

# Ekuhlengeni Psychiatric Hospital Newsletter

## Mental Health Summit



The first provincial mental health summit in Kwazulu Natal was held on 19 and 20 March 2012 at the Sibaya Imbizo Conference Centre in Durban. This was held to deliberate on issues prior to the National Mental Health summit held in Gauteng on 12 and 13 April 2012. This attempt to place mental health care higher on the agenda of priorities in health care in South Africa is welcome.

The meeting was opened by the MEC of Health in KwaZulu Natal, Dr S Dhlomo who reiterate the commitment of the Health Department to prioritize Mental Health service delivery in our country.

This was a unique meeting in which professionals in mental health care (psychiatrists, psychologists, social workers, occupational therapists and nurses) and persons affected by mental disorders had the opportunity to engage with each other in discussions and debates.

Commissions were established to deliberate and brainstorm issues pertaining issues such as:

- ✓ Primary health care
- ✓ Psychosocial rehabilitation
- ✓ Child and adolescent psychiatry
- ✓ Forensic psychiatry
- ✓ the Mental Health Care act
- ✓ Substance abuse
- ✓ Research in psychiatry

The meeting concluded with a set of resolutions that were tabled at the National Summit on behalf of the KwaZulu Natal participant.

*Theme of the Summit:*

*“ Investing in Mental Health for a long and healthy life for people in KwaZulu Natal”*

INSIDE THIS ISSUE:

OT Woodwork area	2
Message from our new NSM	3
TB Awareness	4
Sport Tournament	5
Easter Celebration	6
Multiple Sclerosis	7
Announcements & new staff members	9



**Above:** MEC of Health in KZN, Dr. S Dhlomo  
**Left:** Various Health Care Professionals attending the Summit

# Woodwork Area

The OT Department has recently opened a Woodwork workshop for high functioning male and female users. There are currently 17 users who have been placed in this area, and these users are involved in woodwork and Appropriate Paper Technology (APT) activities. This area aims to teach users new skills; prevent loss of function and maintain skills and level of functioning.

APT involves the recycling of cardboard boxes, where items such as file holders, bins and money boxes (among others) are made using paper mache techniques. The woodwork items include wooden spoons and users are currently being taught how to build kennels and post boxes.



**Above:** Owen Hlatshwayo (OTA) with his team of MHCUs involved in the woodwork and APT area.



**Above:** MHCUs displaying some of their products that are being made.  
**Below:** Some of the male users involved in the woodwork area.



**Above:** MHCUs busy painting and decorating ATP products



**WOODWORK**

# Message from the new Nursing Service Manager

Matron Zimbili Nyuswa was appointed as Nursing Service Manager at Ekuhlengeni Psychiatric Hospital via a transfer from Umgeni Hospital with effect from 1 March 2012.

The nursing component pledges to the achievement of optimal health care for the mentally challenged individuals in our institution in keeping with the strategic plan of KwaZulu Natal Department of Health.

## MISSION:

To provide sustainable, comprehensive, integrated, efficient and cost effective quality care directed at improving quality of life for the Mental Health Care Users (MHCUs) with associated behavioral and physically medical conditions.

## NURSING POSTS & PROMOTIONS:

- Five registered nurses translated from posts of enrolled nurses to professional nurses
- Five enrolled nursing assistants translated to enrolled nurses



**Left:** Matron Zimbili Nyuswa, Nursing Service Manager

## TB Awareness



**Above:** MHCUs attending the TB awareness Talk

During the month of May, a TB awareness talk was hosted by the OT department as part of the educative programme. The talk was held once a week and both staff and users were invited to attend. The talk aimed at improving and increasing awareness of TB and teaching users about signs, symptoms and treatment. This talk was the initiative of Mrs. Bongki Makhanya (OTT) and Ms. Goodness Malinga (OTA).



**Above:** Bongki Makhanya (OTT) teaching MHCUs about the signs, symptoms and treatment of TB.



**Left:** Bongki Makhanya has recently graduated to Occupational Therapy Technician. Congratulations!

# Sports Tournament

On 21/4/12 the EPH Sport and Recreation Committee did host a netball and soccer tournament for psychiatric hospitals which included Fort Napier, Umzimkhulu and Madadeni Hospital. Both MHCUs and staff participated in these tournaments.

The results were as followed:

(1) Soccer

MHCUs:

EPH (5) - Madadeni (3)

EPH (2) - Fort Napier (0)

EPH (2) - Umzimkhulu (1)

Staff:

EPH (7) - Madadeni (2)

Fort Napier (3) - Umzimkhulu (0)

Madadeni (0) - Fort Napier (3)

(2) Netball

MHCUs:

EPH (11) - Madadeni (9)

Staff:

EPH (13) - Fort Napier (10)

The EPH Sport and Recreation Committee would like to thank the management from all the institutions that participated in the tournaments as well as the staff's contribution in this successful event. The committee believe that they are contributing in the promotion of a health lifestyle for both staff and MHCUs.



Left: EPH MHCU soccer team



Above: Madadeni MHCU soccer team

Left: Umzimkhulu MHCU soccer team



Right: Madadeni MHCU netball team



Above: EPH MHCU Netball team

Right: Fort Napier Staff Netball team



# Easter Celebration



**Above:** Nursing staff members participating in the Easter program and celebration



**Above:** Easter messages were presented by Nursing staff



**Above:** MHCUs enjoying this special celebration

As part of the rehabilitation process the Occupational Therapy Department hosts "Special Events" on a monthly basis for the Mental Health Care Users.

During the month of April the Occupational Therapy Department hosted an Easter Celebration.

The event was a success and was enjoyed by everyone who performed and attended.



*"The users were also given an opportunity to present a speech, highlighting the significance of Easter"*



**Above:** Bongi Makhanya (OT assistant) was the MC

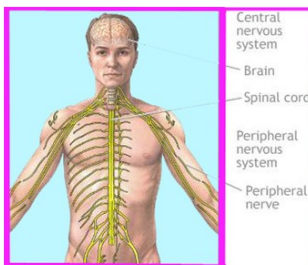


**Above:** MHCU giving a speech on the meaning of Easter and reading a prayer.



# Physiotherapy: In commemoration of International Multiple Sclerosis Month

Multiple sclerosis (MS) is a disease in which the nerves of the central nervous system (brain and spinal cord) degenerate. Myelin, which provides a covering or insulation for nerves, improves the conduction of impulses along the nerves and also is important for maintaining the health of the nerves. In multiple sclerosis, inflammation causes the myelin to disappear. Consequently, the electrical impulses that travel along the nerves decelerate, that is, become slower. In addition, the nerves themselves are damaged. As more and more nerves are affected, a person experiences a progressive interference with functions that are controlled by the nervous system such as vision, speech, walking, writing, and memory. The cause of multiple sclerosis is still unknown. Although its role is unclear, genetics may play a role in multiple sclerosis. The general population has less than a one-percent chance of developing multiple sclerosis. The chance increases in families where a first-degree relative has the disease. Thus, a brother, sister, parent, or child of a person with multiple sclerosis stands a one-percent to three percent chance of developing multiple sclerosis. However, other data suggest that environmental factors also play an important role.



Most neurologists will consider treatment with disease modifying drugs (DMDs) once the diagnosis of relapsing remitting multiple sclerosis is established. Many will begin treatment at the time of the first multiple sclerosis attack, since clinical trials have suggested that patients in whom treatment is delayed may not benefit as much as patients who are treated early

## Symptoms:

- \* visual disturbances
- \* limb weakness
- \* muscle spasms
- \* loss of sensation, speech impediment
- \* tremors
- \* dizziness
- \* depression, manic depression
- \* paranoia
- \* uncontrollable urge to laugh and weep

Once goals have been set, initial therapy may include medications to manage attacks, symptoms, or both. An understanding of the potential side effects of drugs is critical for the patient because sometimes side effects alone deter patients from drug therapy. Patients may choose to avoid drugs altogether or choose an alternative drug that may offer relief with fewer side effects. A continuous dialogue between the patient and physician about the medications is important in determining the needs for treatment.

Drugs known to affect the immune system have become the primary focus for managing multiple sclerosis. Initially, corticosteroids, such as prednisone (Deltasone, Liquid Pred, Deltasone, Orasone, Prednicen-M) or methylprednisolone (Medrol, Depo-Medrol), were widely used. However, since their effect on the immune system is non-specific (general) and they may use may cause numerous side effects, corticosteroids now tend to be used to manage only severe multiple sclerosis attacks (that is, attacks leading to physical disability or causing pain).

# Physiotherapy: In commemoration of International Multiple Sclerosis Month



Complication	Drugs	Non-drug management and comments
Difficulty walking (slowness)	dalfamipridine (Ampyra)	dalfamipridine (Ampyra) was FDA- approved in 2010 to improve walking in patients with MS. Physical therapy, orthotic equipment, and walking aids also be of benefit.
Muscle spasticity	baclofen (Lioresal) tizanidine (Zanaflex) diazepam (Valium) clonazepam (Klonopin) dantrolene (Dantrium)	Physical therapy also may provide benefit. Most drugs are given by mouth. Some drugs are given via spinal pumps.
Weakness	None	Physical therapy and exercise are used primarily. Foot braces, canes or walkers are of benefit.
Eye problems (acute optic neuritis)	methylprednisolone (Solu-Medrol)	Solu-Medrol is given during the acute attack intravenously, sometimes followed by a corticosteroid by mouth.
Fatigue, emotional outbursts	Anti-depressants amantadine (Symmetrel) for fatigue; modafinil (Provigil) for fatigue	Decrease or avoid physical activity and heat exposure. Amitriptyline is used for sudden laughing/weeping.
Pain	aspirin ibuprofen acetaminophen anti-convulsants anti-depressants	Aspirin, NSAIDs, acetaminophen, or physical therapy are used for muscle and back pain. Anti-convulsants, like carbamazepine (Tegretol) or gabapentin (Neurontin) are used for face or limb pain. Anti-depressants or electrical stimulation are used for prickling pain, intense tingling, and burning. Referral to pain specialist is recommended with severe pain.
Bladder dysfunction	Antibiotics Vitamin C oxybutynin (Ditropan)	Antibiotics are used to manage infections. Vitamin C and cranberry juice are used to prevent infections. Catheters are used to relieve retention of urine. Oxybutynin (Ditropan, Ditropan LX, Oxytrol) or tolterodine (Detrol, Detrol LA) is used for bladder dysfunction.
Constipation		Increase fluids and fiber.
Sexual dysfunction	sildenafil (Viagra), tadalafil (Cialis), vardenafil (Levitra), papaverine, Vaginal gels	For males, erectile dysfunction drugs, papaverine, penile implant, or electrostimulation are used. For females, vaginal gels or a vibrating device are used.
Tremors		Often resistant to treatment. Sometimes drugs or surgery are used if tremors are severe.



## Announcements:



We would like to congratulate the following staff members on the arrival of their babies:

- ☆ Marilyn Hooblaul (Physiotherapist) had a baby boy on 20/12/2011
- ☆ Jerusha Ellapha (Occupational Therapist) had a baby boy on 03/02/2012



## Our warmest welcome to the following new staff members:



**Above:** Bongani Mkhize (Driver)



**Above:** Siyathokoza Mhlongo (Finance Officer)



**Above:** Siveshni Subroyen (Snr Pharmacist)



**Above:** Samke Mkhize (EAP)



**Above:** Slindisiwe Radebe (Waste Management Officer)



**Above:** Mthokozisi Zuma (HRD officer)



**Ekupheleni Psychiatric Hospital**

**PO Box 3**

**Umbogitwini**

**4129**

**Tel: (031) 905 7500**