

The Ekurhuleni Declaration on Mental Health - April 2012

We, the participants in the National Mental Health Summit held on 12-13 April 2012, consisting of representatives of government departments, non-governmental organizations, the World Health Organization, academic institutions, research organizations, professional bodies, traditional health practitioners, clinicians and advocacy and user organizations, gathered around the strategic theme 'Scaling up investment in mental health for a long and healthy life for all South Africans':-

Informed by the Constitution of the Republic of South Africa, 1996; the Mental Health Care Act 2002 (No. 17 of 2002); Resolution WHA55.10 of the World Health Assembly; United Nations General Assembly resolution 65/95; the United Nations Convention on the Rights of Persons with Disabilities; the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and the eThekweni Declaration of the 2nd Biennial Substance Abuse Summit.

Recognising that health is a state of mental, physical and social wellbeing and not just the absence of infirmity and that there can be no health without mental health; human rights of people with mental disabilities are entrenched in South African and International law; poor mental health and substance abuse is often associated with poverty, violence and other adversities and vulnerability while good mental health is an important contributor to social and economic development; attaining good mental health requires the commitment and practical involvement of a number of government and non-government sectors and partners; users of mental health services are integral to planning and delivery of mental health services; mental health service delivery must be accessible, affordable and acceptable; the right of all South Africans to the enjoyment of the highest attainable standards of physical and mental health must be achieved through increased services for mental health at all levels of the health care system, and that culture plays a key role in mental health.

Noting that mental and neurological disorders account for 13% of the global burden of disease and for 25.3% and 33.5% of all years lived with a disability in low- and middle-income countries, respectively; in South Africa neuropsychiatric disorders rank 3rd in their contribution to the overall burden of disease - after HIV and AIDS and other infectious diseases; over 16% of adults in South Africa have a 12 month prevalence of mental disorder; around three quarters of people in South Africa that suffer from a mental disorder do not currently receive any mental health intervention; mental and substance use disorders are closely correlated with physical diseases including both communicable diseases such as HIV and AIDS and non-communicable diseases such as heart disease and cancer; mental and substance use disorders and intellectual disabilities impact on every strata of South African society, men and women, all races, economic groups, urban and

rural populations and all age groups; there is considerable inequity in mental health service provision especially between the private and the public sectors and also between urban and rural areas; mental health services within general health care and community based mental health services are underdeveloped; people with mental disorders and disabilities continue to be stigmatised and discriminated against in most aspects of their lives; improved primary mental health care would reduce the number of mental health visits to secondary and tertiary health care facilities.

This national mental health summit was a culmination of an intensive process of consultation in provinces involving over 4000 people.

Realizing that primary health care is the foundation of the health care system and that there is a need to fully integrate mental health care into primary health care in South Africa with the view to increasing prevention, screening, self management, care, treatment and rehabilitation; in order to achieve equitable, efficient and quality health services, South Africa is in the process of implementing a National Health Insurance System and mental health must form an integral part of this system.

Hereby commit to:-

1. Promoting mental health as an important development objective;
2. Eliminating stigma and discrimination based on mental disability and promoting the realisation of the United Nations Convention on the Rights of Persons with Disabilities (2006);
3. Full implementation of the Mental Health Care Act, 2002 (Act No. 17 of 2002) and changing the legislation where this is needed;
4. Ensure collaboration across sectors and between governmental and non-governmental organizations, academics and with other stakeholders to improve mental health services;
5. Providing equitable, cost-effective and evidence based interventions and thereby ensure that mental health is available to all who need it, including people in rural areas and from disadvantaged communities.
6. Integrating mental health and substance abuse services into the general health service environment.
7. Providing mental health and substance abuse care to people within communities while referring to higher health care levels where clinically required.
8. Ensuring that all users of mental health services participate in the planning, implementation, monitoring and evaluation of mental health services and programmes.
9. Fostering person-centred recovery paradigm that respects the autonomy and dignity of all persons;
10. Increasing human resources to address mental health needs throughout the country through additional training across sectors, integration into general health care and through the National Health Insurance System;

11. Developing and strengthening human capacity for prevention, detection, care treatment and rehabilitation of mental and substance use disorders and build links with traditional and complementary health practitioners.
 12. Providing physical infrastructure that is conducive to the needs and human rights of people with mental disorders and disabilities;
 13. Reducing costs and increase the efficiency of mental health interventions, including making medicines more affordable, in order to provide essential health services;
 14. Establishing comprehensive mental health surveillance mechanisms, health information systems and dissemination processes to assist policy and planning.
 15. Developing and supporting research and innovation in mental health.
 16. Using the outputs from the summit to finalise the Mental Health Policy Framework 2012-2016 and to assist with its implementation and monitoring;
- And consequently to:**
1. Develop and implement a mental health service delivery platform based on community and district based models to ensure that prevention, promotion, treatment and rehabilitation services meet the needs of all;
 2. Implement with vigour the Health Sector Mini Drug Master Plan;
 3. Establish at least one specialist mental health team in each district;
 4. Adequately fund mental health services as per WHO recommendations;
 5. Embed and increase mental health human resources within the National Human Resource Plan;
 6. Develop a fit for purpose plan for mental health infrastructure at all levels;
 7. Revise norms and standards in line with the service delivery platform;
 8. Strengthen Mental Health Review Boards;
 9. Establish a national surveillance system and appropriate monitoring and evaluation systems for mental health care integrated into the National Health Information System;
 10. Establish a national suicide prevention programme;
 11. Strengthen links with traditional, complementary and faith based healers and non-governmental organizations.

Obituary of Dr. Ahmed Ould Hamady (Mauritania)

Driss Moussaoui

Ibn Rushd University Psychiatric Centre, Casablanca, Morocco

Dr. Ahmed Ould Hamady, a Mauritanian psychiatrist, died at the age of 52 on the 14th of June 2012, after years of fight against cancer. He was born in 1960 in Maghtaa Lahjar in the Brakna region, Mauritania. He became orphan from his father and mother very early, with only two sisters left to him. He studied in a lower school of Brakna, and high school in Gorgol in the Kaedi region.

He received his medical degree from the Faculty of Medicine of Algiers, Algeria in 1990 and specialized in psychiatry in the year 2000. His M.D. thesis was done on the epidemiology of mental disorders and on the care of mental patients in Nouakchott, Mauritania's capital, including the traditional care.

In the year 2000, he became head of the psychiatric ward of the military hospital of Nouakchott. In 2001, he became head of the National Mental Health Programme, and from 2003 till 2012, he was the head of the only psychiatric hospital in Nouakchott for the whole country.

He founded and was the president of the "Groupe de Recherche et d'Intervention sur Psycho-Trauma en Afrique Francophone (GRIPPAF)"

He was father of 3 children (the youngest is 3 and the eldest 15).

Dr. Ahmed Ould Hamady succeeded beautifully to motivate local, national and international partners to improve care of mental patients, and to fight stigma in the Mauritanian society. His partnership with the WHO collaborating centre of Lille (France) made it possible to conduct the first epidemiological survey in the general population of Nouakchott on the prevalence of mental disorders, but also on the community perception of mental

disorders and patients. In collaboration with colleagues from Lille and Marseille (France), he started training the mental health care workers in Mauritania, made it possible to train the first child psychiatrist of Mauritania, as well as a specialist in community mental health. The latter initiated a local mental health council in Nouakchott under the responsibility of the representatives of the population.

Dr. Ould Hamady initiated also a public-private partnership, in collaboration with the Ministry of Health, with the World Association for Social Psychiatry and with the departement « Access to medications » of Sanofi. Dr. Ould Hamady made a remarkable pilot study in Nouadhibou (Northern Western part of Mauritania) with excellent results: from a few mental patients cared for, more than one thousands were treated by PHC workers 18 months later. The involvement of representatives and of the population has been outstanding. The Ministry of Health of Mauritania, impressed by these results, signed for an extension of this programme to other provinces of the country for the next 5 years.

Dr. Ould Hamady has been an enthusiastic leader, hardworking, highly respected in his country and in the francophone international psychiatry. Professor Farid Kacha who was his teacher in Algiers, remembers him as a generous person and as very ambitious for his country.

We will miss very much Ahmed Ould Hamady as a person and as a high quality colleague. His premature death is a loss for the Mauritanian psychiatry (two psychiatrists only for the whole country now), for the Maghrebian and for the African psychiatry as well.