

# HASANA NEWS

*Exploring new healthcare frontiers*

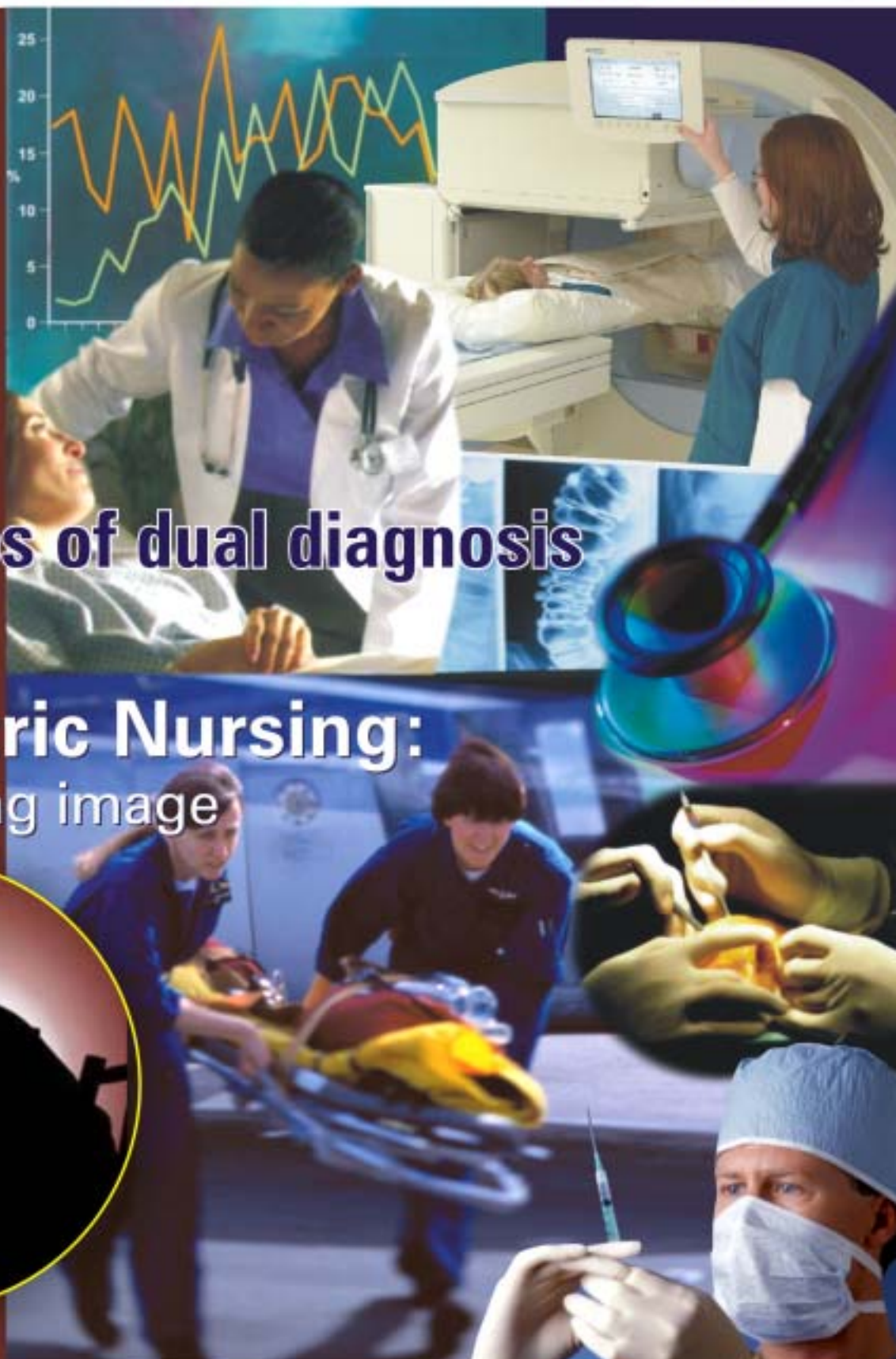


SEP/OCT 2009

**OCTOBER IS  
MENTAL  
HEALTH  
MONTH**

**Challenges of dual diagnosis**

**Psychiatric Nursing:  
the changing image**



# The role of HASA

**T**he Hospital Association of South Africa (Hasa) is a confederation of private hospitals and ambulatory clinics, operating on a non-profit basis, representing the collective interests of private hospitals in South Africa in respect of economic and social policy and other areas, as agreed to by its members.

The Association represents 212 group and independent hospitals, with a total of 26 868 beds, about 90% of the beds and hospitals in the private sector. Hasa is seen by government to be the official representative body for the industry and is recognised by other stakeholders as the mouthpiece of the industry.

The Association does not market individual hospitals, neither does it enter into funding contracts on behalf of its members.

The Association's affairs are governed by a Board of Directors, elected by the members, which is fully representative of the Association's membership base.

## THE OBJECTIVES OF THE ASSOCIATION INCLUDE:

- + Promoting the development of an economic and social system, based on the principles of justice, a free market economy, individual entrepreneurship and equal opportunity;
- + Initiating, influencing and commenting on proposed legislation in the interests of its members;
- + Acting as a representative on behalf of its members to commissions, committees and other institutions, as decided by its members, including the Health Professions

Council of South Africa, South African Nursing Council, South African Medical Association, Council for Medical Schemes, Road Accident Fund Board, National Health Information Systems Committee (Department of Health), Commission for Occupational Injury and Diseases, Health and Welfare Sector Educational Training Authority, Council for Health Service Accreditation of Southern Africa and the Private Health Forum;

- + Liaising with other international bodies, such as the British Association of Private Hospitals, the American Hospital Association and the Australian Hospital Association;
- + Communicating and consulting with its members on important national and international developments which may impact on South African healthcare interests;
- + Acting as a communication hub, to inform and advise its members through, amongst others, workshops and conferences at both regional and national levels, a monthly newsletter, LegalWatch, NursingWatch, Hasa Watch and a prestigious annual publication;
- + Investigating complaints and acting as a mediator in dispute resolutions in matters arising from patient or member complaints; and
- + Marketing the competence and ability of its members to the public, which is accomplished through media liaison, press releases, public addresses and the placement of advertorials in the press.



For further information on HASA you can access our website [www.hasa.co.za](http://www.hasa.co.za) or tel 011 478 0156.



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THE FIRST PAGE

# MENTAL HEALTH Awareness

Lucas Malambe, Editor Hasa News

## October is Mental Health Month and 10 October is World Mental Health Day.

It makes a lot of sense to make this a special mental health issue. Besides, it is important to talk about mental health issues including the de-stigmatising of the disorders associated with psychiatric illness because they (would) affect many South Africans.

The new chairperson of Psychiatric Focus Forum (PFF) André Meiring highlights (page 3) the scary picture painted by the research endorsed by the World Health Organisation and World Bank, which indicates that mental and behavioural disorders including depression will be the largest cause of disease burden in about ten years.

The rest of the articles look at diagnosis and treatment techniques as well as the challenges facing psychiatric nursing. The authors share with readers some of the methods that make their psychiatric wards world-class. The realities that a multidisciplinary team faces the trying task of alleviating the plight of mental health patients to ensure that they return to normal life as swiftly as possible are laid bare.

Nonetheless, the big elephant in the room remains the National Health Insurance (NHI) system. This is more obvious after the chairman of the African National Congress NHI Task Team, Dr Olive Shisana, gave an even clearer indication of the ANC's plan.

The moment of truth is here. Well, not quite, we still await the official document. The Deputy Minister of Health, Dr Molefi Sefularo, promised a green paper by April 2010. It must serve as a basis for sincere negotiation, and the result of those negotiations must be a plan that's stronger, not weaker. In the same vein, both supporters and detractors of NHI

must be willing to make some difficult choices about the degree of disappointment they're willing to live with.

Of course, those who insist that we must have a single-payer system will find it difficult to accept any plan that sweet-talks private health funders into providing parallel insurance or top-up.

International experience shows that a single-payer system is not the only way to go. Several European countries, including Switzerland and the Netherlands, have managed to achieve universal healthcare coverage with a mainly private insurance system. In line with a document from her task team that was leaked earlier this year, Shisana said that the NHI will be funded through general taxes and a dedicated payroll tax.

But details matter and major healthcare stakeholders are still in the dark about the fine points of the NHI. It is important to get the healthcare policy and the details right, because they can affect every South African.

For instance, it is still ambiguous as to how the plan will affect the lower-middle-class, or even manage expectations of the poor.

Andrew Donaldson, the deputy director-general of public finance at the National Treasury, warned delegates at the BHF conference that the economic environment does not allow for the creation of a healthcare service that is backed by a large budget.

Of much concern to private providers with those advocating for the single-payer, will be the death of competition on the funding sector.

The right way to create competition is to offer a public option, a government-run insurance plan that individuals can buy into as an alternative to private insurance. This is what the funders (through the Board of Healthcare Funders) are asking for.

# LETTERS

## *to the Editor*

**DO YOU HAVE A BONE TO PICK?**  
 Email us your views with name, address and phone number to: [contact@hasa.co.za](mailto:contact@hasa.co.za)

Dear Editor

The article on National Health Insurance policy was premised on a misunderstanding of the core principles of the public sector (The NHI's building blocks are in place, but we have to be certain it will work, *HasaNEWS* July, page 4). The constitution does not forbid the public sector from becoming successful. In fact the mandate of the public sector is to provide healthcare services and not abdicating this to the private sector. The constitution instead prohibits private people from becoming too successful through using market-friendly practices for the purpose of making profit. The many regulations in the sector begs your attention.

The fundamental distinction is simple. A successful business tends to eclipse its rivals because those rivals cannot match its superior methods. Being a success has nothing to do with monopoly and high prices. Anti-competitive businesses, by contrast, employ abusive, destructive practices in order to impair meaningful competition across entire markets. NHI will effectively create this aberration just like too much government does in the electricity, cargo and telecommunications.

The ruling party, through NHI, assumes that competition will keep providers honest and on their toes. I think you have to read between the lines when the Treasury Minister Pravin Gordhan lamented how provincial budgets have skyrocketed in the past financial year. Let me end with the minister's quote for your perusal: Can it be right that a provincial department spends R250 million of hard-earned taxpayers' money on a project that never sees the light of day; or R40 million on a school that should cost R15 million? Why is it that as government we pay R26 for a loaf of bread in the national school nutrition programme when we all know that a loaf of bread costs about R7 when you buy it from any store?

*Dr AP Josephs, Johannesburg*

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# Mental Health – It makes sense!

**ANDRÉ MEIRING –**

Chairperson: Psychiatric Focus Forum  
and Managing Director of Denmar Specialist Psychiatric Hospital

The importance of Mental Health is apparent from the definition of health in the World Health Organisation (WHO) constitution: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity <sup>1</sup>. From this definition it is clear that these three dimensions, mental, physical and social functioning is interdependent. If mental health is neglected, as in most societies around the world, and mental ill-health increases, the consequence are wider than just physical or social well being.

Research sanctioned by the WHO and World Bank indicates that by the year 2020, depression will be the largest cause of disease burden world wide <sup>2</sup>. Mental and behavioral disorders represented 11% of the total disease burden in 1990 expressed in terms of disability adjusted life years, and is predicted to increase to 15% by 2020 <sup>3</sup>. Further studies have shown that mental illness causes more days off work, loss and poor work performance than many other chronic conditions such as diabetes, heart disease, asthma and arthritis <sup>4</sup>.

In a society where the stigma and myths surrounding mental illness often prevent sufferers from seeking treatment combined with stakeholder's pushing mental health to the lower rungs of the health agenda, it is not surprising to see the WHO estimating that more than 75% of people suffering from mental disorders in the developing world receive no treatment or care <sup>5</sup>.

With an overhauling of the national health system being a priority for the government, it is important for the policy and decision makers to recognise the importance of mental health and that their actions will affect the mental health of the nation. To implement

effective interventions, promoting mental health at primary care level and effectively treating mental illness at secondary and tertiary level will not only have visible clinical and personal benefit, but also profound economical and social benefits. If mental health is once again pushed down on the agenda, a mentally ill society will have great costs for patients, doctors, funders, government and communities.

With healthcare reform upon us, let all stakeholders take this opportunity to also positively reform the delivery of mental healthcare, as the saying goes "There is no health without mental health!"

## Many Thanks

I want to thank the member hospitals of the Psychiatric Focus Forum (a division of Hasa) for all their efforts in promoting mental health, de-stigmatisation of mental illness and for the improvements in the treatment of mental healthcare patients.

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HEALTH IS A STATE OF  
COMPLETE PHYSICAL,  
MENTAL AND SOCIAL  
WELL-BEING AND NOT  
MERELY THE ABSENCE OF  
DISEASE OR INFIRMITY.

# ANDRÉ MEIRING

## *Thinking out of the box...*

**L**ike most innovative people, **André Meiring** is inspired by simple things – grand vision, novelty and, well, “out of the box thinking” as he tersely puts it. “I try to see a solution in every problem,” he says. Learning from the past and using the knowledge and experience within the industry is the building blocks for his future.

Meiring, 30, represents a different type of leadership from the South African, unadventurous norm. He describes his leadership style as innovative, new generational, out of the box and energetic. Meiring is Chairman of Psychiatric Focus Forum (PFF) and Managing Director of Denmar Specialist Psychiatric Hospital. He joined Denmar in 2006 beginning a distinguished career that saw him emerging as part of the Hasa Board of Directors at the last AGM held in Durban on 3 June 2009.

Meiring sees being part of the Hasa Board as delightfully humbling and a wonderful opportunity to work with the leaders in the industry and “hopefully contribute something as well,” he says. Meiring, a native of Pretoria, is passionate about “contributing to a sector that directly helps people when they are at their most vulnerable”.

He is also an alumnus of the University of Pretoria and completed his Chartered Accountancy articles at the esteemed PriceWaterhouseCoopers. Before joining Denmar, he worked in the banking sector for a while, garnering the right people and management skills.

His life and career are stimulated by a steadfast belief in improving the country's healthcare and a clear focus in helping the vulnerable of society. His clearest focus for the future is “on the problems SA seeks to solve...to improve healthcare in a significant and substantive way”. This outlook will be invaluable to the Hasa Board of Directors, as the association firmly believes in high ethical standards and the quality of hospital care.

Perhaps, for Meiring, a life helping the vulnerable and sick is a calling. His father was a hospital manager at the previous Clinic Holdings, Presmed and Afrox Healthcare. The young Meiring, as a result, worked in hospitals doing clerical work and ushering. “This enabled me to spend time in a hospital. I loved it and wanted to return to the industry once I graduated,” he says with a glint in his eyes. There is passion in those eyes.

Meiring, a sports fanatic who tried almost every sports on offer including rugby, cricket and a little bit of athletics, remembers his childhood very fondly – “we had a blast”. Meiring credits his parents for his outlook in life and passion for sharing.

“I observed my father from a young age, seeing his dedication to his work, the way he interacted with personnel and

fellow colleagues and learnt the principles of doing business the right way. My father believed that you should not just make your piece of the pie bigger, you should make the whole pie bigger. I believe that this is true in all segments of life and is a key survival factor for sustainability,” he says.

Meiring is a devoted family man who enjoys the outdoors and travelling and, well, the occasional cigar. Meiring, nonetheless, believes in evidence-based engagement rather than smoke and mirrors. Understanding and debating the real problems within the industry is the cure, according to him. “A positive, problem-solving mindset and the correct information is crucial. Healthcare affects everybody, thus we need constructive debate, involving all segments of the economy, government, finance, private business, civil society and healthcare. There is an enormous pool of knowledge and resources within the country that we can use to build creative solutions for improvement,” he says.

Meiring believes in easing the access to quality healthcare, and describes inequality in the provision of care as “unfortunate”. “That is what the country is trying to solve with NHI,” he says. “Too much energy is spent on negative connotations with the past. I think that creative and positive energy must be invested in providing quality healthcare to all South Africans in a sustainable way.”

## QUESTIONS & ANSWERS

**What are you reading?** The Wolf of Wall Street

**How do you fit your professional and leadership demands into a day?** A magnificent support structure at home, a wonderful management team and devoted staff members at work.

**How do you describe your normal day?** Waking up at 6am and retiring at 11pm.

**Sports?** Rugby, cricket and athletics

**Watching?** Discovery and History channels

**Weekends?** Time with my wife and family, travelling, outdoor life, mountain biking, watching sports and, of course, spending time with my dogs!

**What are you passionate about?** Being involved and contributing to a sector that directly helps people when they are at their most vulnerable.

# Challenges of Dual Diagnosis

## DAVID BLACKBEARD

David trained as a clinical psychologist at McCord Hospital, Durban, through the University of KwaZulu-Natal, and is a member of the multi-disciplinary team at Riverview Manor Specialist Clinic, Underberg. His professional interests include family-focused treatment, dialectical behaviour therapy, health psychology, 12-step recovery and ecotherapy. His published academic work has been in the area of gender construction and health promotion practice.

Psychiatric conditions present as risk factors for addictive behaviours as 'self-medication' may alleviate symptoms of these difficulties and become conditioned responses. Addictive behaviours may also develop into psychiatric difficulties such as substance-induced mood or anxiety disorders. In many cases, psychopathology and substance use disorders become meaningfully related over time and some difficulties are precipitated or exacerbated by substance use disorders. A dual diagnosis picture may influence the presentation of difficulties, the time frame of treatment, treatment responses and relapse risk.<sup>1</sup>

### Perspectives on dual diagnosis

The medical or illness model of addiction has the advantage of defining a substance use disorder as a chronic, relapsing condition rather than a secondary coping strategy that will simply disappear if the mental illness is addressed. Biomedical perspectives counter moralistic views of addiction by accounting for the genetic and dispositional risk factors that lead to substance use disorders. The medical model may work best within a broader biopsychosocial paradigm where problems of living are understood at levels that include physiological vulnerability and sequelae of substance use disorder and the personal, subjective and cultural factors that produce

trajectories of difficulty. Phenomenological perspectives favour looking at problems of living from the inside out, inviting clinicians to enter into the lived experience of addiction and emotional distress, identifying areas of strength and resilience that can be brought to bear on the challenges of recovery and relapse prevention<sup>2</sup>. Treatment models for dual diagnosis conditions may be (1) sequential, in which the substance use problem is addressed first and mental health interventions follow once abstinence has been accomplished, (2) parallel, in which the person receives simultaneous treatment by separate systems of care and treatment providers, or (3) integrated, in which a comprehensive treatment programme attends to both the mental health challenges and the addictive behaviours<sup>1</sup>. An integrated approach requires cross-training of professionals, unified case management and good communication in a multi-disciplinary team. This is the approach taken at Riverview Manor Specialist Clinic, where the multi-disciplinary team includes consultant psychiatrists, clinical psychologists, medical practitioner, dietician, nursing staff and occupational therapist. Interdisciplinary collaboration can be a challenging and rewarding aspect of addiction work, especially where dual diagnoses present.

*(continued on page 6)*



THE CO-OCCURRENCE OF  
SUBSTANCE USE DISORDERS  
WITH MENTAL ILLNESS  
PRESENTS SPECIFIC  
CHALLENGES FOR  
PRACTITIONERS AND HEALTH  
SERVICE PROVIDERS.

(Continued from page 5)

As all members of the team contribute to the lifestyle change of the person in treatment, the best of the experiences and expertise of various professionals can contribute towards optimal wellness outcomes<sup>3</sup>.

## Diagnostic spectrums

Possibilities for dual diagnosis can include the co-morbidity of substance use disorders with mood disorders, attentional disorders, personality disorders, anxiety disorders and eating disorders. Determining the pattern of multiple challenges means that clinicians need to focus on interventions that are both evidence-based and individualised for the specific needs of patients presenting with dual diagnoses.

In the co-occurrence of mood and substance use disorders, treatment guidelines suggest that recovery-orientated psychotherapy should address both management of mood symptoms and recovery from the substance use problem. It may be crucial for clinicians to differentiate the time-limited affective symptoms related to substance use from the syndromal symptoms of the mood disorder<sup>4</sup>. Integration with psychosocial support (such as a Twelve-Step group) may also be important for sustaining the changes brought about through psychotherapeutic engagement.

Research suggests that a childhood history of attention-deficit hyperactivity disorder (ADHD) correlates with the onset and severity of cocaine addictions, and that more generally persons seeking help for substance use problems have elevated rates of adult ADHD<sup>5</sup>. Therapeutic strategies for co-occurring attentional and substance use problems should include both motivational recovery-orientated psychotherapy alongside memory and attention strategies that enhance self-observation and self-monitoring<sup>6</sup>. The association of stimulant abuse with ADHD is a good example of the pattern of relatedness between mental health and addiction.

Given the particular prevalence of co-occurring personality disorders and substance use disorders, specific strategies are necessary to predict and respond to relapse risk factors on an individualised basis and skills for managing



**Riverview Manor's** collaborative multi-disciplinary team bring together the capacities and resources of diverse health professionals with unified case management and multi-level intervention that includes and integrates individual and group psychotherapy, life skills training, relaxation skills, psychiatric evaluation and medical management, nutritional management, relapse prevention groups and Twelve Step groups. Continuity of care is essential as our team work with referring professionals and promote ongoing engagement with health professionals once clients have completed the standard four to six week programme. Our approach is biopsychosocial and in addition, spiritual aspects of recovery are supported with pastoral counselling for clients who wish to engage in this area. Riverview Manor Specialist Clinic is situated in the beautiful Southern Drakensberg, a context which resonates with healing and hope, and recreational activities for clients include outings, crafts and horse-riding.



affective states, impulsivity and acting out may be especially relevant for certain clusters of personality difficulty<sup>1</sup>. For emotionally vulnerable people, recovery-orientated dialectical behaviour therapy (DBT) may enhance commitment to abstinence and self-control strategies<sup>7</sup>. Cognitive-behavioural (CBT) approaches

may assist individuals with identifying self-sabotaging behaviours, creating rewards for new behaviours, reframing the costs and benefits of continuing substance use and clarifying how destructive behaviour patterns can be diffused through commitment and personal responsibility<sup>1</sup>. Because substance use initially alleviates anxiety symptoms,

there is a particularly high correlation between sedative/hypnotic substance dependence and anxiety problems<sup>1</sup>. Combination pharmacotherapy and psychotherapy is generally recommended.

Alongside of psychosocial support systems and social skills training, individual psychotherapy can include psychodynamic psychotherapy that generates insight into the subjective and experiential aspects, interpersonal psychotherapy that places the problem in contexts and consequences of relationships and cognitive-behavioural therapy for the immediate management of anxiety states through relaxation techniques, coping skills and cognitive reframing.

An increasing prevalence of co-occurring substance use disorders and eating disorders over recent decades has been noted and treatment approaches require an approach that recognises the overlapping features of both disorders in terms of addictive cycling, reinforcement, cultural dimensions and dichotomous belief systems<sup>5</sup>.

For recovery-orientated psychotherapy to be effective, intervention should be responsive to individual needs and the particular challenges of a dual diagnosis picture. Beginning with the distress of the client can be effective as can be the clear identification of recovery goals and wellness objectives<sup>3</sup>.

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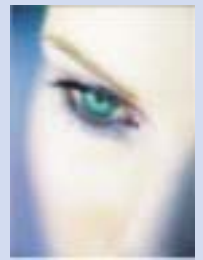
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# Mental illness facts



- Mental illnesses are biologically based brain disorders. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence.
- Mental illnesses strike individuals in the prime of their lives, often during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable.
- Without treatment, the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives.
- The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
- Early identification and treatment is of vital importance. Recovery is can be accelerated and the brain protected from further harm related to the course of illness.
- Stigma erodes confidence that mental disorders are real, treatable health conditions. It is time to take these barriers down.

*(Source: The US-based advocacy group NAMI.)*

## HEALTH AWARENESS

### OCTOBER Mental Health Awareness Month

- 1 International Day for Older Persons
- 1 National Inherited Disorders Day
- 5 – 9 Eye Care Awareness Week
- 8 World Sight Day
- 9 Partnership against AIDS Anniversary
- 9 - 13 National Nutrition Week
- 10 World Mental Health Day
- 12 World Arthritis Day
- 12 – 20 World Bone and Joint Week
- 14 International Day for Natural Disaster Reduction
- 15 National Fetal Alcohol Syndrome Day
- 15 - 19 National Obesity Week
- 17 World Trauma Day
- 20 National Down Syndrome Day
- 20 World Osteoporosis Day
- 23 National Iodine Deficiency Disorder Day
- 24 World Polio Day



# The changing image of NURSING

ADELE BENN – Denmark Specialist Psychiatric Hospital

NURSING IS MY PASSION AND I AM CONTENT WITH MY WORK. I WILL CONTINUE TO PROVIDE HEALTHCARE OF THE HIGHEST QUALITY. I MADE THIS PROMISE SOLEMNLY, FREELY AND UPON MY HONOUR. THIS I PLEDGE, MY SERVICE DIRECTED MISSION, TO STRIVE FOR EXCELLENCE AND SET MY PATIENTS' INTERESTS FIRST.

When I was a student, nursing meant caring for patients, offering assistance and improving the holistic wellbeing of my patients. Entering the public sector for the first time, I was confronted with the unknown territory of being a healthcare provider and its systematic problems. We had to rely on improvising every nursing interaction to meet the basic needs of our patients because of shortages of resources and staff. Providing a safe therapeutic milieu to promote the wellbeing of our patients became an everyday challenge. My first charge Sister told me that what I still had to learn she had already forgotten. This painted a grim picture of quality care and good patient outcomes.

Nursing is my passion and I am content with my work. I will continue to provide healthcare of the highest quality. I made this promise solemnly, freely and upon my honour. This I pledge, my service directed mission, to strive for excellence and set my patient's interests first.

C. Searle said in 1988, that the profession must realise that the nurse practitioner's image is very important. Nurses must be knowledgeable, competent, considerate, and compassionate with an integrity that is beyond questioning. The nurse must be well-educated and command the respect of other professionals. Searle places emphasis on nurses being a leader in every situation.

According to Meiring, Executive Manager: Nursing of Healthshare Health Solutions, one of the challenges the nurse of today has to face is the public's perception of what our professional image is. This is influenced by interactions and experiences with hospitals, family and friends receiving nursing care and career information at schools. The media portrays what the public thinks about our profession. Meiring further points out that how we feel about ourselves, as nurses, will determine how the world perceives us.

Nursing is a timeless dynamic wisdom. The time has never been better for the profession to reach out to the public and other health professionals to change perceptions about nursing.

We must make headlines like these:

**Professionals respected for their expertise; Nurses relentless in pursuit of excellence; and Professionals that care.** Has nursing gone to the dogs? Perhaps the dogs have joined nursing. These statements are unfair to those nurses who have dedicated their lives to serve others. There are nurses whose spirit is deeply rooted in humanity and they need to be encouraged and appreciated so that they can continue carrying the lamp with pride. Putting them in the same class as those who are taking the profession to its knees will not help.

Nurses deserve so much more recognition than they get for the care they give and going that extra mile whilst continuing to learn and teach others.

### What influences our professional image?

We are in the midst of a global nursing crisis characterised by a shortage of trained and skilled nurses. Brannigan believes nurses are leaving South Africa because of low quality care in hospitals, which paradoxically contribute to further lower quality care. Worldwide, Health Systems are faced with growing health needs and financial constraints that restrict the service provider. In SA skills shortages, aggravated by the high demand for nurses overseas, is becoming a great problem. These shortages undermine the goals of the health services and challenge the nurse's ability to meet the needs of the patient, ICN (2007). The reason for shortages are varied and complex. One contributing factor is an unhealthy work environment, which weakens performance and/or alienates nurses and drives them out of the profession altogether.

### Has nursing become just another job?

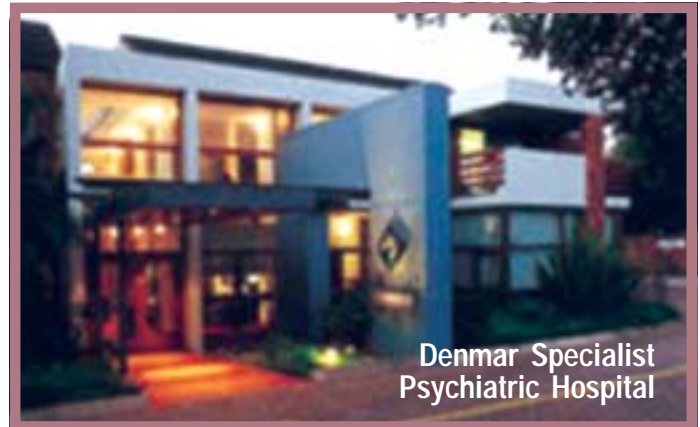
Mitsi, former KwaZulu-Natal PSF chair, reminds us that we have to acknowledge the nursing profession as a calling. She asks what makes us happy about our work. Is it going home with the notion that our patients are comfortable, seeing a patient recuperate or getting a good salary? What makes us stay or leave the profession varies from person to person. A positive practice environment affects not only the nurse but also others in the healthcare services. It improves personal motivation, quality of work, productivity, teamwork, less conflict, promotes goal attainment, improves communication and promotes commitment to task, duty and responsibility.

Job satisfaction relates to how nurses feel about their work and it gives them a sense of meaning. Weiseman and Nathanson (1985) stated that the level of job satisfaction is the strongest indicator of the collective satisfaction level of the patient.

Mncube and Menino, members of the Netcare Olivedale Hospital, state that you should always try to make a difference in a patient's life even if you can only stay a minute or two with a patient. Understanding the patient's perceptions and concerns is critical in improving quality care. There is a growing emphasis in healthcare in the partnership between patient and carer. It makes Menino happy to see that patients are well-looked after. It is important for staff to enjoy their work as this leads to a positive work atmosphere, which leads to a higher level of productivity. These are the building blocks of creating a good professional image.

### How can we improve our professional image?

Personnel need to focus their intentions and guide their efforts towards improving the quality of care. Every type of nursing (ICU, Paediatrics or Psychiatric nursing) must do the same - care for another human being. According to Mseleku, Director General of Health, quality is never an accident but the result of high intention, sincere efforts, intelligent direction and skilful execution of a choice. Nthabele noted in his interview with Lesego Lebeta that nursing is headed where we, who are in the profession, want to take it. Being passionate about caring for patients is just the beginning of what nursing means. Teaching and coaching others to walk through the hospital wards with confidence, knowing that they are able to cope with the latest advancements in healthcare must be our goal. We must put emphasis on our professional knowledge and skills when



delivering a service so that the public we serve can realise the importance of professional practise and thus improve our own image.

**The challenge: What will you do to improve your image?**

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# OCCUPATIONAL THERAPY IN PSYCHIATRY

CHARLOTTE MARAIS – Occupational Therapist, George Medi-clinic

Recreational activities are part of the group therapy programme I coordinate, as an occupational therapist, assisted by professional psychiatric nurses and a social worker. It is a team supported by psychologists, pastoral counsellors, a dietician and a physiotherapist.

To optimally benefit from treatment, patients are encouraged to actively take part in group sessions and become involved in therapeutic activities, often leading to a lifelong interest in crafts and hobbies.

PATIENTS AT THE GEORGE MEDI-CLINIC PSYCHIATRIC SECTION OFTEN DISCOVER HIDDEN TALENTS AT THE ART AND CRAFT SECTION, WHERE THEY ARE EXPOSED TO A VARIETY OF RECREATIONAL ACTIVITIES.

In the past 13 years Marie Barkhuizen, clinic helper, has witnessed how patients, convinced that they lacked creativity, discover hidden talents by allowing themselves to learn new skills in the unthreatening environment of the clinic. Some have even developed their new hobbies into income-generating skills.

The occupational therapist finds that a team approach is the best way to assist patients to return to work as soon as possible. Psychiatric illness and work circumstances are often related. The patient is the main member of the team, which includes the therapeutic team and employer and family members.

Where possible the occupational therapist meets with the patient and his or her colleagues to discuss the work environment and its effect on the illness. In collaboration with the team members, problems can be put in perspective and the best possible solutions discussed and implemented.

The functional abilities of patients who have received optimal treatment and cooperated in all spheres of therapy and rehabilitation, but remain unable to cope at work, are assessed by the occupational therapist. After such an evaluation recommendations are made regarding future work options.

The occupational therapist also helps to manage the therapeutic environment including the clinic's ducks, budgies and parrots – therapy for the therapist!



# Psychiatric Reflections

NATASHA KEYTER – Sereno Clinic

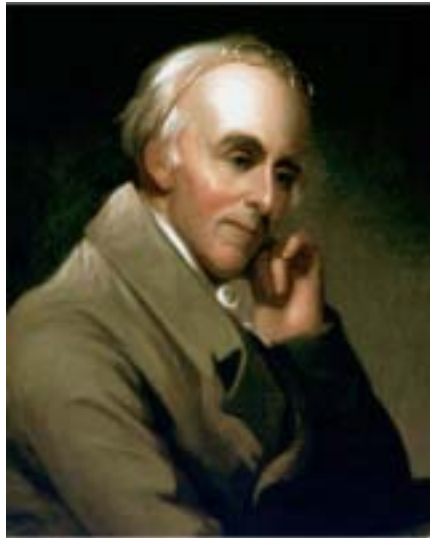
Where did psychiatry start? Could it be that it is as old as mankind? Could it have walked the Garden of Eden? Is it possible that Eve had hallucinations telling her to eat the apple or that she had a personality disorder? Could Adam have developed severe depression after Eve disappointed him? No one can pinpoint the birth of psychiatry, but throughout its evolution the same thread exists: people suffering from psychiatric illnesses are treated as different and stigmatised. Walk with me through a brief history of psychiatry.

The task of reflecting on the history of psychiatry is not easy. We lack facts and it becomes a big puzzle consisting of little pieces that we need to put together. Little pieces that at times are very hard to comprehend.

Reflecting on the history of psychiatry takes you through prehistoric and ancient beliefs when most forms of mental illness were attributed to demonic possession. When Stone Age cave dwellers made holes in the skulls of people with abnormal behaviour, thinking that evil spirits would escape through the opening.

It takes you through the middle ages with its reversion to superstition. If the illness were believed to be due to God's punishment, treatment often involved painful therapies such as immersion in hot water and starvation. The mentally disturbed were often displayed to the public who had to pay to see them. With the onset of the Renaissance treatment shifted, emphasising the value of individuals.

During the 18<sup>th</sup> and 19<sup>th</sup> centuries Benjamin Rush, the father of psychiatry<sup>2</sup> insisted that patients be accorded respect and dignity and that they be gainfully employed while hospitalised, an idea that anticipated the modern concept of work therapy. Yet Rush was affected by the theories of his times. His practices were influenced by astrology and his remedies included bloodletting and purgatives.



BENJAMIN RUSH



CLIFFORD BEERS

In 1908, with the publication of *A mind*, came widespread public compassion for the mentally ill. In this publication Clifford Beers writes about his journey through mental illness and describes the horrific experiences, such as being spat on, choked and beaten in three different mental institutions. He founded the National Committee for Mental Hygiene which later became The National Mental Health Association. The organization advocated for the mentally ill through educating the public that individuals with abnormal behaviour needed to be treated with dignity and not punished.

Today we cannot comprehend the inhumane practices that were used to treat psychiatric patients.

*"Psychiatry, more than any other branch of medicine, forces its practitioners to wrestle with the nature of evidence, the validity of introspection, problems in communication, and other long-standing philosophical issues"*<sup>3</sup>

Universally, the care and treatment of the mentally ill have been influenced by man's belief about himself, his world, and his fellow man.<sup>1</sup> In preliterate societies, those afflicted were often segregated, cast out, and abandoned. Fear and dread were the prevailing emotions exhibited by those confronted with the unknown, the misunderstood and the unexplained.

One of the first people to make a significant contribution to the field of psychiatry would be Pythagoras (580 – 510 B.C.) who is regarded as the first person to acknowledge mental disorders as an illness of the mind.

A hundred years later the Greek physician, Hippocrates (460 – 370), categorized three disorders namely hysteria, depression and mania. Also during the time of Hippocrates,<sup>2</sup> Plato (427 – 347) contributed to the organic explanation of behaviour by identifying the significance of the psychosomatic relationship between the mind and the body.

(continued on page 12)

(Continued from page 11)

Then 200 years lapsed before Asclepiades appeared as a protagonist of humane treatment for people with psychiatric disorders.

With the awareness of humanism in the treatment of mental illness research into its causes evolved. Two schools of thought emerged. The psychological viewpoint with an emotional basis for mental illness and the organic viewpoint that mental disorders are the result of physiological damage or disease.

As the arm of time moved forward and science began to notice psychiatry the last

70 years has seen a surge of research, publications and the evolving of hundreds of new drugs and therapies.

It brought us to where we are now: each mental illness have specific aetiologies and treatment modalities and researchers understand the importance of both psychological and biological approaches to treatment. By far our greatest achievement of the last 70 years is the enormous improvement of the quality of life of psychiatric patients. Yet much remains to be accomplished!

<sup>3</sup>In spite of the difficulties, we have evolved a humanistic and scientific explanation of abnormal behaviour. It

remains to be seen if such an explanation will still be thought valid in decades to come.

In conclusion, perhaps we can ponder on the answer of Dr G van Niekerk (psychiatrist) when asked where psychiatry is at: 'Psychiatry evolves as far as mankind allows it to.'

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# Mental Health Nurses: an endangered species

R. JANSEN AND I. VENTER – School of Nursing - University of the Free State

The shortages of Mental Health Nurses is a worldwide phenomenon and, sadly, at a time when more people are being diagnosed with mental illnesses. In South Africa the situation is worse because of a higher risk for developing mental illness when compared with other higher and middle income countries. This trend is thought to be due to the political situation, unemployment and HIV/Aids. The problem is further exacerbated by the fact that the average age of nurses is increasing (Williams, D.R., Herman, Stein, Heeringa, Jackson, Moomal & Kessler, 2007:217).

The World Health Organisation (2005) figures show that SA has for every 100 000 people:

- one psychiatrist
- four psychologists
- twenty social workers and
- eight mental health nurses

These figures are alarming when one considers that nurses must render a 24/7 service which may include intensive one-on-one care on an ongoing basis.

Unfortunately student nurses are not interested in the field of mental health nursing and of the sixty-five students who completed their studies in the Free State

only three requested to be placed in a mental healthcare setting for their community service year.

This of course begs the question why nurses are not interested in mental health nursing. Studies in the United States of America, England, New Zealand and Australia found that nurses stated:

- boredom;
- communication with patients is difficult;
- behavioural therapy that doesn't seem to work;
- patients not showing improvement;
- potential for harm;
- low salaries;
- the stigmatisation of mental illness and
- very little simulation opportunities.

(Holmes, 2006:404. Puskar & Bernardo, 2003:29. Rhodes & Bouic, 2007:36. Surgenor, Dunn & Horn, 2005:103).

The clinical settings in mental health can vary immensely and some of the factors mentioned are not applicable to all settings but these factors need to be taken into account if we are going to recruit nurses to the field of mental health.

This looming crisis can have far reaching effects on the rendering of proper mental health care in future.

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# MENTAL HEALTH

## A multi-disciplinary approach

STEPHANIE WATSON – Crescent Clinic Gauteng: Social Worker

Mental health provides a patient the ability to cope, manage and sustain a well balanced lifestyle. Patients' overall wellbeing contributes to living a full and rewarding life, flexibility and amenable to change and a sense of resilience in the face of adversity. These factors are responsible for maintaining a functional and creative way of life. If hindered they render a patient in need of mental health intervention and support.

Mental illness jeopardises a patient's ability to function within full potential. It cannot be treated in isolation, as mental illness has a direct impact on all aspects of a patient's life. The effects can be debilitating not only to the patient's personal life but also to their work, social and family life.

A multi-disciplinary approach assists in restoring a patient's sense of balance and control. This approach to treatment within the mental health profession draws on the eclectic knowledge and skill of a variety of professional disciplines such as psychiatrists, psychologists, professional nurses, occupational therapists, general practitioners, support counsellors, social workers and dieticians, all of whom work together to provide a comprehensive treatment programme.

Each profession has diverse attributes and roles that contribute to the holistic nature of an integrated treatment programme, which comprises of individual and family therapy, psychotherapy groups, educational groups, lectures, CBT (cognitive behavioural groups), DBT (dialect behavioural groups), art therapy groups, exercises, pilates and community based support groups (AA, CA, NA, CoDA)

A multi-disciplinary team and integrated

treatment programme affords patients the opportunity to work within a framework beneficial to their overall emotional and mental wellbeing. Introducing a spectrum of professional disciplines to mental health treatment affords the patient the opportunity to work through all aspects of their illness from diverse approaches:

- Administration of medication can alleviate and help stabilise their symptoms.
- Through psychotherapy groups patients are able to gain insight into their feelings and emotions.
- Group work aims to equip a patient with the necessary knowledge and information about their illness. It provides the opportunity to learn more appropriate coping skills, and to manage their symptoms.
- There is great potential in working with a multi-disciplinary team. It does not limit the patient to only one highly focused means of treatment. It embraces a framework that increases the likelihood of the patient working through all aspects of their illness and the impact it has on their lives.
- Therapeutic and community based support groups give patients the



opportunity to share their stories in a safe and nurturing environment. The benefit of such groups support is that it improves patient's support system and draws on all possible resources that contribute to the wellbeing of the patient.

These benefits are a few of many. A multidisciplinary approach and integrated treatment programme provides patients' with a holistic means of intervention. The incorporation of a variety of professionals, approaches, skills and knowledge all work towards guiding a patient towards restoring their ability to cope with their illness and therefore optimise their functioning in their everyday lives.

*The eighteenth annual publication  
of the Hospital Association of South Africa*



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