



## Mental Health Risk in South Africa

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### What is known

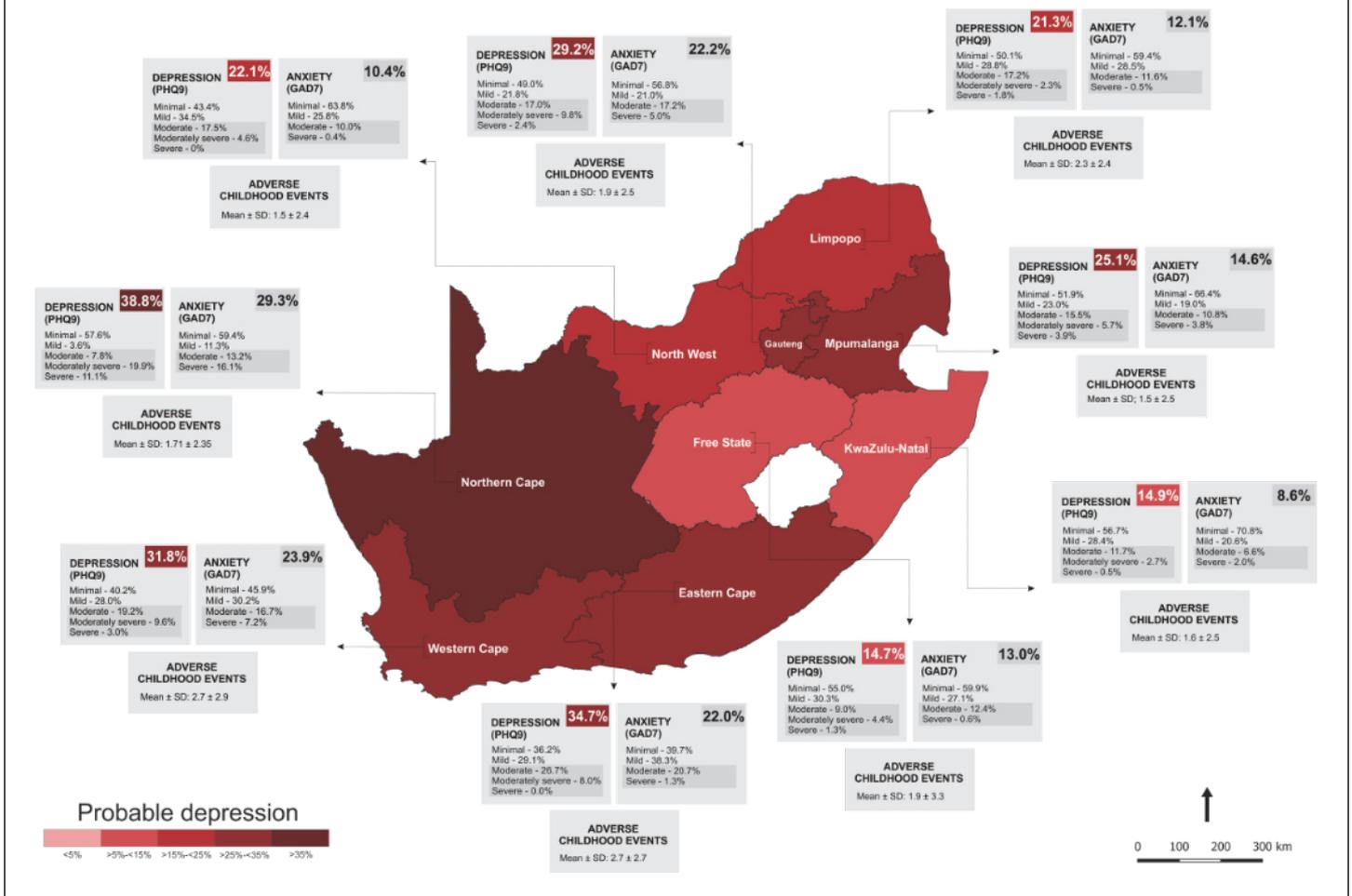
Depression among young adults in low-to-middle income countries such as South Africa has become an ever-increasing public health concern. It has been reported that nearly 20% of South African adults suffer from impaired mental health, with less than a quarter of this population ever seeking mental health treatment. Anxiety, adverse childhood events (ACE) that is abuse, neglect or household dysfunction experienced in childhood and socio-economic and demographic determinants have all been implicated in the onset of depression.

In 2013, it was reported that the lifetime prevalence rate of depression was highest in the Eastern Cape (31.4%), one of the poorest provinces in South Africa. Another study conducted in 2018 in young South African adults found a high rate of moderate to severe level of anxiety (18.6%) in females from urban informal settlements. Additionally, it has been reported that more than half of South African adults have experienced emotional or sexual abuse and about 40% have experienced some sort of emotional neglect before the age of 18yrs.

It is well documented that depression is more frequently reported among older adults who report a marital status of single, widowed or divorced. Depression has also been found to be more prevalent in later life presumably attributed to changes in life conditions surrounding retirement, a decline in health and the risk of social neglect. The level of education attained has also been reported to associate with depression outcomes. Higher levels of education have been associated with better mental health outcomes while, low levels of education have been linked to poorer mental health outcomes.

Furthermore, about a third of the South African population, and 74% of poor South Africans reside in rural areas. While it is believed that individuals in poorer rural areas are more susceptible to experiencing adverse mental health outcomes, it has recently been reported that young adults in urban areas seem to experience a higher level of depression when compared to their rural counterparts.

**Figure 1: Prevalence of mental health risk across South Africa. PHQ9: Patient Health Questionnaire; GAD7: Generalised Anxiety Disorder.**



### Findings from the study

From our data, the prevalence of probable depression across South Africa in 2021 was reported at 25.7%. More than a quarter of respondents reported moderate to severe symptoms of depression, which is more than double the data reported from several other national surveys conducted worldwide (US: 6.9% (2011); Germany: 5.6% (2013); Australia: 10.0% (2014)). We also conclude that 17.8% of respondents reported probable anxiety (GAD-7 score  $\geq 10$ ) and 23.6% of respondents reported an accumulative ACE score of 4 or more (high risk).

Our data also showed that the prevalence of depression and anxiety varied across all nine provinces in the country, with higher prevalence being reported in the Northern Cape, Eastern Cape, Western Cape, Gauteng, and Mpumalanga provinces (Figure 1). Probable depression was also more frequently reported among older (>65yrs), widowed, divorced, or separated adults who are retired; in a lower socio-economic group (household assets score in the lowest tertile); living in the metropolitan area; with a basic level of education such as primary school (Figure 2). This study found a strong association between anxiety and ACE score with depression outcomes across various models, even after

adjusting for socio-demographic factors. Anxiety was also found to increase the odds of probable depression. From our data, 58.1% of respondents with probable depression also reported anxiety. Furthermore, we also found the likelihood of having probable depression increases with each standard deviation increase in accumulative ACE score.

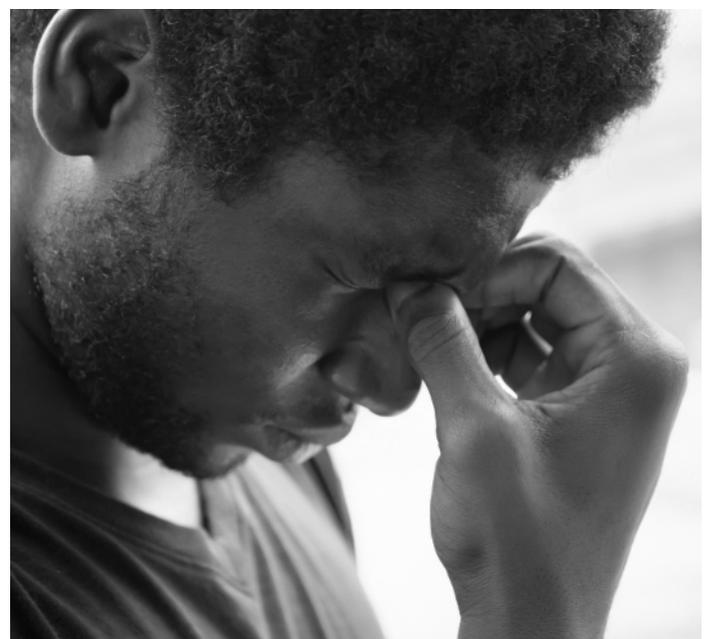
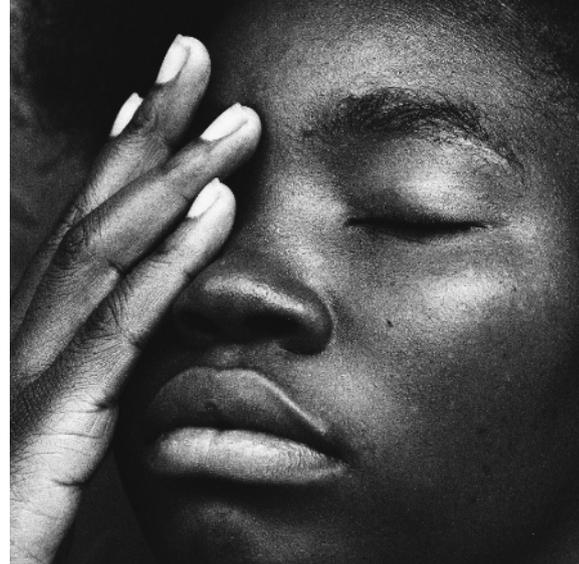
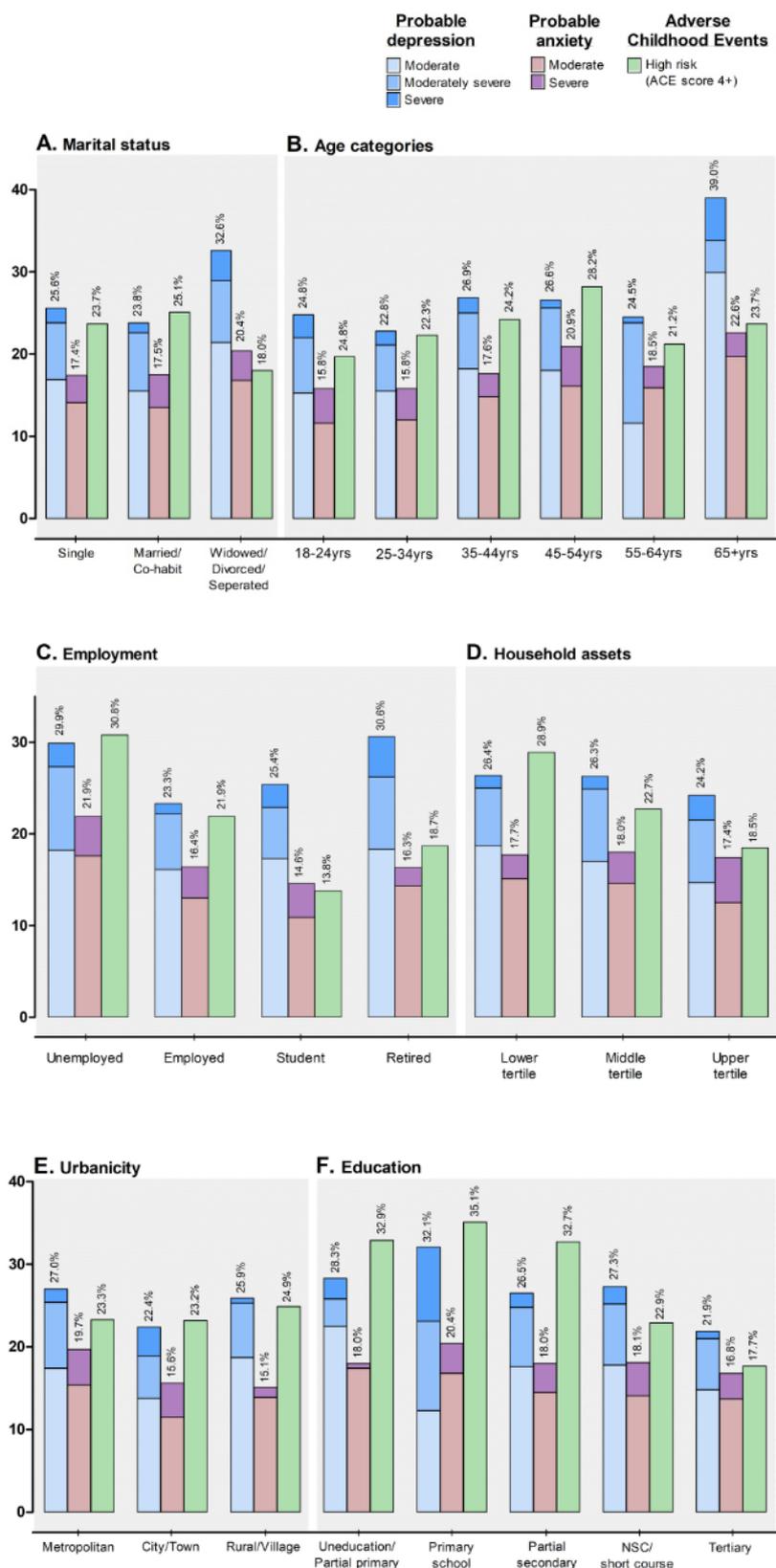


Figure 2. Mental health risk stratified by A) marital status; B) employment status, C) age categories, D) household asset score, E) urbanicity and F) education level.



## Conclusion

The prevalence of probable depression among respondents in South Africa varies significantly across all nine provinces with the Northern Cape reporting the highest prevalence of both probable depression and anxiety. Additionally, the degree of anxiety, ACE score and several socio-demographic determinants were associated with higher likelihood of depression outcomes across the South Africa population.

Our data therefore suggests that intervention and counselling programmes are recommended for older, widowed, divorced, or separated respondents, especially in provinces with a relatively higher prevalence of depression, with a specific focus on those less educated and who fall in a lower socio-economic group.

## Reference:

The prevalence of probable depression and the possible associations of anxiety, adverse childhood events and socio-demographics: A National Survey conducted in South Africa in 2021

Craig A\*; Naicker S; Mapanga W; Mtintsilana A; Dlamini SN; Ware LJ; Du Toit J; Draper C; Richter L; Rochat T; Norris SA

Corresponding author Ashleigh Craig, PhD  
email: [ashleigh.craig@wits.ac.za](mailto:ashleigh.craig@wits.ac.za)