



#LGBTQI+ HEALTH RIGHTS HOPE FOR THE “ALPHABET GANG” AS KZN HEALTH MEC SAYS:

Health department to incorporate LGBTQI+ people from far-flung areas into planned patient transport system for hormonal therapy services at big city centre hospitals;

Stern warning for “bible-bashing” healthcare staffs that ill-treat and ridicule LGBTQI+ patients;

SAPS urged not to ridicule LGBTQI+ clients when they need to open cases of GBV;

Each KZN local municipality to have a station that stocks dental dams, finger cots, and l ubrication for the LGBTQI+ sector.



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***KwaZulu-Natal Health MEC
Ms. Nomagugu Simelane says the
days of health workers who ill-treat
and ridicule members of the LGBTQI+
community in the Province - denying
them much-needed access to
healthcare - are numbered.***

But she also has a strong message for the LGBTQI+ community itself: like everyone else, respect yourselves and desist from having multiple sex partners and “skoon” (unprotected) sex; ditch alcohol and drug abuse; and do not perpetuate gender-based violence among yourselves.

MEC Simelane shared these sentiments during a vibrant and highly-successful LGBTQI+ Pride Parade that was held in Vryheid. Occurring against a kaleidoscopic background of rainbow colours, and the sound of saxophones and thumping drum beats, the parade drew more than 200 participants from various parts of the Province.

Messages such as **“LGBTQI+ HEALTH RIGHTS;” “WE’RE NOT ACTING, WE WERE BORN THIS WAY”** and **“YOU, TOO, CAN HAVE A CHILD WHO IS GAY”**, the participants - sometimes referred to as “The Alphabet Gang” - marched through the conservative and rural town of Vryheid, attracting wild stares and wonder from onlookers, some of whom blew their car hooters in support.

MEC Simelane said the intention for the parade was to squash homophobia, promote access to health for the LGBTQI+ community and to remind the public that people from this sector are not “animals”, must be treated equally, and not be subjected to violence and hatred just because of their sexual orientation.

She added that the initiative was part of an ongoing quest to bridge the gap between the KZN Department of Health and certain identified key population groups, including men in general, and to make it easier for people from these groups to access healthcare services and improve their own health outcomes.

The walk was followed by a candid community dialogue at Bhekuzulu Township, between Government officials and members of the LGBTQI+ community. Speakers raised myriad issues, including.

A fear of “coming out” about their sexuality; Being judged harshly by family members after doing so; Being bullied by learners and educators at school; · Getting ridiculed by the SAPS instead of getting help when reporting incidents of gender-based violence; and · Being subjected to rude healthcare workers and being asked questions like “Wena Uyini” (What are you?) when seeking medical attention from clinics and hospitals.

Some said they didn’t feel comfortable when using neither the “male” or “female” public toilets; while others spoke of their struggles with the “grossly expensive” In-Vitro Fertilisation (IVF), as well as challenges when it comes to getting access to hormonal therapy, which alters the hormones to match gender identity.

The latter service is only accessible from hospitals in the big city centres, such as Grey’s Hospital and Inkosi Albert Luthuli Central Hospital. In her response, MEC Simelane said the Department had a Constitutional duty to provide healthcare to everyone, without fear, favour, or discrimination according to gender or sexual orientation.

“We have a responsibility to provide a service, and to promote a healthy lifestyle. When you need something and come to the Department, we must provide you with a service. Whether I, as a healthcare worker, have been “saved” or “born-again”, or I go to a particular church, all of that has nothing to do with the fact that I’m a nurse or doctor. I must provide a service.

“When you come to me, having been raped, I should not be asking you, ‘why are you dressed like a man?’ ... because those are some of the questions people are getting asked at our facilities, and it’s things we must deal with. The Department of Health cannot be cannot be bible bashers.

You’re not in the department to judge. You’re there to provide a service. So, provide that service.” She added that by being discriminatory, the Department would only succeed in side-lining and killing communities - something it could ill-afford.

“You’ll have one lady who’s affected by syphilis or HIV, for instance, but because they know if they go to the clinic they’ll get asked questions, and get ridiculed, they won’t come to our facilities. “So, inadvertently, we kill our communities. And it’s not what we are meant to do. Our work as the Department of Health, besides opening access to the healthcare system, is to promote sexual reproductive health.”

The MEC also came out strongly against promiscuity, saying this was a scourge that cut across all of society, including the LGBTQI+ community, often with disastrous results. “When we say to men, ‘have one partner and not seven girlfriends’, we really mean don’t sleep around. When we say that to the males and females – the same applies to the LGBTQI community.

“Diseases that males get from females and vice versa, are also common for the LGBTQI community. Having one partner is important in any gender. Stick to one partner, protect yourself, and protect your partner.” She re-iterated that the Department would soon be providing dental dams, finger cots, and lubrication at its healthcare facilities, free of charge.

“It’s for your own protection. For now, we might not be able to have them in all our facilities, but in each local municipality, there must be a place that stocks them, so that everyone knows they’re there – until we have them enough money to provide them everywhere.”

She reminded the LGBTQI+ community that unprotected sex – colloquially known as “skoon” remained dangerous, and carried a much higher risk for the LGBTQI+ community. “Skoon kills. Protect yourselves before you even have diseases. While diseases are there for male-female relationships, they’re also there for the LGBTQI community.

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And this community is more at risk. You're more at risk. We can talk about it and laugh, but you're more at risk. So it's important to protect yourselves. "All sexual practices must be defended and protected. So, we're pleading with you... we are urging you to use the protection that we are providing because you are beautiful, intelligent, creative... Our society needs all of that beauty and brains. But those brains won't be there when you've died due to HIV and syphilis.

Responding to calls for access to transport for those who seek hormonal therapy, the MEC said the Department noted the request and would see how this will be facilitated. "Before we even get to IVF and starting families, and improving access to hormonal therapy and providing transport for those who need it... before we access the more expensive treatment, let's start small.

"Take care of yourselves, look after yourselves. Protect yourselves. Use things that are available for your own protection. Another thing that worries us... Let's not abuse alcohol, guys. Let's not abuse drugs. Because, when you abuse alcohol and drugs, you're exposing yourself to dangerous situations and setting yourself up for failure. If you want to be taken seriously, take yourself serious first. "Let's also make sure we eradicate gender-based violence. GBV is there in the LGBTIQI community.

If we don't talk about it... If we don't deal with it head on and confront it, it means we'll be leaving a sector of the community out of the conversation.

"The fact that you're females and in a relationship no one should be beating up the other. Violence against each other is a problem. "The same way we're saying

men must stop abusing women, we're conveying the same message to the LGBTIQI community.

"We're also appealing to the SAPS to take members of the LGBTIQI community seriously when they come to report abuse. That's a discussion we will have as Government. Whether a police officer agrees with your lifestyle or not, when a crime has been committed, it must be investigated and properly dealt with."

MEC Simelane reminded the attendees that many of the issues raised during the community dialogue would be new territory for the Province, and might take time to adequately resolve. But she assured them that the end result would be worth the wait. "Policy-making isn't always quick. But we will try our best, one step at a time, because we want everyone to be protected."



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HAVE YOU DONE YOUR MAMMOGRAM SCREENING FOR BREAST CANCER



Breast Cancer is one of the top five cancers which do not only affect females but males as well.

Every year, the Department dedicates the month of October to raise awareness about this disease. Mammography is part of Breast Cancer awareness month.

What is mammogram?

Mammography is the process of using low-energy X-rays to examine the human breast for diagnosis and screening. The goal of mammography is the early detection of breast cancer, typically through detection of characteristic masses or micro-calcifications. As with all X-rays, mammograms use doses of ionizing radiation to create images.

These images are then analysed for abnormal findings. Yearly mammography makes it possible for the Radiologist to pick up any changes that occur in the breast tissue. Often, the precursors of breast cancer are picked up because there are a series of breast images available for comparison.

Why it is important to do a mammogram?

Mammography has been held as the gold standard in breast imaging for many years. Below are some of the benefits of Mammography:

- Detection of Early Breast Cancers - before it becomes palpable.
- Visualising the extent of the disease
- Used as a guide for image guided biopsies
- Visualised damages to breast implants
- Diagnosis of other breast conditions that may be non-cancerous

Where can one do mammogram?

- KZN DOH
 - Addington Hospital
 - King Edward VIII Hospital
 - Inkosi Albert Luthuli Central Hospital
 - General Gizenga Mpanza Hospital
 - Prince Mshiyeni Memorial Hospital
 - Dr Pixley Ka Isaka Seme Memorial Hospital
 - RK Khan Hospital
- Various Private Centres around KZN

At what age can one do mammogram?

Screening Mammogram

Currently, the Radiological Society of South Africa (RSSA) and Breast Imaging Society of South Africa (BISSA), recommend annual screening from 40 to 70 years of age, and regular self- and clinical examination. The Cancer Association of South Africa (CANSA) published a fact sheet in April 2017. Their recommendation was annual mammography for women between 40 and 54 years of age, and bi-annual for women over 55 years. This applies to asymptomatic patients.

Diagnostic Mammogram

A diagnostic mammogram is done for symptomatic patients. When a patient presents with a lump or suspicious mass in their breast, a Mammogram will be done at age 35 and above. For patients Younger than 20 – Ultrasound ONLY. For patients aged 20-35, at the discretion of the Radiologist an Ultrasound maybe done first, and depending on the findings, the decision to do a Mammogram is then taken weighing the benefit against the risk. Women of child bearing age are always protected from the harmful effects of ionizing radiation.

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ROBUST DISCUSSIONS AT THE DOH MENS' FORUM

The recent DOH Men's Forum was a gathering of minds to shape and articulate a new cadre of men the Department of health and society can be proud of.

The Forum was hosted by the Head of Department Dr Sandile Shabalala at Inkosi Albert Luthuli Central Hospital (ILACH) and was attended by all categories of men staff members from all districts.

The HoD called on every man to consider being a wealth creator "We as men need to walk away from the concept of being rich and begin to embrace the concept of wealth creation".



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KZN DOH HOSTS IKHOSOMBA LAMAJITA (MEN'S CORNER) AT AMAOTI



KZN Department of Health visited Amaoti men through iKhosomba Lamajita Programme to engage with them on various issues affecting their lives and that of their community.

Amaoti area is affected by various social ills such as Gender-Based Violence, unemployment, crime, and substance abuse, lack of proper sanitation, among others.

The Department highlighted the need for men to embark on behavioural change and take their own health seriously. Awareness was also created about diseases such as prostate cancer, male breast cancer, as well as alcohol and drug abuse.

The community of Amaoti outside of Durban also received a variety of health services on their door-step in the form of the "Isibhedlela Kubantu" programme, which saw healthcare professionals

descended on the community, with high-level medical equipment, to meet the community's immediate healthcare needs, or refer those who need more comprehensive healthcare accordingly.

The programme was hailed for assisting members of the community who would have otherwise travelled long distances and spent time waiting in queues to receive such services.

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KZN'S FIRST FEMALE MAXILLOFACIAL SURGEON SPEAKS:

There is no substitute for hard work, faith and perseverance;

Putting a smile on injured children's faces is the best part of my job;

If people drank less, and did not drink and drive, speed or engage in drag-racing, my job would be much easier;

I hope my story will inspire more women to make it in this fraternity.

Dr. Pranusha Ramlakhan, who has recently become KwaZulu-Natal's first female maxillofacial surgeon, hopes her superb achievement will encourage other women to believe in themselves, work hard, and reach for their own dreams.

Dr Ramlakhan's feat has drawn congratulatory remarks from KZN Health MEC Ms Nomagugu Simelane, who has described her as an inspiration and "trailblazer" who must be emulated.

"We are extremely pleased and proud of what Dr Ramlakhan has achieved. It is women like her who keep breaking down barriers and pushing the envelope, to prove to all that, indeed, women are capable of achieving anything, and that no field should be regarded as the sole domain of men. We need more people like her," said MEC Simelane.

The Durban-born doctor, who works at King Edward VIII Hospital, says she wishes people did not abuse alcohol and drugs; and desisted from risky behavior such as drunken driving and speeding, which are among the biggest contributors to road crashes, increasing the workload for people like her.

Maxillofacial surgery is a special type of dentistry, which involves an operation to correct a disease, injury or defect on the face, jaw or mouth.

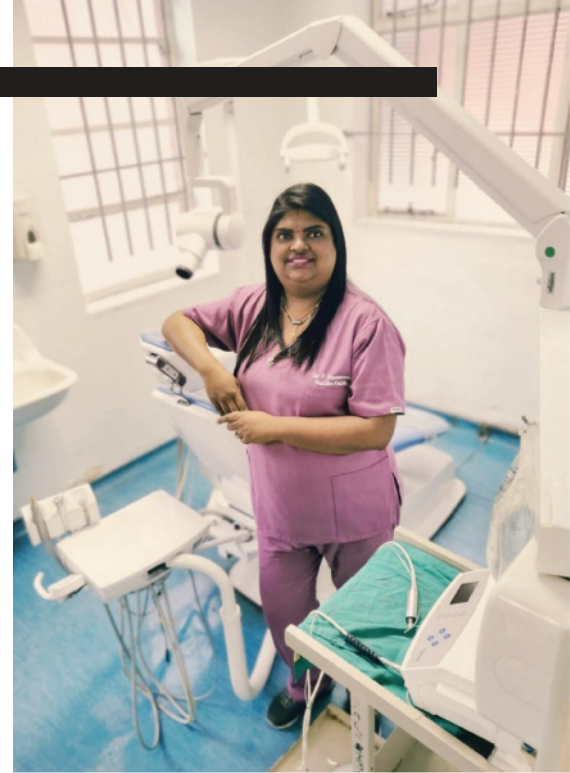
Dr Ramlakhan says: "It is a specialty that combines surgical training with dental expertise to correct a wide spectrum of diseases, injuries, tumors, defects and deformities in the mouth, head, neck, face and jaw area. This includes bones and soft tissues of this region.

"We, at King Edward VIII Hospital, mainly see trauma patients who have sustained injuries from assaults, gunshot wounds and motor vehicle accidents. We also treat patients with adversely impacted teeth, cysts and tumors, as well as severe infections and their side effects. As a maxillofacial surgeon, you have consult with patients, diagnosing their conditions, plan surgery, and operate in theatre. We also render after hour service for emergencies."

Dr Ramlakhan holds a Bachelor's degree in Dentistry from the University of Western Cape; as well a Masters in Maxillofacial and Oral Surgery from University of Witwatersrand.

After completing her community service in the eThekweni district, she worked as a dental surgeon at the Department of Maxillofacial and Oral Surgery at King Edward VIII Hospital (she's been working at the hospital since 2006, but was appointed as a maxillofacial surgeon in April).

Reflecting on her professional journey and how she ended up in this largely male-dominated field, she said: "My



interest in the medical field started early on, and during my university years I realized a special interest in surgery. After matriculating, dentistry was the perfect field for me to get into. During my fourth year of study, I used to shadow maxillofacial registrars to see the work they did. This sparked my interest in Maxillofacial and Oral Surgery.

After completing my degree in dentistry, I was placed at the eThekweni District to complete my community service. Part of this rotation was at King Edward VIII Hospital, where I gained experience in surgery and my love for surgery was confirmed."

Thereafter, she was permanently employed at the maxillofacial unit at KEH. While working at King Edward, she completed courses in acute cardiac life support, basic surgical skills, and advanced trauma life support – all of which geared her towards the maxillofacial specialty.

She describes the journey towards securing a registrar post as a long and difficult one.

"After completing my Maxillofacial Part 1 exams with the College of Medicine SA, I struggled to get a registrar post. Many years later, Oral Health services launched a programme to train registrars from KZN. I was interviewed

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for the post and was successful.”

Although she’s the first to admit that hers is a highly demanding job, the sense of reward and accomplishment that comes with it is second to none.

“It’s a very demanding field, which means long hours in theatre as well as being on call at any hour of the day or night (holidays included). “It requires you to be available on weekends and public holidays. As such, it means sometimes having to miss special life events.”

She sees her achievement as one that has helped shatter the glass ceiling preventing women from making inroads and thriving in specialized medical fields, which are still male-dominated.

“Being a woman, it becomes particularly demanding as social norms dictate that women are the primary care givers, mothers, wives etc. But we are slowly trying to break these stereotyped roles – to show that working women can also have demanding careers such as in surgery, and have a family. As we promote this more and more, we hope that more women are encouraged to join the fraternity.”

She’s also very clear that she would never have done it alone, without her “faith in God (Lord Krishna), and the support of my husband and son.”

She adds: “I missed some important special days and milestones along the way, but my family has been very understanding and supportive throughout. It takes a special man to put his wife’s career first, and I am lucky to have such a husband!”

During the COVID-19 - induced hard national lockdown, emergency medical personnel around the country breathed a huge sigh of relief due to record low numbers of people admitted for accidents and trauma. This was widely believed to be due to a concurrent ban on the sale of liquor.

Dr Ramlakhan, too, wishes South Africans could review their relationship with alcohol, and embrace a generally

more cautious and responsible approach to life.

She says: “I am faced with so many trauma patients on a daily basis.

Some advice to members of the public that would lessen the burden on public service trauma and maxillofacial units would be:

- Don’t consume alcohol
- Don’t drink and drive or fast driving
- Seek medical attention as soon as you notice something is wrong - don’t wait and hope it will disappear as it will only worsen the condition.”

She draws a lot of satisfaction from putting a smile on people, especially traumatized little ones.

“As challenging as it is being a Maxillofacial surgeon, treating children is the most heartbreaking, but also most rewarding part of my job. It’s wonderful seeing the impact on a child’s life, and of course the huge smile and hugs after their recovery is an added bonus.

“During my training as a registrar, I encountered a patient - a young lady with a huge cancerous tumour in her lower jaw. She was extremely malnourished, and also COVID positive. She was admitted and readied up for surgery. Against all odds, we performed surgery on her. She stayed with us for three months as we rehabilitated her. This included a month in ICU, where her survival post-operatively was in doubt. It was heart-warming to see her walk out the hospital happy and bubbly; knowing we had helped change her life.”

Dr Ramlakhan’s short-term goal is to complete a Master’s in public health management and, over the longer term, she wants to finish her fellowship in trauma. Her message to someone who’d like to follow in her footsteps?

“Anything is possible when you believe in yourself! Follow your dreams. If maxillofacial surgery is your passion, then follow it. Do not let anyone convince you otherwise. I embarked on my registrar training with a 2-year old toddler – a journey which made climbing Kilimanjaro seem easier. However, with faith in God, Lord Krishna, my steadfast resolution and support from my husband, it was possible.”



LET'S EMBRACE HEALTHIER LIFESTYLES, REDUCE THE RISK FACTORS OF CARDIO-VASCULAR DISEASES SUCH AS STROKE, RATHER THAN BLAMING THEM ON "WITCHCRAFT," SAYS KZN HEALTH HOD

Administrative Head of the KwaZulu-Natal Department of Health Dr. Sandile Tshabalala has urged society to move away from attributing instances of cardiovascular diseases such as stroke to "witchcraft", but rather embrace a more active and healthier lifestyle in order to reduce risk factors.

Dr Tshabalala was speaking at Amaoti, north of Durban, on Friday (28 October 2022), during the official handover of two mobile clinic units worth R1, 5 million from SASOL SA to the KwaZulu-Natal Department of Health.

According to recent research by academics at the University of South Africa and the University of Johannesburg, stroke is among the top 10 leading causes of disability in SA, and accounts for nearly 25 000 deaths annually.

Writing in the South African Medical Journal, Edmore Ranganai and Lyness Matizirofa argue that rise in the incidence of stroke is due to "the epidemiological transition as a result of socio-demographic and lifestyle changes," which is leading to an increase in non-communicable diseases (such as heart disease, obesity and hypertension) which, in turn, may result in an upswing of stroke cases."

Stroke can be described as a brain attack, which occurs when blood flow in a region of the brain is obstructed by a blockage within a blood vessel (ischemic stroke); or by a ruptured blood vessel (haemorrhagic stroke). Strokes can be life-threatening and require immediate medical attention.

As South Africa observes World Stroke Week, which runs from 28 October to 3

November, Dr Tshabalala says: "It's vital for people to get screened and tested for ailments so that they know where they stand as far as their own health and risk factors are concerned.

"We also need to move away from a mindset that seeks to attribute all that is bad to witchcraft without interrogating it; and instead face up to the reality that there are scientific explanations for diseases such as stroke, as well as the fact that there is a lot that we can do as individuals to prevent them.

"Exercising or taking a walk for about 30 minutes at least three times a week can assist greatly to open up your blood vessels, and improve blood flow.

"On the other hand, if you smoke, you're actually depositing tar into your vessels, which makes them thinner, preventing blood from flowing freely."

Dr Tshabalala emphasises that what an individual eats and drinks may also determine whether or not they're placing themselves at risk of suffering a stroke.

"Consuming too much sugar, salt or fat is not good for our bodies. Regularly drinking too much alcohol also raises your risk of a stroke.

"We need to go back to basics. Before there was sugar, our fore-fathers used to boil food. The spices that many people like so much nowadays do not go beyond the mouth. We must get to a point where



we eat food, not because it tastes good, but with a view to ensure that we give our bodies the nutrients that they need."

What are the symptoms and signs of Stroke?

Stroke warning signs may come on suddenly or come and go over time. Stroke symptoms include numbness or weakness on one side of the body, confusion, vision problems, dizziness, loss of balance, difficulty walking, severe headache, and difficulty speaking or understanding speech.

Serious damage to brain tissue can occur even if stroke symptoms seem mild. Prompt medical treatment can reduce the risk for severe complications and improve stroke recovery.

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THE EARLY DETECTION OF ADHD ON CHILDREN



Attention deficit hyperactivity disorder (ADHD) is one of the most common childhood disorders and can continue through adolescence and adulthood.

THERE ARE 3 SUBTYPES OF ADHD:

Hyperactive and impulsive:

Hyperactivity is just one sign of ADHD. Kids who have it seem to always be on the move. Kids who are hyperactive also tend to be impulsive. People with hyperactive ADHD feel the need for constant movement. They often fidget, squirm, and struggle to stay seated. Children often appear to act as if “driven by a motor” and run around excessively. People of all ages may talk non-stop, interrupt others, blurt out answers, and struggle with self-control. This type of ADHD is more recognizable and more often diagnosed in children and men.

Inattentive:

This type of ADHD is where children mostly find it hard to concentrate; they get easily distracted and move from one activity to another. People with inattentive ADHD make careless mistakes because they have difficulty sustaining attention, following detailed instructions, and organizing tasks and activities. They have weak working memory, are easily distracted by external stimuli, and often lose things. This type of ADHD is more

commonly diagnosed in adults and girls, and was formerly known as ADD.

Combined hyperactive- impulsive and inattentive:

People with combined-type ADHD demonstrate six or more symptoms of inattention, and six or more symptoms of hyperactivity and impulsivity.

The symptoms of ADHD include difficulty staying focused and paying attention, difficulty controlling behaviour, and hyperactivity (over-activity).

It may contribute to low self-esteem, troubled relationships and difficulty at school or work so children with ADHD are usually referred by the school teachers because teachers often can't manage their behaviour in the classroom so they try and get professional help.

CHILDREN WHO HAVE SYMPTOMS OF INATTENTION MAY:

- Be easily distracted miss details, forget things, and frequently switch from one activity to another.
- Have difficulty focusing on one thing.
- Become bored with a task after only a few minutes, unless they are doing something enjoyable.
- Have difficulty focusing attention on organizing and completing a task or learning something new.
- Have trouble completing or turning in homework assignments, often losing things (e.g., pencils, toys, assignments) needed to complete tasks or activities.

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- Not seem to listen when spoken to.
- Daydream, become easily confused, and move slowly.
- Have difficulty processing information as quickly and accurately as others.
- Struggle to follow instructions.

CHILDREN WHO HAVE SYMPTOMS OF HYPERACTIVITY MAY:

- Fidget and squirm in their seats.
- Talk nonstop.
- Dash around, touching or playing with anything and everything in sight.
- Have trouble sitting still during dinner, school, and story time.
- Be constantly in motion.
- Have difficulty doing quiet tasks or activities.

CHILDREN WHO HAVE SYMPTOMS OF IMPULSIVITY MAY:

- Be very impatient.
- Blurt out inappropriate comments, show their emotions without restraint, and act without regard for consequences.
- Have difficulty waiting for things they want or waiting their turns in games.
- Often interrupt conversations or others' activities.

These symptoms often negatively affect the child's academic performance. Therefore, if the child is assessed early they can receive treatment to assist them to pay attention and concentration, as well as better control their impulses so that they can be able to grasp what is taught in the classroom.

3. Can it be treated?

Treatments can relieve many of the disorder's symptoms, but there is no cure. With treatment, most people (children and

adults) with ADHD can be successful in school and lead productive lives. Researchers are developing more effective treatments and interventions, and using new tools such as brain imaging, to better understand ADHD and to find more effective ways to treat and prevent it.

4. How do I know I have adult ADHD?

Some children with ADHD continue to have it as adults. And many adults who have the disorder don't know it. ADHD in adults can look like:

- They may feel that it is impossible to get organized, stick to a job, or remember and keep appointments.
- Daily tasks such as getting up in the morning, preparing to leave the house for work, arriving at work on time, and being productive on the job can be especially challenging for adults with ADHD.
- These adults may have a history of failure at school, problems at work, or difficult or failed relationships.
- Many have had multiple traffic accidents.
- Like teens, adults with ADHD may seem restless and may try to do several things at once, most of them unsuccessfully.
- They also tend to prefer "quick fixes," rather than taking the steps needed to achieve greater rewards.

FOR MORE INFORMATION YOU CAN GET THERAPY FROM THE BELOW PLACES:

Mental Health (Psychiatry Clinic) in Wentworth provincial Hospital .

The psychiatric community service is situated below the out – patients department. It is run from Mondays to Fridays excluding public holidays.

**The clinic opens at 07h30 and closes at 16h00.
Contact Details; Telephone: +27 (0) 31 460 5000**



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