

EDITORIAL

Depression among South Africa's civil servants: Is there a solution?



A recent South African newspaper headline reads – “State employees fail to disclose chronic mental illnesses”. The article states that the Government Employees Medical Scheme (Gems) data, showed that at least 32 069 state employees suffer from chronic depression. Furthermore employees and Gems principal members

diagnosed with bipolar disorder stood at 5837, with those suffering from schizophrenia at 727.¹ If this data is true, there are serious concerns on how we manage mental health in the civil service. Of more concern are civil servants with major depression and other mental health conditions who are managed outside Gems, which include other medical aid schemes, public health system and traditional healers whose data are not included. However, let us focus on available data.

In 2013, South Africa's public service had 3.03 million employees against the 2.79 million at the civil service federal level in America.² From the Gems data, the percentage of South Africa's civil servants with mental health conditions may appear very small (1.3%), the significance of the findings is its effect on service delivery. Major depression by its clinical presentation has elements of depressed mood or loss of interest of more than two weeks with other criteria which include poor concentration, impaired function (social, occupational and educational), change in sleep pattern, activity, loss of energy, guilty and suicidality to mention a few. A chronically depressed civil servant cannot perform his or duty optimally without being on medication. The societal perception adds another dimension to the complexity of the problem, as mental health conditions have their “stigma” resulting in their diagnoses being concealed from employers.

But do we know the magnitude of major depression in South Africa's general population? A recently published report by the South African Depression and Anxiety Group involving over 1 000 employed/previously employed workers or managers in the country showed a poor awareness of cognitive symptoms, with 74% of them having reported experiencing one or more of the following the last time they were depressed: trouble concentrating, forgetfulness, and indecisiveness. Nearly half of the participants with depression, the cognitive symptom that most affected their ability to perform work tasks as they normally would was “difficulty concentrating”. The significance of the study is that depressed employees are performing poorly at the work place and we should ask ourselves – what can we do to turn the tide? According to the psychiatrist and clinical psychologist, Dr Frans Korb, depression negatively impacts productivity. If an employee has depression but is at work, they are five

times less productive than an employee who was absent due to depression,³ The research report concludes that the issues of absenteeism in the workplace while ill, as well as continuing to work whilst ill, impacts severely on productivity.

The situation cannot be attributed to a shortage of employees as alluded to above. However, we can ask – “are employees properly placed, adequately trained for the job they do, and properly cared for by the employer”? Another study conducted by the international research company – Bloomberg, ranked South Africa as the second “most stressed out” nation in the world, following Nigeria, with El Salvador ranked third.⁴ In addition, the study by Ipsos Global and Reuters, showed that up to 53% of South Africa's workforce does not take their allotted annual leave.⁵ So is there a solution to depression in the workplace and specifically in South Africa's civil service?

The answer lies in the implementation of a number of simple strategies that include comprehensive employee wellness programmes, addressing societal stressors, and making sure employees take their annual leaves to mention a few. The departments of Public Service and Administration in collaboration with the Health department should as a matter of urgency, implement radical policies to prioritize “mental health” issues at national, provincial and local government levels with appropriate funding so that we end up with a “mentally” healthy civil service. There are constant complaints about poor service delivery in the public service and yet we know what to do. So let us be proactive and not reactive. We can no longer play the role of the proverbial “ostrich” that sticks its head in the ground and pretends that all is well. All is not well with the mental health status of our civil servants but we can turn the tide around. So let us collectively change the situation for the better. I end with one of the famous quotes of the late Mahatma Gandhi – “*You must be the change you wish to see in the world*”.

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