workers (RCWs) in advancing disability-inclusive development and community-based rehabilitation to support universal health coverage in primary-level mental health services.

Findings

Supervised RCW teams improved access to intersectoral health services in line with community-based rehabilitation principles. The initiative disrupted the ‘revolving door’ phenomenon through individual case management, group interventions, and population-level mental health promotion and prevention efforts.

Conclusion

Rehabilitation care workers play a critical role in bridging the mental healthcare gap and strengthening the care continuum between primary and community-based services.

Recommendations

- Professional boards, training institutions and employers should consider upskilling RCWs through career-laddering to a higher certification level.
- RCWs and rehabilitation therapists should be integrated into Ward-based Primary Health Care Outreach Teams.
- Training institutions should incorporate disability studies, rehabilitation practices, and human rights frameworks into the curricula for all healthcare professionals, tailored to their specific roles.

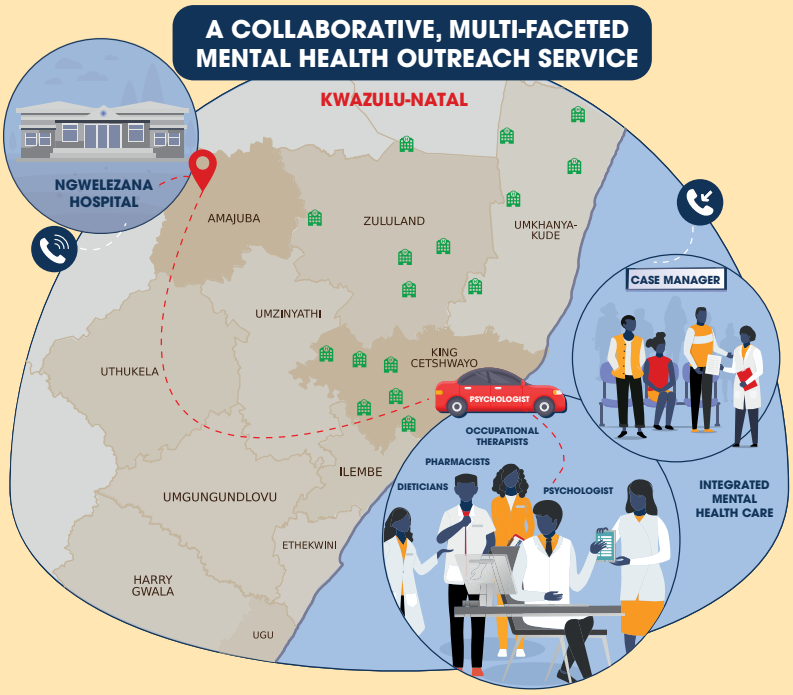
07

CASE STUDY

A model for providing specialist mental health outreach to district-level health facilities: the northern KwaZulu-Natal experience

Janine Brooker, Gillian Douglas, Peter Milligan, Bonga Chiliza

> “A collaborative-care based, multi-faceted outreach programme may be the novel approach needed to address the quality of care and treatment gaps in South African mental health care.”



Aim

This paper outlines a model for and the key experiences of implementing a collaborative, multi-faceted, multi-disciplinary mental health outreach service in predominantly rural, geographically vast, northern KwaZulu-Natal. The aim is to support similar initiatives, advance implementation of the National Mental Health Policy Framework and Strategic Plan, and improve access to quality mental health care in under-served rural communities.

Findings

Work with what you have; prioritise staff retention through targeted strategies; identify mental health champions; ensure that supervision is collaborative, informed and accessible; in-person visits are important; promote consistent use of evidence-based tools and guidelines; modest infrastructure upgrades could facilitate better service delivery; specialist outreach adds strategic and governance value; and dedicated transport helps efficiency.

Conclusion

An adapted, collaborative care model for specialist outreach services provides a pragmatic solution to the challenges of delivering quality mental healthcare services to rural and under-served communities.

Recommendations

- Outreach services should be flexible and extend beyond clinical service delivery to include input on clinical governance, infrastructure development, and facilitation of referral pathways.
- Building relationships between specialist mental health staff and district-level staff is critical.

Strengthening community-based recovery-orientated mental health services: stakeholder insights on recovery from severe mental health conditions

Fadia Gamieldien, Roshan Galvaan, Olindah Silaule

> “Appropriate services for severe mental health conditions are multi-dimensional, and intervention considerations should accommodate this complexity.”

Aim

This qualitative descriptive study explores how diverse stakeholders understand recovery from severe mental health conditions, identifying possibilities for intersectoral collaboration.

Findings

Three themes identifying opportunities to implement intersectoral collaboration emerged: barriers to personal recovery; finding meaningful participation; and affirming agency.

Conclusion

Intersecting contextual, socio-economic, cultural and spiritual factors beyond the health sector influence recovery.

Recommendations

- Strengthen intersectoral collaboration as a key strategy to support the personal recovery of service users with mental health and substance use disorders, and reduce the persistent treatment gap in mental health care.
- Reflect on the limitations of the biomedical model and prioritise psychosocial rehabilitation and recovery-orientated practices beyond hospital settings.

09

GOOD PRACTICE

A framework for the expansion of psychosocial rehabilitation and support services in the Western Cape: towards occupational justice and societal well-being

Nousheena Firfirey-Brijlal, Anneline Janse van Rensburg, Megan Davis-Ferguson, Elizabeth Pegram, Charlyn Goliath, Marinda Roelofse, Keith Cloete, Hilary Goeiman, Sandra Smit, Widaad Sulaiman-Ryklief

> "This expanded framework redefines psychosocial interventions in the Western Cape by situating occupational justice at its core and recognising psychosocial support as part of a continuum of care."

Aim

The aim of this paper is to outline the process employed by the Western Cape Department of Health and Wellness to develop an expanded psychosocial rehabilitation framework, and to illustrate the benefits of framing mental health around the principles of occupational justice.

Results

A bouquet of psychosocial interventions was developed, consisting of five key components: (1) building community resilience; (2) psychosocial support; (3) psychosocial care and rehabilitation; (4) palliative psychosocial support; and (5) employee resilience. The framework recognises mental health as a continuum and promotes differentiated levels of psychosocial support tailored to an individual's needs through inter-disciplinary and multi-sectoral collaboration.

Conclusion

The framework for the expansion of psychosocial rehabilitation support relies on multi-sectoral and inter-disciplinary stakeholders as change agents working collaboratively towards enhancing societal well-being.

Recommendations

- Address mental health needs across the mental health continuum.
- Enhance transitional mental health care.
- Develop workforce training and communication plans.
- Promote inclusive policy development.

10

GOOD PRACTICE

Making maternal mental health work: lessons from a collaborative, stepped-care model in primary maternity care

Simone Honikman, Sally Field, Siphumelele Sigwebela, Thanya April, Keesha James, Liesl Hermanus, Tyla Prinsloo

> “South Africa’s perinatal mental health crisis demands solutions that are integrated into maternity care. A stepped-care, collaborative model offers a promising approach to delivering essential maternal mental health support.”

Aim

This paper describes the components of the Perinatal Mental Health Project’s Maternal Support Service model, highlighting adaptions made over time to address real-world challenges and opportunities.

Findings

In 2024, 3 059 women attended the Hanover Park Midwife Obstetric Unit for antenatal care. Maternity staff referred 450 of these women to the Maternal Support Service (MSS) programme for further assessment, based on their mental health screening results and/or being part of a pre-defined target group. Psychotherapy and social support were offered to 392 women, of whom 348 accepted. A total of 275 new MSS users were seen.

Conclusion

The MSS model provides a promising example for the planning, organisation and integration of maternal mental health services at primary care level.

Recommendations

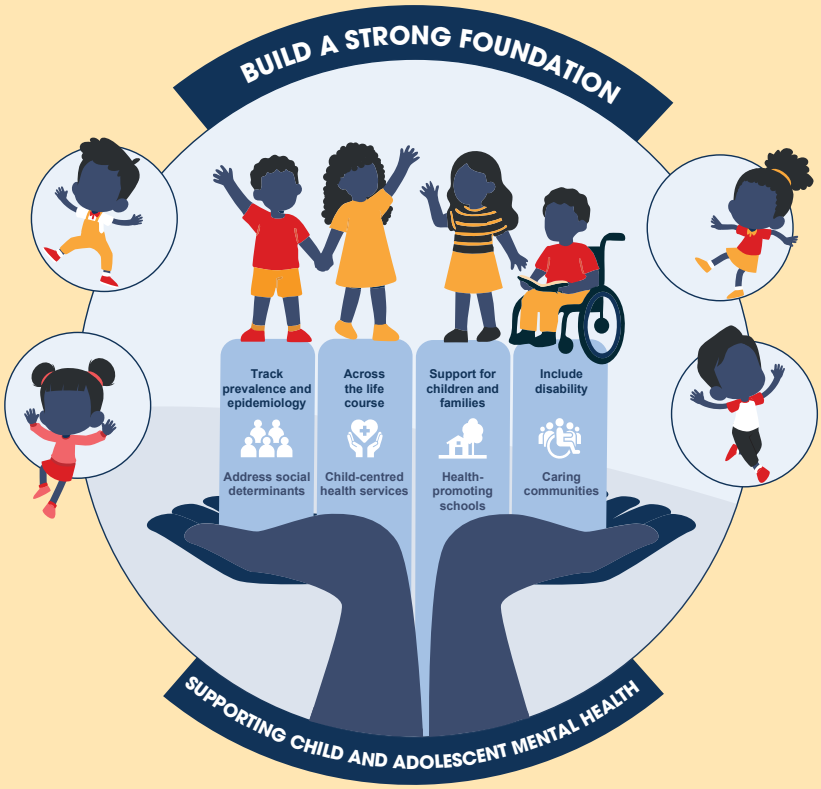
A collaborative, co-ordinated, multi-level strategy from the National Department of Health that includes:

- adequately resourcing frontline providers;
- strengthening referral pathways;
- including relevant mental health service indicators.

Putting child and adolescent mental health at the centre: building an ecosystem of support

Simphiwe Simelane, Jason Bantjes, Sharon Kleintjes, Lori Lake, Crick Lund, Tatenda Mawoyo, Rene Nassen, Mark Tomlinson

> "South Africa must invest in building an intersectoral ecosystem of support for children and adolescents, one that bridges health, education, and social development systems across the life course."



Aim

This paper argues that early investments in child and adolescent mental health are essential for breaking the inter-generational cycle of violence, poverty, discrimination and mental ill-health, and identifies opportunities for intervention and systems-strengthening both within and outside the healthcare system.

Findings

Fifty per cent of mental disorders have their onset before the age of 14, so it is vital to intervene early in the life-course to promote optimal mental health. An estimated 17% of South Africa's children have a diagnosable and treatable mental disorder, yet only one in 10 is able to access care.

Conclusion

Outreach, training and task-shifting have the potential to build capacity of frontline workers at primary care level and should be coupled with a child- and family-centred approach, including adult services paying greater attention to the vulnerability and care needs of children of parents with mental disorders.

Recommendations

- Conduct a national, representative child and adolescent mental health survey using well-validated instruments.
- Implement school-based prevention and promotion interventions.
- Strengthen psychosocial support and trauma-focused interventions for children exposed to violence and trauma.

“Give them a reason to live”: exploring the prioritisation of adolescent and youth mental health policy in South Africa

Michelle De Jong, Tanya Jacobs, Asha George, Mark Tomlinson

“Purposeful efforts are needed to unite the adolescent mental health community and co-ordinate research, advocacy, policy and implementation activities to enhance and protect the mental health of young South Africans.”

Aim

This study provides insight into the current state of adolescent and youth mental health policy in South Africa, and explores potential actions to strengthen adolescent mental health policy development and implementation from the perspective of health policy actors and youth advocates.

Results

The analysis revealed several barriers to prioritisation, including: a lack of policy community cohesion, inadequate leadership, insufficient collaboration with adolescents and young people and those with lived experience, evidence gaps, a fragmented policy landscape, and a lack of simple, scalable solutions. However, a number of opportunities were also identified.

Conclusion

Adolescent and youth mental health has not received the political attention necessary to ensure that action is taken to enhance and protect the mental health of young South Africans.

Recommendations

- Actively create opportunities to strengthen understanding of the factors that shape policy prioritisation for adolescent and youth mental health policy.
- Increase efforts to strengthen actor power by improving networking and co-ordination.
- Strengthen the internal and external framing of adolescent and youth mental health.

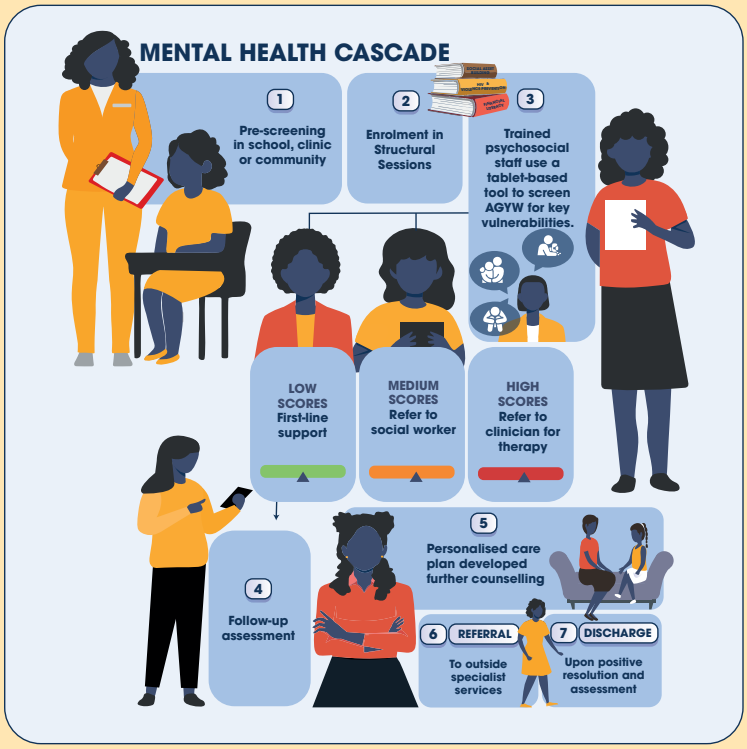
13

GOOD PRACTICE

An approach to mental health integration: practices and lessons from a DREAMS programme in South Africa

Andrew Hartnack, Clare Hofmann, Anje Pretorius, Jenny Mcloughlin, Harry Hausler

> “Mental health screening can be integrated into existing HIV prevention efforts targeting high-risk populations such as adolescent girls and young women in community settings like schools. This could have major systemic benefits.”



Aim

This paper details the integration of TB HIV Care’s mental health component into the DREAMS programme (a multi-country programme that aims to prevent HIV acquisition among highly vulnerable adolescent girls and young women), and argues that this approach offers a model and lessons for the adoption of better mental health services within the Primary Health Care system.

Findings

Between October 2022 and May 2024, 145 605 participating adolescent girls and young women underwent mental health screening. While most participants were in a low-risk mental health category, over 5 000 were in need of first-line counselling; 934 required higher-level support, and 506 moderate- to high-risk cases needed in-depth support. TB HIV Care implemented its mental health treatment cascade for these clients, with good results.

Conclusion

This paper provides lessons for the government in addressing weaknesses and gaps in existing mental health services, not only for adolescent girls and young women, but also for the broader population. Such approaches should be better integrated into the Primary Health Care system to reduce the impact of mental health disorders on young people.

Recommendations

- Similar electronic risk-reduction screening tools should be adopted at Primary Health Care level.
- Mental health screening should take place in conjunction with other support and health education programmes.
- More research is needed on the outcomes of the care plans for clients with all levels of mental health risk.

14

GOOD PRACTICE

Lessons learnt from integrating mental health into sport-based adolescent sexual and reproductive health programmes in South Africa

Devyn E.Z. Lee, Zinhle Nkosi, Charmaine N. Nyakonda, Christopher Barkley, Andrew Dallos, Katherine G. Merrill, Mbulelo Malotana

> "Integrating basic mental health promotion content into existing sport-based adolescent sexual and reproductive health and rights (SRHR) programmes delivered by trained, near-peer mentors is a promising strategy to address the adolescent mental health crisis."

Aim

This paper documents the process of adapting programme curricula and providing training on the new content; presents preliminary results from programme monitoring data; and shares challenges faced and addressed by Grassroot Soccer.

Findings

Co-design with partners and young people clarified challenges facing adolescents, and review of the existing programme curricula highlighted opportunities for mental health integration. Programme monitoring data showed early promise in enhancing knowledge on adolescent mental health and SRHR.

Conclusion

Grassroot Soccer recommends that stakeholders in the SRHR and HIV space explore how to integrate mental health content into existing programmes, particularly in the current global health context where low-cost, promotive and preventive mental health models are not only viable, but essential.

Recommendations

- Seek collaboration with multi-sectoral stakeholders to sustainably promote mental health integration.
- Meaningfully engage beneficiaries in participatory design and adaptation processes.
- Prioritise facilitator training and support.

15

REVIEW

Health and related indicators: a mental health focus

Noluthando Ndlovu, Ntombifuthi Blose, Matome Mokganya

> “In the context of mental health, the expansion of routine indicators, policy frameworks, and longitudinal cohort resources presents a significant opportunity for enhanced analysis and system insight.”

Aim

This paper consolidates recent nationally representative and routine data to characterise population health status, service performance, mental health data assets, and cross-cutting system gaps.

Findings

Mental health data assets are expanding, with improvements in the routine indicator set and the inclusion of mental health metrics in longitudinal cohorts. However, significant gaps remain in community-level data capture, disaggregation by age, gender, and geography, standardisation of indicators, and governance structures. These limitations hinder the full integration of mental health into national health surveillance.

Conclusion

Accelerating progress requires integrated, equity-oriented strategies: strengthening mental health information governance; closing gaps in the HIV/TB care cascade; improving the quality of maternal, newborn, and child preventive services; rebalancing workforce and financing allocations; and addressing upstream socio-environmental determinants.

Recommendations

- Align South African mental health surveillance strategies with international best practices to ensure policy relevance and equitable service delivery.
- Adopt harmonised indicator standards, improve data quality assurance mechanisms, integrate mental health metrics into broader health and development monitoring systems, and ensure greater transparency and accessibility to support effective policy translation and address the challenges hindering the generation of actionable evidence.