**Dear Editor**

At the recent SASOP conference in the Drakensberg (September 2004), I accused the health department of a vicious attack on the mentally ill. I am writing to explain the reason for such a strong criticism and to elicit comment from my colleagues. There has been an attack on the mentally ill in so far as the services available to this vulnerable group have been reduced in the last few years.

The long-term facility Randwest Care Centre at Milsite has been closed with loss of jobs for staff including nurses. This has led to a saving in the region of R9 million a month as the facility previously housed 3000 plus patients. These patients have been sent home to their families. The disability grant they receive is used to provide for a whole family of unemployed people and the patient is the least able to fight for his share. This is particularly the case for the mentally retarded who have been discharged as well.

Long term care for the mentally ill has been delegated to not for profit, non governmental organisations (NGO’s). These are under funded on the premise that they will raise funds themselves from charity. There are few of them and in no way enough to cater for an additional 3000 people.

The most serious problem is the state of community psychiatric nursing. We know of course that there are few psychiatrists in the community and the hope has been that this shortage could be ameliorated by the work of community psychiatric nurses. However a shortage of staff exists in most communities. For example, Kagiso has a population of half a million people living in 12 extensions of the suburb. Two community psychiatric nurses service them. Government guidelines suggest that 3000 people per 100,000 have severe mental illness or severe mental retardation. This level of mental health care users cannot be cared for without many more staff. One hundred and seventy nursing staff have been retrenched from Milsite. They have skills in the long term care of those with chronic mental illness and mental retardation. We have been assured that 5 nurses have been appointed as community psychiatric nurses.

Community psychiatric nurses no longer have vehicles to visit patients. This means that they are office nurses. The problem is that those with schizophrenia and other psychotic disorders often have no insight and do not willingly come for treatment. This leaves them open to frequent relapse and re-admission.

Part of the problem is that government has the idea that psychiatric services should be integrated with primary care. They are a community function. The local health department has interpreted this as meaning that general community nursing staff should do the work of community psychiatric nurses. This means that the mentally ill, who have little insight into their illness or the importance of treatment have to stand in the queues with babies, mothers and the elderly. No wonder they don’t go to the clinics.

The use of the word “vicious” in describing the reduction of services for the mentally ill was deliberately chosen. This refers to the fact that these people are unlikely to ever demand the care they need. They frequently have no insight into their illness. Families in turn have little understanding of the condition of their relatives and often lack the sophistication to demand help.

When funds are withdrawn from a group of people who cannot defend themselves I consider this to be a vicious attack. It is only mental health professionals who can advocate this group of people.

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**PRODUCT NEWS**

**Treating migraine preventatively makes a difference**

Migraines negatively impact people, their personal lives and their productivity.  
**91%** report functional impairment  
**67%** report reduced productivity at home  
**51%** report reduced productivity at work/school

Preventing migraines reduces the frequency and severity of attacks. Only **5%** of people who may benefit from MIGRAINE PREVENTION are receiving it.

Patients may benefit from prevention if any of the following criteria apply:  
- Recurring migraines that in the patients opinion significantly interfere with daily routines  
- Frequent attacks (≥2 per month with disability totaling 3 or more days)  
- Overuse of acute medications (≥2 times a week)  
- Acute medications contra-indicated, ineffective or not tolerated

**Janssen-Cilag – Leading research in migraine prevention.**

* Reduced productivity is defined as a reduction in productivity of at least 50%.
† Based on clinical guidelines

**References:**


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**LETTER TO THE EDITOR**  
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