

# A scoping review of South Africa's readiness to integrate mental health services into National Health Insurance

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## ABSTRACT

South Africa's National Health Insurance (NHI) system has the potential to achieve universal health coverage and address healthcare inequities but faces barriers such as underfunding, inadequate infrastructure, and limited private sector engagement. This scoping review aimed to map existing evidence on South Africa's readiness to integrate mental health services into the NHI system and to identify facilitators and barriers to successful integration. Following Arksey and O'Malley's framework, the review involved searching multiple databases, namely PubMed, Scopus, Web of Science, EBSCOhost, PsycINFO, and Google Scholar, for studies published between 1 January 2015 and 31 March 2025. The search terms included: ("National Health Insurance" OR "NHI") AND ("Mental Health Services" OR "mental health integration" OR "mental healthcare") AND ("South Africa" OR "South African"). Eighteen studies met the inclusion criteria, comprising 17 scientific papers and 1 policy document. Thematic analysis revealed five key themes: (1) policy framework and governance challenges; (2) financing mechanisms and resource allocation gaps; (3) health system capacity constraints; (4) implementation barriers; and (5) stakeholder readiness issues. Critical challenges include fragmented governance, chronic underfunding, workforce shortages, infrastructure limitations, and persistent stigma, particularly in relation to mental health services. This review highlights key challenges and potential strategies for integrating mental health into NHI through coordinated policy implementation, adequate resourcing, and meaningful stakeholder engagement. Therefore, mental health should be included in NHI benefit packages. Further recommendations include expansion of the primary healthcare workforce, strengthening of health information systems, and incorporation of community-based care models.

## INTRODUCTION

Mental health represents a serious global public health priority, with one in eight people living with a mental

disorder worldwide, yet access to mental healthcare remains severely limited, particularly in low- and middle-income countries such as South Africa (Mjoli, 2024; World

Health Organization [WHO], 2022). The WHO recognises mental health as a crucial component for achieving overall health and sustainable development, with significant economic and social impact (WHO, 2023). South Africa's prevalence rates exceed global averages, and substantial treatment gaps limit access to care. Approximately one in six adults meet the criteria for depression or anxiety annually, yet 75% remain untreated due to systemic gaps (Docrat et al., 2019; Sorsdahl et al., 2023). Furthermore, the treatment gap for those with severe mental health conditions reaches 92% (Docrat et al., 2019; Sorsdahl et al., 2023). The burden of mental health disorders in South Africa also has a significant economic impact on the healthcare system, individuals, and households (National Department of Health [NDoH], 2023).

South Africa has made efforts to address mental healthcare needs, beginning with the Mental Health Act No. 17 of 2002 as a foundational legal framework aimed at deinstitutionalization. This has been followed by rights-based initiatives, such as the National Mental Health Policy Framework and Strategic Plan 2023–2030, which prioritise mental health as an integral part of healthcare (Kleintjes et al., 2021; NDoH, 2023; Pienaar, 2025). These policy reforms are further strengthened by alignment with the primary healthcare reengineering strategy, integrating mental health services into the broader health system through community-based care models (Pillay & Barron, 2011). Such initiatives align with WHO efforts to improve policies and services for mental health, aiming to increase treatment coverage; the Mental Health Action Plan 2013–2030 recognises the essential role of mental health in achieving health for all (WHO, 2023).

Despite evidence supporting task-sharing interventions for mental health, significant treatment gaps persist due to inadequate implementation policies and overburdened health systems (Gigaba et al., 2024). South Africa's mental healthcare system faces challenges such as a shortage of trained mental health workforce, infrastructure constraints, and inequitable resource distribution, despite ongoing policy reform efforts (Docrat et al., 2019; Sorsdahl et al., 2023). This review addresses the following question: What is South Africa's readiness to integrate mental health services into the National Health Insurance (NHI), and

what are the key facilitators and barriers to successful integration?

During the apartheid era, only a small portion of South Africans had access to healthcare. Consequently, the healthcare system required comprehensive restructuring to address apartheid-era disparities and post-1994 systemic challenges (Kleintjes et al., 2021). Recently, the president signed the National Health Insurance (NHI) Bill, followed by the National Health Insurance Act No. 20 of 2023, which aims to restructure healthcare delivery and ensure all citizens have access to healthcare (Malakoane et al., 2020; NDoH, 2019; Parliament of the Republic of South Africa, 2024; Shenaaz, 2023). The NHI represents a key step toward achieving universal health coverage, aiming for equitable and accessible healthcare for all. According to WHO (2019), universal health coverage (UHC) encompasses access to comprehensive healthcare services – including preventive, curative, rehabilitative, palliative, and promotive services – without imposing financial hardship on clients. Many countries use health insurance schemes to increase access and affordability (Odipo et al., 2023). The NHI framework seeks to establish sustainable public financing mechanisms to support this transformation (Docrat et al., 2019). Although South Africa has a favourable policy environment for mental health, mechanisms to operationalise the ideals of the NHI Bill remain insufficient (Gigaba et al., 2024).

While the NHI presents unprecedented opportunities for healthcare system transformation, limited evidence exists regarding South Africa's readiness to integrate mental health services into this new framework. There is a critical need for comprehensive mental health services integration within South Africa's evolving NHI to address the high mental health burden and unmet treatment needs. Understanding the facilitators and barriers to mental health integration is crucial for successful NHI implementation.

#### *Objectives of the review*

This scoping review aims to map and synthesise existing evidence on South Africa's readiness to integrate mental health services into the National Health Insurance (NHI) system.

## METHODS

This study followed a scoping review methodology guided by Arksey and O'Malley's five-stage framework:

- (1) identifying the research questions;
- (2) identifying relevant studies;
- (3) study selection;
- (4) charting the data; and
- (5) collating, summarising, and reporting results.

A comprehensive search was conducted across six databases: PubMed, Scopus, Web of Science, EBSCOhost, PsycINFO, and Google Scholar to identify evidence on South Africa's preparedness to incorporate mental health services into NHI. Additionally, the researchers used the title's keywords to find pertinent publications published between 1 January 2015 and 31 March 2025. The search terms included: ("National Health Insurance" OR "NHI") AND ("Mental Health Services" OR "mental health integration" OR "mental healthcare") AND ("South Africa" OR "South African").

### *Inclusion criteria*

- Studies conducted in South Africa
- Published in English between 1 January 2015 and March 2025
- Peer-reviewed and grey literature
- Full-text availability
- Focus on mental health services and/or NHI

### *Exclusion criteria*

- Studies not conducted in South Africa
- Publications before 2015 or non-English language
- Conference abstracts without full papers
- Studies without relevant mental health or NHI content

### *Extraction process*

The literature search identified 498 studies from databases, 22 from other sources, and 22 through snowballing (total: 542). After removing duplicates ( $n = 20$ ) and ineligible studies ( $n = 10$ ), 517 studies underwent title/abstract screening. Following exclusion of 439 studies, 78 underwent full-text review. Ten studies were unavailable, leaving 68 for assessment. After excluding 50 studies for various reasons, 18 studies met the final inclusion criteria

(see [Figure 1](#), PRISMA diagram). Two researchers independently screened titles, abstracts, and full texts. Disagreements were resolved through discussion and consensus. This thorough selection process ensured inclusion of the most relevant and high-quality studies, providing a solid foundation for analysis and discussion.

The researchers followed the JBI Manual for Evidence Synthesis and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to chart the selected studies. A standardized extraction form was used to capture study characteristics, methodology, key findings related to mental health-NHI integration, and recommendations.

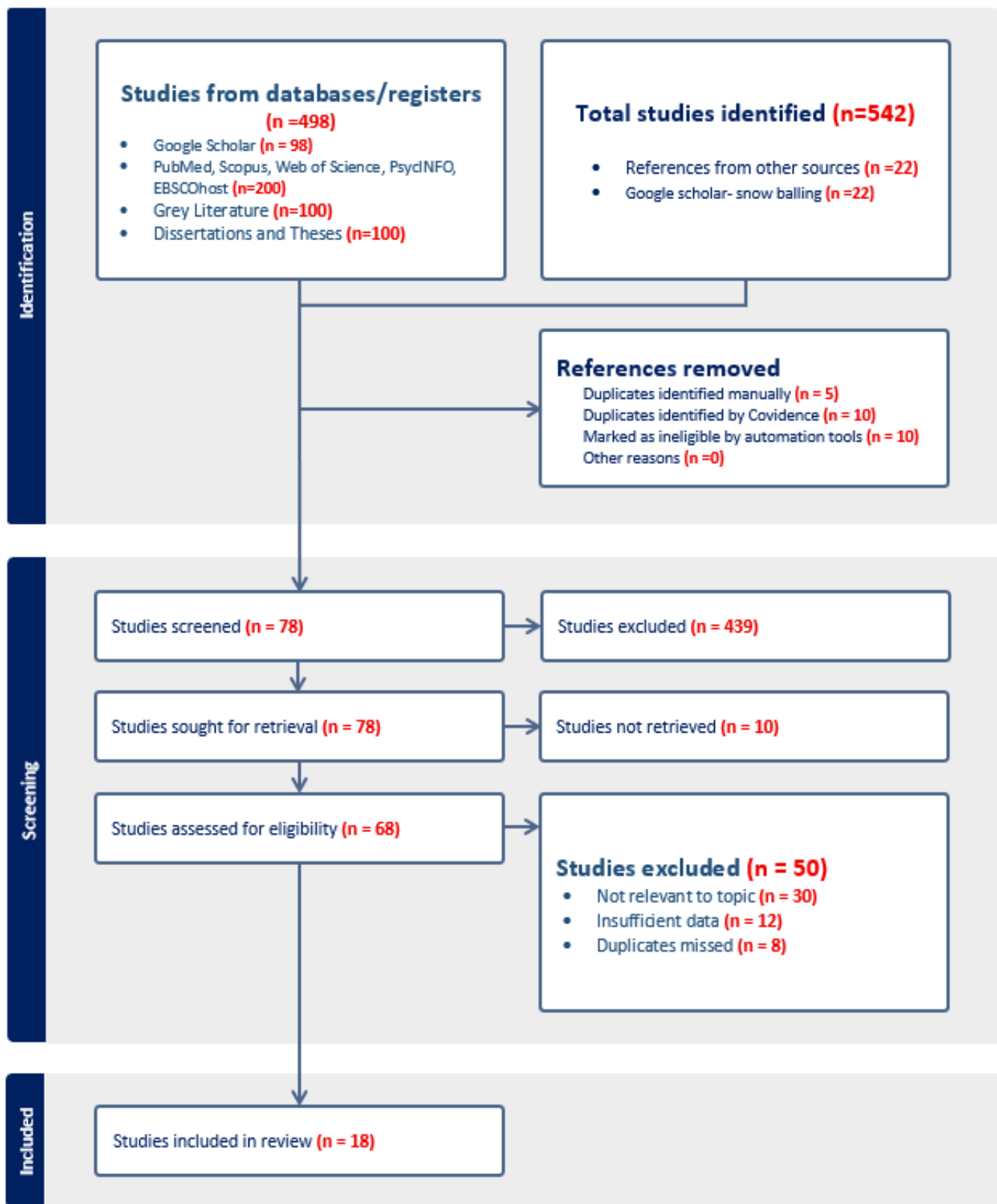
## RESULTS

### *Study Demographics*

The 18 included studies comprised 17 (94.4%) peer-reviewed scientific papers and one (5.6%) policy advocacy document. Study designs included six qualitative studies, four mixed-methods studies, three observational studies, two multi-method studies, two reviews, and one policy analysis. Publication years ranged from 1 January 2015 to 31 March 2025, with most studies ( $n = 12$ , 66.7%) published after 2020. The studies were conducted across various South African provinces.

The results were synthesised into five main themes representing South Africa's preparedness to incorporate mental health services within the National Health Insurance (NHI). An overview of the research contributing to each theme is provided after [Table 1](#).

Figure 1:  
PRISMA flow diagram



**Table 1:**  
Sources of evidence used to develop themes (n = 18)

#	Author, Year	Study Title	Study Design	Major Findings and Policy Implications
1	Kleintjes et al., 2020	Strengthening the National Health Insurance Bill for mental health needs: Response from the Psychological Society of South Africa	Consultation and roundtable	Highlights eight core concerns regarding equitable access, human resources, accreditation standards, and accountability frameworks. Advocates for improved integration of mental health into NHI.
2	Schneider et al., 2016	Integrating mental health into South Africa's health system: Current status and way forward	Mixed-methods	Identifies barriers and facilitators for integration; emphasizes task-sharing and inter-sectoral responses.
3	Marais & Peterson, 2015	Health system governance to support integrated mental health care in South Africa	Descriptive qualitative	Highlights governance and capacity challenges; recommends training, district-level planning, and infrastructure improvements.
4	Docrat, Lund & Chisholm, 2019	Sustainable financing options for mental health care in South Africa	Qualitative (framework analysis)	Advocates for decentralization, integration into NHI, and costed budget bids for mental health.
5	Shisana et al., 2024	The rationale for South Africa to prioritize mental health care as a critical aspect of overall health care	Systematic review	Emphasizes task-sharing, telehealth, and increasing mental health professionals; advocates for community-based care.
6	Petersen et al., 2016	Integrating mental health into chronic care in South Africa: Development of a district mental healthcare plan	Mixed methods	Developed collaborative care packages for integration at multiple levels; identifies barriers and advantages.
7	Meyer, Matlala & Chigome, 2022	Mental health care – a public health priority in South Africa	Review	Highlights underdiagnosis, stigma, and need for financial protection within universal health coverage.
8	Lovero et al., 2019	Mixed-methods evaluation of mental healthcare integration into tuberculosis and maternal-child healthcare services	Mixed-methods	Reports insufficient funding, poor coordination, and unclear roles as barriers to integration.
9	Mkhwanazi, 2024	Assessing the National Health Insurance in South Africa: Policy formulation, stakeholder engagement, and implementation challenges	Qualitative/ document analysis	Identifies barriers such as underfunding and infrastructure gaps; recommends phased implementation and stakeholder involvement.
10	Ntsobi, 2025	Exploring public perceptions regarding sustainable implementation of the National Health Insurance	Qualitative, multiple case study	Stakeholder trust and resource allocation concerns influence perceptions; findings inform strategies for inclusive implementation.
11	Chisholm et al., 2019	Mental health financing challenges, opportunities, and strategies in LMICs: Findings from the Emerald project	Multi-method	Advocates inclusion of mental health in health financing reforms and national insurance schemes.
12	Nicol et al., 2021	Is the routine health information system ready to support the planned NHI scheme?	Cross-sectional, cluster study	Reports incomplete discharge summaries and poor clinical data; recommends capacity building and training.
13	Naidoo, Suleman & Bengalee, 2024	Medical insurance representatives' perceptions on NHI primary healthcare re-engineering	Qualitative	Identifies gaps in reimbursement frameworks and distrust; recommends capitation-based reimbursement and electronic health record integration.
14	Robertson et al., 2018	Towards universal health coverage for people living with mental illness	Observational	Highlights inadequate mental health services and inequities; recommends service reorganisation, telepsychiatry, and inter-sectoral coordination.
15	Sorsdahl et al., 2023	Current status of the mental healthcare system in South Africa	Cluster RCT, multi-site	Reports 75% treatment gap, high prevalence of mental health conditions; recommends scaling up community-based care and workforce training.
16	Gigaba et al., 2023	Collaborative implementation of integrated primary mental healthcare	Observational, single-site	MhINT program improved screening rates and access; highlights need to address healthcare workers' mental health.
17	Iyamu, 2022	A structuration view of NHI readiness	Qualitative, structuration theory	Identifies ICT and human factors influencing NHI implementation; recommends using the framework to guide system implementation.
18	Geffen, 2023	Integrating mental health into universal health coverage in South Africa	Policy advocacy	Discusses gaps in care and advocacy efforts; recommends mental health inclusion in UHC reforms and national strategic plans.

### Presentation of Key Themes

The thematic analysis yielded five overarching themes:

#### 1. Policy framework and governance challenges

- Policy coherence and strategic alignment
- Governance structures and accountability frameworks

- Stakeholder engagement and multi-sectoral coordination
- 2. **Financing mechanisms and resource allocation gaps**
  - Funding adequacy and budget allocation
  - Sustainable financing models and payment systems
  - Decentralization and private sector engagement
- 3. **Health system capacity constraints**
  - Human resource capacity and workforce development
  - Infrastructure and health information systems
  - Service integration and care coordination
- 4. **Implementation barriers**
  - System-level barriers
  - Service access and delivery challenges
  - Organisational and capacity constraints
- 5. **Stakeholder readiness issues**
  - Public trust and awareness
  - Healthcare provider and professional readiness
  - Implementation enablers and success factors

#### *Summary of Key Findings*

Thematic analysis of the 18 studies, guided by Braun and Clarke's methodology, revealed interconnected themes highlighting the complexity of mental health integration within South Africa's NHI framework.

- **Policy framework and governance challenges:** Misalignment between existing mental health policies (e.g., *Mental Health Act, 2002*) and NHI implementation plans was noted (Kleintjes et al., 2020), exacerbated by provincial governance disparities (Mkhwanazi, 2024).
- **Financing mechanisms and resource allocation gaps:** Mental health consistently receives less than 5% of health budgets (Docrat et al., 2019), while NHI payment models lack sufficient incentives for mental health providers (Naidoo et al., 2024).
- **Health system capacity constraints:** Structural limitations include only 1.2 psychiatrists per

100,000 population (Sorsdahl et al., 2023) and inadequate clinical data due to weak health information systems (Nicol et al., 2021).

- **Implementation barriers:** Operational challenges such as absence of screening protocols and inadequate space hinder service delivery (Lovero et al., 2019), while stigma persists as a barrier to help-seeking (Meyer et al., 2022).
- **Stakeholder readiness issues:** Preparation deficits exist across stakeholders, including insufficient mental health training for providers (Gigaba et al., 2023) and distrust of NHI reimbursement mechanisms among medical schemes (Naidoo et al., 2024).

These findings collectively demonstrate that successful mental health integration within the NHI requires coordinated attention to governance structures, financial mechanisms, capacity building, implementation strategies, and stakeholder engagement (see **Table 1** and the '*Presentation of Key Themes*' under it).

#### **DISCUSSION**

This scoping review synthesised evidence from 18 studies examining South Africa's readiness to integrate mental health services into the National Health Insurance (NHI). Findings reveal complex challenges, including policy and governance gaps, financial constraints, service delivery and implementation barriers, as well as stakeholder engagement and system readiness issues. Nevertheless, the review identifies strategic opportunities to facilitate successful integration. The discussion aligns findings with existing literature while incorporating evidence from the included studies.

#### *Policy framework and governance challenges*

South Africa has supportive mental health policies, including the Mental Health Policy and Strategic Plan, the Mental Health Act No. 17 of 2002, and the NHI Bill. However, policy coherence on integrating mental health into NHI is lacking (Marais & Peterson, 2015; Schneider et al., 2016). The review identifies gaps in alignment, accreditation, accountability, and service provider roles (Kleintjes et al., 2020; Mkhwanazi, 2024). Advocacy efforts emphasise the need to align mental health provisions with Universal Health Coverage goals (Geffen, 2023; Shisana et

al., 2024). Fragmented governance, particularly at the provincial level, further hinders integration, while NHI lacks robust accountability mechanisms for mental health service delivery (Kleintjies et al., 2020; Naidoo et al., 2024). Private sector engagement is limited, with unclear reimbursement frameworks and public uncertainty about NHI implementation (Naidoo et al., 2024; Ntsohi, 2025).

International comparisons highlight similar challenges. India experiences inconsistent implementation of its National Mental Health Policy due to poor service linkages (Gupta & Sagar, 2022), whereas Brazil achieved successful centralised governance and standardised mental health service delivery under its Unified Health System (Marchionatti et al., 2023). South Africa could adopt similar oversight mechanisms to reduce provincial disparities.

#### *Financing mechanisms and resource allocation gaps*

Mental health remains underfunded in South Africa, with substantial provincial disparities, potentially undermining NHI implementation and community service delivery (Chisholm et al., 2019; Docrat et al., 2019). Current NHI strategies, such as primary healthcare re-engineering, provide opportunities for integrating mental health services, but sustainable financing models and payment systems are lacking. Private sector involvement is limited by unclear contracting and reimbursement rules (Kleintjies et al., 2020; Naidoo et al., 2024).

Ghana offers a comparative example, leveraging mental health levies and the Mental Health Fund under its 2012 Mental Health Act to finance services at no cost to the population (Nimoh, 2024). Decentralising funding could improve integration and equity (Docrat et al., 2019; Chisholm et al., 2019). Including mental health services in NHI benefit packages and incentivising effective providers is essential. Chronic underfunding and inadequate infrastructure, particularly in underserved provinces, remain critical barriers to integration (Mkhwanazi, 2024; Lovero et al., 2019).

#### *Health system capacity constraints*

South Africa's health system faces staff shortages, high turnover, inadequate training, and insufficient technology, limiting effective mental health integration (Marais & Peterson, 2015; Lovero et al., 2019). Infrastructure limitations, including incomplete clinical data and poorly

equipped health information systems, further challenge NHI readiness (Shisana et al., 2024; Sorsdahl et al., 2023; Iyamu, 2022).

Integrated chronic care and community-based models remain underutilised despite evidence of improved accessibility and reduced stigma (Petersen et al., 2016; Gigaba et al., 2023; Sorsdahl et al., 2023). Task-sharing, lay counsellors, telehealth, and quality improvement approaches are promising strategies for bridging integration gaps (Shisana et al., 2024; Sorsdahl et al., 2023; Nicol et al., 2021). Comparable LMIC contexts, such as Uganda and Malawi, show that community-based models are effective where specialised providers are scarce (Bolton et al., 2023).

#### *Implementation barriers*

Multiple operational barriers affect mental health service integration, including fragmented governance, poor coordination, inadequate PHC infrastructure, and lack of standardised protocols (Mkhwanazi, 2024; Schneider et al., 2016; Marais & Peterson, 2015). Persistent stigma and low public awareness further reduce service utilisation (Lovero et al., 2019; Meyer et al., 2022). Other LMICs, such as Nigeria, face similar challenges due to provider shortages, inadequate coverage, and societal stigma (Fadele et al., 2024), which can be addressed through policy reform, community engagement, and service integration (Wada et al., 2021).

#### *Stakeholder readiness issues*

Mental illness is underreported and underdiagnosed, with stigma and low public awareness limiting service access (Meyer et al., 2022; Lovero et al., 2019). Healthcare providers often lack standardised screening practices and mental health training, and their own wellbeing is rarely addressed, threatening sustainability of integrated care (Gigaba et al., 2023). Continuous Quality Improvement (CQI), alignment with policy structures, community engagement, and provider capacity building are key strategies to enhance stakeholder readiness. Enabling environments, including cultural engagement and partnerships with local mental health organisations, are essential for successful integration (Forkuo et al., 2024).

### Study limitations

This review did not formally appraise study quality, limiting insight into the strength of individual findings. The evolving NHI policy landscape may affect the relevance of some findings. The English-only search strategy introduces language bias, and reliance on published literature may lead to publication bias. These limitations suggest caution in generalising results, consistent with scoping review methodology. Future reviews should consider grey literature and multilingual sources.

### Implications for practice

Successful mental health integration under NHI requires coordinated policy implementation, adequate resourcing, and meaningful stakeholder engagement. Recommended strategies include:

- Detailed inclusion of mental health in NHI benefit packages with defined financing structures.
- Expansion and training of PHC workforce for early detection and management of mental illness.
- Strengthening health information systems and ICT infrastructure for effective monitoring.
- Implementation of community-based care models and public awareness campaigns to reduce stigma and improve help-seeking behaviour.

### CONCLUSION

South Africa's NHI presents a transformative opportunity for mental health equity. However, systemic gaps in financing, governance, and workforce capacity require urgent intervention. Decentralised funding, task-sharing models, and anti-stigma campaigns are critical to enable effective integration. Future research should prioritise longitudinal studies assessing NHI's impact on mental health service coverage and outcomes, particularly in underserved communities.

**Ethical Approval:** Nil required.

**Conflicts of Interest:** None declared.

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