

MEDIA RELEASE NO. 5

PERCEPTIONS OF GENERAL AND MENTAL HEALTH

Introduction

The **South African National Health And Nutrition Examination Survey (SANHANES-1)** was established by the Human Sciences Research Council (HSRC) as a population health survey that will be repeated regularly to address the changing health needs in the country and to provide a broader and more comprehensive platform to study the health and nutritional status of the nation on a regular basis.

The study, compiled by a research consortium comprising the HSRC and the Medical Research Council (MRC), was financed by the national Department of Health and the UK Department for International Development (DFID) and HSRC.

SANHANES-1 provides critical information to map the emerging epidemic of non-infectious, or non-communicable diseases (NCDs) in South Africa, and to analyse the underlying social, economic, behavioural and environmental factors that contribute to the population's state of health. Data on the magnitude of and trends in NCDs, as well as other existing or emerging health priorities, will be essential in developing national prevention and control programmes, assessing the impact of interventions, and evaluating the health status of the country.

Methodology

SANHANES-1 included individuals of all ages living in South Africa, except those living in educational institutions, old-age homes, hospitals, homeless people, and uniformed-service barracks. The study was conducted during 2012; 25 532 individuals (92.6% interview response rate) completed a questionnaire-based interview; 12 025 participants had a physical examination completed by a medical doctor, and 8 078 participants provided a blood specimen for biomarker testing. A biomarker is a measurable characteristic that reflects the severity or presence of the state of some disease.

This first round of SANHANES will provide baseline data of a representative sample of the population for future analysis over long periods of time (longitudinal surveys).

Key findings

Perceptions of general health

In terms of the perceptions of general health, the study found that the majority of participants (78.6%) reported having very good to good health. About one third of participants (37.1%) rated their health status as very good, 41.5% as good, 16.2% as moderate and 5.1% as bad to very bad. However, when these self-reported health status were judged against biomedical measures, it show an optimistic picture. The clinical examination showed that 10.2% were hypertensive, 9.5% diabetic, a large proportion were overweight, and 17.1% had anaemia. The observation below that more than 11% had post-traumatic stress disorder also raises concerns about the health status of the population. This suggests that the South African population is not as healthy as they may believe because some may not have been previously diagnosed with the disease.

The WHO-Disability Assessment Scale (DAS) was used to measure the level of self-reported disability in the previous 30 days. The study found that there was a very low level of disability, the overall prevalence being less than 3%. Regarding difficulty in carrying out activities of daily living (ADL), the survey found that 70.8% of the participants did not have any difficulty in carrying out daily activities.

Finally, the study found that the self-reported near- and far-sightedness of those wearing glasses or contact lenses were 12.1% and 14.1% respectively, while 9.5% reported using hearing aids.

Mental health: Psychological distress, experience of traumatic events and post-traumatic stress disorder (PTSD)

The study also found that the prevalence of psychological distress, as measured using the Kessler-10 (K10) scale during the most recent four-week period was 28.4%. The prevalence of moderate, high-intensity and very high-intensity psychological distress was 10.3%, 4.2% and 2.2%, respectively. Psychological distress was identified in a quarter of males (25.0%) and almost a third of females (31.4%) in the preceding 30 days and was of low intensity in 83.3% of the participants.

Family-related traumatic events (14.5%), followed by personal assaults (6.9%), were the most common lifetime traumatic events experienced by the participants. The overall prevalence of lifetime post-traumatic stress disorder (PTSD) was 11.1% and that of symptomatic PTSD 41.4%.

Notes

The overall finding of the study shows a relatively high prevalence of post-traumatic stress disorder (PTSD) of 11.1%, with a large number of people with symptoms of post-traumatic stress disorder (41.4%). The study findings also suggest that a large proportion of South Africans have been traumatised. The most common types of reported traumatic events were family-related trauma and personal assault.

The levels of PTSD reported in this study were found to be higher than that reported in the 2009 South African Stress Survey (SASS). SASS found life- time and 12-month prevalence rates of PTSD to be 2.3% and 0.7% respectively, while conditional prevalence of PTSD after trauma exposure was 3.5%.

Recommendations

On the basis of the foregoing findings, SANHANES-1 encourages the government to prioritise mental health, especially at primary health-care levels and in particular, the following:

- More should be done to screen and diagnose people with common mental health disorders presenting at health-care facilities to offer them an opportunity for treatment. The health system should incorporate mental health as part of routine care.
- Recommend that the Departments of Health and Social Development urgently address the shortage of mental-health professionals within the health system. Much can be learnt from the HIV and AIDS sector, especially HIV counselling and testing (HCT), to extend mental-health services in primary care and raise awareness of this NCD through task shifting. This can be accomplished through the recruitment and training of middle-level mental-health professions, such as basic psychologists, social workers, and health promoters, as well as psychology, social work and community mental-health assistants. There is an urgent need for these middle-level mental-health workers in the health system to work with mental-health professionals such as psychiatrists and psychologists, as well as psychiatric nurses and clinical social workers.

The HSRC remains available to support the Department of Health and Social Development in the implementation of these recommendations.

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