By embedding mental healthcare into public health we ensure no one is left behind.

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# Are pills enough?

As someone deeply engaged in mental health research and advocacy, I have seen first-hand how South Africans living with severe mental health conditions, such as bipolar mood disorder, severe depression and schizophrenia, are often left without adequate community-based support after being discharged from psychiatric facilities. My PhD research on recovery from severe mental health conditions in South Africa highlights critical gaps in the country's mental healthcare system – gaps that leave many struggling to rebuild their lives in the absence of meaningful recovery-focused care.

I followed a mixed-method approach, conducting a scoping review of available literature on recovery models in low- and middle-income countries; semi-structured interviews with mental health service providers across non-profit organisation and government sectors, and first-hand accounts from mental health service users and their caregivers in the Western Cape. I have also assessed the Recovery Assessment Scale, a widely used tool for measuring personal recovery.

## A SYSTEM FOCUSED ON MEDICATION, NOT RECOVERY

While integrating mental health into general healthcare is seen as progress within the primary healthcare system, the system remains very focused on medication adherence and symptom reduction (clinical recovery). The health system should extend to offering services and interventions geared to supporting patients in finding meaning and purpose beyond their diagnosis. This approach is reflected in the approach called personal recovery. The current public health system requires mental health service users with severe mental health conditions to collect medication from their nearest primary healthcare facility (clinic/day hospital) after discharge from hospital, yet offers little to no psychosocial support and rehabilitation to help them reintegrate into their living, learning, working and socialising environments once discharged from hospital or while navigating community spaces.

## LISTENING TO LIVED EXPERIENCE: RECOVERY BEGINS AFTER DISCHARGE

Some mental health service users who had previously been admitted to a psychiatric hospital shared that their recovery started after discharge and that without long-term relational support, personal recovery was difficult. Long-term relational support refers to consistent support from service providers who are familiar with a person. This sentiment and need for connection over time was echoed by caregivers. A few non-profit organisations play a critical role in filling this gap for connection, by offering psychosocial support, skills development, and community programmes that empower persons with lived experience of severe mental health conditions with opportunities to rebuild their lives.

Participants in my study highlighted how these initiatives provide safe spaces for growth, equip them with communication and interpersonal skills, help prevent relapses and support mental health service users to access supported living and working opportunities. Mental health service users connected to non-profit organisations benefited from sustained community-based support and this was seen to decrease relapse rates.

## WHAT DOES PERSONAL RECOVERY REALLY MEAN?

Personal recovery is more than simply being stable on medication – it is about regaining choice, developing relationships and being included in communities to build a life of purpose and meaning despite living with a mental health condition.

People with lived experience of severe mental health conditions indicate that recovery involves:

- Developing self-management strategies
- Securing places and activities that promote their mental health
- Maintaining relational support
- Making meaningful contributions.

In my study, mental health service users drew on their spirituality to make sense of their mental health condition. As one participant said: "I think religion helps. To sustain any endurance that comes before you and not give up when things are too hard for you to overcome," while another participant said: "God, you must have a plan for me."

A significant barrier to personal recovery is the stigma and discrimination surrounding severe mental health conditions. Many mental health service users and their caregivers felt ostracised in community spaces, including a lack of support from some members of their religious communities. A mother shared her disappointment: "When I [looked] out of the window, I [saw] religious people laugh at him. My heart was sore. For me, it was a terrible thing. I did not expect it from them. He was broken, dirty, up and down. He was in a bad condition. Religious people laughed at him. Oh, I was so disappointed."

This discrimination contributes to exclusion, hindering community reintegration and increasing the risks of social isolation. As another participant shared: "I am a person who likes to go to church. But I do not go a lot now, but I love God, the word of God. And I respect the church, but I do not go. I will not lie to you. It is very long since I have gone to church."

## A CALL FOR CHANGE

This research challenges conventional definitions of recovery, advocating for partnerships with persons with lived experience of severe mental health conditions; involving them in developing community-based mental health services, which facilitate recovery. We have an opportunity to learn from and with mental health service users to offer a network of services including the provision of long-term relational support to mental health and/or substance use services over their non-linear, cyclical recovery journeys.

As an occupational therapist, I hope my work serves as a rallying cry for stakeholders including policymakers, mental health professionals, and communities to reimagine mental healthcare – not as a clinical process, but as a lifelong journey toward living a life of meaning and purpose. ▭