

South Africa facing a mental illness 'nightmare'

South Africa is facing a mental illness 'nightmare' that could have disastrous consequences if funds are not made available and drastic action is not taken, warn researchers and medical authorities. The University of Cape Town's Mental Health and Poverty Project has just released a report on the state of mental health policy and service provision in South Africa, the first of its kind.

According to the report, in South Africa neuropsychiatric conditions are ranked 3rd in their contribution to the burden of disease, after HIV/AIDS and other infectious diseases. A major epidemiological study found that some 16.5% of South Africans suffered from common mental disorders (depression, anxiety and somatoform disorders) in the last year, while a review of existing studies revealed that about the same proportion (17%) of children and adolescents suffer from mental disorders. However, there is no evidence of differences in prevalence between socially defined racial groups or cultural groups.

Based on interviews with a wide range of stakeholders, the study indicated that there is inadequate public awareness of mental health, and limited knowledge about the causes of mental illness. Partly as a result, mental health is given low priority on national and provincial policy agendas, across a range of sectors. There is also evidence of a vicious cycle of poverty and mental ill-health, which is poorly understood and inadequately addressed in policy or service delivery.

The Department of Health has not formally adopted and implemented a national mental health policy, but has developed a set of national 'policy guidelines'. The translation of these guidelines into provincial mental health policies and plans has not been consistent, with only 4 provinces taking this step.

In addition, the Department has devoted energy and resources to the development of a Mental Health Care Act (2002). While appearing to be a highly appropriate and important milestone in the development of the mental health system in South Africa, the Act in itself does not appear to be adequate to bring about major reforms needed for the mental health system in South Africa. As a result there are major limitations to policy implementation.

There is therefore a need to step up implementation of the legislation, to adopt a national mental health policy and to translate policy into service delivery. Other steps that need to be taken include developing provincial strategic plans for mental health and a national mental health information system.

Source: workhorse.pry.uct.ac.za:8080/MHAPP

St John's Wort relieves symptoms of major depression

St John's wort extracts are effective in treating mild to moderate depressive disorders, a recent Cochrane Systematic Review has confirmed. 'Overall, we found that the St John's wort extracts tested in the trials were superior to placebos and as effective as standard antidepressants, with fewer side-effects,' says lead researcher, Klaus Linde, of the Centre for Complementary Medicine in Munich, Germany.

Extracts of the plant *Hypericum perforatum*, commonly known as St John's wort, have long been used in folk medicine to treat depression and sleep disorders. The plant produces a number of different substances that may have anti-depressive properties, but the whole extract is considered to be more effective.

Cochrane researchers reviewed 29 trials which together included 5 489 patients with symptoms of major depression. In trials comparing St John's wort to other remedies, not only were the plant extracts considered to be equally effective, but fewer patients dropped out of trials due to adverse effects. The overall picture is complicated, however, by the fact that the results were more favourable in trials conducted in German-speaking countries, where St John's extracts have a long tradition and are often prescribed by doctors.

Source: www.cochrane.org

Wellbutrin XL

GlaxoSmithKline's unique dual-acting treatment option for major depressive episodes, Wellbutrin, is currently available as a once daily extended-release tablet, Wellbutrin XL.

Wellbutrin XL helps patients to comply with therapy by a once daily dose. Wellbutrin XL once daily maintains bupropion plasma concentrations over 24 hours, helping to eliminate the evening peak in bupropion levels seen with Wellbutrin SR twice daily.

Wellbutrin XL once daily, with its unique action on noradrenaline and dopamine, targets residual symptoms of depression such as fatigue, low energy and low motivation. These symptoms are associated with poorer long-term clinical outcomes and can remain unresolved after antidepressant treatment.

Wellbutrin XL is not associated with serotonergic side-effects which may cause patients to discontinue therapy, such as sexual dysfunction, weight gain and somnolence.

Enquiries: GSK Customer Service, toll free on 0800 118 274. References available on request.