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Mental Healthcare in a Rural Community

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Mental Healthcare in a Rural Community

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Fall 2004

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Introduction

Background

In the complicated state of affairs of South Africa's health system, the severity of mental illness as a contributor to morbidity and mortality is commonly overlooked. It is estimated by the South African Society of Psychiatrists that approximately 15 million people are currently suffering from a psychiatric disorder. The number of visits to general practitioners regarding some type of mental problem is estimated to be nearly fifty percent.¹ Despite passing of recent legislation addressing the transformation of mental health care services, the prevalence of mental illness is still quite high. Numerous obstacles hinder execution of the newest policies. One of the biggest challenges is the lack of resources needed to provide comprehensive health care; human resources are especially scarce. The nature of mental health care requires specialized training and a level of education which is not being adequately provided at the moment. Stigma concerning mental illness within communities contributes to the problem by inadvertently discouraging its members from seeking care. Despite the problems the health care system is currently facing, the government's change in attitude toward mental health care inspires optimism. Positive changes that have been made within the last ten years include the shift from institutional care to community based care giving. Community based care implies an increase in awareness and responsibility concerning mental health issues. Nearly all the authors that have written on the topic of improving mental health care agree that educating and empowering communities is the most effective way of

¹ *The Sad State of Psychiatric Care in South Africa*, The South African Depression and Anxiety Group, 8 Nov 2004 <http://www.anxiety.org.za/press/Mental%20Illness/Sad%20state%20of%20psychiatric%20care%20in%20SA.html>.

increasing the number of patients that seek and successfully receive treatment.²

Community involvement is also made possible by incorporating mental health care at the level of primary health care centers such as local clinics. By integrating mental health awareness into basic health care it may be possible to eliminate the stigma surrounding mental illness. Addressing the barriers to mental health care is the first step to establishing widespread mental health care and treatment.

In 1997 the White Paper for transformation of the health system in South Africa established new principles concerning mental health care services. The paper gives a detailed step-by-step plan laying out the components necessary for addressing mental health issues. A brief overview of its main tenets will be sufficient for a general understanding of the government's approach to the problem. The Paper's principles include the integration of mental health care into all levels of health service, proper training of human resources, and research documenting the extent of the mental health and substance abuse problem. Implementation of these principles is needed on every tier from the national to the community level. Responsibilities at the national level include an analysis of the scope of mental illness as well as a complete restructuring of services which would set guidelines for treatment and integrate mental care into the primary health care setting. Training of health care staff and community education concerning mental illness falls into district hands. At the lowest level NGOs and other grassroots organizations are expected to further community awareness by developing programs that

² S. Seedat, D.J. Stein, M. Berk, Z. Wilson, *Barriers to treatment among members of a mental health advocacy group in South Africa*, Psychiatry Psychiatric Epidemiology (2002) Volume 37: 438-487.

address mental illness in a more concrete manner, such as mental problems in relation to substance abuse, violence, and HIV/Aids.³

One of the main goals of the new legislation is to incorporate mental health care into primary health care centers. Previously, mental health care was treated as a vertical system whereby treatment was available only at specific institutions. However, the government's latest emphasis on the expansion of primary health care involves the placement of mental health care screening and service at the site of initial contact. Primary health care facilities are expected to detect and refer symptomatic patients to specialized care givers. The motive behind this integration is to make health care more equitable by expanding access to mental health care.⁴

The main problem with incorporating a comprehensive health agenda in a primary healthcare facility is the necessity of having all the staff sufficiently trained. Nurses and sisters working in clinics carry a heavy burden and to increase their responsibility load may be counterproductive. Nurses, and not doctors, are the integral component of the primary health care system; yet, their training may not prepare them to handle mental health concerns. The ongoing training of nurses is not an easy solution because it compounds the problem of staff shortages.⁵ This lack of human resources is a strong indicator that policy changes alone can not be successful. In theory having nurses at the primary level screen for mental illnesses would improve the mental health care system. However, there are valid objections to the integration of this new element. Other challenges to the incorporation of mental health care come from the community itself.

³ GOVZA: White Paper for transformation of the health system in South Africa (April 1997) 8 Nov. 2004, <http://www.info.gov.za/whitepaper/1997/health.htm>.

⁴ Rita Thom, *Mental health service policy, implementation and research in South Africa-are we making progress?* *South African Journal of Psychiatry* (July 2004) Volume 10 No.2: 32-36.

Despite the prevalence of mental disorders, misconceptions and stigma surrounding mental illness still exist. Many people blame social problems and substance abuse for creating mental disturbances. Aside from these general misconceptions there are people who still hold other traditional beliefs about the cause of mental illness. Among certain populations there are still widely held beliefs that attribute mental illness to sorcery and or neglect of ancestral rituals. Even among extremely rural populations, views about mental illness generally are a mixture of western beliefs and traditional theories.⁶

In order to further eliminate stigmas surrounding mental illness, awareness campaigns and community education must be provided. The dissemination of knowledge about causes and treatment of mental illness would help eliminate community misconceptions regarding disease. In turn, more people may be willing to seek treatment.⁷ Educating communities about mental disease must be coupled with the development of national information systems which outline a standard of treatment. This information base must be successfully relayed to all health care professionals to eliminate misdiagnosis.

The literature which has been assessed indicates that the country is well aware of the prevalence of mental illness and what needs to be done to improve the situation. Legislation and groups such as the Mental Health Information Centre (MHIC) have been created to dispel myths and raise awareness about the real concerns of mental illness.

⁵ Inge Petersen, *Comprehensive integrated primary mental health care for South Africa Pipedream or possibility?* Social Science & Medicine (2001) Vol 51 Issue 3: 321-334.

⁶ S.D. Edwards, *Some Indigenous South African Views on Illness and Healing*, (University of Zululand: KwaDlangezwa, 1985) 35-48.

⁷ Hugo 715.

The negative presence of community stigmas toward mental illness has been recognized by the MHIC.⁸

However, based on my own contact with primary health care clinics in rural areas it seems that this knowledge has not fully infiltrated communities. The prevalence of mental illness is still quite high and nurses seem to be overwhelmed by this population of patients. There is a divide between the abstract theories about what needs to be done and what actually has been done to improve mental health care.

Objectives

This study intends to observe and document the picture of mental health in a rural setting specifically, the Keiskamahoe area. Also, the project aims to evaluate the changes, if any exist, that resulted from recent attempts to integrate mental healthcare into the primary healthcare setting and bring psychiatric patients back to the community environment for treatment.

My research questions include:

What is the knowledge base of health care workers who treat psychiatric patients?

What resources do patients have or not have available for their mental health care?

How are the mentally ill treated by the surrounding community?

What role do traditional healers play in the health care of psychiatric patients?

How do nurses and patients feel about the transformation in the mental health care system?

⁸ Mental Health Information Centre of South Africa, 10 Nov 2004

<http://academic.sun.ac.za/mentalhealth/>.

Research Methodology

The project I have designed is a descriptive study of mental healthcare in a rural area. Like many other descriptive studies this one was meant to, “undertake a community diagnosis through a situational analysis”; the situation here being the prevalence of mental illness.⁹ In order to fully comprehend the magnitude of mental illness as a public health problem and the complexity of the issues surrounding it I probed the knowledge base of both nurses and a traditional healer. I also documented specific case studies of clients in order to understand the problem from the psychiatric patient’s perspective.

Initially, I had planned to make contact with psychiatric clients through my academic advisor. I would then set up a time to meet with the client either in their home or at the clinic. Interviews would eventually be conducted once a relationship was established and the client felt comfortable with me. However, this course of action was impossible due to the fact that my advisor did not have contact information for specific clients. Also, she did not feel comfortable with me conducting interviews in the patients’ homes. Therefore, the only venue via which I could make contact with psychiatric patients was the clinic.

I spent 4 days a week, for three weeks, at St. Matthews Clinic. After alerting the healthcare staff there that I was seeking interviews with psychiatric clients, we decided collectively that I should become a familiar presence to the clients in order to increase my credibility and rapport with patients during the interviews. In order to establish this familiarity, I took on the administrative role of checking clients in and measuring basic components such as blood pressure, weight, and temperature. Whenever a client came in

with a history of mental illness, I was allowed to take the patient aside and request an interview.

The nurses in the clinic acted as interpreters during the interviews. My translators varied depending on which nurse was available and willing. This was the process by which I acquainted myself with psychiatric patients and conducted interviews. Each patient interviewed was presented with an explanation of my project and signed a consent form.¹⁰

Problems encountered

The biggest difficulty that I encountered was the language barrier between myself and others. Due to my lack of Xhosa skills and the fact that most members of rural communities do not speak English very well or at all, I was unable to conduct interviews on my own. I attempted to hire a secondary school student to interpret for me; however, during the time that I was conducting my research the students had been released from school and were unavailable. Therefore, the nurses at the clinic were my only means of translation. Although they were more than willing to help me with my interviews, there were two main problems I encountered with this method. Firstly, the nurses were often busy and I was unable to detain them for any longer than necessary to conduct my questioning with the psychiatric clients. I could not ethically keep other patients waiting for care while I occupied the nurse's time with my own personal interests. Therefore, my patient interviews are informative and insightful but generally brief. Secondly, the fact that a bio-medically trained healthcare worker acted as an interpreter may have created some kind of unintentional bias or compromise of the information which was relayed to

⁹ Charles Qoto, Research Methodology in Public Health, pg. 13.

¹⁰ Refer to Appendix A for transcribed interviews.

me. Patients could have been intimidated or reluctant to be honest concerning personal matters related to stigma and substance abuse.

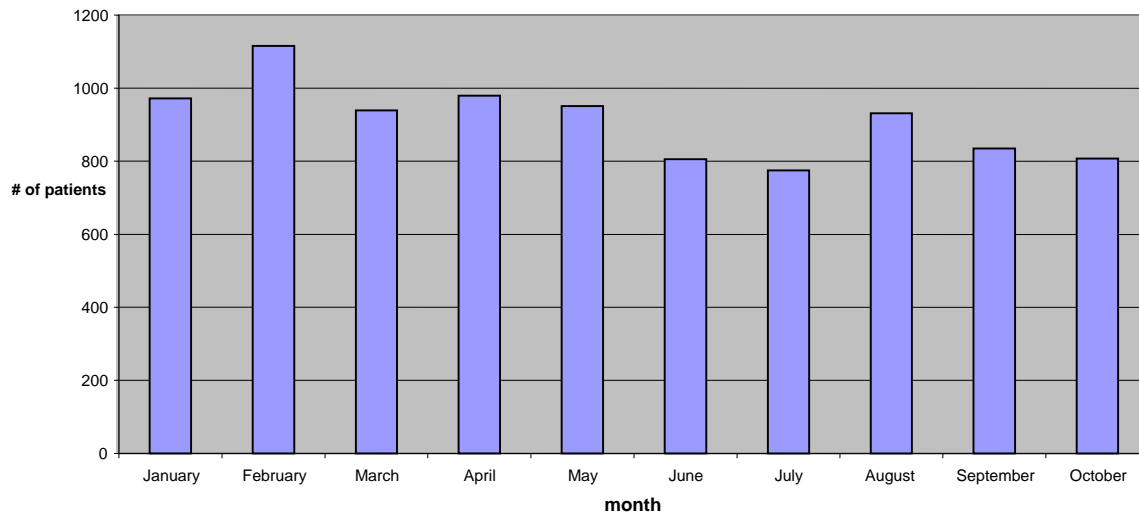
Another problem was the lack of accurate statistical data concerning the population of the area I was studying and perhaps even the number of clients actually being treated. Due to the rapid growth of the area, precise population figures could not be found. Therefore, I used the numbers of clients who attended St. Matthews clinic as a basis for judging the amount of people needing psychiatric treatment.

Details of Research Area

The area in which I conducted my research consists of Keiskammahoek and the surrounding villages. My two main bases of operation were St. Matthews Clinic and S.S. Gida Hospital. St. Matthews serves thirteen locations around it including: Dontsa, Ngobozana, Ndlovini, Phumlani, St. Matthews Village, Moukwane, Nqolo Nqolo, Mthwaku, Nothenga, Gwili Gwili, Kom, Ngxalawe, and Ngqudela. This area does have electricity but no running water is available. Unemployment is extremely high and many working age adults have left the villages to find jobs in urban areas. Very few people have gotten past secondary education and even fewer have completed tertiary education. If one looks at English skills as an indicator of education and job training it is apparent that levels of both of these are pretty low.

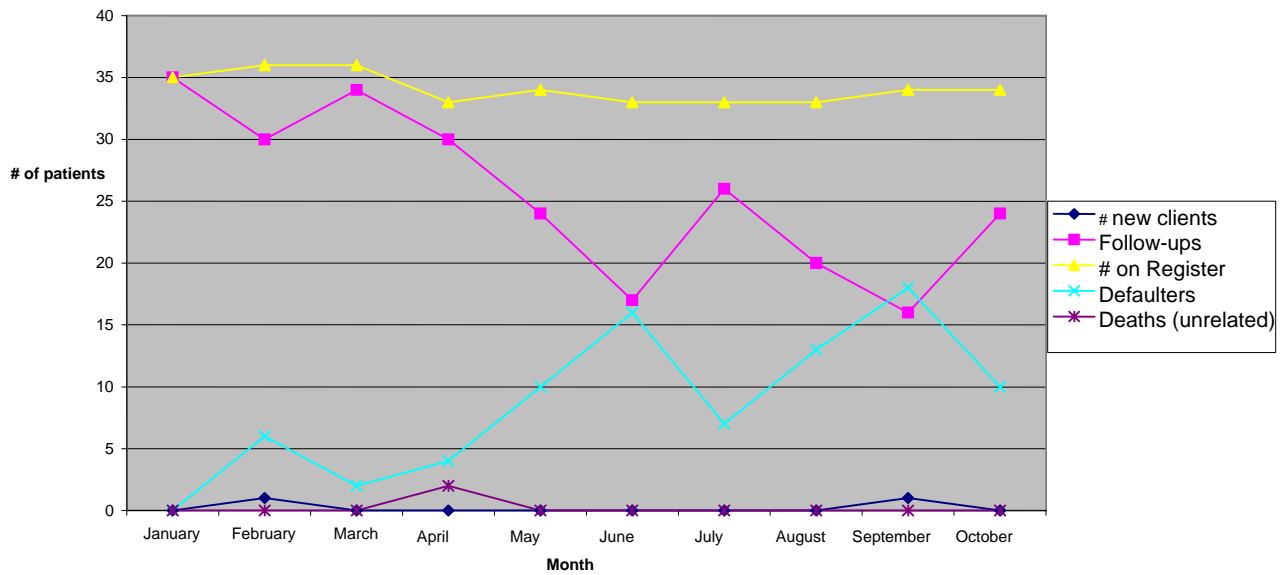
The following graphs indicate the volume of clients served by St. Matthews clinic on a monthly basis. Graph A shows the number of patients who are seen at the clinic. Graph B indicates the number of psychiatric clients who are treated at the clinic. Graph B separates the number of total psychiatric patients into those who follow up on their treatment and those that have defaulted for the month.

Primary Health Care headcount > 5 yrs.



Graph A

St. Matthews Clinic Psychiatric Patients Stats 2004



Graph B

Data

Extent of the Problem

Mental illness is a common and widespread problem found in rural areas. Following chronic diseases like hypertension and diabetes, mental illness is often cited as one of the most prevalent issues in rural healthcare. Although there seems to be little differentiation between the different types of mental disorders, the predominant diagnosis given is schizophrenia. At St. Matthews Clinic there are thirty-four psychiatric patients on the register; however, this number does not accurately represent the extent of the problem. According to the coordinator of psychiatric care for the Keiskammahoek area, there are at least 290 psychiatric clients on file. There are many psychiatric patients who are not currently receiving treatment and often are found loitering along the road. Even when one is walking through town it is impossible not to see at least a couple of the mentally ill patients who roam up and down the streets.¹¹

Causes of mental illness

There are many factors which can be attributed to mental illness and depending on whom you address the question to the answers vary greatly. One nurse cited causes such as birth injuries, trauma to the head, epilepsy and genetics.¹² Another sister identified unemployment, alcoholism and substance abuse as factors that triggered mental disorders. Mental illness and the relapse of disease is often attributed to social problems facing a community. According to health care workers that I spoke with the suspension of a disability grant can trigger a relapse of depression or can reactivate symptoms of schizophrenia. The stress of being unemployed and financially insecure can aggravate

¹¹ Interview with Coordinator of Mental Healthcare, November 15, 2004.

¹² Interview with St. Matthews Clinic nurse, November 13, 2004.

and even initiate a psychological problem.¹³ There are even some who believe in supernatural causes such as bewitchment. Other traditional or cultural beliefs state that failure to perform certain rituals and customs can lead to a mental disturbance in an individual or that individual's child. In fact, even the neglect of a child who has the potential to become a traditional healer can cause that child to become mad.¹⁴ However, the largest amount of blame is placed on the use of marijuana, 'dagga', as the primary cause of mental disorders. The abuse of substances like marijuana and alcohol are the most often cited causes of mental illness.

Mental Health Care Workers

Nurses can be certified in psychiatric care via a one-year course. This basic one-year course allows the nurse to assess and recommend treatment for psychiatric patients. Nurses can not prescribe medications nor can they admit patients. Doctors, preferably psychiatrists, are the only healthcare professionals that can legally do these two things. However, there is not a single psychiatrist available for the entire Keiskammahoek area. Therefore, general doctors at S.S. Gida must determine all prescriptions written and when necessary, hospital admissions. There are a total of six doctors at this hospital who have a great deal of responsibility outside psychiatric treatment. These doctors do not have any special training in psychiatric care and so they must be dependent on the nurses' recommendations to prescribe treatments for psychiatric clients. If the doctors are not available nurses often have to step outside of their scope of practice and use their own judgments to adjust patients' medication dosages and such.¹⁵

¹³ Interview with coordinator of mental health, November 15, 2004.

¹⁴ Interview with Traditional Healer, November 30, 2004.

¹⁵ Interview with coordinator of mental health, November 15, 2004.

Misconceptions and Diagnosis

There does not seem to be any differentiation between substance abuse and schizophrenia. In fact, all mental disease is often lumped together and treated with the same medications. Patients who experience auditory and visual hallucinations are given the same treatment as patients who complain only of memory loss due to a traumatic injury.¹⁶ There also exists a misconception that many psychiatric patients are aggressive and are a threat to the community.¹⁷

Types of Treatment

There are basically two types of medication given to patients who suffer from a mental disorder. They are both antipsychotics, also known as neuroleptic drugs. Largactil is the brand name of a generic drug called chlorpromazine. This medication is a dopamine antagonist and its route is oral. The more popular medication is Modecate, generic name fluphenazine. Modecate is classed as a long acting injectable neuroleptic and is given in dosages of 25 mg monthly.¹⁸ Psychotherapy as a method of treatment is recognized as useful but it is deemed impossible to implement due to staff shortages and restrictions in time.¹⁹

Defaulters

One of the biggest obstacles in mental health care is getting clients to adhere to their treatment. Nurses claim that clients are more likely to default on treatment if they are prescribed pills rather than an injectable. Lagarctil tablets have side effects such as drowsiness and dry mouth. Clients also claim that the tablets make them forgetful and

¹⁶ Refer to the history of illness and treatment of Case #3 and Case #6.

¹⁷ Appendix D

¹⁸ Lyn Middleton, Community Based Mental Health Nursing. 2002-2004 Program.

¹⁹ Interview with St. Matthews clinic nurse, November 13, 2004.

uneasy around other people. Despite the warning from nurses that the medication will produce such effects, patients often stop taking their treatment as soon as any adverse symptoms appear.²⁰ Another reason for defaulting on treatment is simply forgetfulness. Lagarctil prescriptions usually require tablets to be taken at least once and sometimes twice daily. Even patients on Modecate injections, which need only be taken once a month, have trouble getting their treatment on a regular monthly basis. The most shocking cause of defaulting on treatment is the unavailability of the drugs. Over the course of the last year medications like Modecate and Largactil have been out of stock at both St. Matthews Clinic and at S.S. Gida. During the three weeks that I worked at St. Matthews Clinic Modecate was out of stock for the first two and a half weeks. Patients who came in seeking treatment had to be turned away without their medications.²¹

Community Based Care vs. Institutional Care

The latest shift in policies regarding mental healthcare advocates removing patients from institutions and working towards integrating them back into communities. The previous policy made it difficult for current psychiatric patients because it alienated them from their family and neighbors. All the patients that I interviewed who have lived in mental institutions say that they prefer to stay in their communities.²² It is very hard for an individual to come back and be treated normally when others are aware that they have been sent away to a mental institution. Therefore many believe it is best that, unless absolutely necessary, a patient remain in his or her home under the supervision of relatives. Nurses I spoke stated that families and communities have the primary

²⁰ Interview with St. Matthews clinic nurse.

²¹ This scenario was witnessed first hand.

²² Appendix A Patient interviews.

responsibility of taking care of their less fortunate members. One nurse compared the mentally ill to the elderly; it would be highly unethical to send an aged man or woman away to be cared for by strangers, why then would it be acceptable to send a psychiatric patient away from their home?²³ However, contradictory views do exist. A traditional healer I spoke with believed that mental patients are better off at an institution because they are guaranteed treatment there. It would also keep them from wandering the streets and suffering the taunting of their neighbors. She believed that in some cases placing a client amongst other mentally disturbed people would allow him or her to identify and differentiate himself or herself from those who were truly ill.²⁴ Not everyone agrees on the recent policy changes; however, it is apparent that psychiatric patients are much happier living in their home environment than an institution.

Integration of Psychiatric Care into PHC

Another controversial transformation is the new protocol which makes psychiatric care accessible at the primary health care level. This means that psychiatric patients can be treated and accessed in local clinics alongside other medical patients. Nurses are being taught that mental illness is the same as other sicknesses and that these patients should not be treated any differently. The strategy behind this is to alter the perception of mental illness among the community. Psychiatric clients can now queue in the same line as patients with other ailments. One nurse stated that psychiatric illnesses are identical to other chronic diseases such as diabetes; if one is on regular medication he or she should

²³ Interview with coordinator of mental health, November 15, 2004.

²⁴ Interview with a Traditional Healer, November 30, 2004.

be able to function normally.²⁵ Treating psychiatric patients in the same venue with other patients highlights this belief and brings taboos about the mentally ill into the open.

Opposing views cite examples of a psychiatric patient who is rowdy and violent entering a local clinic and creating a disturbance which would further the stigma and stereotypes already attached to this individual. This perspective takes into account that patients have the right to be treated like any other client; however, due to the possibility of misbehavior the system could cause more harm than good.²⁶ It is hard to document the true consequences of this integration until it has been given some time to settle in and become a familiar process.

Stigma

The stigma surround mental illness still exists in communities today. This is due to a lack of education as well as deep-rooted beliefs in superstition. Evidence of lingering stigma is seen when those who are mentally disturbed are not invited to community gatherings and when people verbally abuse them. However, health care professionals believe that the stigma has decreased in the last ten years due to community education. Even informing family members and relatives of a psychiatric patient about the patient's condition can be very helpful in reducing the stigma surround his or her illness. Community education includes awareness days and visits by village health workers. Ideally, every psychiatric patient should be visited in his or her home by a health care worker and the people living with and around him or her would be educated

²⁵ Interview with St. Matthews Clinic nurse, November 13, 2004.

²⁶ Interview with a Traditional Healer, November 30, 2004.

about mental disease. However, due to lack of transport and available staff this kind of community education rarely occurs.²⁷

Traditional Healers and Mental Illness

In modern times the popularity of traditional healers has generally declined. However, there are psychiatric clients who still make use of traditional healers. In fact for some, it is the first place to seek treatment when one has a mental disturbance. Patients who are superstitious will often see traditional healers if they suspect that their illness is caused by another individual's malicious doings. Perhaps a fellow villager is jealous of one's success, it is believed that he or she can bewitch that person and cause a mental disturbance. The victim will then seek the help of a traditional healer to expel the 'evil spirits' and cure the resulting sickness. Most traditional healers will give a client herbal treatments along with a referral to the clinic or hospital. Both sides claim that traditional healers and other healthcare professionals want to work hand in hand. They acknowledge that patients will seek both traditional and western biomedical forms of treatment. It is important for the patients to be open about what methods of treatment they have sought out and to take both their prescribed medication along with the herbal drug.²⁸

Relationship between St. Matthews Clinic and S. S. Gida

St. Matthews Clinic does not currently have any certified psychiatric nurses. Therefore, they do not have the capability to assess patients that come into the clinic with a psychiatric complaint. Instead, the patient is referred to the Gateway Clinic for assessment and treatment.

²⁷ Interview with coordinator of mental health, November 15, 2004.

²⁸ Interview with Traditional Healer, November 30, 2004.

However, there is one nurse in the process of completing her training in psychiatric care. Once this nurse receives her certification she is allowed to assess a patient and refer him directly to S.S. Gida. There the patient will be sent to the outpatient department to see a doctor and receive treatment. The psychiatric department at the Gateway Clinic at S.S. Gida is responsible for ten villages as well as nine satellite clinics which feed into it. Some of these clinics have psychiatric nurses and some do not. All the clinics which do not have psychiatric nurses refer their patients to S.S. Gida where they must first go through the Gateway clinic for assessment and recommendations. There is one nurse, the coordinator of psychiatric care for Keiskammahoek area, who acts as the main link between all the psychiatric clients in the community and the hospital. The closest psychiatric doctor works at Cecilia Makiwane Hospital in East London. Clients are supposed to be sent there for further evaluation but due to lack of transport this rarely ever occurs. Recently, authorities have been promising to add a psychiatrically trained doctor to the staff of S.S. Gida but it is not likely to happen in the near future.

Case Study # 1

Sex: Male

Age: 53

General: Appears extremely aware of his surroundings and anxious to receive his medication.

Reason for coming in: Came in for Modecate injection

History of Illness: The illness began in 1979 when the patient assaulted a small boy. The local police brought the patient to Queenstown where he was admitted into a mental institution. The patient was held in institutional care until 1987. He was given a two week leave and when he returned the doctor subsequently discharged him.

Family History: Relatives live near by but no immediate family in the area. Patient lives alone.

Diagnosis: Unclear

Current Complaint: Headache due to lack of medication.

Treatment: Patient has been on Modecate since 1989. When Modecate is not available he has a relapse. Initially he used Lagarctil tablets as his primary medication but now he prefers to have Modecate injections. After the interview is completed his injection is received.

Other Pertinent Information: Patient has been receiving the disability grant for quite some time. At the moment he has been waiting nearly four months for a renewal of the grant but is quite certain that it will be approved soon.

Case Study # 2

Sex: Male

Age: 62

General: Patient appears very tired and somewhat apathetic. He is oriented and aware of his surroundings and current situation but memory is lacking about past.

Reason for coming in: Wants Modecate injection

History of Illness: Patient states that he has been ill for too many years to remember. He suffers from insomnia and sleep walking. The patient has endangered himself by sleep walking into the forest at night. Before patient was put on medication he would commit acts of pyromania, collecting all of his belongings and burning them. At one point in time the patient was admitted to a mental institution in Fort Beaufort for four months. Patient states that he was doing well there but prefers to be at home. A month ago the patient had a relapse but symptoms subsided when he came to the clinic and was given a Modecate injection.

Family History: Patient lives with his sister.

Diagnosis: Patient is unaware of his diagnosis and says he is only aware that he is mentally ill.

Current Complaint: none

Treatment: He is taking Modecate injections.

Other Pertinent Information: Patient states he is not using dagga but does consume alcohol.

Case Study # 3

Sex: Male

Age: 38 years

General: Patient appears clean, speaks clearly, and is in control.

Reason for coming in: For Modecate injection

History of Illness: In 1990 the patient was working at the mines in Johannesburg, Pretoria. Patient imagined that there was a fire burning all around him and he heard voices. He also addressed himself in public. After being taken to the hospital and declared mentally ill he was admitted to Fort Beaufort. Eventually he was transferred to Fort England where he remained for six months. After being discharged from the hospital the patient defaulted on his treatment and suffered a relapse. He returned to Fort England at that time and since he has been charged for a second time the patient claims he has never defaulted from his treatment since then.

Family History: Patient has one child. He is currently residing with his child, his sister, and her children as well.

Diagnosis: schizophrenia

Current Complaint: no current complaints

Treatment: Receiving Modecate injections

Other Pertinent Information: He is receiving the disability grant

Case Study # 4

Sex: Female

Age: 39 years

General: Appears healthy and well taken care of but attitude is apathetic.

Reason for coming in: Patient came to pick up her medication.

History of Illness: Her illness began in 1997. She experienced symptoms of paranoia as well as auditory and visual hallucinations.

Family History: Both parents have passed away. Patient is currently married and has three children. Her husband is working in East London. Her sister lives in the area and is her main system of emotional support.

Diagnosis: Schizophrenia

Current Complaint: She has a headache and feels slightly depressed.

Treatment: She is prescribed 100 mg of Chlorpromazine (a brand of Largactil) in tablet form to be taken twice daily.

Other pertinent information: Patient was suspended from her disability grant in October and it is suspected that her symptoms of depression stem from this incident.

The patient is not using any substances.

Case Study # 5

Sex: Male

Age: 48 years

General: He refuses to wash, appears confused, and affect is somewhat flat.

Reason for coming in: Patient came in for Modecate but the medication was out of stock.

History of Illness: Patient states that his illness began in the 1980s when he had a vision of a white man walking and saying 'Amen' over and over. Ten years ago the patient suffered a traumatic injury. The patient also attributes his mental illness to a sexually transmitted illness he acquired at age 22. The patient admits to using marijuana.

Diagnosis: The nurse states that he is schizophrenic but the patient himself is unaware of his diagnosis.

Current complaint: He is experiencing a ringing in the ears.

Treatment: Patient is getting monthly injections of Modecate. Unfortunately, it is out of stock at the clinic and also at the nearest hospital. Instead the patient is given Vitamin B Co. syrup.

Other pertinent information: Patient is on disability grant and has a paid caretaker.

Case Study # 6

Age: 48 years

Sex: Male

General: Patient is agitated but appears to be alert, oriented, and able to take care of himself.

Reason for coming in: To receive the Modecate injection

History of Illness: Patient suffered a head injury in 1998. He was knocked unconscious and taken to Grey hospital to be treated for the trauma. He was then transferred to Makiwane. Since then the patient suffers from short-term memory loss. The patient also exhibits aggressive behaviour when he is not on his medication.

Family History: The patient lives in St. Matthews Village alone. He has one child who resides in Port Alfred with his mother.

Diagnosis: Post traumatic head injury

Treatment: Has been receiving Modecate injections since the accident.

Other pertinent information: Prior to the accident, the patient worked as a plumber. His short-term memory loss has had a serious affect on his life. He states that he can not even remember the name of the person he was just talking with. Patient smokes Boxer tobacco but refrains from taking any other substances.

Summary of Case Studies

Although my case studies provide only a small overview about the lives of psychiatric patients here in the Keiskammahoek area, there is a common thread that can be traced through all of them. All of the clients I spoke with were unemployed and either currently receiving disability grant or recently cut off from it. The patients were most commonly diagnosed with schizophrenia. Some of the patients have lived in mental institutions and all of them stated they preferred to be at home and treated in the local healthcare sector. Most of the patients were currently on Modecate and preferred the injections to tablet forms of medication. This is due to a belief that the injection is stronger or more efficient than the tablets rather than just a preference based on convenience. All of the patients claim that Modecate suppresses any symptoms of hallucinations, delusions, and tendencies toward aggressive behavior. Patients who have had relapses all cite either defaulting on treatment or social conditions as the cause. The social factor was usually a stress in the form of a financial concern. Often the patients indicate that they are unaware of their actual diagnosis. When asked what was wrong with them the patients simply state that they are mentally disturbed. None of the patients have ever received any kind of psychotherapy or attended a support group. When asked if they would attend if a support group were available, the patients were not interested. Five out of the six stated that they felt accepted by the local community and were treated well. However, the lack of interest in attending a support group may indicate that patients are not completely comfortable with their illness and may not want to discuss it openly.²⁹

Analysis- Greatest challenges currently facing Mental Healthcare

Under diagnosis/ Misdiagnosis/ Stigma

Mental illness is often under diagnosed because patients do not seek treatment for their disorder. The misconceptions associated with mental disease prevent patients from seeking help especially at clinics and hospitals. For instance, every single person I interviewed about mental illness listed marijuana abuse as the leading indicator for mental disease. Marijuana and alcohol abuse has been linked to mental illness but most researchers do not cite it as a cause of mental disturbance. Substance abuse does hinder the effectiveness of treatment but one can not conclusively say it is the sole cause of mental illness.³⁰ Despite the so called attempts to educate communities about mental disease, there is a fundamental discrepancy in believing that drug abuse causes schizophrenia and teaching people to respect the mentally disturbed. However, the general public's connection between substance abuse and mental disease is very strong and this is harmful to mental healthcare as a whole. Psychiatric patients will not want to receive treatment if they fear that others will view them as dagga and alcohol abusers.

Lack of resources

Even if all the clients suffering from a mental disorder were willing to come in for assessment and treatment, the health care system would not be able to provide for all their needs. One of main reasons for patient relapse is the lack of medication. It is impossible for psychiatric patients to get better unless they are on regular medication, but these drugs are not available.

²⁹ Appendix A Patient Interviews.

³⁰ Schizophrenia.com, Information-Support-Education, 5 December 2004
<http://www.schizophrenia.com/index.html>

Properly trained healthcare professionals are also lacking in this field. It would be optimal if every clinic had a psychiatrically trained nurse available so that the burden of assessing patients would not fall entirely on the staff of the Gateway clinic and S.S. Gida. Also, it is extremely shocking that with the amount of psychiatric patients in the Keiskammahoek area there is not a psychiatrist on staff at S.S. Gida hospital. Having a psychiatric nurse and a general doctor collaborate on the treatment plan of a psychiatric patient is not an effective mode of management; however, this is the situation which healthcare workers must deal with.

The lack of resources can also be blamed as a foundation for further issues facing mental healthcare. For example, community education is cited as a priority for nurses to reduce stigma and improve the lives of the mentally ill. However, a shortage in staff and limits of transport options prevents this program from happening.

Conclusions

This study successfully documented many of the different aspects and challenges in regards to mental healthcare in Keiskammahoek and the surrounding area. It records information on mental illness from the perspective of health care workers, traditional healers, and from patients themselves. It also describes the changes in approach to dealing with mental illness and evaluates the success of making psychiatric care more accessible to the community. Despite the positive changes that have taken place, it is apparent that resources are still lacking in the department of mental health care. The shortage in staff and medications has significantly hindered the process of improving mental health care. Also, stigma prevents a vast group of psychiatric patients from seeking treatment. In order to reach the goal of providing treatment for all those who

suffer from a mental illness, there must be a push towards educating communities about mental disorders. Specifically, we must address the widespread stereotype concerning substance abuse and mental illness. The healthcare community is aware of this need; however, education can not be accomplished without an increase in human resources.

Recommendations for Further Study

This project has recorded views on mental illness from the perspective of nurses, psychiatric clients and a traditional healer. It would be valuable to expand upon this study by doing a survey in the community on their general knowledge of mental disease in order to get a full understanding of the situation. Also, a long term experimental study that perhaps conducts workshops to educate groups of people about mental illness would be indicative of the impact of knowledge upon a community. Another possibility for an extension of this project is to interview the large group of psychiatric patients who are not currently receiving treatment and documenting their stories.

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Appendix A

Interview November 11, 2004

How old are you?

39 years

Why did you come into the hospital today?

She is coming to fetch treatment she is psychiatric treatment and is also suffering from headache.

Is she um on Modecate or Largactil?

She is on tablet.

How long has she been on the treatment?

She started in 1997.

What happened when she first started being sick?

She started with fear until she was paranoid and now she started hearing voices and seeing people run around.

Can she tell me a little bit about her family?

Her father died, mother died

Is she married or have any kids?

Yes, married and three kids, husband in East London.

So she lives alone with her children?

They are still living together.

Who helps her with her treatment?

Her sister reminds her to take her medicine.

Does she take her medicine every day?

She takes it everyday.

What is her exact diagnosis?

It is schizophrenia.

And how does the surrounding community treat her?

Yes, they have accepted her.

What kind of medication, exactly, is she on?

It is chlorpromazine, a Largactil. 100 mg. Tablets two times a day.

Now is she currently employed or does she get a grant?

She has the disability grant.

Does she feel any stress or have any worries right now?

No worries but in October they suspended the grant so she is depressed lately. As I have said it is this grant which makes people to relapse.

Does she have anyone to support her, financially and/or emotionally?

Her sister supports her with counseling.

And how far does she live from the clinic?

Not very far.

She doesn't have to answer this question if she doesn't want to but does she use any substances?

No, she doesn't abuse alcohol.

Interview November 19, 2004

Okay, age?

Forty eight years.

Why did you come here today?

Um treatment, something about his head?

He had an accident, head injury.

When did this happen?

1998

What were his symptoms?

He was unconscious, taken to Grey hospital after the trauma and to Makiwane.

And what problems has he had since then, like headache?

The problem was loss of memory.

Long term or short term?

Recent things.

So what kind of medications is he on?

Tegretol and Largactil

So what was his diagnosis exactly?

He said that I must read it hear. Post traumatic head injury, aggressive behavior.

Post traumatic stress injury?

Post traumatic *head* injury

And, what kind of aggressive behavior?

Wants to fight people.

Has he ever been arrested?

No

Where does he stay?

St. Matthews Village

So very close to the clinic?

Yes.

Does he ever default on his treatment?

No

So no relapses recently?

No he is taking treatment regularly.

Um, how has his life changed since the accident?

Loss of memory, can't even remember the name of the person he was talking just now.

Does he um, live with anybody, does anyone take care of him?

The mother

And is he married or have any children?

One child in Port Alfred, he is not staying with him.

So he just lives with his mother then?

Yes

Is he currently working?

No, not working he is having grant, disability grant.

He was working before, ne? Before the injury.

What did he do then?

Plumbing

And um one more question. What is his relationship with the community?

Okay, he is not sure because he has never done anything that shows that he is mentally ill.

Does he want to keep it a secret?

Okay, wants to keep it a secret because he doesn't want them to follow him as he is getting grant.

Does he consider himself mentally ill?

Yes, because of the memory.

Only because of that?

Yes

Okay

And is he using any substances?

He is just taking Boxer, ne?

That is a type of tobacco?

Yes

And no drinking?

No substance abuse

Interview November 25, 2004

How old are you?

53 years old

Why did you come in today?

Come for treatment for Modecate

How long have you been on Modecate?

Since 1989

Do you have any symptoms?

He has a type of headache when he is in need of Modecate

Do you come in every month for Modecate?

Yes he comes monthly

What happens when there is no Modecate

He relapses he is referred to Queenstown

Does he go to Queenstown/ does he have transport

He has been taken treatment in tablet but when he heard he got this Modecate

Does he live close to here

Far away?

Yes far away

Can you tell me a little bit about his history

When it first started?

1979

he was..... then he was given these Largatil...since he had this illness he assaulted a small boy then was referred to the police then the police referred him to psychiatric hospital in Queenstown

has he ever been in an institution...where you live there because of a mental illness?

When he got there they were plowing and sowing

When he got to Queenstown?

So he did stay in the hospital there?

yes

For how long

From '79 to '87

He was in an institution

And why did he leave did they let him go?

He was given leave for two weeks from that institution and then returned back a doctor referred went there and discharged him in 1987 he received treatment thereafter

Who does he live with now?

Repeat

He lives at home alone

Does he have any family around

He has got relatives around

Is he married or have any kids?

Not married

What was his original diagnosis? (schizophrenia, depression, bipolar.. does he know)

No depression, okay okay

Does the community the people around him know about his past

Yes they know

And do they treat him like everybody else does he feel like a part of the community or does he feel isolated?

Does he feel like the community treats him differently from other people

He visited them...he is visiting with them

So everything is friendly and normal?

Everything is normal when he takes his medication the Modecate controls the illness

And does he always come to St. Matthews' for the Modecate

Yes

He comes here every month\

Um does he work or does he have a disability grant right now?

Okay..he was getting disability grant and then after it stopped he renewed it but this is the fourth month

And...is he feeling stressed because he doesn't have the disability grant?

I beg yours...

Is he stressed or worried

Since he hopes he will get it anytime he is not worried

And have you ever been to counseling or support group or anything like that?

No

Interview November 25, 2004

So how old are you?

52? Oh 62

Why did you come to the clinic today?

To take treatment, injection

Do you have any complaints?

No complaints

Does he come for treatment every month?

Yes

Where do you stay, far from the clinic or close?

Mthwaku location, near

What happens when there is no Modecate available?

When there is no Modecate he..collect everything and throw it in the fire..he has symptoms of relapse

Does he ever take um pills?

Pt. scoffs....No

Why doesn't he like pills?

What?

Why, like if there is no Modecate why does he not wanna take pills?

No,

PT- only Modecate

Okay

He does better when there is Modecate

Okay For how long has he been sick?

Many years

Many years? He doesn't remember?

And its always been the same thing since it started, like he always burns things, is that the only symptom, is there any other symptom?

He wakes up at night, ne? goes everywhere even in the forest during the night

Has he ever been in an institution?

Yes

For how long and when?

He doesn't know

For four months ne?

Was that recently like this year.

No

A long time ago?

How does he feel about the institution?

He feels like he is doing better there. They were working

He prefers to be there?

Does he live with anybody?

His sister

Does she support him, help him with his medication?

Yes she supports him

Is he currently working or on disability grant?

Disability grant

Okay

Does he know his diagnosis

No he knows that he is mentally ill only.

Do his neighbors, the people around him know about his illness?

Yes they know

So....

They accept him

Cause he also goes to social gatherings

Okay

Is he currently under any kind of stress right now?

No

How often does he have a relapse?

A month ago he had a relapse..when he had the symptoms he just come to the clinic then he was given Modecate and then it subsided

So he only has a relapse if there is no Modecate available

Yes

Okay um have you ever been to a support group or any kind of counseling?

They have got they are three ne?

Mmhmm

they are in Mthawku location they say they are open

Three people that are mentally ill?

And how did they start talking to each other, how did they know each other?

They were the first ones to become mentally ill ne? he just joined them.

Okay

Is sort of just gathering

Sort of informal?

Mmhmm

Okay

And what do they do what do they talk about?

No they didn't talk about mental illness they just talk about the problems, other problems

Cattle, children

And if there was some kind of support group would he be interested in that?

He said no except when he knows when he is ill at that time.

Okay

He is not using dagga.

But he is taking alcohol

I just want to know whether it is due to substance abuse.

Okay

Thank you very much.

Interview November 29, 2004

His age?

38 years

Reason for coming today?

For Modecate

Any complaints or symptoms?

No complaints

How does he know that Modecate was available

The sister...one of the sisters is staying at that location

Oh okay

He stays at Mthwaku?

Yes

Oh all three...did you come with the other two men?

Yes

When Modecate is not available what does he take?

Okay he is taking Melaric if there is no Modecate okay he is taking Melaric if there is no Modecate available, ne? But it is not good for him because it makes him to feel weak.

Is that a pill form?

Yes it's a pill

Um, can you tell me about the history of his illness, when it started what happened?

Okay he was in mine ne?

In the mines?

He felt as if there was fire around him heard voices, and was taken to the hospital

Where was this?

Bloemfontain, Joburg, okay.

Um how long ago was this?

1990

And how long have you lived here?

He is not aware of the time but he was admitted in Fort Beaufort and Fort England

Fort England?

Mmm

How long did he stay at those two places?

Six months in Fort England. He is not aware of the time in Fort Beaufort.

Does he prefer to be um here?

He prefers to be here because he has children, some goats and everything.

How many children?

Okay he has got one child but also stays with sister's children.

Is he working right now?

He is getting disability grant.

How does he know those two men?

They are staying in Mthwaku location.

Oh okay just because they stay around him?

Mmm

Has he ever had a relapse?

Okay after he was released from Fort England ne? He has not taken treatment and he relapsed then he was taken back to Fort England. After that he never default treatment because he know that he will come back to symptoms of mental illness.

What are his symptoms?

He addresses himself in public

Hearing voices

And does he use any substances?

No

Appendix B

Interview with St. Matthews Clinic Nurse, November 13, 2004

So, how long have you been a nurse at St. Matthews Clinic?

Plus minus eleven years.

Eleven years?

Yes.

And what population does that area serve?

Do you know how many people, in the area that St. Matthews serves?

The villages, or the total number?

In the villages?

We are thirteen villages.

Seventeen?

No, thirteen.

Okay

Do you know how many people?

No, I'm not sure. If I am at the clinic I will know. But I can't remember now.

I'll get that figure from you later then.

Of the people that you see everyday, how many of them come and complain about a mental illness?

Daily, about mental sickness? Maybe about plus minus five.

And how many people do you see a day?

Including other illnesses, ne? Oh about thirty five but sometimes it is fifty three.

Can you describe the training, the classes you're taking right now?

About mental health I am doing this program since January 2004 up to January 2005 I am dealing with sick people who are mentally disturbed. They are diagnosed with schizophrenia, major depressive disorder, epileptics and others.

And how often do you go to class?

Alternate Fridays. Twice a month.

Okay

How many nurses at St. Matthews are certified in psychiatric care right now?

Just me.

So before you decided to take this course, no one else?

No. We were referring to S.S. Gida if there was a problem.

Oh, so you are the first one?

Yes.

Congratulations.

Do you think that having psychiatric care in the local clinics makes a big difference?

Yes, it makes a big difference because sometimes you just treat clients or ignore the psychiatric clients, you think that they are just sick, you don't care about other minor ailments if he comes, if he or she comes you just give treatment ignore about other things that he is complaining. Even if he is mentally ill. Now I know that I must treat them like other sickness.

Do you ever feel overwhelmed about the number of patients you have to see?

Yes.

Do you feel stressed because there are so many people?

Yes, yes.

Would you prefer if there were more nurses?

Yes.

Um, some people say that training nurses in psychiatric care is too hard because they already have too many other things to deal with, like there are so many other illnesses that if you ask nurses to be responsible for mental healthcare too, it would be too much.

What do you think about this?

No, I don't think that psychiatric is too much, because, sometimes they are just coming for treatment not for their, you just assess according to the condition. You can take from history that he is relapsing or he is in control. Sometimes you can treat him like other people with normal illnesses.

Okay, so you think that by having this training you can treat everybody the same?

Yes, not treating psychiatric clients as always mentally ill, because they have improved, others.

Is mental health a big enough problem to be specifically addressed as an aspect of primary healthcare?

Yes, it is because of the substance abuse. There is increased number, even at my clinic there is at least thirty four patients that are psychiatric, that are from psychiatric treatment. Maybe others are not coming.

You think that a lot of people are not coming?

Yes.

Why? Do you have any guess about why they don't come?

Sometimes you can just hear that someone is still there but its far for me to go there.

There is no transport. You can send the village workers to say, "Please come to the clinic." But I can not do otherwise, I can not go there.

Do you feel comfortable treating mental illness with the amount of training that you have received?

Yes.

What are the causes of mental illness?

There are many causes of mental illness. Sometimes its due to substance abuse, alcohol and drug abuse. It can be due to birth injury. Its genetic sometimes, that is heritage, ne? It can also be due to epilepsy. There are psychotic clients with epileptic psychosis. And others are just trauma, especially head injury.

Do people ever become mentally ill for any other reason?

Yes, sometimes there are people with major depressive disorder whereby they have lost their loved ones.

What do you think is the role of Aids in mental illness?

It is because of that. The client with HIV is stressed, ne? Sometimes that can also lead to being depressed. And that can also influence mental illness.

Do you work with any of these patients?

Yes, and even here at St. Matthews we have got a support group.

Can you tell me more about the support group?

Okay there is a support group, HIV/Aids support group, ne? These patients consist of HIV patients the infected ones and also the affected ones. The affected ones are those that live with HIV, those are the affected ones. This group started in July 2002. I was just a VCT trained nurse there. I had to take the HIV blood to the patients, ne? After that

I decided that they've increased the number of HIV positive clients, so I must do something. I had to write them letters, separately. During counseling we told them about support groups, ne? I had to write letters for them to come to see me. Everyone, ne? But I can not, someone is HIV positive, I just write letters separately. They come on their date where I have stated that...when they come and when they come back others say I am HIV positive others say I am just come to join the group. But now they can say that I am HIV positive. They are sharing ideas. Wednesday, you can come to join us in the group. How many people are in your group?

There are twenty three by now. And they are coming.

And you think that it is helping a lot?

Yes.

It helps people disclose their status?

And its not about disclosing as such, its about sharing of ideas so that they can support each other.

And do a lot of people come that don't have Aids, or HIV?

Yes they are coming. Because they have met the clients in their home location. Others have died and from the members there are those that have been taken care of their sister's children. They are just supporting each other.

I'd love to come sometime.

Okay.

So back to mental illness.

So what are the most common types of mental illness you see?

Schizophrenia, major depressive disorder.

Just those two, mostly?

Mostly those two and epileptics.

Um, when do you refer a patient to the hospital?

You refer the patient to the hospital if the client is not controlled is violent because we haven't got other treatment to stabilise the client, ne? Then we refer the client to the hospital and those that have the illness for the first time I can refer. Because the clinic closes at four and sometimes they come late I have to refer for stabilization.

Um, what kind of treatment programs do you put patients on?

Chlorpromazine, that is Largactil. Haloperidol. And most of my clients are on Modecate injection, its monthly. They are using this Modecate because if they are taking this oral treatment sometimes they forgot. There is too much relapse. So most of them are on Modecate.

And that's an injection?

Yes.

For those on oral medication do you try to involve the family in the treatment?

Yes they come with the family. And sometimes they do not [garble] even if the family is supportive to them. They come relapse. That is why sometimes they should have injection.

Do you think that patients understand what the medication does, and why they need to take it?

What did you say?

Why do you think the patients don't take their medicine?

Sometimes they say that this tablet makes me not to talk with other people. It makes me drowsy, it makes me [garble], they are talking a lot of things. And these are the side effects of the pills. So they do not want to take these tablets.

And even if you explain that, that's what is supposed to happen?

Uh huh. Not all the time, some take the medication.

Do you think that people still hold traditional or cultural beliefs about mental illness?

Do you think there are patients who see sangomas or traditional healers about it?

Yes but few of them.

Few?

Yes because most of those that are mentally ill are abusing substances like dagga.

Mmhmm

And so they don't want to admit this or do they usually tell you that they are using it?

How do you know?

When they come to the clinic they smell a lot of dagga.

Oh.

And even if she comes in the morning she can come again and you see she has done everything and even alcohol. They are using dagga.

So besides that you don't see any traditional kinds of treatment?

What?

They are few that are using that but they are coming to the clinic because we work hand in hand with the traditional healers now. They are referring, the traditional healers also tell them that they must use the medicine at the clinic and this one.

What kinds of stigmas exist about the mentally ill patients?

Stigmas?

There are not accepted by the community. Sometimes they are not even invited to community gatherings, even if she... Shut Up you [garble], they are not accepted. Even by the members of the family they are beaten, those signs of delusions and hallucinations they are beaten by the community, not accepting that this is a sign of relapsing, or a sign of mental illness. But we are trying to involve the community during our days. During the visits by the family members you can give that information. She is just doing this, not for nothing, it is a sign that she is relapsing. You must come with him for the treatment.

And do you have any attempts to educate the whole community?

Yes, we've got that.

How often?

We are using the calendar and sometimes we go to schools talking about the substance abuse. That is one of the causes of mental illness. So we are doing our nurse days even at the schools.

Do you think that makes a difference?

Yes, cause you can not see mentally ill clients loitering around.

But do you think it changes the community's attitude toward the people?

Do you think that is helps to decrease stigma?

Yes, they are decreasing stigma because even if there are gatherings they are just there.

And they can be appointed to talk, even if they know he is mentally ill.

Are the families generally supportive of the mentally ill family member?

Yes, they are supportive to them. There are few clients, and sometimes these clients do not want to be controlled. They just want, especially those who are getting grant. They want to use the money the way they want, they do not want to be supported because they will know that my mother will want me to do this and this but I want to do what I want to do. But they are supportive.

During your time as a nurse has the stigma around mental illness increased, decreased, or is the same?

It has decreased.

In the last ten years?

Yes.

Can you describe how?

It is because mentally ill clients used to be treated separately. Even if, even during the clinic they will be called by one nurse, a nurse from S.S. Gida will come once a month on Thursdays. But now, they can be treated by anyone. They are not separated, they can queue in the same line as the clients with minor ailments. And these clients you can not hear someone saying, "Go away, mentally ill." They know that mental illness is the same as other chronic illnesses, because it is just a chronic disease which can be cured with the treatment. In the first place if the client, he is mentally ill he can take the treatment. And the treatment can be decreased as the problems of the client. And even after he can be given placebos.

Oh, you give people placebos?

Yes.

When do you do that?

Most of them they like to say, "I'm hungry." All the time, or I don't have supper. They want that porridge.

So you give placebos to cure side effects?

Yes, and even side effects [garble]. Others can be cured by education like if she has dry mouth. Take a lot of water, that show them.

Do you have any further suggestions to fully integrate the mentally ill into the community?

You can't integrate mental health in to the community because mentally ill are not. They can not be treated separately because by treating them separately you just separate them from other minor ailments. Because even mentally ill clients are not always coming to be seen in mentally ill, she has just come for other illnesses. Mentally ill are not always mentally ill they just want sometimes an advice.

Interview with Coordinator of Mental Healthcare, November 15, 2004

Can you tell me a little bit about your job?

Firstly this is a psychiatric, in fact, just a temporary outfit because I am staying out there. I am in the community working as a nurse, dealing with these patients. We are having nine satellite clinics here I don't know whether I must name them.

Oh no you don't need to.

Nine satellite clinics that feed into the hospital?

Yes, they are around. We are also having about ten villages that are being treated here. The ones in the nine satellite clinics, some of them have got psychiatric nurses but some of them didn't have any psychiatric nurses. Now, what is happening, I as coordinator of psychiatric in this Keiskammahoek area I have to go around Keiskammahoek, dealing with the problems which they encounter. Some of them they can't, the ones with psychiatric nurses at least I don't have any problem, they are dealing with the psychiatric problems out there. Otherwise, here the main problem about the patients, they are defaulters. They are not compliant to treatment, not taking the treatment very well because you can give him a treatment but they need supervision. Under this supervision the parents of late become irresponsible. What they need from the clients as this one reports is his son has got the DG, but he is taking the disability grant money with him, does not give her. What they want, what is important now is they take the money that the clients and the patients become very, very aggressive because the patients, they are not given the money. The patients are not given food, so where is your food? They are dirty, untidy. Now, that is why I send them to the social workers so they can deal with these social problems. Now, from these nine clinics we have to take the home visit, checking the patient's background or environment, if it is conducive to his health. And then we check the compliance, if the patient is taking the treatment very well. As well as if the patient is treated very well. The others they are abusing them, they are not doing anything for them, they are not giving them food. So if that is a problem, then we check that they are working. Because, psychiatric patients they are lazy. They wake up, doesn't want to wash themselves, himself. And then goes up and down, now we have to teach them that they must wake up, clean their room, do their beds and do gardening for their foods. The main problem and the main causes of this mental illness is that the dagga.

Substance abuse?

Substance abuse, which is dagga and alcohol. These two are the main sources because dagga is being planted here in the gardens, also alcoholism in the illegal shebeens and illegal taverns. Even there this dagga is sold. But at least the tablet. The main problem here at Keiskammahoek is dagga and alcohol.

And what kind of mental illness do you see as a result of this substance abuse?

Its aggressiveness

What do you diagnosis the patients with, though?

They are schizophrenic in many instances. It is caused by this disability grant because if they are not getting this disability grant they get depressed. Also this unemployment rate we are having, if you have you standard ten or you are from tertiary school but you don't get a job, that is the one that makes them worse. The unemployment rate as well as this disability grant, this grant has been suspended in some cases. I don't know, because a

chronic mental illness can't all of a sudden stop and you are fit. For five to ten years, no treatment, from mental institutions several times, you are admitted there, here. And now they are just stabilized for a minute and they say you must go and find work. Work which is not even gotten by those people who are well and normal, what about those people who are mentally ill? We are faced with such problems. And then now these drugs. They become mentally exposed in each and every sphere. In the shebeens there is a lot of going on here and there. Each and every shebeen has dagga. These clients now, they are such. In fact, psychiatric is very interesting because when you are dealing with these patients you have to be patient. Because she can come in here being very rowdy you can't even control you can't even do everything. But with those sorts of things you must not care and keep what they have said in your heart. Even if he comes in here being rowdy, assaulting patients, and abusing patients; once they see you they just become calm because you must call them by her or his name and he must see you have nothing in your hands because he is afraid of being assaulted. They are paranoid that you want to assault him, that you want to kill him. They must have a confidence within you, that is very important, and if they see this confidence nobody will ever break it. Even if they don't see you here they will go out and not get the treatment. You have to have that relationship with them.

Can you talk a little about the relationship between the clinic and the hospital and how clinics refer patients here?

If a patient comes in with a complaint, to the clinic, how do the nurses at the clinic decide that he needs to be sent to the hospital?

First and foremost we are having psychiatrics, there are so many people. There are few nurses. And then in the location the patient comes from the location escorted by the relatives, maybe he is violent, assaulting people. The relatives take the patient to the clinic. Maybe it is a clinic with a psychiatric nurse. And then this psychiatric nurse, if he is violent is unable to do anything. We can give him an injection of Largactil, 100 mg. Just to stabilize him or her but you can take history from the relatives. What is happening, the referral of the patient. There is a protocol for the referral of the patient. If the patient is referred from the clinic he or she goes straight to the hospital. Out patient department to be seen by the doctor. We as psychiatric nurses we are not supposed to prescribe medications for the patients, as well as admit him. We can't do admissions, we are supposed to assess only. Now we have to assess the patient and then motivate; in fact if he is a patient that is cooperating you review the patient and then after there is a protocol.

So you are not allowed to prescribe medicine or admit the patient?

Yes.

So who does that then?

It is the doctor.

The general doctor?

Yes the general doctor because we are not having a psychiatrist.

Really, even though you know more about psychiatry because you are specifically trained in it?

You, as a psychiatric nurse, you just assess the patient and motivate, recommend. In fact I usually recommend admitting but its not for me to admit. You recommend you say everything and you specify what the patient may be a danger to himself, to the

community and to other people. So you recommend, I as a psychiatric nurse recommend before taking a patient to the doctor.

And if the doctor prescribes a medication and sends the patient home can the patient then go to the clinic and get their medicine? For instance if they have to get an injectable every month can they go to the clinic and the nurse can give the injectable or do they have to go back to the hospital?

Once the patient is prescribed each and every medicine, now it is easy for me. You just give him the injections and give him the tablets. The only thing that the doctor does is the prescription.

You seem to talk a lot about medications for treatment, do you do any psychotherapy?

We are doing psychotherapy but less not as much. We are not having the time, there is only one nurse attending for these patients.

Are you the only nurse that does psychiatric care in the hospital?

I am here in the clinic, the Gateway clinic.

How many psychiatric nurses are there in the hospital?

I don't know, I really don't know.

I talked to Ms. Manzana who is a nurse at St. Matthews and she is getting trained in a one year course to get trained in psychiatric care and I know a lot of nurses are starting to do this so that psychiatric care can be integrated into primary healthcare. What do you think will happen because of this?

It's a very good idea but the same time it has disadvantages. Because psychiatric is something with a stigma attached. Now, there comes a psychiatric patient there must not be somebody special for the psychiatric nurses to attend, they must be mixed with the minor ailments or physical ailments. Now, these psychiatric nurses comes in and this psychiatric patient comes in being violent and everything and what this patient is looking, this patient is disturbing the patient, he is assaulting and doing everything. Misbehaving in front of the others demoralizes the patient's authority. At the same time there is advantages and disadvantages. Once they know that this is a psychiatric patient that stigma is not removed, because once you enter this room is for psychiatry and that is for...so there is that discrimination if you are looking for them and they are looking for you. But doing that...it also gives them that...that we are not ill we are just like everybody else, like other people, at the same time due to misbehavior...it is something that is not yet orientated. There are patients they want to be given the injection by me and not by anybody else so you have to orientate them.

Because it is a new thing?

It is a new thing, this transformation just gives them problems here and there but in the end they understand.

Can you talk a little more about the stigma attached to mental illness?

The stigma attached is that they are misbehaving as you know how they behave and how they can be. This stigma attached, they are not accepted. Others in the village, in the family at home, the family doesn't give them that honor of being, maybe I am a mother of my children now I become mentally ill. The husband doesn't even want to take my food because he is sure that I won't be cooking the right food. Maybe as a mother figure you were doing the praying during prayer time they won't ask you to do that. All those jobs you are being under supervision. In our society they don't give me that kind of

respect. Even in the church we are singing they we say he is not singing like any other people.

Do you think that the stigma has increased, decreased, or stayed the same in the past ten years or so?

At least it has decreased because now people are being counselled, they are being educated as to how to take care of the patient. And they must accept them as they are and then whatever, people must not blame themselves. If you are having somebody who is funny or someone who does not look like other people. You must not blame yourself and feel guilty that its not, its my duty. Why my family? Why me? Other people are not having these funny things but Why me? You must not blame yourself. You must take it as it is and then you work on it by ensuring and encouraging the sick person. When he does wrong things you must not say 'Suka', you are mad. Just tell him what is expected of him and what is uh as well as the education of the community. The community is being educated now and again. How must they care. Even if the people are admitted here before he is discharged we go to his place and educate them. You must expect someone that particular person, and he won't behave as usual. There are things he will not be doing as well, but you must not laugh at him but encourage him to mix with other people, do his every duties but with supervision now. And then when you go out there...but due to shortage and no transport we don't go to do this we are just saying these things.

Right.

But the ideal, only lip services, there is no transport. It is your duty if the people come and report a problem in a location you have to take a car and then you check on the problem but it doesn't care.

Do you think that social workers could do this or is it the responsibility of the nurse?

Social workers have to do it because especially it is a social problem but you as a nurse you monitor the treatment you monitor everything, any problem in the patient's condition. But with social problems like the DG, disability grant...

And community education, who do you think should be responsible for educating the community?

It's the nurse, they must go up and down and maybe even campaigns even awareness days.

Are there any awareness days right now?

Yes we do them. They are monthly, each and every month has got its...for instance it is diabetic week right now. But they must use posters...and then we are having these village health workers who are making the awareness days with their songs and hymns about these mental illness. They also have plays, they are doing plays, sketches.

So that does happen once in a while?

It does happen in many instances but now, indifference.

How many psychiatric patients do you have right now?

Plus minus two hundred and ninety. But now due to this transformation you can not get the proper statistics because I used to have statistics from the clinics. Statistics of the number of patients, defaulters, and then now...and those have been admitted. But now this new transformation, I also have them here on my behalf. My own location, now they are being treated there and they are mixed with the medical clients so I just can't tell.

What do you think of the transformation in general? Do you think it is a good thing?

In general, the clients in general I have nothing to do with them. Those that have been admitted in the hospital or in the ward they are to be assessed by the psychiatric nurses in the hospital it doesn't...if a patient has got from the ward I just turn it back so they can also exercise the interview assessment. So they are dealing with them in the wards, even in the outside hospital you find nurses that can give the rounds for the sick patients. Because formerly they were just admitted and then they were taken here for assessment. A doctor doesn't know how to go about it so we have to work hand in hand with them. And these patients are supposed to be seen by a psychiatrist for the review of the patients. But its not like that with this era, patients are on their treatment for three to four years having not seen by the doctor. Because the psychiatrists they are short, we are running short of the psychiatric...I would like it if you could take, become a psychiatric doctor. I heard that the closest one is in Queenstown? Is this true?

Mmm. Yes I did it in Queenstown but here in Cecilia Makiwane there is a psychiatrist. Dr. Pentz who is an old somebody, but there are three young ones. We used to take them down to Makiwane.

Where is Makiwane?

East London

Do they ever come here or do you have to take the patients there?

We used to take them there for review... but there changes now. They say that we are not supposed to take them there and we just sit here and they say that you are going to orientate a doctor for about six months or whatever so he can, just a physical doctor, a medical doctor, we can orientate him for psychiatry so he can work hand in hand with us. Would you prefer to have a real psychiatrist here?

Yes, yes a lot. Because a lot is being done, there are changes. Can we use our own discretion as of late with the psychiatric patients because when a patient, if he doesn't take the treatment and now it doesn't fit him he just, you have to change it on your own because if he takes it and usually we make the right decision because even the doctor expects you to tell him what to do because he doesn't know. You who are training for psychiatric he will tell you that okay...If you tell the doctor we need this and that he will say we are not having money because.

I know that in the past they used to send patients to institutions and now they are trying to move away from that and have treatment move to the community so that the communities are responsible for the patients instead of sending the patients away.

Away from?

Away from their homes to institutional care.

So now they are trying to stop that and have people take care of their own family. Do you think this is a better system?

Mmm

Or do you think it is too much for the family?

It is not too much, your family is your family. You have to take care until he dies like that...my mother is old, my father is old. You can't take them to other people to take care because why? It is your parents your blood and flesh so it is a good idea that patients are treated if there is a relapse, treated and brought back to the community that is why we orientated, we are doing these campaigns, we are doing this awareness days. We are doing it for the sake of to accept them in the locations, to accept them in my home in my community and then we also must involve them in whatever they are not, community

involvement is very important for them. So it is very important, they just stabilize and start treatment. And so that is why as a psychiatric nurse I must go and check if that treatment is being given to the patient. That is why, first and foremost I said, he needs, or she needs to be supervised because she can't take the treatment but I, I am not mentally ill must see that she is taking that treatment. You take if they are right, they just take the treatment on their own. What is important is supervision at home. Fortunately we are having these volunteers.

How many volunteers do you have?

I don't know.

Do you have enough?

Okay...It is the administration's knowledge about that but with the psychiatric nurses there are none. I just rely on the relatives of the patient.

So there are no volunteers for the psychiatric patients, not like for TB and stuff like that? In fact even if they are present, I haven't heard anything about them. I haven't heard any report, uh, I only hear reports of relatives that someone is coming and these people are violent and so on.

What kind of medication are the patients on?

Tablets and these injections, it differs. In some cases the injection is more strong...to people who are defaulters, people who are not taking these injections regularly because it is on a monthly basis these injections. Unlike the tablets which you have to give daily and they used to forget such prescriptions. Now when a patient is up and down, violent, and sometimes having anxiety you just advise her or him to take injection because the injection is given once a month and the whole month is working. I just give that promise to them and usually they take it.

Right.

But we are also having a problem with [garble]. For example two or three months, Modecate, without it, so they are having a tendency of relapses. That is why you find them relapsing. And now after these relapses we much check and find out what happens to understand that our, what we admit our patients in Fort England, that is Grahamstown. They are, our patients are normally admitted at Queenstown. So the answer to the social workers or the psychiatrists, Why are the Keikammahoek people relapsing? I just tell them because there is no treatment. Sometimes as the treatment, we get them from Port Elizabeth and Durban, they tell them you when you phone them, I have ordered such and such medications, they will tell you that no the treatment is coming, it is coming, until finally it comes.

So sometimes you run out of treatment?

Yes! Several times, many times. Even now, 100 mg Largactil is out of stock.

What do you do then?

We just compensate with other things, maybe 25 mg or 50 mg. In fact 50 mg is out too. And we just give other psychiatric drugs that are mild for him. Its just to keep him going, and in Largactil, I mean in Modecate, the injection, Modecate I just give [garble] They are not [garble] each other but they differ in strengths. Some of them are strong others are mild depending on the patients condition, according to the patients condition. So we are just having some problems. We have been addressing and addressing them but...

Its not easy

Mmm there is nothing that we can do?

What would you say you need most if there was one thing you could have, would you take medication, or more nurses, or volunteers? What would you take if you could have one thing?

The thing is the nurses will do because the volunteers are not right because I personally even my child I want to encourage him to work but after all we are not being paid and you sit down and you just throw it away. So I should think the nurses would do it because they are interested and they are having that, that confidence of being psychiatric nurses. So, they need to be more trained nurses, there are less psychiatric nurses and all over. Particularly the male nurses are very important, they are very few. How can a woman deal with a male psychiatric patient who is violent who is doing everything. In fact doing this I was bitten by a psychiatric patient here. I was treating him, he was violent, and I was trying to give him injection and the police. Now why I was looking for side he just look down and the police were looking at him. I don't know how he grabbed my foot and bite it.

How long ago was this?

2002, 2 years. But I didn't want any compensation in that one.

Why are you still a psychiatric nurse? What made you choose to?

I like them, I like them, I just want to, I like it because I wanted to render and give the patient who are in need of people who are being chased away, who are not cared for, who are looked down as if they are, as if they don't exist. I just want to raise their hopes, to give them self-esteem and they feel wanted. As well as give that hope for them so they must know that they are cared for they are people like everybody so that is why, that's why I like from them.

So is it a very big problem here, mental illness? In the community?

In the community but now it is coming down. But it is going to raise up again because of these people who have been showing me that they have been suspended from the disability grant. That is when they have started being mentally ill by then.

Why do you think this is?

Because they are afraid of being not given money, not having it. I think it having DG it means that we are having a self something we are having that self.

Security?

Ewe, Now they are having that security taken away from them. And now they are going to relapse. I expect relapse now. So we encourage the government to give them their money because here is a chronic somebody who has been ill for several years. In and out of the mental institution, now are you going to say they are fit. How fit? I'm sure after completed your school you are staying without doing anything now what about the one who is sick, what will he do? Those are the questions you must ask.

Appendix C

Interview with a Traditional Healer, November 30, 2004

So how long have you been a traditional healer?

Um, about ten years now.

And how did you start?

You want to know what happens when you are going to be a traditional healer.

Mmhmm

The people know that even when...when you were born the day you were born, the old people say that you are going to watch. So what happens is this if you are going to be a traditional healer as you grow up, at the age of nine you already show there is going to be something her, once you know, a child will tell you I dreamt of somebody like this...They are just telling you the dreams but you come, that is so and so dealing with the old people. So it has got something to do with the ancestors that you become a traditional healer. Do you know ancestors?

Mmhmm

How do the ancestors do it?

You know your ancestors. You know what they do to you. What they do to you they also do to me. But the difference is this, even in the same family you are not all of you traditional healers. Somebody has pointed out, you either take after somebody who was a traditional healer. You take after that one. It is either on your mother's side or your father's side. So to me it is both my father's side and my mother's side. Both sides have got traditional healers though not everybody. About three in my father's family and many in my mother's side

Are they always women?

Many, they are not all women but many women. So they say I have taken after my father's brother. They see the characters, you see, of my father's brother. The father's side now. Mother's side I have taken after my own mother, twas also a traditional healer. So what happens is this, as you grow up you know, when I was about nine and a half I started to, it was not that I was young, I was going to start at that time but when you are still very young that watch you and see the steps [garble].What was happening to you is that if you are going to die when I go to sleep I dream of that and in the morning I said ey when you were sleeping so and so died, was late. And the thing is old people say ey? Died? And I said yes. It used to happen that when the time I am talking about [garble] So if we are going to beaten at school, I refused to go to school in the morning. When my mother was going to beat me saying "Go to school! Go to school" I said, "nuh uh" [Mother said] "why? Why?" [She answered] It is because today I am going to be beaten, no I am not going to school. So my mother chased me to school and then you know what I arrived at school to find that they are being beaten. Even when I go there I knew. So I grew up like that. The other day I was going to school I thought that I was going mad or I was walking sleeping because I met an old man.

Mmmhmm

Even today I can not know who that man was. That old man he told me to sit down and talk with him. And when I sat down he asked me, "What do you want to be? Do you want to be a nurse, a teacher, or what do you want to be?" And I said, "I want to be a nurse." So he said to me, "Okay that is alright, what you will do is this, already now the

signs of being a traditional healer to you have started but what you will do, don't start doing that side. Go and be a nurse. What will happen, the work you do as a nurse, your ancestors will take you as if you are doing what you will be doing as a traditional healer. So we shall see what happens and then he said, "Go to school." And then I just went to school. So I was trying to find him where is he going to go. He just went straight, straight into the forest. I don't know what happened to him.

You never saw him again?

No, I didn't see him again.

So I told my parents about it.

I told my mother about it and my mother said, "mmhmm, mmhmm, mmhmm."

And my ancestors...everybody said mmhmm, mmhmm. So what happened to me I came here to St. Matthews hospital to train as a nurse, so what used to happen to me, if the tutor is going to ask me something during the night somebody is asking me the same questions, somebody I do not know. So when you go to the department I already know what is going to be said and what I am going to answer. Sometimes they used to go the dept. and before I go inside I go to the tutor and ask the questions. He said, "Hey how do you know what is going to happen?" I said, "I dreamt of it." He said, "Oh, is that so". Sometimes he used to change the questions and say I am going to change the questions I am going to see what happens. So I put through nursing, when the results arrived I became very ill of something no doctor knew what was wrong, even I, I do not know. They thought I was allergic to TB treatment or TB. Because when I started working you know the first month I started working as a trained nurse, started with the illness. So when the doctors tried to find out [garble] But I didn't get well. Even when you give me streptomycin my eyes will just go. And they were giving me a tablet. I got ill and then they gave me half of it. When they give me a quarter, I still become ill. So they stopped everything. So I was transferred to East London where 15 different specialists got together and I was the sixteenth person there, so they talked and talked until they said know what it is these days, I have got Aids. So it was then they knew nothing about Aids and all that. That was 1964. So now the doctors said, they asked me many questions, so their decision was that Oh! She has got an illness of all diseases. Everything is here. And now we don't know what is wrong. No TB, no nothing they did not know what was wrong. It was allergy, an allergy of unknown something. I had something wrong with my lungs anyway but they say that they don't think it was the lungs because it was at the top. You see the lungs are like this.

Mmhmm

The pain was up there only. So I was admitted at Frere hospital, what happened is the doctors kept looking what was wrong with me. So what happened the other day I became very drowsy, very drowsy in the morning and then after when I woke up again the nurses they were worried. They said, "Oh, she is very ill today. What is wrong?" It was before they called the doctor that I went to sleep. When I was sleeping I dreamt that somebody was doing this [tapping on shoulder] to me. Leave me. And then I woke up. I'm not running mad. Four men were sitting there, they were laughing at me. They said, "Ah hah haha She is so lazy. When did she start being so lazy, not even washing!" So I woke up and I said, "eh man, these people are getting to my nerves, let me go out." and I went straight to the bathroom. You see I was not allowed to get up. The nurse was so shocked when she saw me in the bathroom. They asked me, "What is wrong with you? Who told

you to come and wash here and you didn't even..." Alright, they didn't see the people laughing at me. So a nurse she was watching me if I was going to manage. I managed, and then I went out and the nurse now accompanied me. Tell Dr. Cohan, 'I am going to sleep in the verandah, like it or not.' I don't like any messages from anybody I don't know so the doctor came, the nurse was busy, you know when you are watching somebody you don't want to let that body know you are watching. The nurse was always working here and there and always coming here. So the doctor arrived. Hey am I sleeping? No you are not dreaming, Your patient is outside in the verandah. And I said, "No, it doesn't matter." I didn't want to eat, you see, I was not happy of something I don't know. So what happened now the doctor went to get chicken, full chicken. He came with his wife. He sat here and watched me eating. I ate and ate and ate and now I want drink. I said, "I want orange juice." From that day I never got inside the bed again. I sleep during the night. It was about fourteen days when I was sick, I got well. Everybody was so shocked. You know when the matron and the other doctor from my hospital came she was so shocked to see me walking. I was very thin, my dear, and by that time I was already alright. Even if I was thin. When I was arrived at home I decided to go home so I could go home and go back to work after that. So you know when you, we, blacks, if there is something everybody is not sure, something is not right. So they collected themselves and said the message must be that she is a traditional healer. So all that happened here is because of that. So they said, "Okay, Lizzie, just like that, everything is going to be done well for you. You are going to be a traditional healer now." So I went to sleep. I dreamt of an animal, you see. You know the tiger, the one, the leopard, the one is black. So I dreamt of that, licking my feet and licking my head here and licking my nose. And when I woke up, I was, see when you dreamt of something, ah but it was nothing it was just a dream. So it started like that until I trained for to be the traditional healer. I dreamt of my teacher who is going to help me because you are a student, you become a student of somebody. So, I dreamt of somebody who is going to train me, nobody else. So I dreamt and it was finished.

Who was it, was it your mother who trained you?

No! if I dreamt of you I would go and look for you in America if I dream of somebody you go. If you dream of somebody in East London you go to East London. And then you say it is this house, somebody is staying there and they take you to that place and if that somebody is there, if there are seven people you are going to say Oh! It was that one. So I dreamt of mine, you see. I dreamt, you know that I must go so in the hospital they knew that. I dreamt that I must go home not later, not later, it was very early, seven AM. Not later than that, I was too wait. So at the hospital I departed and then I had no money so the matron gave me money and I went home. On the way home, there was a kumbi I took when I go home and then there was a kumbi from that side and when we were there, you know where we are going to be checked between that side and this side. A border, you are going to be watched and they check who you are. So even before we were checked, when I looked at, I said, "Driver, Bye bye." What is wrong now? I said, "I am going to that now." There is somebody and so then the car, I went there and I got in there [garble] What is wrong now? No, I dreamt of you and I am going with you now. I also dreamt of your wife, the one sitting near you now is your wife and that one I also dreamt of, I dreamt of three people. Their student, his wife, and him. So I said, "I am going with you." So I returned. It started like that. I trained.

So that man trained you?

Yes. So its like that when you are going to be a traditional healer.

So how many traditional healers are there in this area?

Here in town, for about, ten.

Ten?

We are about ten, ten, some of us. About fourteen there in town.

They should have shown you in the hospital. Anyway I am sure Dr. Thomas is not aware. You know, Dr. Thomas used to send doctors to me here from the hospital. But I stopped it, because it doesn't work. You just send them.

What do you mean it doesn't work?

Some of them were annoying me, so I stopped them coming. And even the people who do toy-toys. I didn't want them. The doctors were being chased away by toy-toys.

Can you um, we were talking yesterday about mental illness, can you tell me what happens if someone comes in and complains about a mental illness?

Umm,

Like if someone comes in and they say they are seeing things or they have something wrong with their head. What do you do for them?

What is the...you have to, you know some of the people who become mad you see, become ill, something wrong with them, you see, become confused. You know why we have something to do with them because of that some people run mad because when they are given, there are powders, when you come to me, just to give an example, you come to me and now I am that traditional healer who has got that powder. I use that powder, there are powders who somebody makes it, when you take that powder I am going to say it reacts, I don't know because those people don't want us to say you will react, you see. Do you think that, is it normal that you are going to take something which will, it will tell you don't go this way. Because there is danger that side, it will tell you what is wrong with me, you see. And it is going to tell you what is going to happen and all that you see. We have taken, you know as a doctor if you give me an injection you are going to operate me, you let me sleep. And the injection will let me sleep you know. So they don't answer my question, I want to know what kind of this one when you are going to given, you are not going to use your own thing. Why don't you use your own ancestors tell you what is wrong with somebody who is sitting in front of you? Why a powder? Because everything has got a [garble]. Now, some of these powders they give to these people, I mean the traditional healers now.

Mm-hmm

They give a powder to you. Yes, you sleepy. They tell you it will help you when they are going to have an accident, don't go, you are going to have an accident. And then, everything is going to have his own something. Because some people who have this, now this powder tends to do something else. It doesn't do this only. For example, if I take a purgative. A purgative does what I want it to do but it also sometimes [garble]. They create their own thing to do, they want to do something, you see what I mean?

You mean they make up stuff in the head?

There is something else now. People [garble]. Why don't you talk like I am talking now? But they don't want to. They are going to say, [grunting noises]. Somebody else now, the powder voice now but I want to querie. They don't like when I querie. I don't

care whether its like it or not. I querie it because what happens now. When they wake up, and talk and talk. But now when somebody is alright, is back from the powder, tell me Lizzie what happened? What did I say? Why now is he going to be told by me? What was talking, in other words, those bad spirits went like that. Even if somebody come here to me and has a problem. If you ask me, if tomorrow he comes to me and asks me, hey I've forgotten now what happened yesterday and I tell, I still know, these people who take the powder they don't even know, they will ask from you. If now I had it, you know, what is going to happen. I will [grunting noise] and fall down and my doctor will come and cover me. And you both watch me. And I tell you all the wonder all the things that will happen. But when I wake up, "Tell me doctor, what did I say?" Why am I not knowing what I said? It is where I am failing to understand. Once it makes you not to know what you are saying, uh uh it is not the correct job to do. Anyway, you asked what do we notice. You know what the black people, the blacks they are, there are some people that for example, what I give you when I become very ill and nobody knows what was wrong with me, some of the people don't become like me, what happened to me. I was ill of something, I went to East London and the thing of the specialist. Some people that don't happen to them. Something goes wrong. They become mad, if they are going to be traditional healers and they are neglected, they become ill...minded, now. I see, What other reasons are there for people to become ill, in the head, besides that? Other people, no, other people just become mad of problems like you don't, these things you know, people know I am a nurse and some of these I know how it happened as a nurse. So if you have got problems the problems are leading to losing your senses because they are worried, worried.

Worried because of unemployment and things like that?

Disappointments and other things, so you see. But, according to traditional healers, some of them are being bewitched. How are they bewitched? I want to say I don't know because some people when they are jealous. For example now, you are a doctor, maybe if you were a black somebody, you were not white, you see. The children who are your age group, you see, they are jealous of you being a traditional healer, of being a doctor. They are not educated so they become very jealous of you and now they take bad herbs, you see, and do something to you, you see. So these are the people, the traditional healers are supposed to deal with, you see. Well if I say you are being bewitched. Tell me! Who is bewitching me? Bring the herb now so you make the bad things go away from me. The problem is you know as a doctor, even you, you know that people, somebody who is confused, mentally disturbed, even if she becomes well. But if you have got a sharp eye you see...but, some of them do not become well, well. I do not know one person who became disturbed and was taken and treated by the pills and then the doctors, and mental hospital and is quite, quite normal and he or she used to be.

So they don't ever go back to normal?

They don't go back to normal they just like that, you see. Even to the traditional healers it happens. That is why I ask them, and then if somebody is disturbed, she doesn't collect himself as she used to be. I don't know whoever says what and what not, you see. But, I am sure, maybe, some people, those who have just started and they become well, because they started. But if you go about because you are mad, you go about here there are even these pills, they are not right they are just better, you see.

Mmm

So even the traditional healers they say, when it is said that if we are supposed to be traditional healers you become confused if they are neglected. I'm sure it depends on how long you have been taken now to be mad. And then you are allowed to be. I am going to tell you something very bad. I do not trust it. If I run mad now, I don't think this time when you come here you see I am better, I was mad, I was disturbed, you see. I am not going to be right now to give the herbs to treat people. You see what I mean. So you say that you don't trust this treatment?

I don't trust that they are going to give me the right treatment all the time. The can sometimes but I don't think it is correct.

Is there a way to cure the mental sickness with um, traditional herbs?

Yes, some of them. When somebody goes there, becomes well, becomes collected. Even if he is not quite well, but it is not like when he started.

Okay.

You see what I mean.

And do you see a lot of people with this complaint? Do a lot of people come to you?

Other people with mental illness? Yes, but I take them to hospital, better. Because I am a nurse, I transfer them to hospital, you see. You know they are not aware that we are all mad, we are all, all mad. It is only that we differ in degrees of rightness. For example, are you going to tell me that you are not, I used to be very much aware of it, myself. Are you aware of that? People, some people. when you close the door, even you, you just go to sleep, and before you start snoring you go and check if you close the door. It's madness!

Right.

Why?! Because you have closed the door. Why are you going to check again? So I am always aware of that, we are all mad it is only the different degrees. Even the traditional healing business, even you who are a traditional healer. It is just that it doesn't bother you, you see. Just like what it did to me, so everybody could do it, the ancestors could come to you and tell you but it is only that we differ in degrees.

Why do you take these people to the hospital?

Not giving them the herbs? I do give them something to sleep now if they want to sleep or if they run away to stop them from running. Why I take them to the hospital? It is where I think they can be treated better than I am going to do it. For example, somebody who comes here mad is going to get into that gate and get inside here. He climbs all over this and takes things and throw them down. When I give the herb he is not going to take it because I am alone here or I have the students who do not know what I am doing who. As a nurse I am aware of that. There are herbs I can give, but I can give the herbs just to control and then she goes to the doctor, to the hospital, where she is going to be taken there and transferred to the mental hospital if possible, where there are people who are also mad. He can make the difference between him and the other people. You know, do you see when they, I used to take them and put them here, about five. And then sit here and we talk. And what is going to happen now is that the bad ones, the very ill ones, are going to say, "You, you are mad. Go away." You know that...

That happens here, at the hospital?

Yes, everywhere, even in the hospital even at the place they are collected. If you talk to five of them, some of them they are going to say, "You are mad, you, you." The very ill ones [laughter] I am sorry to laugh. They say, "You, doctor, you are mad." Even them

they are mad, you see what I mean? So I used to take them to go and become mad with other people there so they make the difference, to correct them.

They used to send everybody to an institution, all the mad people.

No, some of them become better even before they are sent to hospital. But the mental hospital, what surprises me is that they go around, did you not see one of them when you came here today? You saw one of them, I know. So you can't come from that place far away and you come here, you have not met one of the mad ones. At least one you must see. Why? It means that there are many people who are ill here.

Do you think it is better for them to remain in the community or is it better for them to be sent to a place to stay together, a hospital, a mental hospital?

It is better when they are staying at a hospital so that they become better. For them to go about here, not better, not well. They just go about here, it adds something bad to them. For example... Oh, it is a great pity, I wish I could show you. When they are taken to hospital they tend to be well. What happens, I don't know.

Is there a community stigma about the mentally ill?

There are. Maybe, the people some of them are aggravated by other people. You know, it is a stigma to them because once they see, it is only during the dark those are scared.

The others who are not scared they say, "You, you a mad one!" Just like that. So now they are not happy. People don't treat them the correct way. Usually I say they could be collected, taken to hospital, be seen, and at least be given treatment, you see. Because, if I call one of them and I give treatment here, what is going to happen when I give it?

They are going to say, "Oooh, that traditional healer is treating them, giving them herbs to kill all of us." And now the patient is in danger, if he comes here, you see. If he goes to hospital where the person is always attending the hospital you see not everybody is attending traditional healers. They don't want to be told, some of them, there are customs which, if you are not, if you have not done, home wise, family wise. If you do not do them something goes wrong with you, you see. So some of them when they see a traditional healer they run away because they know they have not done this thing. There is a belief that if you have a child and do not do the proper things, you just have a child and you forget. If you uh, if the child is taken to be circumcised you do nothing. All these nothings, if there are many, something goes wrong. I don't know with white people. And now you grow up and you have your own children. Unfortunately you for you, you marry a man, in his family these things are done. And this child now does not belong to your family it is just related to your family, you mother. But you father, is the same family, so the child now has got bad habits and things and becomes sometimes mad, you see. Because of the traditional, customs.

If customs are not followed then the child goes mad?

Mmm. Some of the customs drive them to be mad, you see. But it is not only the customs, you see. Something else, other things like being disappointed and all that. What about, um, drinking and smoking dagga, does that cause mental illness?

Oh, ay, eh. Dagga, that one.

It does?

Yes, it does.

Don't you think that? Have you, have you, you know dagga?

Have you ever taken one smoke of dagga?

No

I've done it, because I used to watch the people who do it, you see. And I said, "Oh, alright. Come sit here. Come sit here. I'm going to take one smoke. You watch me." Just tie me and don't let me run away. I wanted to see, you know what happened that day, I smoked one? I, people became small, you see. You become three. The big one is you and then the small one and even if you are going to kick the ball there are three. You see that I am running mad. I double you, I triple you. Tell me what happens when someone has smoked the whole thing. What happens? Even the liquor, you know liquor. One day I just decided I am tired now of seeing people even in my home. I am going to drink now. I am going to drink two. And I was mad man. I saw that something was wrong with me. So I know now what happens when you drink and when you take liquor and when you smoke dagga. I don't smoke it now. I wanted to because I don't want somebody telling me something he doesn't know. I want to test it. So I have done a test to me to see what happens. Now I know. And also when I smoke, I was not weak. I would have killed. But it makes them mad. Dagga, it makes them mad.