

mind matters

newsletter

New

80 bed private mental healthcare facility opened in Johannesburg

Responding to the increasing demand for private services in the specialised field of mental health, Life Healthcare opened an 80 bed dedicated mental health facility in Roodepoort at the beginning of last year, making mental health services more accessible to West Rand communities in Johannesburg. Life Poortview is specially designed to ensure the therapeutic environment is conducive to the recovery of mental health users choosing admission to the facility. It houses private and semi-private rooms and wards, as well as observation facilities and an Electro Convulsive Therapy unit for those in need of a higher level of treatment. There are also individual and group therapy rooms, lounges, recreation facility, TV and dining rooms, and an ample sized private garden.

Treatment programme

Life Poortview specialises in the treatment of mental health disorders, including substance dependence and other addictions that are associated with these disorders. "The treatment programmes offered at Life Poortview have been developed to achieve optimal outcomes through short term treatment," says Dr Marinda Overbeek, who manages Life Poortview

and Life Riverfield Lodge. "Our programmes were designed to provide comprehensive and holistic treatment in order to facilitate recovery."

Multidisciplinary team

The multidisciplinary team of medical, therapy and nursing professionals involved in the treatment and care of users, reflects the holistic approach to mental healthcare at Life Poortview. The team includes psychiatrists, a general practitioner, psychologists, occupational therapists, physiotherapists, social workers and mental health nurses offering 24 hour care and support. The team members involved in treatment and care will vary according to the specific needs of each individual user.

Aftercare programme

A dedicated after-care programme has been developed to monitor and support mental healthcare users for a period of 12 months after their discharge. Users are also encouraged and assisted to identify and join appropriate support groups.



Michael Fleming (left), chief executive officer of Life Healthcare Group, unveiled the plaque at the official opening on 23 August 2012. In the centre is **Lourens Bekker**, chief operating executive – Inland and to the right **Dr Marinda Overbeek**, hospital manager, Life Poortview and Life Riverfield Lodge.

did you know?

Depression is...

- ranked second among the top twenty causes of years lived with disability in South Africa (SA Medical Research Council 2006)
- likely to be the single highest contributor to global burden of disease by 2030 (World Health Organization 2008)

In South Africa

- the private market is short of approximately 2000 dedicated psychiatric beds and 392 psychiatrists. (South African Medical Association 2000)
- a mental health diagnosis ranks in the top five most frequently cited reasons for hospital admission.



Pain and the psychiatrist

By Dr MS Salduker, admitting Psychiatrist to Life St Joseph's in Durban and chairperson of the KwaZulu-Natal subgroup of South African Society of Psychiatrists and Director of Psych MG

The traditional model of pain is based on the somatic level and involves just the physical nerve pathways involved in nociception.

The process is in fact, far more complex, and recent research has proven that functional and neuropathic pain syndromes are different to normal nociceptive pain. More emphasis is now being placed on central influences on pain perception and outcomes.

The latest guidelines for the management of neuropathic pain include psychiatric medication such as Duloxetine, Pregabalin, Amytryptalline, Carbamazepine and Lamotrigine. Various forms of opiates are recommended in these guidelines and are meant to be used long term. Opiate dependency is a recognisable side effect. In SA we are faced with an endemic of opiate abuse which remains largely under reported due to freely available Codeine (in OTC cough mixtures, analgesics, cold and flu preparations etc.) Added to that, pain physicians often prescribe daily opiates for chronic pain syndromes on six month repeat prescriptions.

The opiates have potent effects on mood, cognition and behaviour. A person could experience euphoria then dysphoria followed by intense anxiety, all as a result of a single dose of opiates. Initially these effects can be overcome in the brain but over a prolonged period they can mimic several psychiatric conditions including bipolar disorder, depression and generalised anxiety.

The role of the psychiatrist in managing chronic pain

We are perfectly positioned to manage these patients. The effect of personality, social context and underlying pre-existing psychiatric disorders needs to be recognised. The holistic management of the physical, emotional and cognitive aspects is the only way to achieve improvement in the Quality of Life (QoL) in these patients.

The regimen I have used includes:

- Pregabalin and Duloxetine. (Pregabalin is primarily an anxiolytic which reduces transmission of nerve impulses centrally and peripherally via the GABA system. Duloxetine is an antidepressant which has some effect on descending inhibition of spinal pain pathways).
- Amytryptalline or Mirtazepine (Since sleep is an integral part of pain management)
- Judicious use of opiates
- Psychotherapy which includes cognitive behavioural therapy (CBT) and mindfulness therapy.
- Treatment of the underlying psychiatric disorders
- Exercise therapy, biokinetics and physical therapies

A 6 month follow up study conducted on patients treated at my pain clinic, showed that:

- ¾ of patients were no longer on any opiate analgesics at six months;
- patients' QoL had significantly improved;
- productivity, relationships, self-esteem had all improved;
- the cycle of negativity had been broken; and
- patients showed a healthy respect for OTC preparations.

New adolescent beds for Life St Joseph's

Life St Joseph's recently opened 20 new beds, increasing the facility's bed number to 100, allowing for an 11-bed adolescent unit to open in November and which caters for mixed male and female patients. The other nine beds were opened in January and are currently being used as overflow male and female beds for general psychiatric admissions. In the near future, the unit will also specialise in the care of psycho geriatric patients.

Nurse manager Jeni Horne says, "We are absolutely thrilled at having 20 much-needed additional beds at Life St Joseph's. Since we opened the facility, we have been running at extremely high occupancies. Having the additional capacity to accommodate more users, has certainly helped us tremendously in being able to service a growing need for mental healthcare in the KwaZulu-Natal Region."



Front row from left to right: RN Nadia Jafar, RN Dheshni Pillay, unit manager, Saloshnie Archary, ward clerk
Back row: ENA Lungi Khanyile and ENA Siphe Buxoki

Life Mental Health is the *first* to measure mental health clinical outcomes routinely

Due to the high expenditure in the mental health industry, the 10-30% re-admission rates per annum and the tight economic climate, it has become increasingly necessary to measure, report on and improve on outcomes achieved. There is currently no standardised reporting on clinical outcomes in any private psychiatric facility in South Africa. Life Mental Health embarked on a process to find a suitable clinical outcomes measure, pilot it and roll it out across its six dedicated psychiatric facilities.

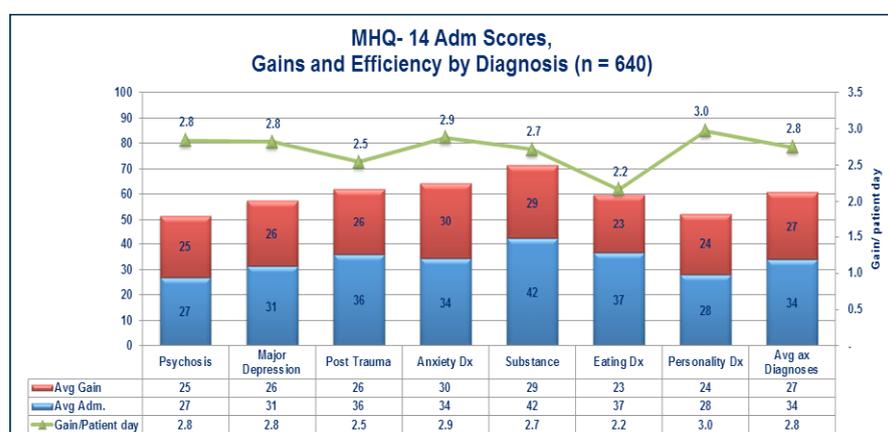
The Mental Health Questionnaire - 14 (MHQ-14) tool was selected as the tool of choice. This tool is a self-report questionnaire which can be used across all diagnostic groups and covers: mental health, vitality, role functioning and social functioning. It measures both the disability and distress associated with mental and behavioural problems.

It is brief and easy to administer and was derived from and directly comparable with the most widely used outcome measure, the Medical Outcomes Study Short Form questionnaire (SF-36). The 14 questions pertaining to mental health were extracted and have been validated as a reliable tool, and comparative data is available.

The questionnaire is given to the mental healthcare user on admission and upon discharge and the change in scores is attributed to the treatment interventions offered at the facility. The gain in the score at the end of the treatment programme indicates how effective the interventions were (the more the gains, the better the results). Furthermore, gains per day indicate the efficiency of the intervention.

The pilot findings yielded exciting results, and the electronic tool has now been developed and rolled out to all six psychiatric facilities in the group, paving the way to more comprehensive results being presented in future. Funders have expressed interest in seeing more and ongoing data.

The next step for the group is to build up a database of these scores and compare these across the different facilities and across the different diagnoses and in turn, use these outcome measures to improve on the quality of the service offering.



Graph Above: Admission scores, gains and gain/patient days by diagnosis and across all diagnoses are depicted. The largest gains and efficiency are for anxiety, major depressive disorder, and substance abuse problems (according to pilot findings).

Our staff

Life St Joseph's mini psychiatric nursing skills symposium

Life St Joseph's hosted a mini psychiatric nursing skills symposium in September last year. Nurse managers, unit managers as well as casualty staff attended. Guest speakers included, Prof Lourens Schlebusch, Dr Prema Laban and Nazeemah Soomar, all affiliated with the Life St Joseph's facility.

Nurses today strive to meet the physical, psychological and social needs of all patients in their care. Patients that present with psychological and social distress pose a particular challenge for nursing staff. The symposium was designed to assist and equip registered and enrolled nurses with assessment and intervention nursing skills when nursing patients that present with affective or mood disorders, with a special focus on suicidal behaviour patterns. Nursing staff found the symposium informative, especially Prof Schlebusch's talk on suicide and Dr Laban's talk on affective disorders. They were given practical advice and tools that they can use in their roles as nurses. Nursing staff also gave feedback that they had a better understanding of the psyche

of psychiatric patients and felt better equipped and some stated they felt more empathy towards such patients.

The participants of the symposium were given the opportunity to take a walk through the unrestricted parts of the facility. They were impressed and thought the "décor was wonderful, warm and therapeutic". Future symposia are planned to impart psychiatric nursing skills when dealing with psychotic patients and associated aggressive behaviour patterns; the anxious patient; the adolescent patient; the geriatric patient and the patient with substance abuse behaviour patterns.



Registered nurse, **Samantha Reddy**, of the Life St Joseph's unit graduated at the top of her class in psychiatric nursing.

Our staff (continued)

Life Glynnview's work skills training

Life Healthcare prides itself on its work skills programme. More so, it is necessary for staff in specialised units to stay abreast of the current developments and trends in the field. Staff working in acute psychiatric facilities are exposed to a lot of stress as a result of working with mentally ill people all the time. In September this year, Life Glynnview held a workshop for its staff members. An employee wellness programme provider kicked off the day by providing the staff with some tips on how to handle the stresses and strains our staff experience in the workplace. Dr Eugene Allers and Dr Gerhard Grundling, admitting psychiatrist and psychologist

at the unit, conducted a workshop on "Boundaries, Communication and Transference – the difficulties and challenges in dealing with psychiatric patients" which highlighted the importance of communication in the workplace. Dr Kobus Roux, also an admitting psychiatrist to the unit, discussed the importance of medication observations and the risks involved in medication errors, and some very important lessons were learnt. The staff agreed that these sessions are invaluable and they appreciated the importance of their roles within Life Glynnview.

Raising awareness of mental health in our communities

During mental health awareness month (October 2012) Life St Mark's Clinic in East London hosted an awareness day at the Hemingways Mall in order to educate the public about mental health to try and de-stigmatise mental illness.

Delighted patrons of the mall were offered free blood pressure tests, weight and heights were measured so that body mass indexes and risk for cardiovascular diseases could be determined. Health education was also given on various mental health issues. Staff from Life St Mark's Clinic also assisted people to complete a stress test, and based on their score, advised them on ways to manage their stress. Those who needed professional assistance were given the

necessary contacts and a list of useful resources.

Queues of people soon formed around the stand and the day was an overwhelming success, with over 150 people seen. It is very important for us to reach out and to educate our communities.



Staff members of the St Mark's Clinic attend to the queues of the members of the public at the Hemingways Mall in East London for the mental health awareness month.

About us

- Life Mental Health is a specialised healthcare service dedicated to treating acute psychiatric patients.
- Life Mental Health forms part of the Life Healthcare Group, which is a JSE-listed company operating 60 private healthcare facilities in southern Africa.
- There are currently six mental health facilities in Gauteng, Kwa-Zulu Natal and the Eastern Cape.
- Life Healthcare is the biggest provider of private acute mental healthcare in South Africa and is still continuing to grow.

Life Mental Health:

- provides assisted, involuntary and voluntary acute mental health services;
- performs comprehensive risk assessments and has excellent quality management systems in place;
- consistently measures clinical outcomes and patient experience.

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