

Safeguarding mental health: Genuine agenda or empty talk?

In September, I discussed National Women's Day, World Breastfeeding Week and World Humanitarian Day. I highlighted that these occasions should be embraced as significant instruments for advocacy as they can be used to educate the public on issues of concern, and to mobilise political will and resources to address national and global problems. World Mental Health Day was commemorated on Friday, 10 October, with the purpose of creating public awareness of how critical mental health is, mobilising efforts in support of mental health and of making mental health a global priority.^[1] World Mental Health Day serves as a potent trigger to remind us that there is no health without mental health, and that mental health is a basic universal human right for all people.

The first principle in the preamble to the Constitution of the World Health Organization (WHO) affirms that 'Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.'^[2] The WHO goes on to define mental health as 'a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our wellbeing.'^[3] Mental health can be protected or undermined by diverse and combined individual, family, community and structural factors, and adverse circumstances such as poverty, violence, disability and inequality increase the risk of developing a mental health condition. Despite the fact that many mental health conditions can be effectively treated at relatively low cost, inadequate resourcing and treatment gaps in health systems persist, globally. Moreover, the quality of mental healthcare, when available, is often poor.^[3]

Mental health conditions have significant impact and can be associated with considerable distress, impairment in functioning or risk of self-harm. In 2019, 970 million people globally were living with a mental disorder. Most were from low- and middle-income countries. Anxiety and depression were the most common conditions. All aspects of life, including relationships with family, friends and community, are negatively affected by mental health conditions, which can also lead to or result from problems at school and at work. Mental disorders account for 1 in 6 years lived with disability, globally. Severe mental health conditions can result in death 10 - 20 years earlier than the general population. The risk of suicide is increased. Because of societal attitudes, people with mental health conditions often experience stigma, discrimination and human rights violations. There are huge economic consequences as well, and productivity losses significantly surpass the direct costs of care.^[4]

The campaign for the 2025 World Mental Health Day focused on the mental health of people affected by humanitarian emergencies, and the urgent need to support their psychosocial needs. Humanitarian emergencies, including crises such as natural disasters, conflicts and public health emergencies, result in emotional distress, with one in five individuals affected experiencing a mental health condition. Supporting the mental wellbeing of individuals during these times is critical. Lives are saved, and people are given the strength to cope and the space to heal, to recover and rebuild, both as individuals and as communities. The WHO emphasises that during crises it is essential for everyone, including government officials, health and social care providers, school staff and community groups to come together and work hand in hand to ensure that the most vulnerable have access to the support they need, while protecting the wellbeing of everyone. It is important to invest in evidence- and community-based interventions to address immediate mental health needs, foster long-term recovery and empower people and communities to rebuild their lives and

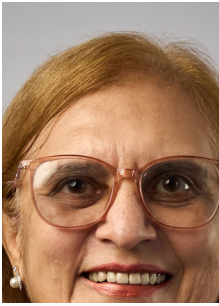
to thrive. Efforts to create a world where mental health is valued, protected and accessible for all, especially in the face of adversity, need to be intensified.^[5]

The National Planning Commission's Mental Health Situational Analysis,^[6] published in 2024, underscores that mental ill-health has emerged as an urgent issue in South Africa (SA)'s multifaceted health challenges. While there have been efforts to integrate mental health services into primary healthcare, disparities persist, with severe shortages of mental health professionals and limited budget allocation. Moreover, the National Development Plan review in 2020 revealed that insufficient attention was paid to mental health. Depression and anxiety consistently emerge as the most prevalent mental disorders in SA, affecting a significant proportion of the population. Research indicates that certain populations in the country face heightened risk. During the pre- and postnatal period, mental disorders affect 20 - 40% of women, with implications extending to their children. Fourteen percent of adolescents live with mental health issues, compared with 25.7% of the general population. There are limited updated data available on prevalence, which results in critical gaps in understanding the extent of mental disorders in SA, highlighting the urgent need for comprehensive research to understand the burden of disease across all mental health challenges experienced in the country.^[6]

Resource disparities, infrastructure challenges and implementation gaps affect access and quality of care nationwide, hindering mental health service provision. Resource constraints, including limited budget allocation and uneven distribution of resources across provinces, significantly impact service delivery and quality. The allocation of resources for mental health services in SA is disproportionately low, with only 5% of the national healthcare budget dedicated to this critical area. Infrastructure inadequacies and staff shortages are pervasive challenges in SA's mental health service delivery, with persistent challenges such as poor referral systems, stockouts of essential medications and insufficient training of healthcare professionals hindering effective service delivery. Estimates suggest that only a quarter of individuals in need of mental healthcare receive it, indicating a substantial treatment gap, which exacerbates the burden of mental illness on individuals and families and imposes significant societal costs, with loss of productivity and reduced quality of life.^[6]

Despite SA's mental health policies evolving over time and aligning with WHO standards, implementation has often lagged behind. While comprehensive mental health policy frameworks have been introduced, there are significant challenges in implementation. Inadequate coverage of mental health indicators in existing data collection systems, such as the District Health Information System, impedes effective monitoring and management of mental health services. Other impediments to effective policy implementation include poor dissemination of policies and guidelines, insufficient political support and funding, a lack of collaboration across government sectors, limited pilot projects to demonstrate impact and inadequate stakeholder engagement.^[6]

Given that the approach to mental health in the country remains very much at the 'Cinderella' stage, despite some initiatives, implementation of the agenda to safeguard mental health needs to be genuine and not just empty talk. Multifaceted processes are critical if the spiralling mental health crisis in SA is to be addressed. Existing risk factors and resource disparities and constraints must be dealt with. Appropriate budgetary allocation for mental health is required. Policy goals must translate to policy execution. In addition, comprehensive, standardised data collection mechanisms need to be implemented to inform decision-making and improve mental health interventions



across the country. For all this we require positive political will, and not mere commemorations in October, with the issue rapidly transforming into a distant memory in November, only to resurface in October the following year.

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