

PUBLIC MONITORING OF GOVERNMENT MENTAL HEALTH SERVICES IN SOUTH AFRICA: WHAT DATA NEEDS TO BE PRODUCED AND PUBLISHED?

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INTRODUCTION

If the general public is able to monitor the delivery of services, it can help hold the government to account and, ultimately, improve the quality of the services being delivered. But to effectively monitor services the public needs access to information.

This note explores what information the government needs to publish to enable the effective public monitoring of the delivery of mental health services. It documents how much of this information is produced by government and how much of what is produced is publicly available. Finally, it assesses how regular, comprehensive, and accurate the published information is.¹ While focusing on mental health specifically, this note speaks to some of the opportunities and challenges associated with budget monitoring as they relate to service delivery priorities within the public health system in South Africa more generally.

According to findings from the South African Stress and Health (SASH) study, an estimated 1 in 6 South Africans will have a mental disorder in any given 12 month period; 1 in 3 will have a mental disorder at some point in

¹ This is part of a series of similar assessment that will determine what information the public needs to monitor service delivery and to engage with government.

their lifetime.^{2,3} The same study estimated that only 28 percent of people with severe disorders and 24 percent of people with mild disorders receive treatment.⁴ The cost of failing to adequately treat mental health to the South African economy is difficult to determine. Based on data from the SASH study, lost household income due to untreated depression and anxiety disorders was conservatively estimated to be R40 billion; 2.2 percent of South African's GDP in 2005.

Though it accounts for a significant and growing burden of non-communicable disease in South Africa, we know surprisingly little about how much is being spent on the promotion, prevention, and treatment of mental illness in the public healthcare system. Aggregated expenditure data on mental health services are not systematically collected in either the public or private health sectors. This makes it extremely difficult to monitor and evaluate mental health service delivery in the public sector.

In this note we show that only limited information is actually made available to the public. This is despite the fact that there is good policy in the form of the National Mental Health Policy Framework and Strategic Plan 2013-2020, which makes provision for the collection and publication of data on expenditure on mental health service delivery. The only information that is made available is expenditure on psychiatric hospitals, which accounts for approximately 3 percent of total provincial health spending.

WHAT BUDGET AND SERVICE DELIVERY INFORMATION DOES THE PUBLIC NEED?

If a civil society organization, or even a member of the public, wanted to determine what is being spent on mental health services in the public sector and the effectiveness of that spend, they would need to have access to a range of strategic planning and budget information. This information would include:

1. **Government's assessment of needs:** this information could be published in stand-alone reports but also as part of budget and strategic planning documentation. Without this information it is not possible to determine if the government's plans and budgets are sufficient to meet the need for services
2. **What government committed to deliver:** unless civil society or the public more generally have access to information that outlines exactly what the government intends to deliver it is impossible to determine if the budget is sufficient and being used appropriately. This information should include the kinds of mental health services the government intends to deliver (e.g. counseling, community based care, in-patient care), how services will be provided, and where they will be made available.
3. **Budget allocation:** to determine if the government has allocated sufficient resources to deliver on its commitments regarding the delivery of mental health services, the public should have access to detailed budget information that is sufficiently disaggregated to allow individuals to determine what has been allocated for mental health services by type of intervention (e.g. mental health promotion, community based services, in-patient services) and facility or local service area (e.g. sub-district).

² Between January 2002 and June 2004 the survey was carried out as part of the World Health Organisation's World Mental Health Initiative. The purpose of the survey was to, amongst other things, obtain population based data on the prevalence and severity of psychiatric disorders and the levels and adequacy of mental health service provisioning.

³ Williams DR, Herman A, Kessler RC, Sonnega J, Seedat S, Stein DJ, et al. The South Africa Stress and Health Study: rationale and design. *Metab Brain Dis.* 2004 Jun; 19 (1-2):135-147.

⁴ Herman AA, Stein DJ, Seedat S, Heeringa SG, Moomal H, Williams DR. The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *South Afr Med J Suid-Afr Tydskr Vir Geneesk.* 2009 May; 99 (5 Pt 2) : 339-344.

4. **Implementing agent:** the public needs to know who is responsible for providing mental health services and who to report problems to. If it is not being delivered satisfactorily, information on the contractor and implementing agent is important so the public can report them to the relevant government department and know whether they are repeat offenders.
5. **Actual spending:** in addition to knowing how much was allocated for service delivery, information on where and how money was actually spent is also critical. Without this information it is difficult to determine if allocated funds were spent for their intended purpose, if funds were spent efficiently, and if spending achieved its desired result. This information should be made available throughout the year so that expenditure can be monitored on a continuous basis.
6. **Oversight reports:** for the purposes of monitoring service delivery it is not sufficient to rely on expenditure reports alone. All government expenditure must be reviewed and audited both internally and by independent oversight bodies such as the Auditor General and parliamentary oversight committees. Information on oversight should then be made publically available so that the public are made aware of any discrepancies between what the government has committed to deliver, how funds allocated for service delivery were actually used, and what sort of corrective action was taken to fix any problems within the system.

WHAT INFORMATION HAS THE GOVERNMENT COMMITTED TO PRODUCING?

The South African Government has committed to publishing a great deal of strategic planning, budget, and expenditure reporting and oversight information. Historically much of this information has been aggregated to the provincial and national levels with little or no information at the facility or sub-district levels. Budget information is also not clearly linked to specific interventions or service delivery targets, and most published information only indicates allocations and expenditure by economic classification (compensation of employees, goods and services, and infrastructure) or broad programmatic areas (e.g. primary health care and hospital services). This has made it impossible to monitor budgeting and expenditure for mental health services.

The government has, however, committed to improving the quality of strategic planning and budgeting for mental health care services and, consequently, the information that should be in the public domain. In 2013 the National Department of Health (NDoH) published its National Mental Health Policy Framework and Strategic Plan for South Africa 2013-2020 (MHPF).⁵ The MHPF outlines how the national and provincial health departments will approach the implementation of the Mental Health Care Act of 2002 and provides greater prominence to mental health budgets at both the national and provincial levels. At a national level it requires a budget to be allocated specifically in support of the implementation of the MHPF at the provincial level. Provinces are also required to develop strategic plans for mental health. These are aligned to the national framework and also detail what each province will deliver and what would be allocated for implementation.

The MHPF does not detail which documents need to be produced. However, there is enough information to reasonably assume that, at a minimum, mental health budgets should be explicitly addressed in three

⁵ Lund C., Myer L, Stein DJ, Williams DR, Flisher AJ. Mental illness and lost income among adult South Africans. *Society of Psychiatry Epidemiology*. 2013;48(5):845–51.

documents. These documents, which could be used to monitor budgeting for mental health care services, include:

1. NDoH’s budget should outline the funding allocated to meet targets set for its areas of responsibility outlined in the MHPF and its own strategic plan.
2. All provinces should develop provincial strategic plans for mental health that outline their own specific strategies, targets and timelines, indicators, and budgets for implementation.
3. The National Health Insurance (NHI) budget and/or financing strategy should outline the allocation to mental health services.

In addition to these documents, there are others that should indicate funding for mental health services, what has been spent, and what has been delivered. These include:

1. Any expenditure specifically allocated for mental health services at the level of Primary Health Care (PHC), should be outlined in provincial health budgets and strategic plans.
2. Similarly, any expenditure on specialized psychiatric hospitals should be outlined in provincial health budgets and strategic plans.
3. Treasury regulations also require that all hospital budgets should be published annually in provincial gazettes. This includes the budgets of psychiatric facilities.
4. The national and provincial health departments should publish annual reports that outlines both progress towards achieving targets and expenditure on service delivery.

HOW MUCH OF THIS INFORMATION IS PRODUCED AND PUBLISHED?

Table 1 provides an overview of how well health department at the national level is doing at meeting its obligations; Table 2 provides an overview of health departments at the provincial level.

As the tables indicate, while there is some information on allocations for mental health services published at the national and provincial levels, this information is generally limited to allocations to psychiatric hospitals and does not include services at the PHC level. Data that is published is too aggregated and limited to effectively monitor what is being spent on mental health services and what should be spent to meet the need for care. Details of the limitations around published and publicly accessible budget information on mental health services is presented in the following notes on each table.

TABLE 1: MENTAL HEALTH SERVICES FUNDED FROM NATIONAL LEVEL

Types of Information	Source of Information	Publication status
Government's assessment of needs	<ul style="list-style-type: none"> • National Mental Health Policy Framework and Strategic Plan • Department of health General Strategic Plan • NHI Policy documentation 	<ul style="list-style-type: none"> • Produced and published in 2013 but not updated. • Produced and published but mental health service need not clearly identified. • NHI Green Paper published (2011) cursory mention of mental health.
What government committed to deliver	<ul style="list-style-type: none"> • National Mental Health Strategic Plan (NMHSP) • Department of Health General Strategic Plan • PHC Re-engineering • NHI Pilot Business Plans 	<ul style="list-style-type: none"> • Not produced. • Produced and does include limited targets for mental health service delivery. • Produced but does not include mental health. • Produced but not published.
Budget allocation	<ul style="list-style-type: none"> • Costed NMHS • NdoH Budget • Integrated into NdoH budget and provincial budget • NHI Conditional Grant 	<ul style="list-style-type: none"> • Not produced. • Produced with limited info on mental health expenditure. • Produced and published but no disaggregation for mental health. • Published but not disaggregated.
Implementing agent	<ul style="list-style-type: none"> • NMHSP • NdoH Strategic Plan • Provincial Strategic plans • NHI Pilot business plans 	<ul style="list-style-type: none"> • Not produced. • Produced with limited activities and targets. • Produced but not disaggregated for mental health. • Produced but not published.
Actual spending	<ul style="list-style-type: none"> • NdoH Annual report on implementation of NMHSP • NdoH Annual Report • Provincial Annual reports • NdoH Annual report 	<ul style="list-style-type: none"> • Not produced. • Produced with limited data on mental health expenditure. • Produced and published but no disaggregation for mental health.
Oversight reports	<ul style="list-style-type: none"> • NdoH Annual report on NMHSP • NdoH Annual report • Provincial Annual reports • NdoH Annual report 	<ul style="list-style-type: none"> • Not produced. • Produced but no report on mental health service delivery. • Produced and published but no disaggregation for mental health. • Produced and published but no disaggregation for mental health.

TABLE 2: MENTAL HEALTH SERVICES FUNDED FROM PROVINCIAL LEVEL

Types of Information	Source of Information	Publication status
Government’s assessment of needs	<ul style="list-style-type: none"> • Provincial Mental Health Strategic Plan • Provincial Health General Strategic Plan 	<ul style="list-style-type: none"> • Not Produced. • Produced and Published with limited need for mental health services included.
What government committed to deliver	<ul style="list-style-type: none"> • Provincial Mental Health Strategic Plan • Provincial Health General Strategic Plan 	<ul style="list-style-type: none"> • Not produced. • Produced and published-commitments only for psychiatric hospitals.
Budget allocation	<ul style="list-style-type: none"> • Costed Provincial Mental Health Strategic Plan • Provincial Health budget • Psychiatric Hospital Budget 	<ul style="list-style-type: none"> • Not produced. • Produced and published-allocations only given for psychiatric hospitals. • Produced and Gazetted.
Implementing agent	<ul style="list-style-type: none"> • Provincial Mental Health Strategic Plan • Provincial Health General Strategic Plan 	<ul style="list-style-type: none"> • Not Produced. • Produced and published commitments only for psychiatric hospitals.
Actual spending	<ul style="list-style-type: none"> • Annual Report on Provincial Mental Health Strategic Plan • Provincial Health Annual Report • Provincial health Annual report 	<ul style="list-style-type: none"> • Not Produced. • Produced and published-only psychiatric hospitals reported on. • Produced and published.
Oversight reports	<ul style="list-style-type: none"> • Annual Report on Provincial Mental Health Strategic Plan • Provincial Health Annual Report • Provincial health Annual report 	<ul style="list-style-type: none"> • Not Produced. • Produced and Published-only psychiatric hospitals reported on • Produced and published.

MENTAL HEALTH SERVICES FUNDED FROM THE NATIONAL LEVEL

NDoH is responsible for making policies to coordinate the delivery of mental health services at the provincial level. Amongst other things, this includes identifying priority interventions and resource needs to meet commitments.

Policy level coordination should start with the development of a national mental health strategic plan which is informed by the broader MHPF. The strategic plan should identify the needs for mental health services across the county, the interventions that will be implemented to address these needs, and how much this will cost. This information would then be used to determine the allocation of budgets for mental health service delivery.

Since NDoH does not usually implement health services directly, their commitments would most likely involve strategic support to provinces in planning and oversight. With regard to budgeting, the department would need to articulate how much has been allocated for policy and oversight work, as well as any direct funding of

provincial mental health services that is provided through conditional grants. However, very little of what should be happening at the national level in terms of support for mental health services is taking place. While the NDoH does cite the implementation of the MHPF as a priority, it has not developed a costed strategic plan for its implementation.

Within its general departmental strategic plan, the only information provided regarding mental health services are a few lines outlining broad targets for service delivery. NDoH's strategic plan 2015-2020 does include the strategic objective "Improve access to a quality of mental health services in South Africa."⁶ The national targets set for the achievement of this objective, however, are somewhat vague (35 percent of prevalent population screened for mental disorders; 35 percent of prevalent population treated for mental disorders).

It is unclear what "prevalent population" is meant to mean. Without further context, these targets are largely meaningless. There is also no other publically available strategic planning documentation that demonstrates how greater prominence will be given to mental health services or how coordination with provinces in achieving these targets will take place.

Mental health services form part of NDoHs non-communicable diseases sub-program. For the 2015/16 financial year R29 million has been allocated to non-communicable diseases. However, the allocation for non-communicable diseases is not disaggregated enough to determine what will be spent on mental health or what sort of priority mental health is given in the budget. There is also no conditional grant that deals specifically with mental health services. Unlike HIV/AIDS spending, there are no mental health business plans to indicate what is being spent on mental health services at the provincial level.

With the phased introduction of the NHI, there is an opportunity to develop health financing strategies that articulate what is being allocated for services across specific priority areas. The National MHPF commits to prioritizing mental health in the NHI. Unfortunately, progress on implementing the NHI has been slow and the NHI White Paper and the NHI Financing paper are, at the time of writing, not yet published. NDoH does fund NHI piloting through a conditional grant to NHI pilot districts. While this may prioritize mental health services in some way, it is impossible to tell because NDoH does not publish any of the business plans for the pilot districts.

All departmental activities and expenditure should be reported in annual reports each year. These reports are fairly accessible to the public. However, they follow strategic planning and budgeting documentation and so any limitations with regard to mental health services found in these documents will be repeated in the annual reports.

MENTAL HEALTH SERVICE FUNDING AT THE PROVINCIAL LEVEL

The dearth of information on allocations to mental health services as a priority area is particularly problematic when we look at what is being produced and published at the provincial level. Provincial departments of health are responsible for the bulk of service delivery in health. Logically, the bulk of information on budget allocations to mental health services would be produced at the provincial level. This is not the case, however.

⁶ South African Department of Health (2015). Department of Health Strategic Plan 2015/16-2019/20. P. 43

Even though the National MHPF commits to the production and publication of provincial mental health strategic plans by 2014, none of South Africa's nine provincial departments of health has produced such a plan. Nor is there any indication that provincial health departments intend to produce these plans in the near future.

Within provincial health strategic plans more generally, mental health services are a stated priority. That said, the only attention given to mental health services within provincial strategic planning documentation is for provincial psychiatric hospitals. Provincial psychiatric hospitals fall under the provincial hospital services program in all provinces. In most instances the only targets provided for service provision at these hospitals is given as the number of admissions each year. Provinces do not articulate need for services or the intended outcomes.

There is no articulation of mental health services provided at the PHC level within any provincial strategic plan. It is impossible to tell, for example, what provinces plan to offer in the way of psychological services or counselling at clinics or community health centers.

As with the provincial strategic plans, provincial health budgets only provide an indication of what is being spent on provincial psychiatric hospitals, not what is being spent on mental health services at the PHC level. With regard to spending on psychiatric hospitals, based on available information we were able to determine that provinces only spend an average of 3 percent of their total budgets on these facilities.

In addition to this higher-level expenditure data, provinces are also required to gazette hospital budgets each year. These gazettes provide a good level of detail on hospital expenditure in areas such as the compensation of employees (including numbers and type of staff), goods and services (including expenditure on medicines), and infrastructure.

While the gazettes are publicly available, they are generally only accessible online through paid subscriptions. They should be freely available in government provincial offices, but their availability is patchy.

As at the national level all provincial health activities and expenditure should be reported in annual reports each year. These reports are produced and published and are fairly accessible to the public. However, they follow strategic planning and budgeting documentation and any limitations with regard to mental health services found in these documents will therefore be repeated in the annual reports. Again, the only activity and expenditure data for provincial mental health services is for psychiatric hospitals and excludes services at the PHC level.

CONCLUSION

The South African government is often cited as being one of the most transparent when it comes to the production and publication of budget information.⁷ To a large extent this is true. However, access to both national and provincial budget information remains aggregated to the programmatic level. This useful for

⁷ IBP (2015). "The Open Budget Survey 2015 Global Report." IBP: Washington D.C. <http://internationalbudget.org/wp-content/uploads/OBS2015-Report-English.pdf>

monitoring trends in allocations to various departments and their main programs, but it does not allow for the monitoring the budgets for priority interventions.

Mental health services are one of NDoH's priority areas within its non-communicable disease program. The priority given to mental health has been articulated in the MHPF published in 2013, but this has not followed through to the budget or strategic planning documentation that determines what the health system will actually deliver.

Beyond psychiatric hospitals, the budget and strategic planning documentation that is currently published and that is freely accessible provides preciously little information on what sort of priority is given to mental health services and, even more fundamentally, what those services actually involve. This makes it impossible for civil society, and the public more broadly, to monitor mental health services.