



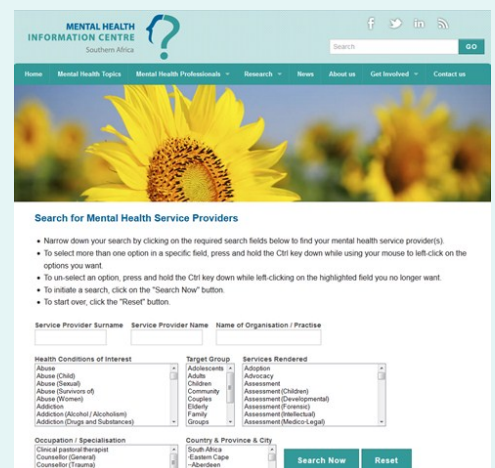
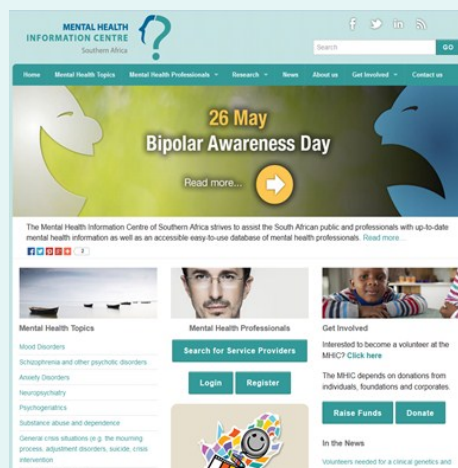
# The Mental Health Information Centre of South Africa (MHIC) & the MRC Unit on Anxiety & Stress Disorders: Annual Newsletter



- SA's Mental Health Awareness Initiative
- Brain Awareness Week March 2013
- Research at the MHIC / MRC Unit on Anxiety & Stress Disorders
- Congratulations
- Awards

## The MHIC: SA's mental health awareness initiative

In 2013, the MHIC has again aimed to address the mental health challenges in South Africa by building sustainable partnerships with mental health experts, service providers, volunteers, students, community organizations and institutional and corporate partners.



Several activities such as Brain Awareness Week (March), SU Wellness Open Days (July), and the SU Community Interaction Symposium (September) were some of the highlights this year. October is mental health awareness month and one of the busiest months at the MHIC. Activities during this period included various radio talks and the spreading of information via newspapers and magazines. (More information on some of these activities follows.)

MHIC & MRC Unit on Anxiety and Stress Disorders  
Department of Psychiatry  
Stellenbosch University

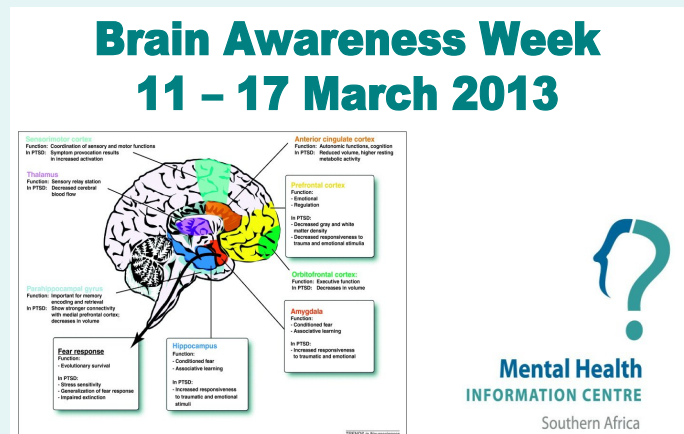
PO Box 19063  
Tygerberg, 7505  
[www.mentalhealthsa.org.za](http://www.mentalhealthsa.org.za)

## Activities during 2013 included the following: **Brain Awareness Week**

Brain Awareness Week (BAW) is an international campaign dedicated to raise public awareness on brain research. The campaign was held worldwide between 11 and 17 March 2013.

For the 2013 BAW campaign the Mental Health Information Centre of Southern Africa (MHIC) organised radio talks such as the following: Radio Sonder Grense - Coenie Hattingh, a doctoral candidate in Clinical Neuroscience, University of Cape Town and Thania Van Greunen, a clinical psychologist in private practice, spoke about the causes and treatment of mental disorders.

Radio Tygerberg - Prof Charl Cilliers, Director of the Centre for Student Counselling and Development, spoke about student wellness. These talks resulted in a large amount of calls and e-mails to our centre from people who wanted more information on different mental health related matters.



 **Mental Health Information Centre (MHIC)** shared a link. 11 March

Brain Awareness Week 11-17 March 2013. Ensure a future for neuroscientific discovery by inspiring the next generation of scientists. See [www.dana.org](http://www.dana.org) for information about brain research.



**Brain and Brain Research Information - Dana Foundation**  
[www.dana.org](http://www.dana.org)

The Dana Foundation supports brain research through grants and educates the public about the successes and potential of brain research. Dana produces free publications; coordinates the International Brain Awareness Week campaign; supports the Dana Alliances, a network of neuroscientists; and mainta...

Like · Comment · Share



During BAW 2013 the MHIC shared information on brain research and brain health on our facebook page and website.

[www.facebook.com/mentalhealthsa](http://www.facebook.com/mentalhealthsa)

We also distributed booklets from the DANA Alliance to workshops for mental health professionals.



Also as part of Brain Awareness Week in March the MHC distributed mental health brochures at the Stellenbosch Woordfees show of **Labirint**. The theme of the show was unemployment, depression and suicide.



The MHC was interviewed by the DANA Foundation during BAW 2013. In this interview our work during brain awareness week was highlighted on [www.dana.org](http://www.dana.org)



For more information about the DANA Alliance please visit [www.dana.org](http://www.dana.org)

## MHC Brochures

Amayesa azinziisa isimo sengqondo somntu anceda ukunika isiqabu okanye ukuthintela isebho eziyintlozi zokudakumba okanye zokuchwayita. Izithinteli-zokudumba zinyanga iimpawu zokudakumba. Izithinteli zokugula ngengqondo zinyanga iimpawu zokugula ngengqondo ezifana neen-kubhaleko zamalelo okanye zeevidiyo, ezisokothi amake ngamanye amaxesha ukuba usayo ingxaki yokungazini kwesimo sengqondo. Unyango lwevesha elide labalabkile, ngokuba unyango olungentlela phakathi kweeshlo luncinane ubuzima nokuphindaphinda kokudakumba nokuchwayita. Amayesa okuzinziisa isimo sengqondo ngamachiza anamandla. Ngenxa yee sizathu, kufuneka ungayeki ukusawathatha la mayesa, ngaphandle kokuba zovulindlela ngokuba.

**UNGAMTSIALELA USENXEBA UGQIRHA XA KUTHI-WANZI?**

Ngaphandle kokuya kwagqirha ngokweseqelo, mtsalele tumseba ugqirha xa kukho enye yee zinto:

- uziva ufuna ukuzibulala, okanye uziphethe ndlongondlog; uziva unengqaxi kwesimo sengqondo, kabuthongo onabo, okanye kwamanila onawo;
- ukunganda kwemiphimbo xa ucebuzisa amanye, okanye
- uba neifo esinobungani, ualinga uqhagho, okanye udinga amanye amayesa.

**UNGENZA NTONI KWAYE UNGALUFUMANA PHI UNCEDO?**

Unzini wabantu abangexaki yokungazini kwesimo sengqondo bamelana kakuhle nonyango. Iyathelo lokupala kukuxona ngenempawu okanye nengaphethe enamava, ngenqongirha wosapho bakho.

**ICANDELO LERHUNGA LOPHILANDO NGEZEMPILU (I-MRC) MALUNGA**

**NEENGXAKI ZONXUNGUPHALO NEZOXINZELELO (I-MVINGQONDO)**

ICandelo loPhindo lweNgaqali noNunqophalo nenXinzelelo lweNqondo, ekumanyenweni kulo I-MHC, lusekwa iRhunga loPhindo lweNqondo (I-MRC) ngo-1997. ICandelo likwiSebe leNzulwazi ngoZifo noNqondo kwYunivesithi yaseStellenbosch. Ixesha liphanda neenzulwazi

ngengqondo nomzimba nangonyango lweengxaki zoxungaphalo, ukugqala iingxaki ezinamathale engqondweni (neemeko ezinxulumene noko), ingxaki yokuphaphazela, ingxaki yokuxinezelelo lweengqondo emva kokwenzakala, kunye nengxaki yoxungaphalo ngezentshale. Ukuba ufuna ulwazi oluthe veshe malunga neemponononogo zolingo, nceda uye kule webhusayithi legamantli okanye ushagamshelane neMHC.

**IZIKO LAMAZANTSI EAFRIKA LOL-WAZI NGEMPILU YENGGONDO (IMHC)**

PO Box 190603  
Tygerberg  
Cape Town  
7905  
South Africa

Fwini: +27 (0)21 938 9229  
Faki: +27 (0)21 931 4172  
Imeyile: [mhc@sun.ac.za](mailto:mhic@sun.ac.za)  
[www.mentalhealthsa.org.za](http://www.mentalhealthsa.org.za)

**IINGXAKI ZOKUNGAZINZI KWESIMO SENGGONDO**



**MENTAL HEALTH INFORMATION CENTRE**  
Southern Africa

The MHC is proud to announce that our information brochures have been translated into isiXhosa. We would like to thank Pharmadynamics who made these translations possible. Thank you also to Leticia Hintsho for doing the final check on the brochures.

## Research activities in 2013 included the following studies:

### A pilot study looking at grey matter abnormalities in social anxiety disorder

A number of studies have investigated the functioning of parts of the brain of individuals with social anxiety disorder (SAD). However, very few studies have looked at the structure of these parts – grey matter specifically - of the brain. The grey matter includes regions of the brain involved in muscle control, sensory perception such as seeing and hearing, memory, emotions, and speech. In this study use was made of structural MRI scans to investigate cortical thickness and subcortical volumes of grey matter in individuals with SAD.

In a sample of 13 adults with SAD and 13 healthy control participants, it was found that there are structural differences in grey matter thickness between SAD patients and healthy controls. Thinning was found in some brain areas of individuals with SAD. Further investigation is needed in order to determine the causal mechanisms involved in such structural abnormalities.



For more information contact Prof Christine Lochner 021 9389179 / [cl2@sun.ac.za](mailto:cl2@sun.ac.za) or Coenie Hattingh [hypothalamus1@gmail.com](mailto:hypothalamus1@gmail.com)

### Predictors of response to quetiapine augmentation of SSRI's in treatment-refractory obsessive-compulsive disorder

Patients with obsessive-compulsive disorder (OCD) are usually first treated with one of the selective serotonin reuptake inhibitors (SSRI's). However, many do not respond to repeated trials of such treatment (i.e. are treatment refractory). Predicting whether an individual will respond to a certain type of treatment is important. Yet, few studies have looked at the predictors of response to augmentation of serotonin reuptake inhibitors (SRI's) with a specific antipsychotic medication (a drug called quetiapine). This study used data from placebo-controlled studies on the augmentation of a SRI ).

The findings demonstrated that fewer previously failed SRI trials, generally higher severity of obsessions and compulsions before treatment, as well as the presence of counting/ordering and arranging compulsions specifically, predicted response to augmentation of SRIs in treatment-refractory OCD.

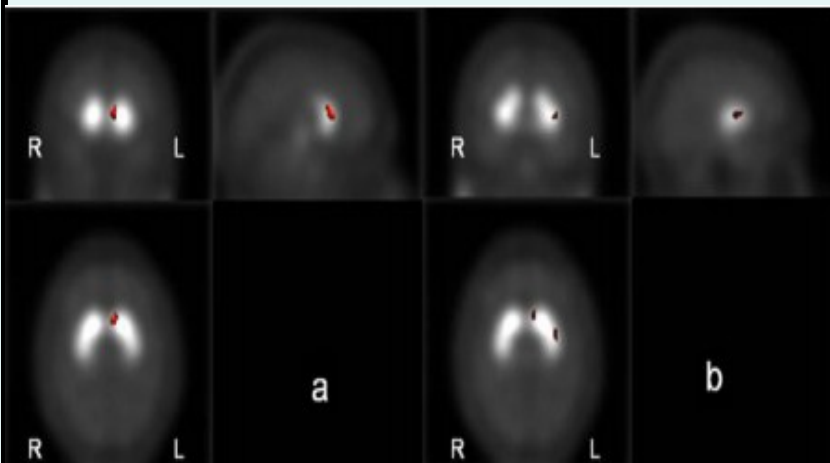
For more information contact Prof Christine Lochner 021 9389179 / [cl2@sun.ac.za](mailto:cl2@sun.ac.za)



## RESEARCH

### The effect of escitalopram on dopamine transporter binding in social anxiety disorder

Escitalopram (known under various trade names) is an antidepressant of one of the selective serotonin reuptake inhibitor (SSRI) classes. It is used in the treatment of depression and some anxiety disorders, like social anxiety disorder. **Dopamine** is a simple chemical that plays a number of important roles in the brains and bodies of humans. In the brain, dopamine functions as a neurotransmitter—a chemical released by nerve cells to send signals to other nerve cells. Dopamine transporter (or DAT) is a membrane protein in the brain that removes dopamine from the synaptic cleft and deposits it into surrounding cells, thus terminating the signal of the neurotransmitter. Dopamine underlies several aspects of cognition, including reward, and DAT facilitates regulation of that signal. There is evidence for decreased dopamine functioning in social anxiety disorder (SAD). The role of the SSRI's in DAT binding is still poorly understood. This study, published in 2012, used a scan technique (single photon emission computed tomography (SPECT)) to examine DAT binding in SAD patients before and after treatment with escitalopram. Our findings were consistent with other studies indicating decreased DAT binding in SAD, and increased DAT binding after SSRI administration. **Figure 1.** The red areas indicate clusters of increased



DAT binding following escitalopram therapy for all subjects, in the left caudate (a) and left putamen (b).

Clusters are thresholded for  $p < 0.05$  (corrected) and superimposed on a mean DAT image generated from all 14 subjects.

For more information contact Prof Christine Lochner 021 9389179 / [cl2@sun.ac.za](mailto:cl2@sun.ac.za) or Prof James Warwick [jw@sun.ac.za](mailto:jw@sun.ac.za).

### Skin Picking: a need for several management approaches

Although skin picking has been documented in the medical literature since the 19th century, only now it has been included in DSM-5 as “Excoriation (Skin-Picking) Disorder”. Community prevalence studies suggest that skin picking disorder appears to be as common as many other psychiatric disorders, with reported prevalences ranging from 1.4% to 5.4%. If untreated, skin picking disorder is a chronic illness that causes distress and significant functional impairment (e.g. in terms of self image and social relationships) and may even lead to life-threatening medical problems. In a paper, published November 2012, the authors combine clinical experience and research findings to highlight the importance of including several approaches when diagnosing and treating skin picking disorder and then go on to suggest management strategies that can be used. Approaches to treatment may include cognitive-behavioral therapy (including habit reversal or acceptance-enhanced behavior therapy) and medication (serotonin reuptake inhibitors (SRI's), N-acetylcysteine, or naltrexone). **For more information contact Prof Christine Lochner 021 9389179 or [cl2@sun.ac.za](mailto:cl2@sun.ac.za).**

# The Let's Talk Campaign



pharma dynamics  
would like to congratulate  
the winning team,  
producers of  
**"I Choose Life"**  
who will receive the  
**R30 000  
grand prize!**  
(Click here to view  
the winning film)

Pharma Dynamics joined forces with the **Mental Health Information Centre (MHIC)** at Stellenbosch University and the **Film Industry Leadership Mentorship (F.I.L.M.)** to get the country talking about mental conditions. This formed part of the **'Let's Talk'** social network campaign that was launched in 2012 to create awareness regarding mental illness, and to fight the stigma preventing millions from getting treatment.

**Film Industry Leadership Mentorship (F.I.L.M.)** program is an NGO that aims to provide young people, wanting to pursue a career in the film industry, skills training for the road ahead. In 2013 the students did their annual film project on 'Mental Illness'. **The competition challenge was to create a short film of 3–5 minutes exploring mental health as experienced by thousands of South Africans every day.** The films could take on the form of a documentary or a short film and the aim was to create awareness, understanding and tolerance by helping break the silence and the stigma surrounding mental health issues.



## Mental Illnesses

(Information provided by the  
Mental Health Info Centre)

**MENTAL HEALTH  
INFORMATION CENTRE**  
Southern Africa

**HAPPINESS**

- RELATIONSHIPS
- SENSE OF PURPOSE
- SELF ESTEEM
- FRIENDS
- HEALTH
- ATTITUDE
- SOCIAL INTERAKT
- OPTIMISM
- FAMILY
- QUALITY OF LIFE

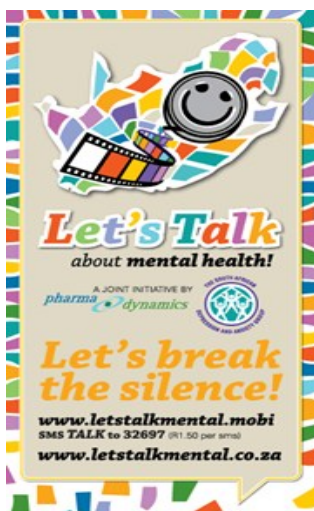
The Let's Talk campaign proved to be very successful and was featured on the Expresso Show as well as Doctor's Orders on SABC 3



## Talk Mental Health Campaign

DoctorsOrdersTV · 271 videos

1!



# PHASA CONFERENCE

**The Mental Health Information Centre (MHIC) of Southern Africa : narrowing the science-to-service gap in mental health**

J Roos<sup>1</sup>, C Lochner<sup>2</sup>, E Breet<sup>3</sup>, S Suliman<sup>3</sup>, S Seedat<sup>1,2,4</sup>, D Stoen<sup>1,2,3</sup>

1. Mental Health Information Centre of Southern Africa  
 2. MRC Unit on Anxiety & Stress Disorders, Department of Psychiatry, Stellenbosch University  
 3. Department of Psychiatry and Mental Health, University of Cape Town  
 4. Department of Psychiatry, Stellenbosch University

**BACKGROUND**

- Mental Health is as important as physical health to overall wellbeing.
- One in five South Africans suffer from a psychiatric disorder severe enough to affect their lives significantly.
- Nearly two-thirds of individuals with mental disorders never seek help - mainly because of a lack of easy access to mental health information and service providers (MHO, 2001).
- Increased allocation of resources to mental health services and more community awareness initiatives are needed to address this unmet need.
- The aim of the Mental Health Information Centre of Southern Africa (MHIC) is to contribute to these efforts by increasing public awareness and knowledge of mental illness and available treatments, and providing referrals to mental health service providers.

**AIMS**

- The MHIC addresses these challenges through a call centre and website ([www.mentalhealthsa.org.za](http://www.mentalhealthsa.org.za)) with current and evidence-based mental health information, and by providing access to an online database of mental health service providers in Southern Africa.

**METHODS**

- In this report all contacts (i.e. calls, emails) to the MHIC since August 2011 are analyzed to determine the effectiveness of our service to the South African public and mental health professionals.

**RESULTS**

**Demographics:**



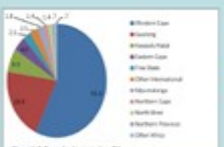


- During this period the majority of callers to the MHIC were from the Western Cape (55 %). 19.8% of calls/e-mails were from Gauteng and 6.5% from KwaZulu Natal (Figure 1).
- Most callers were female (75.4%) and fell into the 21-39 year age group (38.7%).

**Clinical information:**

- Callers were mostly family members or significant others (47.9 %) of individuals with mental disorders, whereas patients themselves (27.3 %) also requested information.
- Disorders most frequently enquired about are depicted in Figure 2. The three most frequent were: 1) depression (21.1 %), 2) schizophrenia (11.3 %) and 3) bipolar disorder (11.2 %).
- The services rendered to the callers/e-mailers were (in order from most frequent to the least): 1) referral to mental health professionals (21.5%), 2) information on therapy (14.2 %), and 3) information on diagnosis and assessments (12.6 %) (Figure 3).

**DISCUSSION**

- These findings suggest that the MHIC renders an important service to consumers.
- The MHIC provides easy access to mental health information and mental health professionals.
- Accurate mental health related information is given and suitable referrals are made by the MHIC.
- There still is much ignorance (and consequent stigma) about mental disorders in South Africa.
- By addressing this, the MHIC contributes to increased awareness of, and de-stigmatization of mental illness in our country.

During September 2013 the MHIC did a poster presentation “**The Mental Health Information Centre of Southern Africa: narrowing the science-to-service-gap**” at the Public Health Association of South Africa conference which was held in Cape Town.

This conference was held in collaboration with the African Federation of Public Health Associations. The theme was ‘Africa’s Public Health Legacy - Beyond the MDG’s’.

To commemorate **World Mental Health Day** on October 10 the MHIC and the Centre for Student Counselling and Development organised a film for students on the Health Sciences campus.

Centre for Student Counselling and Development  
and Mental Health Information Centre

Will be screening the  
**Silver Linings Playbook**  
– an Oscar winning film on  
**World Mental Health Day**  
**10 October 2013**

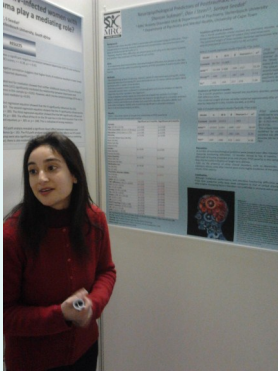
TIME: 17h00 – 19h30  
 VENUE: Main Lecture Hall (Teaching Block)  
 ADMISSION: FREE OF CHARGE

For more info contact An-Maree Nel  
([anmaree@sun.ac.za](mailto:anmaree@sun.ac.za)) or  
visit [www.mentalhealthsa.org.za](http://www.mentalhealthsa.org.za)



# Academic Year Day

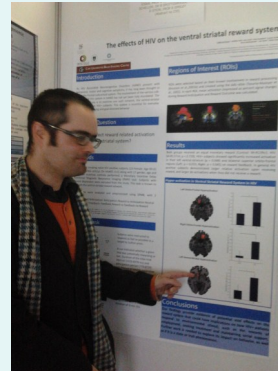
The Faculty of Health Sciences Annual Academic Year Day gives researchers the opportunity to showcase their research findings and expose students and staff to all the various aspects of health sciences. The following members of the MRC/MHIC team presented posters at this event:



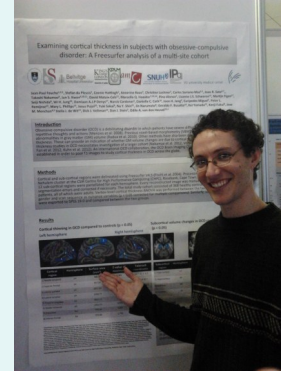
Sharain Suliman



Elsie Breet



Stefan Du Plessis



JP Fouche

## CONGRATULATIONS

Prof Christine Lochner was on maternity leave from September 2012 to January 2013. Her twins Daniël and Cara are now 19 months old and are two hands full.



## Newcomer to the MHIC/MRC Team



Ms Elsie Breet joined the MRC Unit in January 2013 and is a research assistant to Professor Lochner. Elsie assists Prof Lochner on the OCD and TTM imaging study, amongst others. Her academic record consists of a BSc degree in Human Life Science, BSc Honours degree in Psychology as well as an MSc in Psychology, all obtained from Stellenbosch University.