SA Federation for Mental Health

OCTOBER 2014 AWARENESS PROGRAMME

1. Introduction

World Mental Health Day was established by the World Federation for Mental Health in 1992, and is now observed annually. It is the largest awareness programme of the World Federation and it is aimed at increasing awareness about important Mental Health issues.

This year, the World Federation for Mental Health chose the theme 'Living with Schizophrenia'. To date, Schizophrenia has been one of the most misunderstood of all Mental Illnesses, thus resulting in an increase in stigma and discrimination. The overall aim during the month of October, and especially on World Mental Health Day (10 October), is to improve public education, increase awareness, reduce stigma and discrimination against persons with Schizophrenia and advocate for better services and an increase in funding to psychosocial rehabilitation programmes for those living with Schizophrenia .

2. Schizophrenia – An Overview

According to the World Health Organisation (WHO), Schizophrenia affects almost 26 million people worldwide and ranks number 17 on the WHO's list of leading causes of disability in the world. Locally, the South African Stress and Health (SASH) survey found that 1% of the population is living with Schizophrenia. Despite the statistics and the increased need for Mental Health services, there seems to be a shortfall of the availability of services and a substantial gap in psychosocial support programmes.

National Office
Private Bag X3053, Randburg 2125, South Africa | 267 Long Ave, Ferndale, Randburg 2194
Tel: +27 (0) 11 781 1852 | Fax: +27 (0) 11 326 0625 | E-mail: info@safmh.org | www.safmh.org
000-238 NPO PBO:18/11/13/3099

Research by WHO indicates that more than half of those living with Schizophrenia do not receive the appropriate care and about 90% of those who do not receive treatment live in developing countries such as South Africa. An objective of the Mental Health Policy Framework and Strategic Plan 2013-2020 is to integrate Mental Health services into public health care, thus increasing the availability of services. There has been a reduction in the availability of psychiatric beds in public health facilities, whilst there has not yet been sufficient investment in the development of community based psychosocial support services to support de-institutionalisation. The result has been 'de-hospitalisation' and the development of the classic revolving-door phenomenon.

The availability of beds per a 100,000 population is 2.8 beds in psychiatric inpatient units in General Hospitals, 3.6 beds in Community Residential Facilities, 18 beds in Mental Hospitals, and 3.5 beds in Forensic Facilities (Burns 2011). These few beds have to accommodate all persons with Mental Illnesses. The questions remain, is there enough financial support allocated to Mental Health services and is there enough being done to reduce the alarming rate of disability?

The South African Mental Health Policy Framework suggests the upscaling of decentralised integrated Primary Mental Health Services, which includes community based care such as psychosocial support programmes. However, there is a need for further development of these Community Mental Health Services, specifically in terms of infrastructure and human resources, before the downscaling of psychiatric hospitals can proceed. Thus an increase in funding to these resources is important for the transformation from de-institutionalisation to the integration of Primary Mental Health Services which are easily accessible on a community level.

Schizophrenia is associated with an incalculable amount of individual pain and suffering, and in addition has high levels of social burden and costs. However, with the correct treatment, care and psychosocial support, as with many other diseases, a person living with Schizophrenia can live a functional and successful life.

2.1 What is schizophrenia?

Schizophrenia is a severe Mental Illness that affects how a person thinks, feels and acts. Many people find it difficult to distinguish between real and imagined experience, to think logically, to express feelings or behave appropriately. Schizophrenia typically appears in late adolescence or early adulthood and usually follows a life-long course. In Schizophrenia, there is

a tendency towards disintegration of the personality. Intermittent episodes of acute psychosis and remission are also typical. Research in this field is on-going and we now have a much better understanding of the causes and other factors involved in Schizophrenia.

2.2 Symptoms

To be diagnosed with Schizophrenia, a person must display two or more of the following, each present for a significant portion of time during a one-month period (or less, if successfully treated):

- Positive Symptoms
    - Delusions (false personal beliefs resulting from an inability to separate real from unreal experiences – i.e. thinking things are happening that are not real)
    - Hallucinations (auditory hallucinations - i.e. hearing voices that other people do not hear – visual hallucinations – i.e. seeing things that are not real)
    - Disorganised speech (rambling speech that lacks a coherent train of thought)
- Negative Symptoms
    - Emotional flatness (i.e. lack of emotional response)
    - Lack of motivation
    - Withdrawal from social interaction
    - Lack of attention to appearance (e.g. poor hygiene and grooming, little attention to clothing)
    - Inability to experience pleasure in life
    - Cognitive deficits
    - Problems with attention, memory, planning, organisation, inability to complete activities
    - Lack of insight (i.e. inability to realise that anything is wrong)

2.3 Types of Schizophrenia

There are four types of Schizophrenia that are commonly recognised. These types are based on the types of symptoms exhibited. Note that Schizo-affective disorder is not one of these types but is instead a different diagnosis.

• **Paranoid Schizophrenia** – A person feels extremely suspicious, persecuted, or grandiose, or experiences a combination of these emotions

• **Disorganized Schizophrenia** – A person is often incoherent in speech and thought, but may not have delusions

• **Catatonic Schizophrenia** – A person is withdrawn, mute, and negative and has marked psychomotor disturbances

• **Residual Schizophrenia** – A person is no longer experiencing delusions or hallucinations, but has no motivation or interest in life

2.4 What causes Schizophrenia?

The exact causes of schizophrenia are unknown. It is likely to be the end result of a complex interaction between genetic, bio-chemical, developmental and environmental factors. Certain brain abnormalities may be present early in the course of the illness, even perhaps before the onset of clinical symptoms.

2.5 Treatment of Schizophrenia

While there is no cure for Schizophrenia, it is a highly treatable and manageable illness. If you suspect someone you know is experiencing symptoms of Schizophrenia, encourage them to see a psychiatrist. Psychiatrists are medical doctors who specialize in the treatment of Mental Illnesses. They can diagnose Schizophrenia and have the authority to prescribe medications. The psychiatrist will thoroughly interview the person to identify the signs and symptoms of Schizophrenia.

Because Schizophrenia is a long term condition, with periods of remission and relapse, its course in the lifespan of each individual is unpredictable. While medication is the most vital component of treatment, psychological treatment and support is important too.

- **Medication** – The primary medications for Schizophrenia are called anti-psychotics. Anti-psychotics help relieve the positive symptoms of Schizophrenia by helping to correct a chemical imbalance in the chemicals that brain cells use to communicate with each other. It is important to realize that these medications are trial and error and that it is usually necessary to try several different ones before finding a medication or combination of medications that can control the symptoms and minimise the side effects of these medications.
- **Psychological Treatment** – The different forms of therapy like interpersonal therapy, family therapy and cognitive behavioural therapy may help dealing with the understanding of the illness and coping with some of the symptoms. It is also beneficial for self-

awareness and support. Different forms of "talk" therapy, both individual and group, can help both the patient and family members to better understand the illness and share their coping problems.

- **Hospitalisation** – People who experience acute symptoms of Schizophrenia may require intensive treatment including hospitalisation. Hospitalisation is necessary to treat severe delusions or hallucinations, serious suicidal thoughts, an inability to care for oneself, or severe problems with drugs or alcohol. Concurrent drug and alcohol abuse is often referred to as being a dual diagnosis and is a common and serious problem with Schizophrenia.
- **Psychosocial Support** – Research shows that people with Schizophrenia who attend structured psychosocial support programmes and continue with their medical treatment manage their illness best. People with Schizophrenia often have a difficult time performing ordinary life skills such as cooking and personal grooming as well as communicating with others in the family and at work. Psychosocial support programmes provide the individual with work and social skills training, education about Schizophrenia and why compliance on their treatment is important, symptom management and support with dealing with their diagnosis. Thus, the need for psychosocial support programmes is pivotal for those living with the disorder as it plays a key role in empowering them and helping them to be re-integrated into society. This programme also assists in decreasing the burden of the revolving door effect at already overly pressured public health and specialised psychiatric facilities.

3. October 2014 Awareness Programme Outline

In support of the World Federation for Mental Health, the South African Federation for Mental Health will be focusing on Schizophrenia for October 2014. The programme will address the impact of Schizophrenia on the global burden of disease by advocating for the upscaling of Public Mental Health Services, the promotion of psychosocial support programmes and an increase in awareness. The aim is to increase public awareness and advocate for better public health services and community based care for those living with Schizophrenia, which is aligned with the Department of Health's Mental Health Policy Framework and Strategic Plan 2013-2020, and in the process also address the issue of stigma and discrimination.

The South African Federation for Mental Health (SAFMH), along with our partners in the Mental Health Sector, will continue to lobby for an increase in accessible and high quality Mental Health services for persons living with

Schizophrenia nationally. In addition, SAFMH will be working closely with key stakeholders to ensure that the Public Mental Health Sector will adhere to the timelines stipulated in implementation of the Mental Health Policy Framework and Strategic Plan by closely monitoring the progress.

There are various activities that all Mental Health Societies and partner organistions could participate in to ensure that the programme is a success. The following are suggested activities:

- Increased awareness and public education campaigns
- Disseminate information on Schizophrenia within communities by hosting presentations/workshops, handing out infographics, factsheets, leaflets and brochures
- Increased coverage from the press addressing Schizophrenia by forwarding the Press Release (which is attached in a separate document in the email).

  National Office will be hosting a Media Briefing on the 1st October, where experts will be presenting on Schizophrenia. This briefing is aimed at upscaling media coverage and to encourage for more responsible reporting
- Advocating for an increase in Public Mental Health Services and increased support for psychosocial support programmes by the Department of Health
- Increased social media engagement to increase awareness and encourage discussion
- The sharing of 'Myths and Facts' infographic on social media and websites
- Posting videos addressing issues of Schizophrenia on social media sites and encouraging discussion about it
- Compiling and sharing of 'Life Stories' from people living with Schizophrenia. SAFMH would like to request all Mental Health Societies and Member Organisations to assist in the collection of these stories by communicating with those that attend facilities to share their stories living with schizophrenia and send these to National Office
- SA Federation for Mental Health will be hosting an online Q&A that will run between 10-12 October, creating an opportunity for people to ask an expert about anything relating to Schizophrenia at no cost. The person will email their question to info@safmh.org (this will ensure confidentiality). On 13 October, an infographic will be posted online with the questions that we received and the answers.

4. Summary:

The South African Federation for Mental Health, along with all affiliated Mental Health Societies should be actively encouraging open dialogue addressing Schizophrenia in South Africa using all platforms. As advocates for Mental Health, we actively encourage the discussion of Mental Health on every platform to ensure that we increase awareness about Mental Health and that our voices are echoed nationally.