

22 January 2016

Dear Ms Q D Mahlangu
MEC for Health
Gauteng

cc. Dr B. Seleban, Head Gauteng Department of Health
cc. Dr N. Mazamisa, Chief Director, Hospital Services, Gauteng Department of Health
cc. Dr M. Manamela, Director, Mental Health and Substance Abuse, Gauteng Department of Health
cc. Mr S. Phakathi, Director, Mental Health and Substance Abuse, National Department of Health

Dear Ms Mahlangu,

We write to express our concern over reports relating to the planned closure of the Life Esidimeni Care Centre in Gauteng. Such action will affect a large number of patients with chronic mental disorders. Given the nature and chronicity of their illnesses they are vulnerable individuals who are dependent on a structured care environment over the medium- to long-term.

While the idea of de-institutionalised or community-based care for the mentally ill is a progressive one, as a country we do not have all of the required resources to fully implement and realise that goal. Such a model of care is expensive and even high-income countries are not able to sustain it. Considering our socioeconomic situation and the poverty levels affecting a large portion of our population, it is clear that families are not able to accommodate and provide the level of care and structure that is needed by their chronically ill relatives.

One of the likely consequences of mass discharge of patients from facilities such as Life Esidimeni Care Centre is a flooding of district and regional hospitals and other facilities in the quest for mental health care, not to mention increased run-ins with the law. It must be borne in mind that in their current structured placement patients with chronic mental illness are able to cope due to the 24-hour care and supervision they receive – but upon discharge without the same level of structured care and supervision there is a high probability of relapse and disintegration of the rudimentary coping skills, resulting in a need for more intensive mental health treatments than previously required. Ultimately, the cost of care will be higher.

It is also of concern that attempts to burden existing mental health facilities with the discharged patients will have deleterious effects considering that existing mental health facilities in the country are already operating to full capacity and beyond. Over-burdening existing mental health facilities runs the risk of inadequate treatment of patients with acute mental illnesses, thus resulting in quicker relapses, readmissions and ultimately increased costs.

As the Psychological Society of South Africa (PsySSA) we are very aware of the national funding constraints and the need to provide services accordingly. We would, therefore, suggest a joint meeting of the Health Department with the various mental health professionals' societies, especially the South African Society of Psychiatrists (SASOP), in order that the matter can be discussed in the best interest of our mental health care users.

We look forward to hearing from you.

Sincerely,



Professor Anthony Pillay
President: Psychological Society of South Africa (PsySSA)