

Barriers to Accessing Mental Health Care as Defined in the MHCA: A Gauteng Case Study

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Submitted: 2026, Feb 02; Accepted: 2026, Feb 27; Published: 2026, Mar 09

Citation: Magadze, T. A. (2026). Barriers to Accessing Mental Health Care as Defined in the MHCA: A Gauteng Case Study. *Adv Neur Sci*, 9(1), 01-03.

Abstract

The Mental Health Care Act (MHCA) 17 of 2002 in South Africa establishes a rights-based framework for mental health services, emphasising equitable access, dignity, and community integration. However, significant barriers persist in Gauteng province, where urban density and resource strains exacerbate challenges. This case study employs a mixed-methods approach, including analysis of provincial health data, facility audits at five public hospitals and clinics, and semi-structured interviews with 28 stakeholders (healthcare providers, users, and policymakers). Findings reveal system-level obstacles such as inadequate funding (with mental health comprising only 6.7% of Gauteng's health budget) and human resource shortages (0.51 psychiatrists per 100,000 uninsured population); social barriers like stigma and low mental health literacy; and structural issues including fragmented community services and medication stock-outs. These impediments undermine MHCA mandates for least-restrictive care and user participation, leading to high readmission rates (over 24%) and treatment gaps exceeding 90%. The study recommends increased provincial investment in community-based models, anti-stigma campaigns, and intersectoral collaboration to align practice with MHCA principles. By addressing these multilayered barriers, Gauteng can advance rights-based mental health care, reducing inequities and improving outcomes for vulnerable populations.

Keywords: Mental Health Care Act 2002, Gauteng Mental Health Barriers, System-Level Obstacles, Social Stigma, Structural Access, Rights-Based Care, Community Integration

1. Introduction

South Africa's post-apartheid mental health landscape has been shaped by efforts to redress historical inequities, with the MHCA serving as a cornerstone for promoting human rights in care delivery. Enacted in 2002, the Act shifts from custodial to community-oriented models, mandating protections against discrimination and ensuring access to treatment without undue restrictions [1]. In Gauteng, home to over 15 million people and a hub of economic activity, mental health demands are acute due to factors like urban migration, poverty, and trauma legacies. Yet, despite policy advancements, access remains uneven, with many users facing obstacles that violate MHCA provisions for dignified, timely, and participatory care [2]. This case study explores these barriers in Gauteng, drawing on provincial data to illuminate gaps and inform targeted reforms.

1.1 Problem Statement

While the MHCA outlines rights to accessible, non-discriminatory

mental health services, Gauteng's implementation reveals persistent hurdles. System-level issues, such as underfunding and overburdened facilities, lead to prolonged waits and hospital-centric care, contravening the Act's emphasis on community-based alternatives [3]. Social barriers, including stigma and cultural misconceptions, deter help-seeking, while structural challenges like geographic disparities and infrastructure deficits limit equitable access [4]. These factors contribute to a treatment gap where less than 10% of those needing care receive it, perpetuating cycles of marginalisation and rights violations [2]. Addressing them is essential for realising the MHCA's vision in Gauteng's diverse context.

1.2 Research Aim

To identify and analyse system-level, social, and structural barriers to accessing MHCA-defined mental health care in Gauteng, with a focus on rights-based obstacles.

1.3 Research Objectives

- To examine system-level barriers, including funding, human resources, and policy enforcement.
- To explore social obstacles such as stigma, literacy, and community attitudes.
- To assess structural challenges like infrastructure, medication availability, and intersectoral coordination.
- To propose strategies for overcoming these barriers to enhance MHCA compliance.

1.4 Research Questions

- What system-level factors hinder access to rights-based mental health care in Gauteng under the MHCA?
- How do social barriers affect users' ability to seek and receive MHCA-mandated services?
- What structural obstacles impede equitable, community-integrated care as per the Act?
- How can these barriers be mitigated to strengthen MHCA implementation?

2. Literature Review

2.1 Overview of the MHCA and Access Provisions

The MHCA promotes a decentralised, rights-oriented system, requiring provinces to integrate mental health into primary care and ensure user rights to information, consent, and least-restrictive interventions [1]. In Gauteng, this translates to obligations for timely assessments and community referrals, but audits show inconsistencies [5].

2.2 System-Level Barriers

Funding constraints dominate, with mental health allocating just 5-7% of provincial budgets, leading to hospital-centric models where 86% of expenditure goes to inpatient services [2]. Human resource shortages, with ratios like 0.51 psychiatrists per 100,000 in Gauteng, exacerbate delays in 72-hour assessments mandated by the MHCA [3]. Policy gaps, such as non-functional Mental Health Review Boards, weaken oversight [6].

2.3 Social Barriers

Stigma remains pervasive, with community attitudes viewing mental illness as weakness or supernatural, deterring utilization [7]. Low literacy about MHCA rights compounds this, as users often lack awareness of entitlements to confidentiality and participation [4]. In Gauteng's multicultural settings, language barriers further isolate non-English speakers [3].

2.4 Structural Barriers

Infrastructure deficits, including overcrowded facilities and rural-urban divides, limit access [2]. Medication stock-outs disrupt continuity, violating MHCA's care standards [6]. Fragmented inter-sectoral links, such as between health and social development, hinder community reintegration post-discharge [3].

3. Methodology

3.1 Research Design

A mixed-methods case study design integrated quantitative data from provincial audits and qualitative insights from interviews for depth [8].

3.2 Study Setting and Sample

Focused on Gauteng, data were drawn from five facilities (two hospitals, three clinics) in urban and peri-urban areas. Purposive sampling included 15 providers, 8 users, and 5 policymakers.

3.3 Data Collection

- Quantitative: Review of 120 patient records and Gauteng health expenditure reports.
- Qualitative: Semi-structured interviews on barrier experiences.
- Secondary: Analysis of MHCA compliance documents.

3.4 Data Analysis

Thematic analysis for qualitative data ; descriptive statistics for quantitative [9].

3.5 Ethical Considerations

Approved by a Gauteng ethics committee; informed consent and anonymity ensured.

4. Findings

4.1 System-Level Barriers

Funding shortfalls resulted in 45% of resources tied to specialised hospitals, with readmissions costing 18% of budgets [2]. Staff vacancies averaged 25%, delaying assessments.

4.2 Social Barriers

75% of users reported stigma as a deterrent; low literacy meant only 40% knew MHCA rights.

4.3 Structural Barriers

Stock-outs affected 60% of cases; urban facilities were overburdened, with rural access limited by transport.

5. Discussion

Gauteng's barriers reflect national trends but are intensified by provincial demands, underscoring MHCA implementation shortfalls. System-level issues, like underfunding (6.7% of health budget), echo what was noted 86% inpatient focus perpetuates institutionalisation over community care, contravening MHCA's deinstitutionalisation ethos. Human resource gaps (0.51 psychiatrists per 100,000) align with Sorsdahl et al. (2023), highlighting task-shifting failures and non-adherence to 72-hour protocols, risking rights abuses [2,7]. Socially, stigma—rooted in cultural misconceptions—mirrors Petersen et al. (2016), where community discrimination delays helpseeking, undermining MHCA's dignity provisions [4]. The South African Human Rights Commission (2019) report on the Life Esidimeni incident exemplifies how these intersect, with 144 deaths from poor planning

and stigma-driven neglect. Structurally, stock-outs and fragmented services, as per National Department of Health (2023), fragment continuity, violating access rights [3]. Inter-sectoral silos, noted in Ngwenya & van Rensburg (2020), hinder referrals, while urban-rural divides exacerbate inequities [5]. Overall, these barriers stem from historical under-prioritisation, requiring MHCA-aligned reforms like resourced directorates and anti-stigma initiatives to foster equitable, rights-based care [6,7].

6. Limitations

The study's focus on five facilities limits generalisability beyond Gauteng's urban contexts; self-reported data may carry recall bias, though triangulation addressed this. Cross-sectional design misses temporal changes, and exclusion of private sector perspectives narrows scope.

7. Future Research

Longitudinal tracking of MHCA compliance post-2023 policy implementation could assess progress. Comparative studies across provinces, incorporating user-led designs, would highlight regional variations. Exploring digital tools for literacy and access, alongside economic analyses of barrier mitigation, could guide investments.

8. Recommendations

- Allocate at least 10% of Gauteng's health budget to mental health, prioritising community services.
- Train 500 additional non-specialists annually in MHCA protocols.
- Launch province-wide anti-stigma campaigns with multilingual resources.
- Establish integrated referral systems between health, social, and justice sectors.

9. Conclusion

This Gauteng case study exposes entrenched barriers to MHCA-defined mental health care, where system-level under-resourcing, social stigma, and structural fragmentation erode users' rights to dignified, accessible treatment. Despite progressive legislation, these obstacles sustain high treatment gaps and inequities, echoing

national crises like Life Esidimeni. Strengthening implementation through targeted funding, education, and collaboration is imperative for translating MHCA principles into reality. By overcoming these challenges, Gauteng can model a resilient, rights-centred system that empowers users, reduces stigma, and integrates mental health into broader social justice efforts ultimately fostering a healthier, more inclusive society.

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