

Mental health services under apartheid

This article was written by a psychiatrist and looks at available mental health services for black and white communities. The services are grossly unequal. The article raises questions that need to be addressed to bring about change.

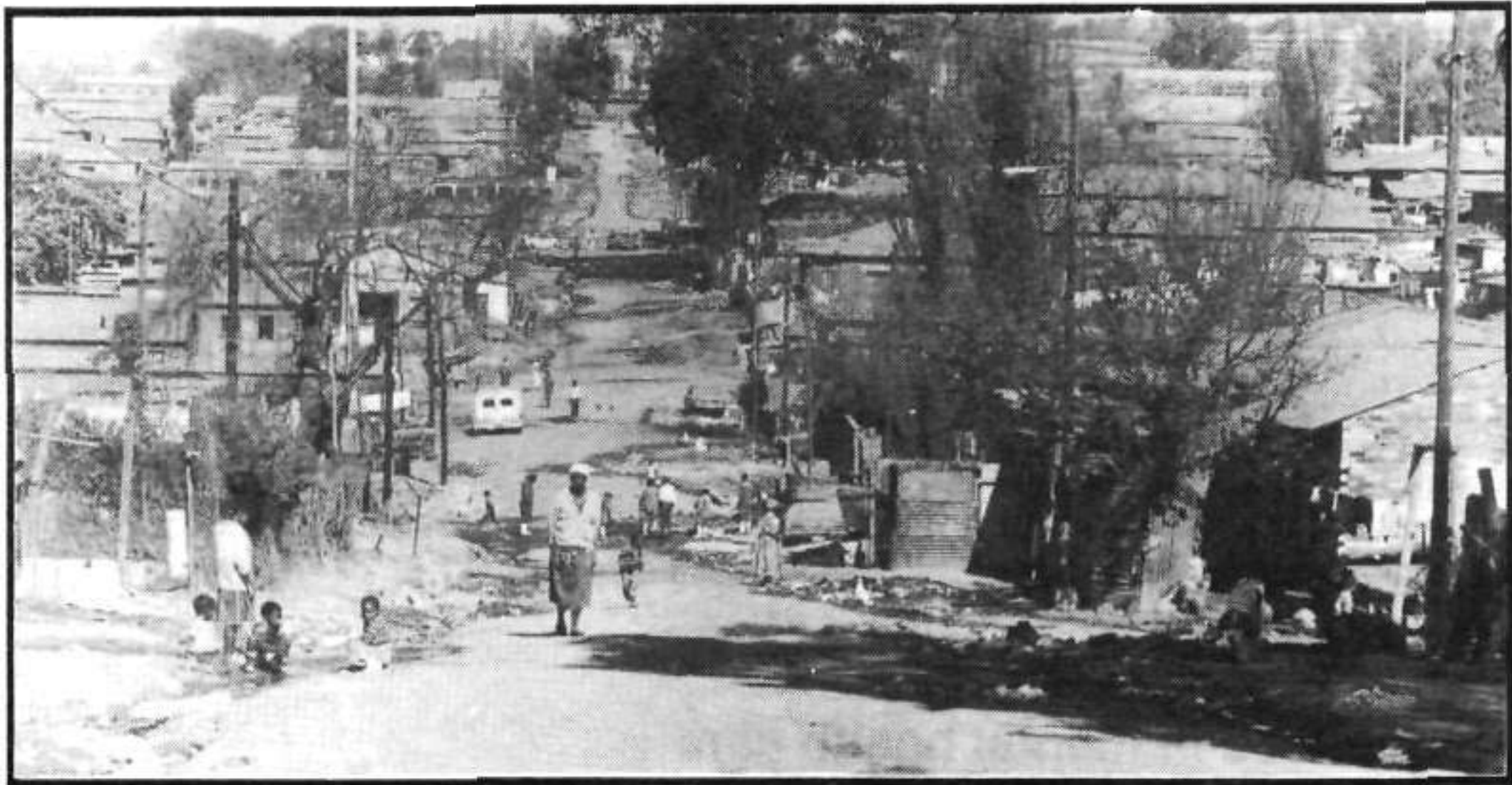
Discrimination In Mental Health Facilities

Mental health is not and never has been a priority in health services. Like other services under apartheid, the mental health services are provided along racial lines with a similar degree of inequality and discrimination.

In the Johannesburg area this shows itself in particular ways. In the whole of Soweto, with a population of over 2 million people, there is not a single psychiatric inpatient bed. One of the many inadequacies of Baragwanath Hospital is the fact that it has no psychiatric ward, despite a daily average of 100 psychiatric inpatients. A ward is in the process of being built but will only accommodate 24 of these patients.



Health services, like most other services, have been divided along racial lines



Alexandra township: One psychiatric ward at Hillbrow Hospital serves the entire population of this township and surrounding areas

Psychotic patients admitted to Baragwanath (and other black hospitals on the Rand) will be treated in general or medical wards initially. If they do not recover soon, they stand a strong chance of being signed into one of two state psychiatric institutions in the region.

Hillbrow Hospital has a 24 - bedded psychiatric inpatient unit. This serves the black population of central and white suburban Johannesburg and Alexandra township, but Sowetans are admitted as well. This situation is in sharp contrast to the facilities for white psychiatric inpatients at the Johannesburg Hospital and the J G Strydom Hospital. These two hospitals together have over 50 beds for acute admissions.

There is no equivalent facility for black patients to Tara Hospital. Tara is essentially a whites only, medium term stay hospital which accommodates inpatients with a range of different psychiatric problems.

These include affective disorders and psychotic states, eating disorders, adolescent disorders and neurotic and personality disorders. Tara also has an active outpatient child and family unit.

The T M I hospital in Braamfontein also has a child and family unit for white outpatients. No equivalent facilities exist for the treatment of black children and families with psychiatric difficulties, inpatient adolescent, personality and neurotic disorders.

A child assessment unit for intellectually impaired black children has been developed by a team of dedicated experts which is a first of its kind for black children. It is not a full-time service and does not offer as wide a range of treatment options as are available at white child and family units.

Unequal conditions

Conditions at the white and black sections of Sterkfontein Hospital, a state psychiatric institution, differ strikingly in terms of quality of care, doctor - patient ratios, patient - bed ratios and standards of physical accommodation. All these are weighed in favour of white patients. Capital projects in the recent past have not been able to improve the conditions in the black wards or to narrow the gap between white and black facilities.

Many chronically disabled psychiatric black patients are cared for in licensed institutions such as Randwest Sanatoria near Krugersdorp. Conditions in these settings are not unlike those in the chronic sections of the state institutions. They are all characterised by shortages of facilities and spartan living conditions.

Inequalities in mental health care

Outpatient services in the black community settings (as opposed to hospitals) tend to be similar to services provided in white settings. However, the case load that the staff members have to deal with tends to be greater in black community clinics. Also, the staffing and the varieties of possible treatments, tend to be less in the black community clinics. The result is less thorough and lower quality care.

Outpatient services based at general hospitals tend to be similar for white and black patients but again, they experience the same, if not as acute problems, as those described in the community clinic settings.

Lack of personnel serving the black community

The same disparity in facilities between white and black psychiatric services can be seen in the number and availability of trained mental health workers in the white and black services. There are pitifully few black psychiatrists and psychologists; the bulk of these health workers are white and they serve mainly the white community.

The lack of trained mental health workers and facilities means that there is an insufficient range of psychiatric services - such as counselling, individual and group therapy, play therapy, family and marital therapy - within the black community whereas these facilities are plentiful in the white community.

Whatever few facilities there are for the black community, are offered by a small number of social workers who provide the mere bones of a counselling service; the bulk of their responsibilities are taken up by other social work duties such as grant applications and placement arrangements.

Thus there is a deficit in the range of psychiatric services available to the black community, as well as in the quality of services that do exist.



Whites only elections: The majority of South Africans have no say in the running of essential services

Conditions for change

It is, of course, true to say that these discrepancies, deficiencies and inequalities are a direct product of apartheid structures. The number, range and quality of *psychiatric services bears a direct relationship to the amount of political power* wielded by the black and white communities respectively. The number of psychiatric inpatient beds at Baragwanath Hospital is the same as the number of Sowetans in Parliament; nil on both counts. The white community, from whom parliamentarians, and other political decision makers are drawn, have the best possible facilities - which are denied those with no access to political power.

Lack of accountability

Another important aspect to be considered is that planners, decision makers, bureaucrats and other administrators responsible for the planning and maintenance of mental health facilities (and indeed all health services) are not accountable to the black communities provided with the services. Instead, they are responsible to their political masters and constituencies which are the all - white Nationalist Party and its allies. This means that any defects, problems and complaints about the services in black communities fall on the ears of people whose allegiances lie elsewhere, and are in fact opposed to those who complain.

This means that the impoverishment of the services is not only a direct result of state policy, but that attempts at improvements are bound to fail as long as the apartheid regime keeps the power to administer health services.

Piecemeal gains may be made by vigorous and sustained pressure but fundamental change and improvements are only possible when political power is exercised by people directly accountable to their communities.