

# **PATIENTS AS PARTNERS**

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## **34 Key SA journalists attend SADAG conference on mental health reporting**

For the first time in the history of South African journalism, 34 editors, feature editors, health editors, journalists, television and radio journalists gathered in Johannesburg in April 2011 to explore more about mental illness from some of the country's finest experts.

Thanks to the support and sponsorship of The USA Carter Center's Programme on Mental Health, the South African Depression and Anxiety Group (SADAG) was able to run this first time, highly successful two-day seminar. Kindly hosted by Pfizer, 34 journalists from around the country listened to presentations on virtually every aspect of mental health, including depression, bipolar disorder, obsessive compulsive disorder (OCD), panic attacks, post-traumatic stress disorder (PTSD), cognitive behavioural therapy (CBT), the challenges in government services hospitals, the stipulations of the Mental Health Care Act, the role of traditional healers in mental health and mental health literacy.

Also attending the seminar were Rebecca Palpant, Assistant Director of The Rosalynn Carter Fellowships for Mental Health Journalism, and guest speaker Bob Meyers, the President and COO of The National Press Foundation (USA), who conducted workshops with the journalists on key reporting features of mental health.

SADAG also arranged patients who were willing to share their stories with the media, and answer numerous questions which offered a human interest element that the journalists enjoyed. "The patient's experience brought the entire subject home and highlighted quite a few angles," said one journalist. Another commented: "I really enjoyed listening to the first-hand experiences of how this can happen to anyone when you least expect it."

A very successful event, this seminar helped to raise awareness of the role that media can play to educate the public on mental health matters, as well as to break down the stigma that often surrounds mental illness in all corners of the country.

During day one, Dr Frans Korb – both a psychiatrist and clinical psychologist – took the journalists through a description of depression and told a shocked audience that it is estimated that by the year 2020, depression will be the second leading cause of disability worldwide. Having recently published a book on his battle with depression, Richard Hawkey then gave participants a more personal account of his journey and the impact stress created by the corporate environment can have and the disruption to his life.

Then, Chairperson of the SADAG Board and a leading CBT specialist, Dr Colinda Linde spoke about panic – what it feels like, how it works and what the treatment options are. How exposure therapy worked and how CBT is effective even in areas such as social Phobia Patient experience was given by Founder Zane Wilson who started SADAG 16 years ago after her fight with Panic Disorder, which was undiagnosed for 10 years.

Other presentations included a talk on the procedures for admitting a mentally ill patient into a government facility by Dr Sandra Fernandes from Tara Psychiatric Hospital; a discussion on traditional healers and mental health by Emma Djuma Traditional healer also employed by the Dept of Health, who in her area of Witbank has managed to establish support groups to work with clinics and hospitals. She also explained the challenges and stigma faced in rural areas; Finally a talk on mental health literacy by SADAG CEO, Elizabeth Matare and an explanation of the speaking books that SADAG created on Teen Suicide prevention, Substance Abuse and Depression with HIV and AIDS.

At the end of the first day Meyers' workshop on what stories could come out of that day's discussions was a great success, with every journalist contributing new ideas and asking insightful questions. He was very impressed at the enthusiasm and quality of the South African journalists' participation: "The attending journalists clearly enjoyed the technical material and appreciated the chance to work with colleagues whom they knew by reputation, but had never met."

Leigh Andrews from Newsclip, who attended the second day of the seminar had this to say: "All in all, a most informative day, especially as it brought my love of journalism and mental health together." What follows is a summary of the day's events, as experienced by Andrews.

SADAG's founder, Zane Wilson, introduced the day's first speaker, Dr Leigh Janet, who deals with "some of South Africa's most difficult, treatment-resistant patients". A psychiatrist, psychopharmacologist and expert on bipolar mood disorder, he likened it to the emotional rollercoaster you would ride if we were to win the soccer, cricket and rugby world cups on the same day – then find out a loved one has been booked into hospital and since died. He said: "Now imagine your mood moving like that for no reason", calling bipolar the most interesting disorder on the planet as one can have periods of 'normal' mood for years, and other conditions can co-occur with the disorder. He added that the mood swings, which range from depression to mania, "don't feel abnormal to the person at the time". It is also one of the top disorders associated with suicide and depression, and is linked to strong feelings of guilt. Interestingly, ECT or electric shock therapy is often used as treatment in an attempt to imitate a series of epileptic fits, which can be seen to cure depression.

This was followed by a patient who lives with bipolar disorder, who described the prejudices she has faced in the workplace and within her own family, along with the difficulty she has had in convincing people that a mood disorder is as real a disease as diabetes or cancer. She added that this is made worse by the fact that "government is only interested in AIDS and TB, not mental illness".

Next, Dr Shadi Motlana, Director took to the podium. As the head of Psychiatry at Tara Psychiatric Hospital, she elaborated on mental health patients' rights and the Mental Health Care Act. In explaining the rights of the mentally ill in South Africa, Motlana stated that the many abuses of government during

the apartheid era were redressed with 2002's Mental Health Care Act, which sought to bring our practices in line with those of the World Health Organisation (WHO). Mental Health Care Users (MCHU) of today have the right to respect, protection from unfair discrimination, and the right to intimate adult relationships, as well as knowledge of their rights and the right to appeal. Care treatment and rehabilitation must therefore not be used as punishment or for the convenience of others. Motlana added that the workplace should be made aware of any mental illness as there are reasonable protections in place by the law. She stated: "Silence causes more problems down the line," adding that certain terminology is problematic and that there is lots of discriminatory thinking regarding mental health issues. "The obligation lies with reporters to watch how they report on stories and to not exaggerate the facts or ostracise anyone," Motlana said. Responsible reporting on mental health can destigmatise and raise awareness of mental health issues, getting people comfortable with the topic, so that they realise "this doesn't have to be your destiny" – it can be treated. She applauded SADAG for its role in making mental health issues visible to the public eye in terms of raising awareness. Wilson added that it would cost roughly R20 000 per month to run a 24-hour suicide line – the group can currently only afford to run the line from 08:00 to 20:00.

We then heard from Peter Matlhaela, the Siyabuswa Support Group Leader, who discussed the complications of getting patients' care in a rural community, in an interview session with SADAG's Operations Director, Cassey Chambers. He described his ordeal in dealing with panic attacks following his involvement in a taxi accident, and highlighted the fact that there is lots of stigma or lack of knowledge concerning mental health problems in the rural areas, adding that many people in these areas are illiterate and need support groups and education. He said a key issue affecting understanding is that some African cultures lack separate words for depression and panic attacks, lumping them all together as 'madness' – and if there's no word for it, how would they understand it? Matlhaela gets around this problem by getting support group attendees to act out how they feel.

Following a tea break, Kevin Bolon, a clinical psychologist and CBT expert who has developed a course for the fear of flying, spoke about how obsession and compulsion go hand in hand, offering an insight into OCD. He explained that many psychological terms have become popular and are now in everyday use, such as 'depression' and 'panic attack' – he stated that mental disorders are debilitating and should not be treated lightly – much in the way that anyone with a runny nose and sore throat claims to have the flu, which is actually a serious, potentially fatal illness. He mentioned that washing and counting are among the most common compulsions, and that prayer often gets hijacked into compulsion, in that we feel a need to pray when we think a 'bad thought' – the act of praying works to ease our anxiety. He added that the compulsions are targeted in treatment, so that eventually the patient is less likely to feel a need to react a certain way when a certain thought crosses their mind, because they are associating a consequence with a certain unrelated behaviour – this is known as 'magical thinking' as people connect a cluster of 'what ifs' to reach an unlikely outcome. OCD is also known as the 'doubting disease' because of this. The compulsion only results in a temporary release of anxiety as it reloads. Bolon reassured attendees that "we all have bits of OCD behaviour", but actual diagnosis is based on the amount of time spent on the compulsions, as well as the level of impairment or interference caused in day-to-day functioning. He added that there is a risk of misdiagnosis and that people are becoming more aware of the disorder due to it receiving greater coverage in articles and TV shows. It is treated with CBT, which aims to change thoughts during the behaviour also an 'exposure and response prevention' method is used, where the patient is made to face their obsession trigger and resist the compulsion. The thoughts get weaker and weaker as treatment goes on. OCD only gets worse if it is not treated as it acts as an addiction. Traditional therapy is not effective in treatment of OCD as going through past traumas can make it worse. Antidepressants are also used to boost levels of serotonin – but not because there is a lack of serotonin or the person is depressed. Bolon explained this is similar to the fact that Panado is used to cure a headache even though a lack of Panado is not the cause of the headache. He asserted that mental health issues are often misrepresented in the media, and that there is no such thing as 'compulsive' shopping or gambling, as these are based on impulses.

SADAG Counsellor, Shai Friedland, then gave a personal account of living with OCD. He shared his typical obsessive thought processes and explained that anyone who suffers from mental health issues is "not a freak – it's a disorder". To this, Bolon added, "These people are not weird or strange – they are as normal as you and me. They are normal people dealing with abnormal situations." SADAG's Project Manager, Roshni Parbhoo-Seetha, spoke about creating mental health awareness and developing successful school outreach programmes. SADAG promotes several mental health awareness days to raise awareness, as well as school prevention programmes, such as 'Suicide shouldn't be a secret' and 'When death impacts your school' in order to discuss the warning signs in a safe environment.

After a lunch break, Clinical Psychologist, Robyn Rosin, spoke on the topic of 'Flashbacks: when the worst thing that ever happened to you keeps happening every day' in the sense of treating PTSD. She stated that the media has a great role to play in terms of getting factual information out there and breaking the stigma of mental health disorders. She said knowledge of PTSD is especially important to field reporters who are at the scene of horrible accidents and violence, often taking horrific images as photojournalists, which continue to haunt them for years. It is also known as vicarious or secondary traumatising if journalists hear traumatic stories and need to recount them. She added that we like to feel our world is safe and predictable, and we think that "bad things happen to other people" – this is why it is such a shock when something bad happens to us. For the first 24 to 48 hours after experiencing a traumatic event, the typical reaction is to feel numbness and disbelief as we try to make sense of what has happened – debriefing is often essential to put the event into perspective. This involves education and 'normalising' the symptoms in order to redress the trauma experiences and put them into perspective, understanding that the symptoms are normal. PTSD is only diagnosed if symptoms persist for a month after the event which triggered the symptoms. Rosin echoed Bolon's words, that mental illness is "a normal reaction to an abnormal set of circumstances." Treatment revolves around getting the person back to their normal state of functioning as soon as possible.

Meyers then presented the final session of the day, on 'Presenting to editors, producers and supervisors: how to portray your story'. This was a workshop brainstorming session where attendees broke into small groups to discuss possible article ideas based on the topics that had been presented for the day. He spoke of the importance of using a common, neutral language that does not make mental health patients sound deficient in any way, adding that standards differ greatly among different media.

From the beginning it was obvious that the journalists attending this seminar were eager to soak up as much as they could from the experts and a need for extended training was also raised. Over the last six years, 12 South African journalists have been awarded Carter Center Fellowships for Mental Health Journalism, enabling them, during their Fellowship year, to travel to the Carter Center in Atlanta to take part in the Fellowship Meeting and learn more about this specific type of journalism.

In an exciting move forward, this year Pfizer is sponsoring the first Pfizer Mental Health Journalism Awards in South Africa, continuing to encourage South African journalists to write on mental health and eliminate the existing stigma. Said Brian Daniels, CEO "By using the voices of the media, many more people countrywide can be reached and assisted in alleviating their suffering, as well as that of their family members and friends."

Website [www.sadag.org](http://www.sadag.org).