



FINDINGS FROM THE FIRST SOUTH AFRICAN STRESS AND HEALTH STUDY

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INTRODUCTION

The South African Stress and Health (SASH) study, conducted between 2002 and 2004, is the first nationally-representative study of common mental disorders in South Africa. It was conducted in collaboration with the World Health Organisation's World Mental Health (WMH) Survey Initiative (their website). Funding was provided by the National Institute of Mental Health, the National Institute of Drug Abuse, the University of Michigan, the National Department of Health and the Medical Research Council of South Africa. Previous research suggested that neuropsychiatric disorders add significantly to the burden of disease in both developed as well as developing countries. The data from this study provides a unique opportunity for policy makers to examine local data on the prevalence and treatment of mental disorders and to compare it with international data.

FINDINGS

- *The high 12-month and lifetime prevalence estimates of psychiatric disorders confirm the importance of these conditions in a developing world setting.
- *Anxiety disorders, mood disorders, and substance use disorders are common among all race groups and across all the provinces.
- *Treatment rates for those with psychiatric rates are low, and this is particularly apparent in those with substance use disorders.
- *There have been high rates of exposure to psychological trauma in the South African population.

THE PREVALENCE ESTIMATES OF 12-MONTH DISORDERS:

- Any 12-month disorder: 17%
 - One disorder: 11%
 - Two disorders: 3.9%
 - Three or more disorders: 1.4%
- Most prevalent class of 12-month disorders:
 - Anxiety disorders: 8.1%
 - Substance use disorders: 5.8%
 - Mood disorders: 4.5%
- Most prevalent individual 12-month disorder:
 - Major depressive disorder: 4.9%
 - Agoraphobia without panic: 4.8%
 - Alcohol abuse: 4.5%
- Few differences by race
 - 12-month prevalence estimates are highest in the Western Cape and Free State

THE PREVALENCE AND SEVERITY OF 12-MONTH DISORDERS IN THE WMH SURVEY:

- Compared with 14 other countries in the WMH Survey, South Africa has the:
 - 2nd highest prevalence for substance use disorders
 - 6th highest prevalence for anxiety disorders
 - 7th highest prevalence for mood disorders

Table 1: Provincial 12-month prevalence estimates (%) of DSM-IV/WMH-CIDI disorders.

Province	All Disorders	Specific disorders (grouped)				N
		Anxiety	Mood	Substance use	Impulse	
Western Cape	23.0 [†]	13.0 ^{NS}	7.1 [†]	7.1 [†]	2.2 ^{NS}	448
Free State	26.2 [†]	18.0 [†]	9.0 [†]	7.3 [†]	2.8 [†]	423
North West Province	18.5 ^{NS}	11.0 ^{NS}	2.9 [†]	6.0 ^{NS}	0.9 ^{NS}	453
Limpopo	18.3 ^{NS}	12.6 ^{NS}	3.1 [†]	4.5 ^{NS}	1.0 ^{NS}	420
KwaZulu-Natal	17.9 ^{NS}	9.5 [†]	5.2 ^{NS}	4.5 ^{NS}	1.9 ^{NS}	749
Gauteng Province	17.4 ^{NS}	11.2 [†]	5.3 ^{NS}	4.9 ^{NS}	2.5 [†]	591
Mpumalanga	15.9 ^{NS}	12.5 ^{NS}	3.6 ^{NS}	1.9 [†]	0.2 [†]	415
Eastern Cape	15.7 [†]	10.8 ^{NS}	5.0 ^{NS}	2.8 [†]	0.5 [†]	619
Northern Cape	18.5 ^{NS}	11.6 ^{NS}	5.1 ^{NS}	6.4 ^{NS}	1.0 ^{NS}	233
South Africa	18.8%	23.0%	10.1%	4.9%	1.6%	4351
†p < 0.05						
NS p > 0.05						

LIFETIME PREVALENCE ESTIMATES OF DSM-IV

MENTAL DISORDERS:

- Any lifetime disorder: 30.3%
 - Two or more disorders: 11.2%
 - Three or more disorders: 3.5%
- Most prevalent class of lifetime disorders:
 - Anxiety disorders: 15.8%
 - Substance use disorders: 13.3%
 - Mood disorders: 9.8%
- Most prevalent individual lifetime disorders:
 - Alcohol abuse: 11.4%
 - Major depressive disorder: 9.8%
 - Agoraphobia without panic: 9.8%

Table 2: Lifetime prevalence estimates (%) of DSM-IV/WMH-CIDI disorders by province

Province	All disorders	Specific disorders (grouped)				N
		Anxiety	Mood	Substance Use	Impulse	
Western Cape	42.4 [†]	27.0 [†]	14.1 [†]	18.5 [†]	3.6 [†]	448
Free State	40.4 [†]	28.1 [†]	15.4 [†]	14.9 [†]	3.8 [†]	423
North West Province	37.1 ^{NS}	24.1 ^{NS}	9.1 ^{NS}	12.8 ^{NS}	1.6 ^{NS}	453
Limpopo	35.5 ^{NS}	26.9 [†]	6.9 [†]	11.4 ^{NS}	2.1 ^{NS}	420
Kwazulu-Natal	33.6 ^{NS}	20.1 [†]	10 ^{NS}	11.6 ^{NS}	2.4 ^{NS}	749
Gauteng Province	31.8 ^{NS}	20.1 [†]	10.5 ^{NS}	10.5 ^{NS}	4.4 [†]	591
Mpumalanga	31.3 ^{NS}	22.4 ^{NS}	8.0 ^{NS}	7.5 [†]	0.2 [†]	415
Eastern Cape	30.7 [†]	21.8 ^{NS}	9.1 ^{NS}	7.3 [†]	1.0 [†]	619
Northern Cape	28.8 [†]	16.3 [†]	6.4 [†]	12.9 ^{NS}	3.4 ^{NS}	233
South Africa	34.6%	23%	10.1%	11.7%	2.5%	4351
† p < 0.05						
NS p > 0.05						

- Lifetime prevalence estimates are highest in Western Cape and Free State
- 15.9% of people with any disorder received treatment
- Lowest treatment rate for alcohol dependence
- Of individuals receiving treatment, the majority (35.5%) received their care from general medical practitioners

THE PREVALENCE OF TREATMENT IN WMH

SURVEY COUNTRIES:

- Compared with 15 other countries in the WMH Survey South Africa is
 - Among bottom four in providing treatment for a diagnosis of moderate or severe DSM-IV disorder (only 22.1% received treatment)

Table 3: Prevalence of 12-month health service use in separate service sector by 12-month DSM-IV/WMH-CIDI disorders

Disorders	Health care					Non-health care				
	Mental Health			General Medical	Any Healthcare	Human Services	CAM§	Any non-health care	Any Treatment	Nw
	Psychiatrist	Other*	Any**							
Anxiety disorders										
GAD	6.7 (2.8)	9.2 (3.7)	11.3 (4.0)	22.9 (5.9)	28.6 (5.5)	3.9 (2.3)	4.4 (2.2)	6.1 (2.8)	31.8 (5.5)	83
Panic Disorder	2.6 (2.7)	4.8 (4.6)	7.4 (5.4)	13.5 (6.7)	13.5 (6.7)	8.8 (6.5)	5.9 (4.3)	12.3 (7.3)	25.8 (9.4)	34
Agoraphobia	1.6 (1.1)	1.5 (0.9)	2.4 (1.2)	19.2 (3.2)	19.5 (3.2)	4.3 (1.7)	5.3 (1.5)	9.6 (2.2)	23.4 (3.4)	205
Social Phobia	3.6 (2.4)	7.9 (3.6)	9.6 (3.8)	28.3 (5.7)	32.8 (5.5)	14.6 (5.7)	8.9 (3.7)	22.6 (6.1)	39.7 (6.1)	81
Any Anxiety	3.7 (1.1)	4.0 (1.2)	6.2 (1.7)	20.1 (2.5)	22.5 (2.7)	6.6 (1.7)	5.4 (1.3)	11.5 (2.0)	27.2 (3.0)	360
Mood disorders										
Major Depressive	4.0 (1.7)	4.4 (1.6)	6.8 (2.6)	11.0 (2.4)	15.1 (3.0)	5.5 (1.6)	6.6 (2.0)	11.3 (2.5)	22.6 (3.6)	209
Any Mood	4.2 (1.7)	4.4 (1.6)	6.8 (2.6)	11.0 (2.4)	15.1 (3.0)	5.5 (1.6)	6.6 (2.0)	11.3 (2.5)	22.6 (3.6)	209
SUBSTANCE USE DISORDERS										
Alcohol Abuse	5.0 (2.2)	1.4 (0.7)	6.0 (2.3)	15.4 (3.7)	18.2 (3.8)	6.0 (2.5)	5.2 (2.1)	11.2 (3.3)	25.3 (4.3)	196
Alcohol Dependence	2.2 (2.2)	0.0 (0.0)	2.2 (2.2)	7.1 (4.9)	9.3 (5.3)	2.7 (2.7)	9.2 (5.5)	11.9 (6.0)	16.6 (6.6)	50
Drug Abuse	3.7 (2.9)	2.0 (1.5)	4.9 (3.1)	28.0 (6.7)	28.7 (6.8)	11.2 (4.6)	15.4 (6.5)	24.6 (6.4)	43.1 (8.5)	61
Any Substance	4.4 (2.0)	1.4 (0.6)	5.5 (2.0)	16.4 (3.0)	19.1 (3.2)	6.2 (2.1)	7.9 (2.2)	13.6 (2.8)	27.6 (4.0)	249
Composite										
Any Disorder	3.9 (1.0)	2.9 (0.7)	5.6 (1.3)	16.6 (1.8)	19.0 (2.0)	6.6 (1.4)	5.9 (1.0)	12.0 (1.7)	25.5 (2.5)	690
No Disorder	1.3 (0.3)	0.8 (0.2)	1.9 (0.3)	9.0 (0.8)	10.1 (0.8)	3.1 (0.4)	3.2 (0.3)	5.7 (0.5)	13.4 (0.9)	3,625
Part II Rates	1.7 (0.3)	1.1 (0.2)	2.5 (0.4)	10.2 (0.8)	11.5 (0.8)	3.7 (0.4)	3.7 (0.3)	6.7 (0.6)	15.4 (1.0)	4,315

PTSD (n=25), dysthymia (n=2) and drug dependence (n=5) were excluded because of small numbers

Nw = weighted number of respondents meeting criteria for each 12-month DSM-IV/WMH-CIDI disorder.

*Other mental health professionals (mental health nurses, psychologists, social workers)

**Any mental health care provider

§Complementary and alternative medicine (usually traditional healer)

RECOMMENDATIONS FOR POLICY

There is high unmet need in the area of mental health, despite the effectiveness and cost-effectiveness of mental health treatment.

There is a need to improve screening for common mental disorders, to decrease stigmatization and to improve mental health literacy.

Parity with other medical services needs to be established for mental health services, with resourcing appropriate to their contribution to the burden of disease.

Given resource constraints, additional attention is needed to determine optimum allocation of these resources.

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