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I suspect that my friend or loved one might be suffering from a mental illness and their behaviour is harmful towards themselves or others – what now?

Is this individual showing signs of any of the following?

- Talking about hurting themselves or someone else
- Prolonged sadness or crying spells and seeming severely depressed
- Not enjoying things that were previously enjoyed
- Appearing extremely anxious and fearful about seemingly small troubles
- Failure to take responsibility for obligations such as not showing up for work or going to classes
- Lack of self-care
- Drug or substance abuse
- Doing reckless things without concern about possible bad consequences such as spending too much money, inappropriate sexual activity, making foolish business investments
- Extreme irritability and distractibility
- Extreme changes in sleeping patterns – sleeping too much or not at all
- Extreme changes in eating patterns – overeating or avoiding meals
- Seeing or hearing things that other people can't or experiencing 'voices' telling them to do things

In cases of emergencies or if you suspect that the individual might refuse treatment go to the nearest emergency unit for containment of the immediate crisis and initiate the emergency psychiatric intervention. You can also consult with your local general practitioner, psychologist or psychiatrist should the individual require help and is cooperative. If the individual refuses to seek medical assistance, you should contact the South African Police Services or a medical emergency response service.

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Once the initial assessment is concluded, your loved one (also referred to as a mental health care user according to the Mental Health Care Act of 2002) may need the following psychiatric care and intervention:

Out-patient follow up

Voluntary admission

Assisted admission

Involuntary admission

Adolescent admission

OUT-PATIENT FOLLOW-UP

If the mental health care user doesn't present as a danger to themselves or someone else and they are suited to attend out-patient therapy sessions the treating medical practitioner can refer them to attend therapy sessions on an out-patient basis.

However, if the mental health care user's condition does not improve after several out-patient sessions, or if they become a danger to themselves or someone else please return to the emergency room or treating psychiatrist to discuss one of the following possible admissions:

Voluntary admission

Assisted admission

Involuntary admission

Adolescent admission

VOLUNTARY ADMISSION

Voluntary care, treatment and rehabilitation services are offered to a mental health care user who submits voluntarily to a health establishment for care, treatment and rehabilitation services.

Admission steps

- 1 If further in-patient mental healthcare and psychiatric intervention is prescribed by the emergency room practitioner or referral source (psychologist or psychiatrist) the mental health care user will be referred for an admission.
- 2 The individual, a family member or a treating healthcare practitioner or mental health therapist should contact the admissions department at the nearest Life Mental Health facility to confirm the bed availability and / or placement on a waiting list.
- 3 The hospital authorisation from the medical fund / medical aid is obtained by the family or referring practitioner's rooms.
- 4 Confirmation of bed availability and the admission date will be communicated by the admissions department.

ASSISTED ADMISSION

Assisted care, treatment and rehabilitation mean the provision of health interventions to people **incapable** of making **informed decisions** due to their mental health status. The mental health care user **does not refuse** health interventions but **require such services** for their **own protection** or for the **protection of others**.

Admission steps

- 1 A medical practitioner may prescribe mandatory in-hospital psychiatric care for the immediate containment of the situation if the mental health care user poses a risk to themselves or to other's health. In this instance the individual most likely does not refuse an admission but they are not capable of making decisions regarding their health.
- 2 As required by the Mental Health Care Act, a spouse, next of kin, partner, associate or guardian of the user may submit the application, however if such a person is unwilling, incapable or is not available to make such application, the application may be made by a healthcare provider. The person completing the application should have spent time with, or treated the individual during a seven day period prior to the admission. A treating healthcare practitioner or mental health therapist (e.g. doctor, social worker or nurse) can also complete the application documents to motivate for the admission.
- 3 The referring medical practitioner should contact the admissions department at the nearest Life Mental Health facility to confirm the bed availability and / or placement on a waiting list. Not all Life Mental Health facilities hold licences to accommodate assisted admissions and they might refer the individual to another public or private mental healthcare facility if they are unable to accommodate them.
- 4 The hospital authorisation from the medical fund / medical aid is obtained by the family or referring practitioner's rooms.
- 5 Confirmation of bed availability and the admission date will be communicated by the admissions department.
- 6 The individual is admitted to the involuntary ward for a 72-hour assessment and psychiatric evaluation. Two mental health practitioners will complete an assessment to recommend assisted care.

INVOLUNTARY ADMISSION

“**Involuntary care, treatment and rehabilitation**” means the provision of health interventions to people **incapable** of making **informed decisions** due to their mental health status and **who refuse** health intervention but **require such services** for their **own protection** or for the **protection of others**.

Admission steps

- 1 A medical practitioner may prescribe mandatory in-hospital psychiatric care for the immediate containment of the situation if the individual poses a risk to themselves or to other’s health. In this instance the individual most likely refuses an admission or available mental healthcare.
- 2 As required by the Mental Health Care Act, a spouse, next of kin, partner, associate or guardian of the user may submit the application, however is such a person is unwilling, incapable or is not available to make such application. A treating healthcare practitioner or mental health therapist (e.g. doctor, nurse or social worker) can also complete the application documents to motivate for the admission. The person completing the application should have spent time with, or treated the individual during a seven day period prior to the admission.
- 3 The referring medical practitioner should contact the admissions department at the nearest Life Mental Health facility to confirm the bed availability and / or placement on a waiting list and should discuss the referral with a resident psychiatrist. Not all Life Mental Health facilities hold licences to accommodate involuntary admissions and they might refer the individual to another public or private mental healthcare facility if they are unable to accommodate them.
- 4 The hospital authorisation from the medical fund / medical aid is obtained by the family or referring practitioner’s rooms.
- 5 Confirmation of bed availability and the admission date will be communicated by the admissions department.
- 6 The individual is admitted to the involuntary ward for a 72-hour assessment and psychiatric evaluation. An independent medical practitioner and nurse will complete the necessary documentation which will be sent to the mental health review board to ensure that the mental health care user’s rights to appropriate care is considered.

ADOLESCENT ADMISSION

Admission steps

- 1 If further in-patient mental healthcare and psychiatric intervention is prescribed by the emergency room practitioner a referral source (mental health therapist, psychologist or psychiatrist) the mental healthcare user will be referred for an admission.
- 2 Mental healthcare users aged between 12 and 18 years old at the date of admission will be admitted to a dedicated adolescent unit.
- 3 The referring medical practitioner should contact the admissions department at the nearest Life Mental Health facility to confirm the bed availability and/or placement on a waiting list. Not all Life Mental Health facilities hold licences to accommodate adolescent admissions and they might refer to another public or private mental healthcare facility if they are unable to accommodate them.
- 4 The hospital authorisation from the medical fund / medical aid is obtained by the family or referring practitioner's rooms.
- 5 Confirmation of bed availability and the admission date will be communicated by the admissions department.
- 6 The adolescent is admitted into a dedicated programme and assigned to a multi-disciplinary team.